

Norfolk County-8 Coalition

MDPH/LBOH Webinar 1/19/2021



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 and Mary Clark, Office of Preparedness and Emergency Management
- Michael Flanagan, Mary Dozois and Adam Kinney, Department of Labor Standards
- Anne Gilligan, Department of Elementary and Secondary Education

Inter-agency Staff on the Webinar

- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security
- John Welch, Community Tracing Collaborative
- Heath Fahle, Executive Office for Administration and Finance
- Thad J. Leuhemors and Amanda Campen, Massachusetts Emergency Management Agency

Announcements:

CTC: 60-70% of the cases are going to the CTC. With current staff we are reaching the majority of these cases. No backlogs, cases you send to us we are reaching out to them within 24 hours. At the end of December, we had over 120k records processed. Each week we reiterate training aspects, and this week's topic is to follow-up with individuals about their travel history and exposure questions.

Vaccine clinics update:

Requesting vaccine: Each Monday, your primary and backup vaccine managers will receive a survey link (please confirm they have received; if you didn't receive the survey link contact Lauren.Ward@mass.gov). The survey must be completed by noon on Wednesday to ensure your vaccine request is considered. The request will then be reviewed by an allocation team and final orders will be based on requests and availability. The survey includes the following questions:

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- Current population you are vaccinating (you can only select one)
- Estimated number of people identified as eligible you have left to be vaccinated
- Next vaccination phase
- Vaccination capacity (how many can you administer in the next week)
- Estimated percent of acceptance (if you don't know it, just put N/A)
- How many doses of COVID-19 vaccine have been lost/expired in the last week?
- First Doses requested for the next week (these doses would be for clinics scheduled for 7-10 days out from the date the order is submitted.)

Ordering cadence: Each week when you complete your survey you are indicating that you need vaccine for a clinic that is at least a week or more out. For surveys completed by noon on 1/20/21, the next order will be placed between 1/22/21 and 1/25/21. Vaccine is typically received within 24-48 hours (between 1/25-1/27) and would be for the clinics on 2/1/21. All requests received for vaccine are reviewed by the allocation team prior to the order being finalized. You may receive all the vaccine requested, a portion, or none, depending on vaccine available and other factors. It is essential that you do not post clinic times until you know that vaccine has been allocated for that clinic (unless you have supply on hand). You will receive an email that you have been approved and it will tell you how much has been given to you as part of the allocation. If you do not receive an email about how much you've been allotted for the week, that means you have not received vaccine. DPH is not sitting on vaccine, once we receive it we send them straight to healthcare providers/LPH. Governor Baker has mentioned that there are not enough doses to even vaccinate Phase 1. 31k doses sent out to cities and towns, but as of Monday, just over 15k have been administered.

Second dose considerations: Persons should not be scheduled to receive the second dose earlier than recommended (i.e. 3 weeks for Pfizer or 1 month for Moderna). However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period do not need to be repeated. There is no maximum interval between the first and second doses for either vaccine. Therefore, if the second dose is administered >3 weeks after the first Pfizer or >1 month after the first Moderna dose, there is no need to restart the series. Vaccine administration errors should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Sites will be notified when an order is placed for the second doses. You do not need to request the second dose, DPH will send the second dose to the place where the first person was vaccinated. This is good to remind people to come back to the same clinic site to receive the second dose. Allotments might arrive combined so you should know how many second doses are coming.

Vaccine related links:

www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

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[Massachusetts COVID-19 Vaccine Program \(MCVP\) Guidance for Healthcare Providers and Organizations](#)

[COVID-19 Information for LBOH](#)

www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html

Q: PrepMod?

A: Multiple links going around about PrepMod. They have been going to MCVP Point of Contact (POC). However, links about PrepMod trainings and drop-in hours were released yesterday. PrepMod was rolled out to LBOH, no other provider group. There is a site administrator assigned to each LBOH and they can create additional accounts for clinic staff. Important to remember to “close” the clinic on PrepMod. PrepMod reports to MIIS once you close your clinic. If you aren’t using PrepMod, you need to report to MIIS.

Q: Do you need the minimum of 200 if you are standing up these clinics for your community?

