



Washington State
Hospital Association



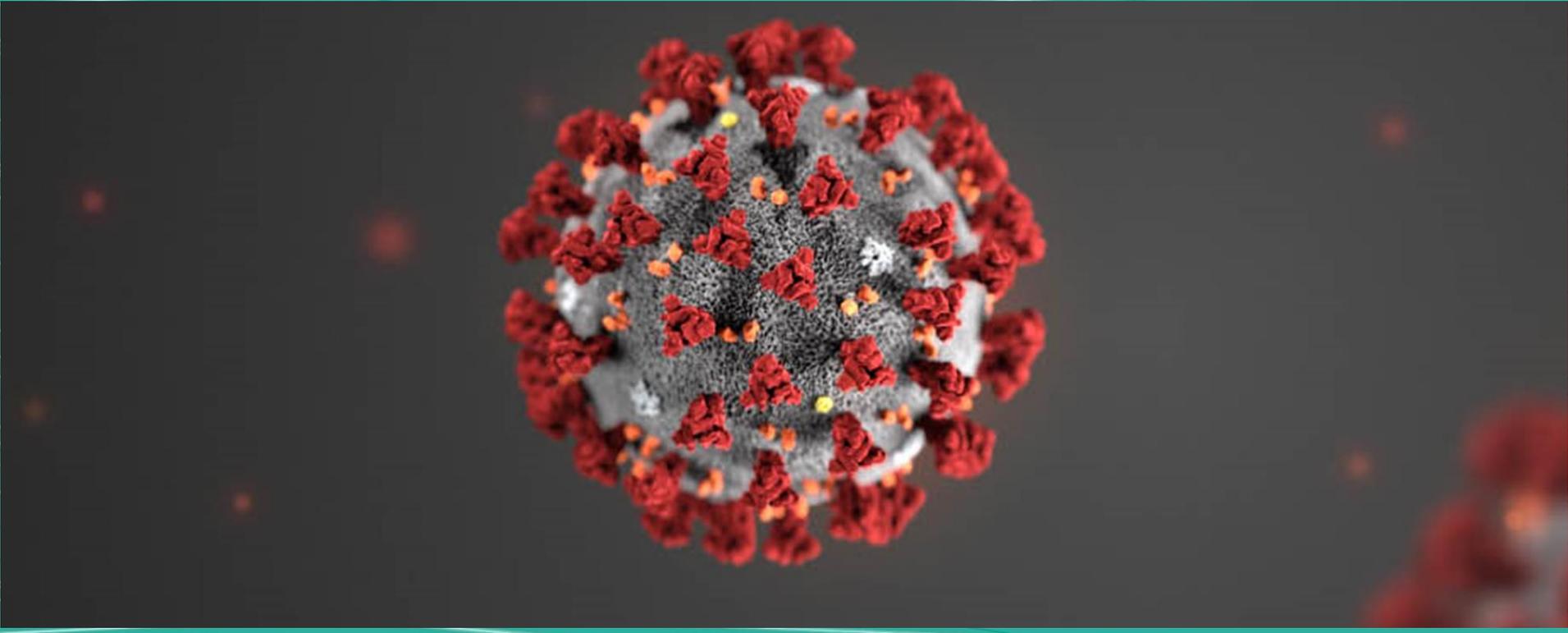
COVID-19 Clinician Support

April 13, 2021

Agenda

1. EPI Report
2. Q&A – Variants, Masking, Vaccine breakthrough, etc.
3. Vaccine Updates
4. Vaccine Pilot in hospitals

We will have discussion and Q&A throughout the call. Use the “raise hand” function if you have a question or comment.



- **COVID Epidemiology**
- **April 13, 2021**
- **Scott Lindquist MD MPH**



Global Cases

136,857,385

Cases by Country/Region/Sovereignty

| | |
|------------|----------------|
| 31,280,880 | US |
| 13,689,453 | India |
| 13,517,808 | Brazil |
| 5,128,140 | France |
| 4,605,444 | Russia |
| 4,388,317 | United Kingdom |
| 3,903,573 | Turkey |
| 3,779,594 | Italy |
| 3,370,256 | Spain |
| 3,032,271 | Germany |
| 2,599,850 | Poland |
| 2,552,937 | Colombia |
| 2,551,999 | Argentina |
| 2,281,840 | Mexico |



