# COVID-19

Ohio | Department of Health

## COVID-19 Vaccine Distribution
## Guidance for Vaccine Providers for Phase 1E

Ohio is expanding eligibility for the COVID-19 vaccine as supply is increasing, and as vaccinations for previously defined priority populations continue. **Phase 1E,** beginning March 19, 2021, includes Ohioans at increased risk for serious illness from COVID-19 disease due to medical conditions. Phase 1E includes approximately 766,000 newly eligible Ohioans with certain medical conditions not addressed in previous phases or who are not already eligible under the state's age-based eligibility approach.

### Who may be vaccinated during Phase 1E?

Vaccinations for Phase 1E will begin on Friday, March 19, 2021. This phase includes:

- Individuals who have the specified medical conditions listed below that may increase their risk of severe illness and death from COVID-19.
- These individuals are not already eligible through Ohio's age-based approach to vaccine eligibility.
- Eligible individuals can receive a vaccine from the provider of their choice. Individuals may be asked to confirm during the registration or screening process that they are eligible to receive the vaccine based on a qualifying medical condition.

#### MEDICAL CONDITIONS

Individuals with at least one of the following medical conditions:

- Cancer.
- Chronic kidney disease (CKD).
- Chronic obstructive pulmonary disease (COPD).
- Heart disease.
- Obesity.

### Who will be offering Phase 1E vaccinations?

Eligible vaccine recipients may receive a COVID-19 vaccination from a provider of their choice currently receiving vaccine allocations, including local health departments, hospitals, retail and independent pharmacies, federally qualified health centers, and a limited number of primary care practices. Providers will continue to be added as vaccine supply increases.

In addition, the State of Ohio has started to host mass vaccination clinics as the COVID-19 vaccine becomes more widely available.

### How to help Ohioans find vaccine providers, schedule appointments

Vaccine providers are asked to participate in, and share information about, two critical services to help Ohioans looking for a streamlined approach to finding a provider and scheduling an appointment.

- **COVID-19 Vaccine Provider Locations directory** – This searchable map and directory at **vaccine.coronavirus.ohio.gov** is a resource that shows providers who are receiving shipments of COVID-19 vaccines across the state. The directory is searchable by name, county, and ZIP code.
  - Providers are responsible for providing and/or updating their contact information, including phone numbers, vaccination sites, and websites specific to COVID-19 vaccine appointment information. The directory displays all enrolled COVID-19 vaccination providers currently receiving shipments as part of Ohio's Vaccination Program.

- o Providers must log in to their OHID account to complete the Vaccine Provider Locations form. Step-by-step instructions for adding or updating information are available on the ODH website on the COVID-19 Vaccine Providers resources page.
    - ▪ By filling out this form, providers receiving allocations will also receive an invitation by email to activate their account to participate in Ohio's new statewide scheduling service, the Vaccine Management Solution (VMS).
- **Vaccine Management Solution (VMS)** – Ohioans now have access to the statewide streamlined scheduling website at **gettheshot.coronavirus.ohio.gov**. This one-stop resource for patients beginning the vaccination process allows Ohioans to determine eligibility, schedule appointments, submit health information, and receive updates and reminders.
    - o All Ohioans can use the tool to determine eligibility and see existing allocated providers. During the initial phase, eligible Ohioans in several areas can book an appointment directly within the VMS tool.
    - o Providers will be required to either report vaccines administered via the VMS scheduling system or an electronic health record (EHR) that interfaces with the state's VMS system no later than the week of March 22. The state anticipates this will enhance the customer service experience for Ohioans, reduce data lags, and provide real-time information on vaccination progress at the state and county level.
    - o Full booking functionality will expand as more providers adopt the system or integrate with VMS. As vaccines become more widely available, and providers finish second-dose vaccinations for individuals scheduled using a different process, the program will allow direct scheduling statewide.
    - o VMS will be used for scheduling appointments at Ohio's **mass vaccination locations.**
    - o Vaccine providers who are receiving allocations and have filled out their vaccine administration location contact information form through OHID, but have not received an invitation to join VMS should call the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov.
    - o Training resources, including videos and step-by-step guides, are available for providers using the Vaccine Management Solution (VMS).
    - o Learn more about Ohio's Vaccine Management Solution (VMS) at an upcoming VMS 411 webinar. These sessions will answer frequently asked questions, highlight best practices in capturing data within the VMS system, and capture provider feedback.
        - ▪ When: Every Wednesday and Friday, from 3-4 p.m.
        - ▪ How to join:
            - Online using Microsoft Teams: http://bit.ly/OhioVMA411
            - By phone: 872-215-2965
            - Phone conference ID: 739 278 746#
            - One-click dial by phone: +1 872-215-2965, 739278746#