A: No. Most communities are standing up clinics for all eligible populations, so that tends to be more than 200. The vaccines come in batches of 100. Some people are not doing public clinics, but they’re doing small groups. For example, maybe just going to do school staff in Phase 2 when this particular group is open.

Q: Can we move to smaller sub-groups?

A: Do not move to Phase 2. Other communities should not be moving ahead. Stay as close to the vaccination groups as possible. We do not want the vaccine to be wasted.

Volunteer Supports—MRC: 36 units, over 5,000 volunteers, fully autonomous and locally managed, overseen, and operated within local health departments, regional planning agencies, and hospital groups. If you want to engage with volunteer supports, local communities/facilities/systems/organizations in need of assistance are currently being directed to request support through their local MRC unit. The MRC receives the request, deems whether it is appropriate to share with volunteers and gathers any outstanding questions. If the unit finds the request appropriate, the MRC Coordinator helps to coordinate volunteers in the effort to meet the need of the requesting agent. If you don’t have a unit in your area, or your unit can’t assist please reach out to Lauren Ward to ensure we can advance your questions or need.

CARES Act and FEMA reimbursement: Phase 4 Legislation. On December 27, 2020 legislation was signed into law, a \$900 billion package of additional federal assistance to respond to the COVID-19 pandemic. The law does not include additional assistance for state and local governments, but does extend the covered period for the Coronavirus Relief Fund until December 31, 2021. Other elements of the law that may impact municipalities:

-Education funding including approximately \$815 M for K-12 and \$25 M in flexible assistance for education ([GEER](#))

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-Testing, tracing, and vaccines-TBD

-Establishes new \$459 million rental assistance program; municipal role in this program still TBD but the magnitude of the funds available may supplant other efforts

-Broadband expansion including funding for telehealth expansion, broadband deployment for rural areas, and broadband mapping; municipal role TBD.

CARES ACT: included funding to address unanticipated costs related to the COVID-19 outbreak incurred by state and local governments. The CARES Act authorized \$150 B through the Coronavirus Relief Fund for state and local governments, including \$2.7 B for Massachusetts. Aside from large local government units (Boston and Plymouth County) the Commonwealth has made up to \$502 M available to municipalities for COVID-19 related expenses through the CARES ACT Municipal Program.

Eligible uses: Necessary expenditures incurred due to the public health emergency with respect to COVID-19 (funds may not be used to substitute for lost revenue); expenses not budgeted as of March 27th, 2020 when the CARES Act was enacted; expenses incurred during the covered period between March 1, 2020 and December 31, 2021. The US Treasury indicates that state and local governments must receive the “beneficial use” of the good or service by the end of the covered period.

Municipal role in vaccine distribution: There are a variety of eligible uses of Coronavirus Relief Fund dollars:

-Renting a location

-FTEs

-Vaccine storage (Moderna vaccine)

Note: Municipalities must coordinate efforts with their LBOH.

Potential sources of funding: Health insurance; FEMA public assistance program (75% of eligible costs); Coronavirus Relief Fund-Municipal Program (CvRF-MP) or Plymouth country CARES Act can be used for the non-FEMA match (25%)

At the state level, most of the work associated with maximizing federal revenue happens retrospectively, in that the expense for an eligible use is incurred and then later matched with the most appropriate funding source. Municipalities should evaluate their CvRF-MP expenses to assess whether that is the most appropriate source. Some communities already allocated their CARES Act funds, I would encourage people to review all expenses you’ve incurred due to COVID to date, examine how those expenses can be reappointed to new federal funding space, for example education space and rental assistance space. Likely an opportunity to use education money towards any education expenses you’ve incurred through CARES Act.

As with anything, municipalities should be able to demonstrate that costs are eligible and be able to document and demonstrate the relationship to the public health emergency. We are

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currently working to put together guidance for municipalities for what we see as eligible expenses and will circulate this as soon as its available later in the week.

FEMA-PA: Local governments may seek reimbursements for the following costs related to its vaccination operation: PPE; Equipment (i.e. coolers, freezers); facility support costs; medical waste disposal; communications to disseminate public information regarding vaccinations and more. Reminder: Costs covered by another source of federal funding or insurance are not eligible for FEMA PA, but CARES Act costs are eligible because they become state money.