Cumulative Cases | Incidence Rate | Case-Fatality Ratio | Testing Rate

Global Deaths

2,949,287

562,718 deaths US

354,617 deaths Brazil

209,702 deaths Mexico

171,058 deaths India

127,346 deaths United Kingdom

114,612 deaths Italy

101,882 deaths

Global Deaths

Total Test Results in US

408,992,581

56,363,675 tests California US

47,601,711 tests New York US

22,072,551 tests Texas US

21,549,133 tests Florida US

21,225,122 tests Illinois US

19,873,299 tests Massachusetts US

12,695,164 tests

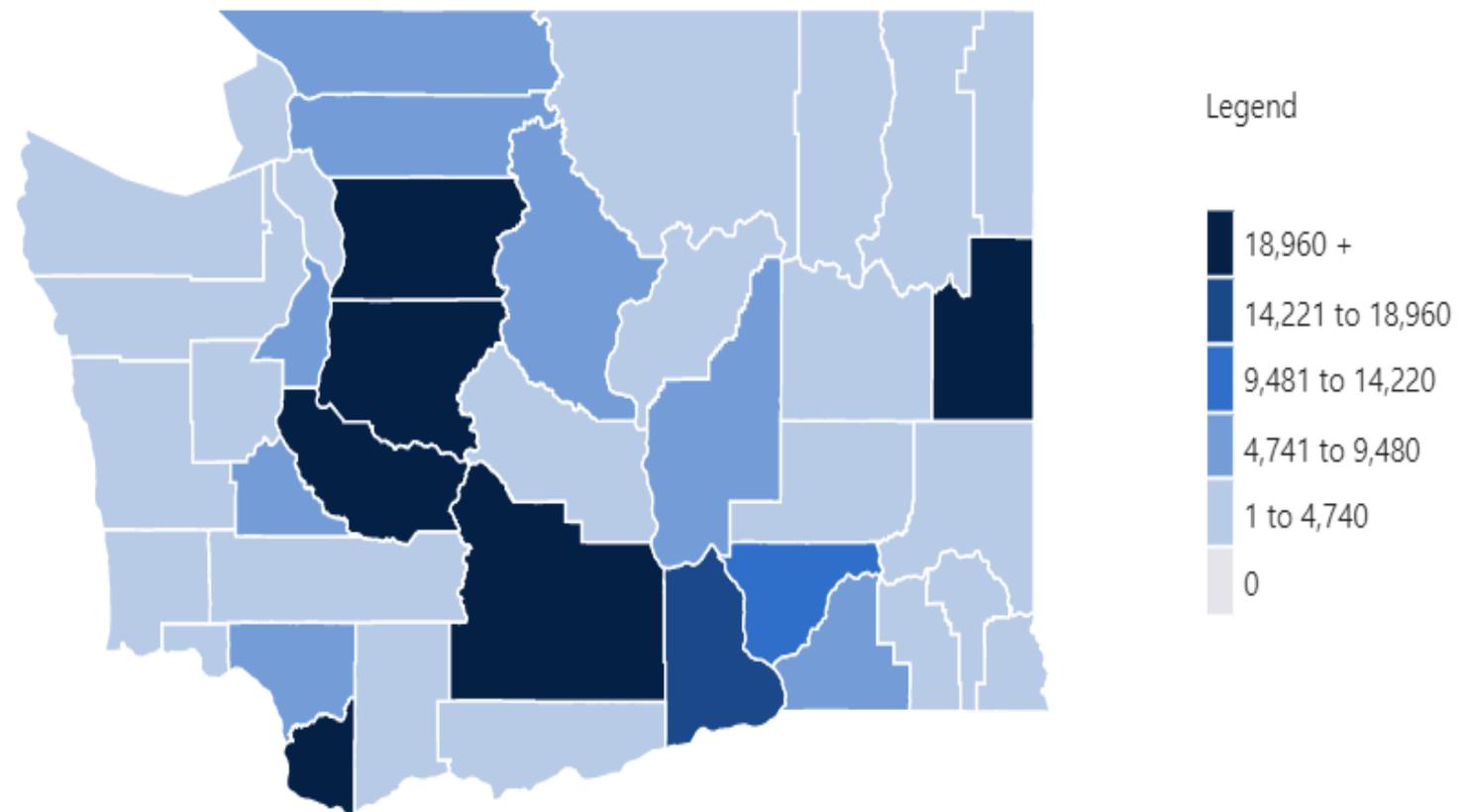
US Test Results

Admin0 | Admin1 | Admin2

| | |
|---|------------------|
| Confirmed Cases | 352,391 |
| Probable Cases | 25,561 |
| Total Cases | 377,952 |
| Hospitalizations | 21,057 |
| Deaths | 5,329 |
| Percent of Deaths (deaths/total cases) | 1.4% |
| Total Molecular Tests | 6,154,418 |
| Number of Vaccine Doses Given | 4,189,884 |

Please click "[Learn More](#)" for more information.