## Vaccine allocations and baseline planning assumptions

The Ohio Department of Health (ODH) will determine allocations weekly and send notifications on Wednesday each week. Planned allocations are determined based upon factors including each county's share of eligible populations and the Centers for Disease Control and Prevention (CDC) social vulnerability index. Equitable access and throughput are also determining factors.

Providers can schedule appointments for **100% of their allocation** upon notification each Wednesday (for the following week's shipments). To help plan appointments several weeks in advance, providers can calculate **75% of that same allocation** and use that number as a preliminary estimate to schedule appointments for the two weeks that will follow. Additional appointments could be added once final allocations are received for those weeks.

- Right now, this planning process should only apply to allocations for the Pfizer and Moderna vaccines, as Johnson & Johnson (Janssen) shipments will vary for a few weeks as production ramps up.
- ODH expects this planning baseline to continue moving forward as vaccine supply becomes more abundant. Upon receiving updated information from the federal government, ODH will continue or update planning assumptions for future weeks.

**For more information, visit: coronavirus.ohio.gov**

## Expectations for vaccine providers

To ensure rapid administration of the vaccine to eligible Ohioans, providers must meet the following expectations:

- **Vaccinations should begin immediately –** Vaccine administration must begin within 24 hours of receipt of a shipment, and all doses should be given within seven days. If you are unable to fulfill this commitment, contact the Ohio Department of Health immediately at 1-844-963-4829 or email COVIDVACCINE@odh.ohio.gov so allocations can be adjusted promptly.
- **Providing vaccine to any eligible Ohioans –** By participating in Ohio's Vaccination Program, you must agree to provide vaccine to any eligible patients, and you are not permitted to limit your distribution to existing patients and/or customers.
- **Timely reporting of vaccine administration –** All providers must report vaccine administration within 24 hours. This includes the direct entry of the target population/occupation (TP/O) data in ImpactSIIS. The latest versions of the TP/O Checklist and TP/O Codes are available on the ODH website on the Vaccine Providers page.
- **Ongoing vaccinations for previous phases –** As new phases begin, vaccine providers should continue to vaccinate those eligible under previous phases.
  - Limited vaccinations continue for Phase 1A through local health departments, the federal long-term care pharmacy program, and hospitals.
    - Hospitals should follow guidance for ongoing vaccinations for Phase 1A hospital-based healthcare workers who are in frequent or episodic contact with COVID-19 patients or those who care for immunocompromised patients.
    - Local health departments should continue to follow guidance for vaccinating 1A populations in congregate care settings and non-hospital affiliated healthcare workers.
- **No vaccine should ever be wasted –** If vaccine remains unused, such as at the end of a vaccination clinic, the primary goal should be to provide that vaccine quickly to eligible vaccine recipients. When that is not possible, please administer vaccine to any available individuals who meet the FDA's requirements for that product. Providers should have a plan ready for what to do if extra doses that need to be administered urgently remain after a clinic.
- **Proof of eligibility –** The state is not requiring any additional documentation for proof of eligibility; however, providers may develop their own screening and monitoring procedures to evaluate eligibility.
  - Providers should ask to see identification that proves name, age, and identity.
  - Providers should confirm with patients that they have one of the qualifying conditions verbally or on their screening or registration forms.
  - Providers will not be required to collect or submit additional forms; however, eligibility criteria will be identified by providers when they submit required target population and occupation (TP/O) data.
- **Notifying the public about how to be vaccinated –** Providers need to clearly and publicly state how and when they will administer the vaccine, and make the information easily accessible. Providers should use all possible communication methods, including websites, social media, phone recordings, and local news media. Specifically, please inform eligible recipients:
  - Will appointments be available/required? If so, how can you schedule an appointment.
  - Is it a first-come, first-served clinic?
  - Hours, including extended hours (evenings and weekends).
  - Clinic location and contact information.
  - Any documentation required at appointment.
- **Vaccinating the vaccinators –** Protecting our healthcare workers is important, and vaccinating the vaccinators is appropriate. Please limit use of allocated vaccine to no more than 5% to vaccinate your staff who are administering vaccine (e.g., five out of 100 doses may be used for vaccinators).
- **Maximize available doses –** The Food and Drug Administration (FDA) says vaccinators can pull every full dose obtainable from a vial, but excess vaccine from multiple vials should never be combined to create one dose.
  - Pfizer-BioNTech: Vaccinators may obtain six doses from a single vial. Pfizer recently updated its doses per vial from five to six and now bases allocations on six-dose vials. Ancillary kits for Pfizer vaccine