PPE may be reimbursable, if no other funding source provided the PPE directly or is available. PPE for the handling and administration of PPE, i.e. gloves, face shields, masks, etc. PPE for handling and transportation of vaccines. Since dry ice may be utilized, it is important to have PPE available, i.e. goggles, loose fitting thermally-insulated gloves.

Vaccination administration equipment and transportation focus: certain equipment may be reimbursable, if no other funding source provided the equipment directly or is available. Equipment for storage, handling, distribution/transportation of vaccines. Equipment includes coolers, freezers, temperature monitoring devices, and portable vaccine storage units for transport. Transportation support includes refrigerated trucks and transport security.

Vaccination administration supplies/facility costs focus: certain supply and facilities costs may be reimbursable. Emergency medical supplies (for needs that may arise) i.e., supplies to address allergic reactions to vaccine; medical waste containers/disposal; facility support costs, i.e. leasing space for storage or vaccination site; communications to disseminate public information regarding vaccinations-social media campaigns, radio ads, etc. to provide information on how to register/where sites are.

Additional notes:

Reimbursement rates for vaccine is being changed to twice the Medicare rate. We've said \$45 for reimbursement and now it's \$90 for both doses.

Will tents be covered from FEMA?

Are personnel costs for vaccine clinics eligible for reimbursement.

Questions from Q&A not answered out loud:

Jeanne Galloway - 3:02 PM

Q: What can you tell us about the FDA EUA for IV treatment of Covid for mild to moderate disease in those NOT hospitalized?-

-Catherine Brown - 3:24 PM

A: Hi Jeanne - do you specific questions? The monoclonal antibody therapies are FDA EUA approved for use in non-hospitalized patients early in disease but at risk for severe disease to help prevent disease progression.

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Dr Marcia Herzberg - 3:20 PM

Q: I am hearing that the state is allowing phase 2 clinics in towns, I thought that this was not possible until phase 3 at the local level, is this true and if so under what circumstances?-

-Jana Ferguson - 3:31 PM

A: Cities/towns can absolutely offer clinics for Phase 2. We have been asking communities to consider offering clinics through Phase 3.

Teresa Kett - 3:22 PM

Q: If we're vaccinating throughout the phases, and you're suggesting we order for 7-10 days out, how do we know what phase we will be in at that time? Like can we expect to be vaccinating the last two categories of phase 1 in 10 days?-

-Jana Ferguson - 3:32 PM

A: Hi - The projected schedule for the phases is listed on the mass.gov website. We have information available through Phase 1.

Tracy Mayo - 3:21 PM

Q: when do expect 2nd doses to start shipping-

-Jana Ferguson - 3:33 PM

A: Approximately around the time when 2nd doses should be administered.

Eno Mondesir - 3:15 PM

Q: From Eno Mondesir to Assistant Commissioner Ferguson: at the BOH in Brockton, we are receiving many calls from Businesses and Residents asking if they can receive their vaccine from us. Are we the only entity, or one among others that will receive vac -

-Jana Ferguson - 3:35 PM

A: There will be many opportunities for people to get vaccinated, including primary care physicians, pharmacies, and mass vaccination sites. BOH is one of several ways to get vaccine.

Susan Lumenello - 3:18 PM

Q: We were told that Lahey was going to begin vaccinating patients on 1/25. Why are they moving to Phase II?-

-Jana Ferguson - 3:36 PM

A: They should not be moving to phase 2. They have been given the same information about vaccinating those who are currently eligible under the MA priority areas.

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Ruth Clay - 3:03 PM

Q: The travel part of the says, "..... all such arriving travelers must immediately begin the 10-day quarantine until a negative test result has been received"

Does that mean that the other 2 options for quarantine are not allowed in travel instances?

-

-Jana Ferguson - 3:38 PM

A: The other options are still available. This is for people who have not yet tested before coming to MA.

Cathryn Hampson - 3:08 PM

Q: How soon after having COVID can someone be vaccinated against COVID? -

-Jana Ferguson - 3:39 PM

A: There is no recommended delay period. People should not have active symptoms. Individuals can speak to their health care provider with specific concerns.