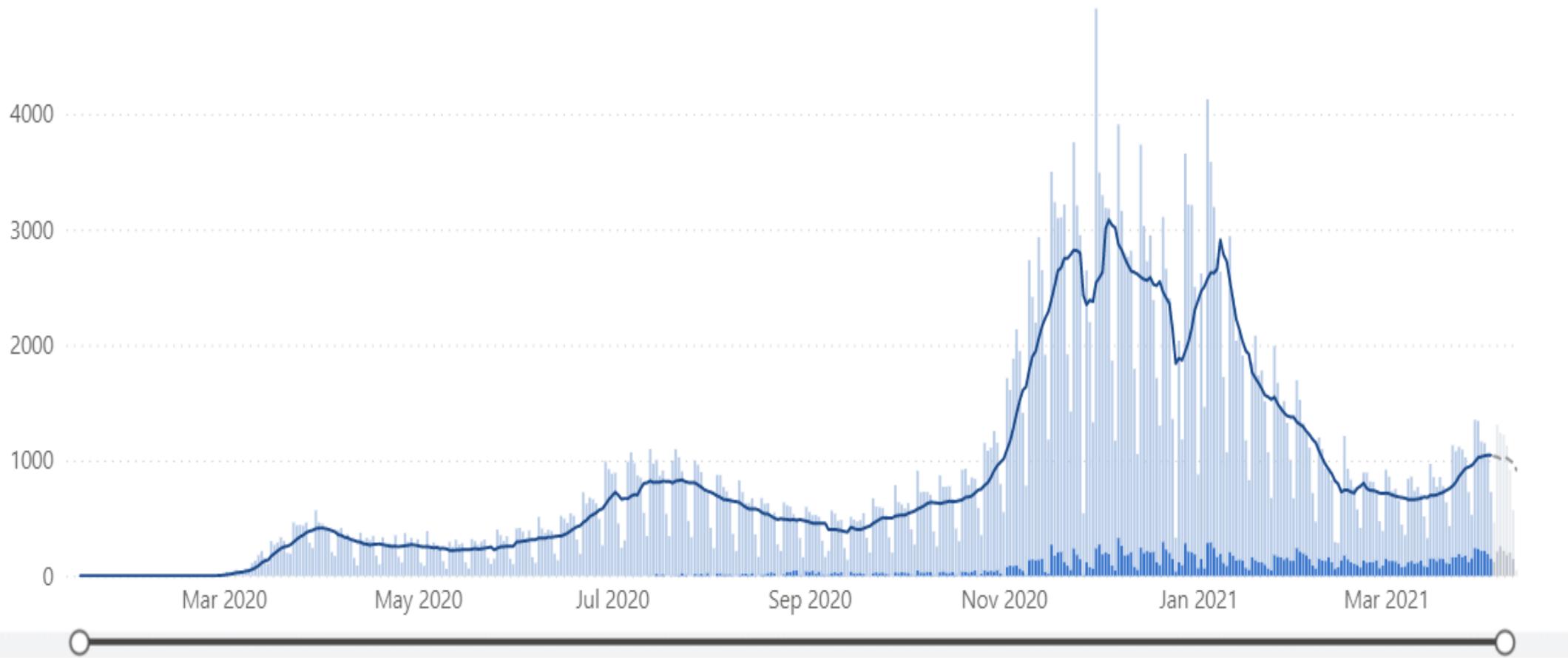
CASES BY COUNTY



1,519 of 377,952 cases do not have an assigned county

CASE COUNTS

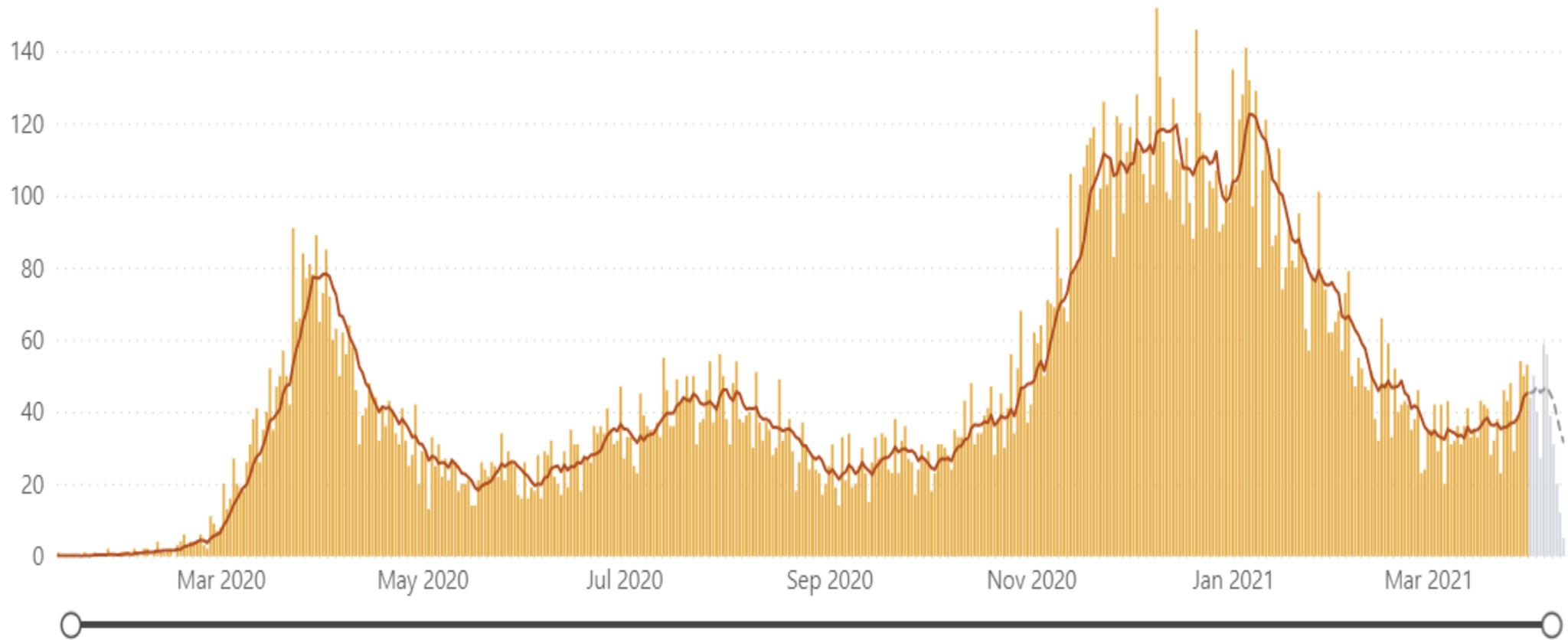
● Probable Cases ● Confirmed Cases ● Incomplete (Probable Cases) ● Incomplete (Confirmed Cases) — Total Cases (7 day avg.) - - - Incomplete (7 day avg.)