provide enough supplies to allow for six doses from each vial. Read guidance on [how to maximize doses using different syringes](#).

- o Moderna: Vaccinators may obtain 10 doses from a single 10-dose vial (and in some cases, 11 doses). Some providers have reported, depending on the syringes used, that they are only able to draw up nine doses.
- o Johnson & Johnson (Janssen): Vaccinators may obtain five doses from a single vial.
- o Vaccine to discard: These vaccines do not contain preservative. If the amount of vaccine remaining in the vial cannot provide a full dose, the vial and its contents should be discarded.

- **Ensure second doses are administered** – All providers are reminded to ensure second doses are administered for those receiving the two-dose Pfizer or Moderna vaccines. A reminder about the appropriate second-dose timing:
  - o Pfizer vaccine second doses are to be administered three weeks (21 days) following the first dose.
  - o Moderna vaccine second doses are to be administered four weeks (28 days) following the first dose.
  - o Second doses administered within a grace period of four days before the recommended date for the second dose are still considered valid.
  - o Individuals should not be scheduled to receive the second dose earlier than recommended. However, second doses administered within a grace period of four days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.
  - o The second dose should be administered as close to the recommended interval as possible. However, if that is not feasible, the second dose of a COVID-19 vaccine may be scheduled for administration up to six weeks (42 days) after the first dose. There is currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series, according to [CDC guidance](#).
  - o Vaccine products are not interchangeable. Second doses for products requiring two doses should be from the same manufacturer as the first dose.
- **Properly store, handle, and administer vaccines** – All providers must be prepared to safely store, handle, and administer any of the available vaccines. Purchasing ultra-cold storage units is not required for any vaccine product. Ensure staff are trained on the different storage and handling requirements for each vaccine product. Read the Emergency Use Authorization fact sheets for each vaccine manufacturer below to learn about the requirements: [Pfizer](#) | [Moderna](#) | [Johnson & Johnson (Janssen)](#)

## Strategies to consider when vaccinating vulnerable populations

Some Ohioans are at increased risk for exposure to COVID-19 or developing serious complications from COVID-19, including severe illness and death. These vulnerable populations may have pre-existing underlying medical conditions or may live or work in settings that elevate their risk. Vaccine providers should consider focused strategies to make vaccine options available to members of these vulnerable populations.

- Eliminate barriers to healthcare access for vulnerable populations. These barriers can include lack of adequate transportation, handicap inaccessible locations, lack of computer literacy or access, and employment that does not offer paid time off for medical appointments. When planning appointments or clinics, vaccine providers should consider strategies to negate potential barriers to access and help ensure vaccine availability for members of vulnerable populations. Examples include offering flexibility in scheduling appointments; advertising clinic information on print materials to display at libraries, grocery stores, or faith-based organizations; partnering with libraries, community centers, or faith-based organizations for clinics; partnering with ethnic media and trusted leaders to share information; and offering after-hours or weekend services, mobile vaccination services, or clinics that offer walk-in options. Read ODH's complete guidance on **Health Equity Considerations for COVID-19 Vaccine Distribution** for more strategies to eliminate barriers and help ensure equitable access.
- Ensure that identification requirements are used to verify identity, name, and date of birth, not residence or immigration status.

*Created March 16, 2021.*

For additional information, visit coronavirus.ohio.gov.

*The Ohio Department of Health COVID-19 Provider website is a hub for a variety of resources for vaccine providers. Vaccine providers with questions may call the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov.*