Eno Mondesir - 3:10 PM

Q: I meant to say, coming March 2021, the date that CTC may no longer do contact tracing...?-

-Jana Ferguson - 3:41 PM

A: This is only a contracting end date. I believe that there will be an extension and we will confirm once the contract is completed.

Patricia McAlarney - 3:13 PM

Q: If we will be using vaccine that we already have on hand (and do not currently need to order any additional vaccine) how do we answer the questions? (i.e. we WILL be vaccinating, but we are NOT requesting any vaccine in this week's survey.)-

-Jana Ferguson - 3:42 PM

A: You only use the weekly survey to order vaccine, so you don't need to submit it for the weeks when you don't need it.

6179726446 Ramdin - 3:13 PM

Q: Given the current advice that all vaccines have been distributed, do we anticipate shortages?-

-Jana Ferguson - 3:43 PM

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A: We have been told that we should not anticipate a shortage. All of the information on this is coming from the federal government and of course also depends on manufacturing.

Kate Kelly - 3:20 PM

Q: Are non LBOH sites being told the same about the order for second doses? If a community primary care practice has "extra" doses, can they use them or transfer to LBOH to use without worry about second dose coming later?-

-Jana Ferguson - 3:45 PM

A: This is part of why it is so important that the vaccine transfer documentation is completed. Otherwise DPH will not be able to track where to send second doses.

Susan Lumenello - 3:20 PM

Q: When can we expect the delivery of the second dose (ie. how long after the initial 28 days)?-

-Jana Ferguson - 3:46 PM

A: They should be sent approximately around the time when 2nd doses should be administered based on the information entered into MIIS.

Amy Ewing - 3:23 PM

Q: We have not received an email in response to last weeks vaccine survey? What should we do?-

-Jana Ferguson - 3:47 PM

A: Please email Lauren.Ward@mass.gov

Michael Theroux - 3:27 PM

Q: When are the sites in Western Mass going to be finalized? Especially the mass vaccination site?-

-Jana Ferguson - 3:51 PM

A: We are hoping these will be finalized soon. Operation dates will be announced as soon as available.

Jill Conselino - 3:49 PM

Q: can we use CvRF-MP funds to purchase equipment that we would need to run the clinic such as technology devices?-

-Jana Ferguson - 3:51 PM

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A: Yes

David White - 3:51 PM

Q: When can we expect monies to be released for the Public Assistance. We have yet to receive any money from the 1st PA we filed in September.-

-Amanda Campen - 3:53 PM

A: The timeline for FEMA Public Assistance is highly dependent upon the amount and types of costs your entity is seeking reimbursement for. The timeline is also dependent upon RFIs issued by MEMA and FEMA to ensure that your entity's project is complete.

Kristin Black - 3:49 PM

Q: How do we set up insurance billing for local board of health clinics?-

-Jana Ferguson - 3:54 PM

A: Billing for these clinics will need to be done electronically. Billing questions should go to Commonwealth Medicine (PrepMod Functionality, Onboarding & Billing Information)

- 800-890-2986 Option 1 Vaccine@umassmed.edu
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Dr Marcia Herzberg - 3:52 PM

Q: Drive thru tents would be covered for clinics from FEMA?-

-Amanda Campen - 3:56 PM

A: Drive thru tents may be eligible for reimbursement if these costs must be incurred by the local government and are not covered by CRF or other sources of federal funding.

Julia Pingitore - 3:55 PM

Q: Are personnel costs for vaccine clinics eligible for FEMA reimbursement -

-Amanda Campen - 3:58 PM

A: *Overtime* personnel costs incurred or contracts costs for staff augmentation are eligible for reimbursement through FEMA PA, as long as these costs are not being covered by another funding source.

Dr Marcia Herzberg - 3:52 PM

Q: Would drive through tents for outside tents be covered under FEMA-

-Amanda Campen - 3:58 PM

A: Drive thru tents may be eligible for reimbursement if these costs must be incurred by the local government and are not covered by CRF or other sources of federal funding.