1,519 of 377,952 cases do not have an assigned county. Cases from the last 8 days may yet not be reported.

HOSPITALIZATIONS COUNTS

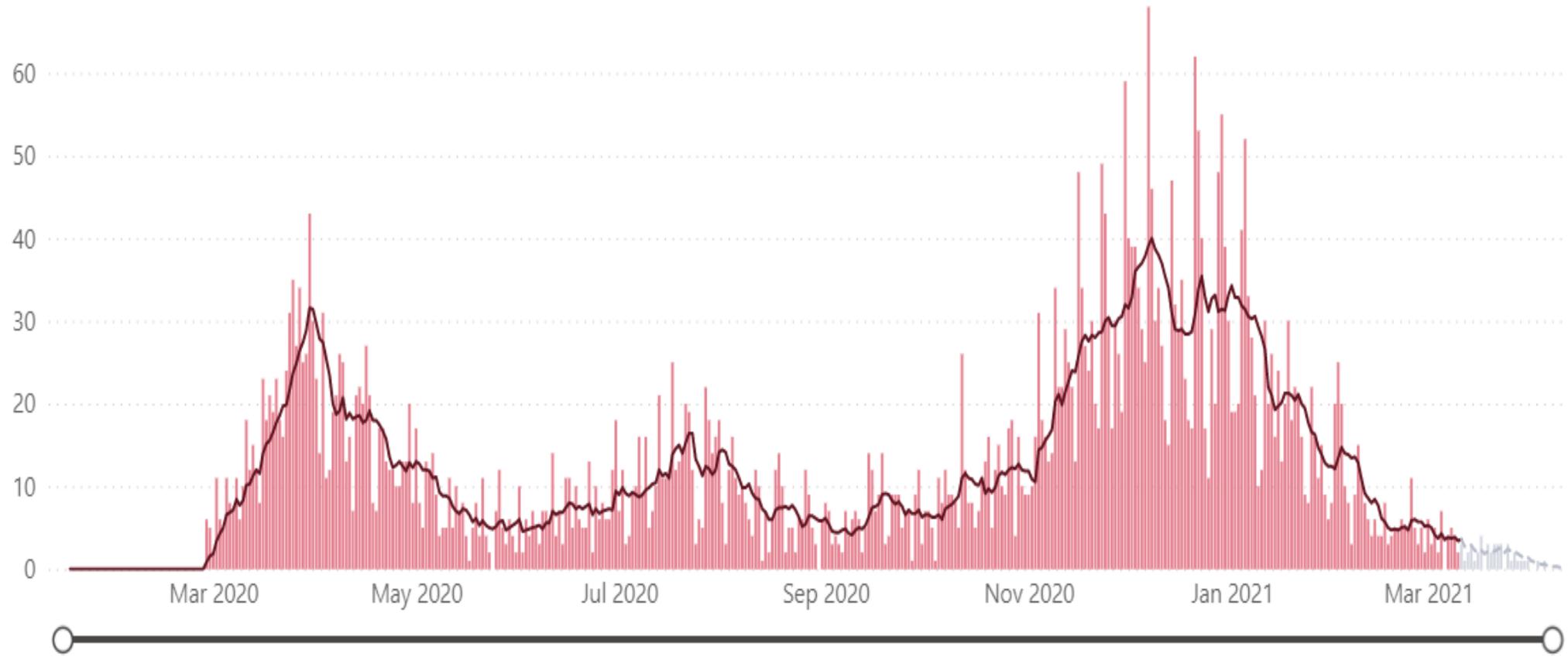
● Hospitalizations ● Incomplete — Hospitalizations (7 day avg.) — Incomplete (7 day avg.)



481 hospitalizations do not have a hospital admission date reported. 44% of statewide confirmed cases have unknown hospitalization status. Hospitalizations from the last 11 days may not yet be reported.

DEATHS COUNTS

● Deaths ● Incomplete — Deaths (7 day avg.) — Incomplete (7 day avg.)



4 of 5,329 deaths do not have an assigned county. Deaths from the last 3-4 weeks may not yet be reported.

