Norfolk County-8 Coalition

MDPH/LBOH Webinar 1/15/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health
- · Dr. Catherine Brown, Bureau of Infectious Disease and Laboratory Sciences
- · Donna Quinn, Office of Preparedness and Emergency Management
- Michael Flanagan, Mary Dozois and Adam Kinney, Department of Labor Standards
- Gerben Scherpbier, Executive Office of Energy and Environmental Affairs
- Cheryl Sbarra, Massachusetts Association of Health Boards
- · Chief Edward Dunne, Massachusetts Chiefs of Police Association
- · Jeff Farnsworth, Executive Office of Public Safety and Security

Announcements:

Travel Order: Order pages are being updated to integrate information regarding 1) Persons who tested positive within 90 days of arrival to Massachusetts 2) Quarantine timelines to align with DPH guidance 3) Requirements to comply with the Travel Order after receiving the COVID-19 vaccine. Updates to the following pages— https://www.mass.gov/guidance/guidance-for-travelers-arriving-in-the-commonwealth-of-massachusetts and https://www.mass.gov/info-details/covid-19-travel-order

Vaccine rollout: Substantial updates to the website. If a group is not currently listed in one of the phases, and if someone says that a group should be placed in one of these priority groups, there is an email address you can send information to for appeal and consideration. <u>Covid-19-vaccine-plan-ma@mass.gov</u> These requests/appeals go to a clinical review board. If you don't see a group in Phase 1 or Phase 2, assume it's in Phase 3. We will continue to take considerations about priority groups for Phases 1 and 2. www.mass.gov/COVIDvaccine

If you have extra vaccine after the first responder clinics, you can go ahead and vaccinate previous priority bullets or move forward with the next priority bullet. Do not waste the vaccine but try to stay as close as you can to the current bullet.

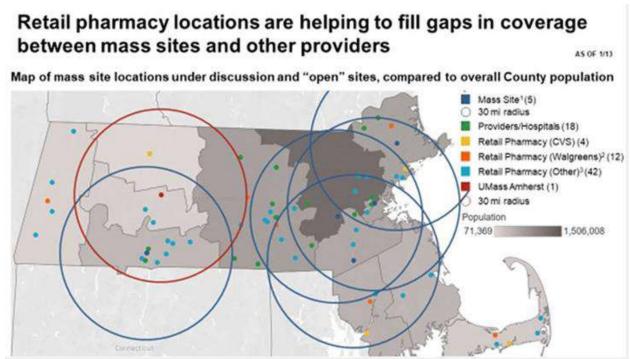
Update: Gillette appointments went live this morning and appointments are available for eligible groups: https://www.cic-health.com/vaccines-location

Coordinating with retail pharmacy locations to help fill gaps in coverage between mass sites and other providers. The map below does not include municipal vax sites.

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Q: The pharmacy sites/dots are they high-throughput?

A: Yes. Not as many as Gillette, but maybe a couple hundred a day.

Q: How are you planning on staffing these clinics?

A: With paid and volunteer staff.

Q: Resident questions?

A: No requirement for people to be MA Residents.

When we get to Phase 2, we will do a LOT of outreach for where to get vaccinated. Our pace right now is to have new sites open every week as we go through the phases. We will be using a lot of ways to get the messages about vaccination sites out. We are still talking about attestation forms, what if people show up without ID, what type of paperwork should we ask for. Our intent is not to hinder people from receiving vaccine.

Mass Medical Society (MMS): Sent an email yesterday afternoon to healthcare providers for how to access the vaccine for smaller independent medical practices. A hospital in each region will receive an allotment of vaccine and act as a "depot" and they can help distribute this vaccine to different offices in the state. The depot will redistribute vaccine and ancillary materials for office-based vaccination or will provide direct vaccination to health care workers. To enroll in the office-based vaccination, providers must sign up for the MIIS, the MCVP, and

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possess a valid MA Controlled Substance Registration. There is an MMS Intake

Form being sent to providers. The MMS will contact qualifying practices to discuss next steps including scheduling times for vaccine pick up at the local depot. If providers are not planning to administer the vaccine to staff, MMS will identify the corresponding depot/sites for vaccination, when available. For more information and questions, please contact the MMS via email: PPRC@mms.org

Ordering Vaccine: If it's your first time ordering, the survey link will not be the one you are using. For those who have been receiving the survey, fill it in as best as you can and also suggest how much vaccine you think you need. So important to report your doses administered into the MIIS because it decrements the vaccine. If we have an disconnect of what you say you need and what we see you need/don't need, we will reach out to you but it may delay vaccine ordering since there are so many people. If you haven't received the vaccine link, and you are not the primary or secondary vaccine manager, they probably received the link. Reach out to them. If not, please reach out to

Dph-vaccine-management@massmail.state.ma.us

Liability protections for vaccinators and clinics: MAHB put together a document outlining 2 basic laws that provide liability protection. Mass. General Laws. Ch. 64, Acts of 2020. Federal law: PREP ACT

Vaccine reactions: Yes, we have heard anecdotal reports about this. Pfizer seems to be the vaccine with more severe reactions. Lots of data collection efforts at the state and federal level to track frequency of reactions that range from mild to anaphylaxis. Anaphylaxis seems to be more common with this vaccine than other vaccines. Data still indicates that these are still safe vaccines.

PrepMod crash: This is a national vendor, so it impacted a lot of clinics nationally. Unfortunately no more details about it right now.

Questions from Q&A answered out loud:

Q: Can you put an unopened thawed Moderna vial back to the fridge?

A: Moderna you can refrigerate unopened vials but you don't want to jostle. Try not to move thawed vaccine.

Q: Close contact, not currently symptomatic, and awaiting test results, should they get the vaccine?

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A: As long as they're not acutely ill (symptomatic) I don't think there is a recommendation to not get the vaccine. If someone is febrile, they should not be taking any vaccine until they've recovered.

Q: Addiction campuses, are they not required to give identifiable information about an active case?

A: <u>Federal Law, 42 CFE Pt.2</u> prevents people who are providing substance use disorder treatments/services from disclosing identifiable information about the patients in their care. This is a federal law that state law does not supersede. Staff cannot call you to tell you, but if the person is a positive case, labs will have that information, that is still permissible. These treatment areas could reach out to LBOH to do contact tracing in a deidentified way. Treatment centers should provide contact information of LBOH or CTC to COVID-positive individual to encourage them to reach out to you.

Questions from Q&A chat box not answered aloud:

Joanne Belanger - 9:53 AM

Q: is there another schedule going to be posted for PrepMod training or open hours for questions?-

-Mike Coughlin - 9:55 AM

A: Yes, notice will go out very soon, perhaps later today.