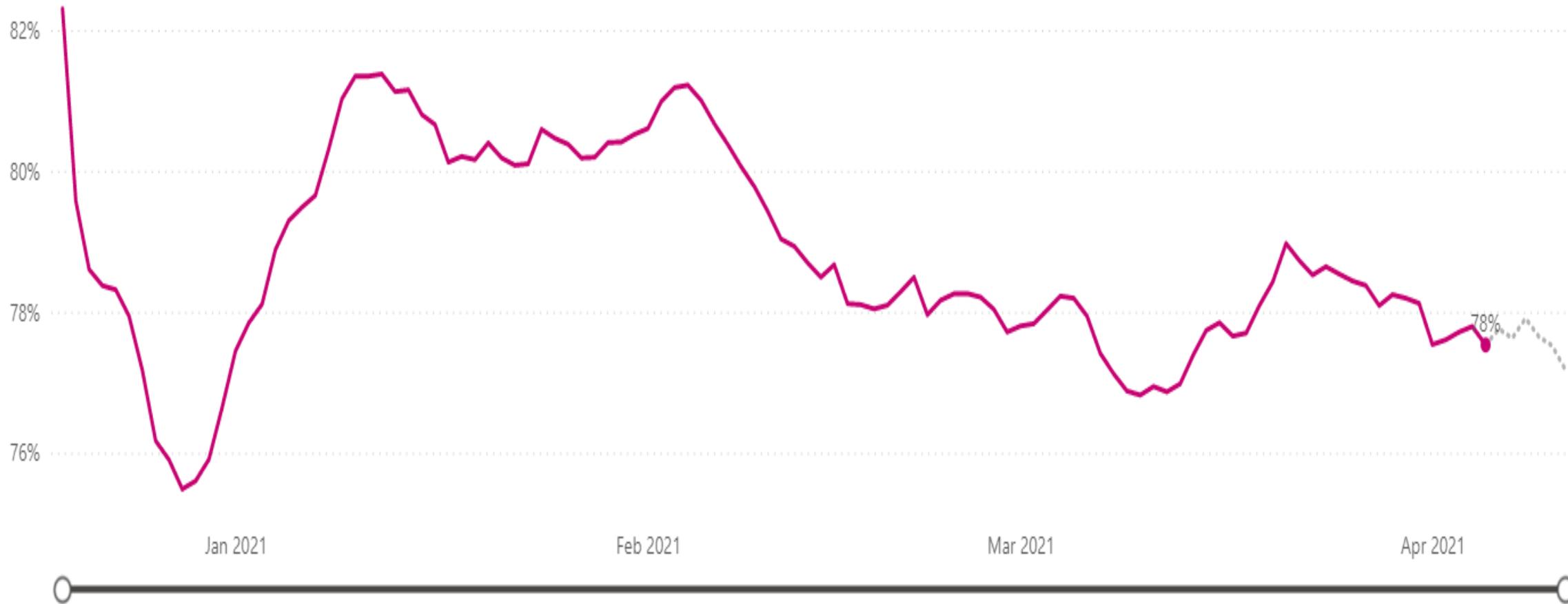
TREND IN 14-DAY RATE OF NEW COVID-19 HOSPITAL ADMISSIONS PER 100,000 POPULATION (WA HEALTH)

● 14-day rate --- Incomplete data



AVERAGE 7-DAY PERCENT OCCUPANCY ICU STAFFED BEDS (WA HEALTH)

● Average 7-day percent --- Incomplete data





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.



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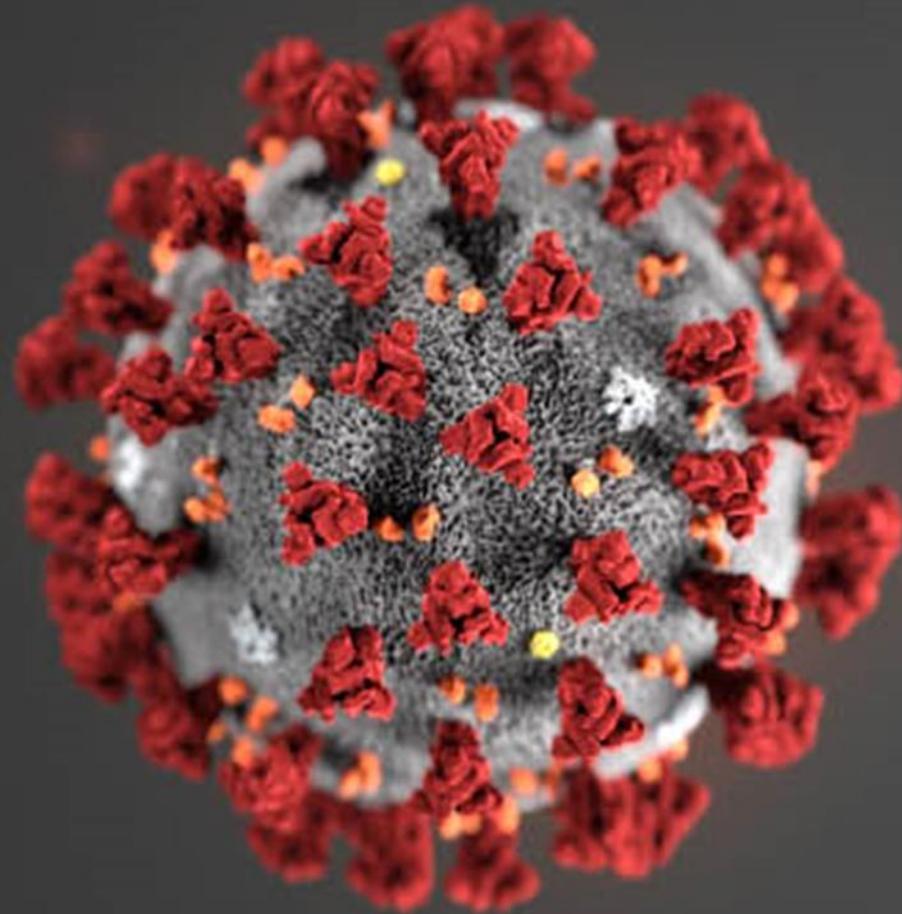


Variants, Masking, Vaccine breakthrough, Decreased testing and impacts on surveillance and travel screening, etc.

Presenting

Scott Lindquist, MD, State Epidemiologist for Communicable Diseases, WA DOH

John Lynch, MD, Infection Control, MPH Associate Professor, UW Medicine/Harborview Medical Center



COVID Vaccine Update
April 13, 2021

for the week of April 12, 2021



17 Weeks of distribution completed



8M Total doses administered in Long-Term Care Facilities



240M Total doses ordered



6.7M+ Total doses administered through Federal Programs



234M Total doses delivered



24,000+ Total pharmacy locations nationwide in the Federal Retail Pharmacy Program



175M Total doses administered and reported



2,586 Total sites enrolled through the Health Center COVID-19 Vaccine Program



143,888+ Total COVID-19 vaccine providers



0.12% Percentage of doses reported as wastage

Allocation Projections

| | April 11, 2021 <small>Forecast For Week Ending</small> | April 18, 2021 <small>Forecast For Week Ending</small> | April 25, 2021 <small>Forecast For Week Ending</small> |
|---------------------|---|---|---|
| All Vaccines | 386,810 <small>Total Doses - All Vaccine Types</small> | 355,980 <small>Total Doses - All Vaccine Types</small> | 0 <small>Total Doses - All Vaccine Types</small> |
| Pfizer | 102,960 <small>1st Doses - Pfizer</small> | 102,960 <small>1st Doses - Pfizer</small> | 100,620 <small>1st Doses - Pfizer</small> |
| | 122,850 <small>2nd Doses - Pfizer</small> | 100,620 <small>2nd Doses - Pfizer</small> | 100,620 <small>2nd Doses - Pfizer</small> |
| Moderna | 75,700 <small>1st Doses - Moderna</small> | 75,700 <small>1st Doses - Moderna</small> | 75,700 <small>1st Doses - Moderna</small> |
| | 72,400 <small>2nd Doses - Moderna</small> | 72,400 <small>2nd Doses - Moderna</small> | 75,700 <small>2nd Doses - Moderna</small> |
| Janssen | 12,900 <small>1st Doses - Janssen</small> | 4,300 <small>1st Doses - Janssen</small> | 4,300 <small>1st Doses - Janssen</small> |

Joint CDC and FDA Statement on Johnson & Johnson COVID-19 Vaccine

The following statement is attributed to Dr. Anne Schuchat, Principal Deputy Director of the CDC and Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research

As of April 12, more than 6.8 million doses of the Johnson & Johnson (Janssen) vaccine have been administered in the U.S. CDC and FDA are reviewing data involving six reported U.S. cases of a rare and severe type of blood clot in individuals after receiving the J&J vaccine. In these cases, a type of blood clot called cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia). All six cases occurred among women between the ages of 18 and 48, and symptoms occurred 6 to 13 days after vaccination. Treatment of this specific type of blood clot is different from the treatment that might typically be administered. Usually, an anticoagulant drug called heparin is used to treat blood clots. In this setting, administration of heparin may be dangerous, and alternative treatments need to be given.

CDC will convene a meeting of the Advisory Committee on Immunization Practices (ACIP) on Wednesday to further review these cases and assess their potential significance. FDA will review that analysis as it also investigates these cases. Until that process is complete, we are recommending a pause in the use of this vaccine out of an abundance of caution. This is important, in part, to ensure that the health care provider community is aware of the potential for these adverse events and can plan for proper recognition and management due to the unique treatment required with this type of blood clot.

Right now, these adverse events appear to be extremely rare. COVID-19 vaccine safety is a top priority for the federal government, and we take all reports of health problems following COVID-19 vaccination very seriously. People who have received the J&J vaccine who develop severe headache, abdominal pain, leg pain, or shortness of breath within three weeks after vaccination should contact their health care provider. Health care providers are asked to report adverse events to the Vaccine Adverse Event Reporting System at <https://vaers.hhs.gov/reportevent.html>.

CDC and FDA will provide additional information and answer questions later today at a media briefing. A recording of that media call will be available on the FDA's YouTube channel.



March 31, 2021

Public and constituent inquiries | 360.902.4111

Press inquiries | 360.902.4136

Inslee announces vaccine eligibility expansion to all adults April 15

Gov. Jay Inslee today announced that effective April 15, all Washingtonians over the age of 16 will be eligible to receive a COVID-19 vaccination.

Over the past four months since Washington began administering doses of the vaccination, the state has followed a tiered eligibility system, beginning with those most at risk of hospitalization and death.

The governor and the state Department of Health (DOH) have also prioritized equity issues in each phase to ensure vaccine access to populations disproportionately affected by the virus, including communities of color and low-income communities.

The expansion of eligibility comes, in part, in response to a recent uptick in COVID cases in the state.

"We must do everything possible to ensure that we can keep cases down," Inslee said during a press conference Wednesday. "We have concerns about the trends we are seeing across the state and we must be cautious. Opening up full eligibility will be one tool to help in the fight against the virus.

"If we get vaccinated and continue the health practices that keep those around us healthy – masks, distancing and basic hygiene – we're going to knock this virus down. But we cannot get complacent. We feel like we are done with COVID, but this virus is not done with us yet."

Roughly 3.3 million doses have been administered in Washington to date, and more than one million residents have been fully vaccinated.

Resources

Find more information on the COVID-19 vaccine [here](#).

Use the Vaccine Locator tool to register for a vaccination appointment [here](#).

For DOH's COVID-19 Information Hotline, dial 1.800.525.0127, then press #. Language assistance is available.

Moderna EUA Updates

- FDA has revised the Moderna EUA to include the following updates:
 - Current multidose vial (6.3mL) = 10–11 doses
 - It is possible to extract 11 doses using low dead-volume needles/syringes.
- Moderna ancillary supply kits include enough supplies to administer 10 doses per vial.
 - Moderna kits do NOT contain low dead-volume needles/syringes.
 - Given the limited supply of LDV syringes, jurisdiction should still plan to reliably extract 10 doses. The 11th dose does not count as waste
 - Do NOT “borrow” low dead-volume needles/syringes from Pfizer kits.
 - Needles/syringes from the provider’s supply used to withdraw an 11th dose can not be replaced.

Moderna EUA Updates

FDA has revised the Moderna EUA to include the following updates:

- Unpunctured vials
 - Moderna vials can now be stored frozen between **-50° to -15°C (-58° to 5°F)**. This is a new, wider temperature range that is consistent with other recommended vaccines stored in the freezer.
 - Vials may be stored between 8° to 25°C (46° to 77°F) for a **total of 24 hours**. This is **an increase from 12 hours to 24 hours**.
 - Unchanged: Vials may be stored refrigerated between 2° to 8°C (36° to 46°F) for up to 30 days prior to first use.
- Punctured vials
 - After the first dose has been withdrawn, the vial should be held between 2° to 25°C (36° to 77°F) **for up to 12 hours**. Vials should be discarded 12 hours after the first puncture. **This is an increase from 6 hours to 12 hours**.

EXPIRATION DATES AND COVID-19 VACCINES

Don't use expired vaccine or diluent. The expiration dates for some products may change as additional stability data become available.

The Centers for Disease Control and Prevention (CDC) has set up an expiration date of 12/31/2069 as a placeholder date.

Janssen COVID-19 vaccine: The expiration date is NOT printed on the vaccine vial or carton. To determine the expiration date, do one of the following:

- Scan the QR code located on the outer carton.
- Call 1-800-565-4008.
- Go to vaxcheck.jnj/.

Moderna COVID-19 vaccine: The expiration date is NOT printed on the vaccine vial or carton. To determine the expiration date, do one of the following:

- Scan the QR code located on the outer carton.
- Go to modernatx.com/covid19vaccine-eua/.

Pfizer COVID-19 vaccine: This vaccine product has an expiration date located on the vaccine vial. CDC will be updating VTrckS to replace the placeholder date in VTrckS with the actual expiration date.

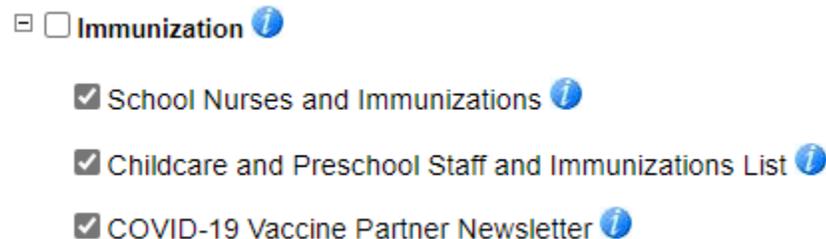
CDC's [COVID-19 Vaccine Expiration Date Tracking Tool](#) can help providers keep track of the expiration date by lot number.

COVID-19 Vaccine Newsletter

- The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.
- People can manage their subscriptions by going to the following [link](#).
 - From there, click on ‘add subscriptions’ at the bottom of the page.

Add Subscriptions

- On the next page, expand the ‘Immunizations’ tab and check the box for “COVID-19 Vaccine Partner Newsletter.”



- Next edition is planned for December 31.

Communication & Updates

- COVID Vaccine Email
 - COVID.Vaccine@doh.wa.gov
- COVID-19 Vaccine Partner Calls
 - 1st & 3rd Tuesday of the month 9 AM- 10:30 AM
- COVID-19 Vaccine Distribution list
 - Email COVID vaccine email to be added

Pro-equity strategies

Katie Meehan
Acting Community Relations & Equity Director

Vaccine Equity Strategies

1. Engage communities to inform vaccine prioritization and planning
2. Integrate a pro-equity approach into vaccine allocation and distribution
3. Prioritize allocation and support to providers who effectively serve disproportionately impacted communities
4. Invest in trusted community leaders, messengers and organizations
5. Ensure all communications, education and outreach efforts are culturally and linguistically appropriate and accessible
6. Strengthen the public health system's ability to center communities in vaccine outreach and access
7. Foster opportunities for collaboration
8. Support a trauma-informed approach to vaccine conversations

Example pro-equity strategies for providers

- [Provide language access services](#)
- [Ensure accessibility for people with disabilities](#)
- [Have an equity-informed extra doses plan](#)
- Partner with trusted community organizations and leaders
- Conduct intentional and culturally responsive outreach to disproportionately impacted communities
- [Apply Washington Tracking Network, Information by Location Mapping Tool: COVID-19 Social Vulnerability Index - *recorded training available*](#)
- [Learn about other vaccine equity strategies](#) – extended hours, weekend appointments, etc.
- [Washington State Hospital Association’s Strategies for Equity in Vaccine](#)

Ensure equitable access to vaccine by intentionally **allocating to pro-equity providers and sites** and **supporting implementation of pro-equity strategies**.

| Pro-equity providers & sites | Providers & sites implementing pro-equity strategies |
|--|---|
| <ul style="list-style-type: none">• Providers located in census tracts with a social vulnerability index of 7+• Community health centers• Tribal vaccination partners• Urban Indian Health Programs• Free health clinics• LHJ clinics• Providers who serve Medicaid or Medicare patients• Employer-based clinics that reach workers disproportionately impacted by COVID-19• Critical access hospitals and other providers providing critical access in rural and/or underserved areas• Small, local, and rural community pharmacies• Rural Health Clinics• Long term care facilities• Correctional facilities | <ul style="list-style-type: none">• Providers who integrate pro-equity strategies into their operations, planning, and clinics<ul style="list-style-type: none">• Community based scheduling• Language access• Mobile vaccination efforts• Community-specific pop-up sites• And other providers or sites at the recommendation of communities |

Example: Capital Medical Center, Thurston County

- **Overall SVI = 9**

- **Household composition & disability - 9**

- % population 65+ - 10
- % population under 18 - 1
- % population with a disability - 9
- % single parent household - 10

- Accessibility for people with disabilities
- Flexible vaccination hours
- Drive-up, walk-up
- Partner with senior services

- **Housing type & transportation - 10**

- % housing with 10+ units - 10
- % mobile homes - 10
- % no access to a private vehicle - 10
- % overcrowded housing - 7
- % population in group quarters - 10

- Mobile clinics to nearby apartment complexes, mobile home communities
- Transportation vouchers

Capital Medical Center, *continued*

- Race, ethnicity & language - **4**
 - % population with LEP - **5**
 - % people of color - **3**
- **Socioeconomic determinants - 7**
 - **Median household income - 10**
 - **% no high school diploma - 8**
 - % population 18-65 with no health insurance - **3**
 - **% population living in poverty - 10**
 - % unemployed - **4**

- **Messaging to reaffirm vaccine provided at no cost**
- **Flexible scheduling**
- **Worksite options and partnerships with nearby employers**

Collaboration Opportunities

Provider Pro-equity Strategy Technical Assistance Drop-in Sessions

1st and 3rd Thursdays of every month, from 12:00 – 1:00 PM

Contact: Ashley.Green@doh.wa.gov

[Click here to join the meeting](#)

+1 564-999-2000,,110759360#

Phone Conference ID: 110 759 360#

COVID-19 Vaccine Implementation Collaborative

Centers communities disproportionately impacted by COVID-19

1st and 3rd Wednesdays of every month, from 4:00 – 5:30 PM

Learn more & sign-up: [Collaborative:: Washington State Department of Health](#)

Contact: Vax.Collaborative@doh.wa.gov



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Washington State Department of Health (DOH) Pilot Program of Johnson & Johnson Vaccination Prior to Hospital Discharge

Sally E. Peach, MD, PhD
April 13, 2021
REACH Pathway
Seattle Children's Hospital



Vaccination Sites

- **Active**
 - **Swedish First Hill (Seattle)**
 - UW System:
 - UW Northwest (Seattle)
 - Harborview Medical Center (Seattle)
 - Valley Medical Center (Renton)
 - MultiCare
 - Tacoma General Hospital (Tacoma)
 - Auburn Medical Center (Auburn)
 - Good Samaritan Hospital (Puyallup)
 - Virginia Mason Franciscan Health
 - St. Joseph's Hospital (Tacoma)
 - St. Clare Hospital (Lakewood)
 - Additional regional hospitals
- **Future**
 - **Sacred Heart & Holy Family (Spokane)**
 - **UHS Fairfax Hospital (Kirkland)**
 - **St. Luke's Rehabilitation Institute (Spokane)**

Pilot Program Metrics

1. Number of those who are vaccinated
2. Number of those that decline vaccination
3. Any returning or delays in discharge due to vaccination side effects
4. Providers who defer allowing vaccinations for patients/residents
5. Other measures of program success
6. Barriers or challenges that should be considered for program expansion to other like locations
7. Verification of crossover from documentation in Epic to IIS
8. Doses used for other than discharging patients (to prevent wastage of vaccine)

Barriers Identified in Pilot Program

- **Workflow Clarification**
 - Who identifies eligible patients?
 - Dose drawn up by pharmacy or nursing?
 - Consent process?
 - Contacting ordering physician?
- **Batching patients**
 - Low turn-over facilities cannot use entire vial
 - Patient batched to certain day/time, but discharges earlier
- **IIS reporting**

Waiting for EMR integration vs. manual entry
- **Johnson & Johnson factory error leading to vaccine delay**

Successes in Pilot Program

- **67% increase in vaccination from week one to week two at Swedish First Hill**
- **Information sharing between sites**
Pharmacists at Swedish discussing lessons from pilot with Sacred Cross & Holy Family team. Also shared EMR integration for IIS.
- **Vaccine networking for small sites**
 - Sacred Cross & Holy Family to provide individual vials to St. Luke's
 - Virginia Mason Franciscan Health system able to coordinate vaccine amongst several regional hospitals
- **No reports of providers refusing vaccine for patients**
- **No reports of side effects prolonging stays**

Is your facility vaccinating prior to discharge from inpatient stays?

You can add your response in the “Question Box”

Is your facility vaccinating prior to discharge from the ED?

You can add your response in the “Question Box”

Do you have IIS access at your facility?

You can add your response in the “Question Box”

Q&A

**COVID-19 Clinician Support Calls will be held once a month
going forward.**

**The next call will be on:
Tuesday, May 11th from 11am - 12pm**

Thank you!