

NC DHHS COVID-19 NCIOM External Advisory Committee

December 18, 2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



NC DHHS COVID – 19 Response

COVID-19 Prevention: Key Messages for December



Review & Share the Winter Holidays Guidance

- Avoid holiday travel and gatherings with those you don't live with
- If you must travel or gather: Get tested ahead of time, wear a mask all the time, and keep it small and outdoors
- One-page flyer & detailed guidance (English & Spanish) available at <https://covid19.ncdhhs.gov/information/individuals-families-and-communities/guidelines-get-togethers#winter-holidays>



Review & Share Vaccines Talking points

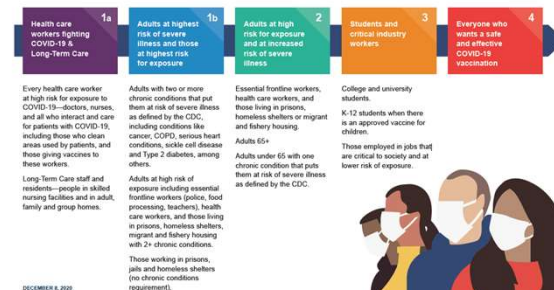
- A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first.
- The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases throughout 2021.
- More information at <https://covid19.ncdhhs.gov/vaccines>



COVID-19 Vaccinations: Those most at risk get it first.



A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. Independent state and federal public health advisory committees have determined that the best way to fight COVID-19 is to start first with vaccinations for those most at risk, reaching more people as the vaccine supply increases from January to June. Keep practicing the 3Ws—wear a mask, wait six feet apart, wash your hands—until everyone has a chance to vaccinate.



Agenda

- **Update on Vaccines data and authorization**
- **Prioritization**
- **Operations**
 - **Provider enrollment**
 - **Early Allocations**
 - **CVMS**
- **Communications**
- **Questions**
- **Recruitment for clinical trials**

Pfizer Vaccine – Data Brief

- Enrollment**
- Phase 3 trial included over 43,000 participants, 42% with diverse backgrounds
 - 16 - 85 years, 46% with co-morbidities (e.g., cancer, heart disease, lung disease, diabetes, obesity, hypertension)

- Efficacy Data**
- 95% effectiveness in preventing illness, 7 days after second dose.
 - 162/170 cases were in placebo group, 9/10 severe cases were in placebo group
 - Uniform effectiveness across age, co-morbidity, demographic groups
 - No waning of protection for at least 2 months after second doses
 - Did not look at data on if a vaccinated person can carry/transmit the virus

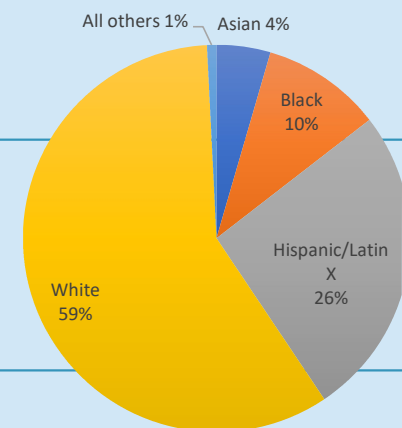
- Authorization**
- Applied for EUA 11/20/20, FDA Advisory Committee endorsed 12/10/20
 - FDA EUA 12/11/20, ACIP recommendation 12/12/20

- Storage**
- Requires ultra-cold storage (-75 degrees Celsius).
 - Permanent or shipping container refill with dry ice every 5 days up 30 days. 5 days at refrigerated temps

- Dosing**
- 2-dose schedule; 21 days apart (17-21 days), some protection starts 14 days after 1st dose,
 - Insufficient data to determine protection of 1 dose because almost all got a second dose

- Type of Vaccine**
- mRNA technology from the coronavirus's own genes. Tiny piece of genetic material that instructs people's cells make 1 viral protein (spike protein) that triggers immune system to produce antibodies against the COVID virus. mRNA technology has been developing for past 2-3 years for other viruses

- Safety**
- No reports of serious safety during clinical trials. 4 cases of Bell's palsy in vaccine group, same as general rate in population, but will monitor. Temporary reactions (e.g., soreness at site, fatigue, headache, fever) noted 24-48 hours after vaccination, lasts 1-2 days, more after second dose, less with people over 55.



Equal percentage of people with and without evidence of prior infection in placebo group became infected (1.3%). “While limited, these data do suggest that previously infected individuals can be at risk of COVID-19 re-infection and could benefit from vaccination.”

PFIZER - FREQUENCY OF TEMPORARY REACTIONS IN CLINICAL TRIALS BY DOSE AND AGE GROUP, MORE WITH SECOND DOSE, LESS WITH OLDER PEOPLE

Symptom	18-55 year olds		> 55 years	
	Dose 1	Dose 2	Dose 1	Dose 2
Local reaction				
Pain at site	83%	78%	71%	66%
Redness at site	5%	6%	5%	7%
Swelling at site	6%	6%	7%	8%
Systemic				
Fatigue	47%	59%	34%	51%
Headache	42%	52%	25%	39%
Muscle pain	21%	37%	14%	29%
Chills	14%	35%	6%	23%
Diarrhea	11%	10%	8%	8%
Joint pain	11%	22%	9%	19%
Fever	3.7%	16%	1.4%	11%
Vomiting	1%	2%	0.5%	0.7%

3/15,000 people receiving vaccine outside of clinical trial had a severe allergic reaction

More from FDA Emergency Use Authorization

Data points from EUA

- ❖ Authorized for use for people 16 years of age and older
- ❖ Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.
- ❖ Lactation Risk Summary Data are not available to assess the effects of Pfizer-BioNTech COVID-19 Vaccine on the breastfed infant or on milk production/excretion.
- ❖ Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.
- ❖ There is no information on the co-administration of the Pfizer-BioNTech COVID-19 Vaccine with other vaccines.

Helpful Links

- ❖ [Pfizer Website](#)
- ❖ [Pfizer data briefing document for FDA](#)
- ❖ [Full Pfizer-BioNTech COVID-19 Vaccine EUA Letter of Authorization](#)
- ❖ [Fact Sheet for Healthcare Providers Administering Vaccine \(Vaccine Providers\)](#)
- ❖ [Fact Sheet for Recipients and Caregivers](#)
- ❖ [The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine](#)
- ❖ [Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine](#)
- ❖ [CDCs COVID-19 Vaccination Communication Toolkit for Medical Center, Clinics, and Clinicians](#)

MORE FROM THE FDA EUA – INGREDIENTS, ALLERGIES

- **Ingredients** - Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine contains:
 - 30 mcg of a nucleosidemodified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2.
 - lipids (0.43 mg (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), **0.05 mg 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide**, 0.09 mg 1,2-distearoyl-sn-glycero-3- phosphocholine, and 0.2 mg cholesterol)
 - 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate, and 6 mg sucrose.
 - The diluent (0.9% Sodium Chloride Injection) contributes an additional 2.16 mg sodium chloride per dose.
 - **The Pfizer-BioNTech COVID-19 Vaccine does not contain a preservative.**
- **Contraindications** - Do not administer to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 Vaccine
- **Warnings** - Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of Pfizer-BioNTech COVID-19 Vaccine.

MORE FROM FDA EUA – CONSENT

- Due to the FDA Emergency Use Authorization, written informed consent as part of participation in an investigational vaccine development process is no longer required.
- Per the EUA, the vaccination provider, must communicate to the recipient or their caregiver, information consistent with the “Fact Sheet for Recipients and Caregivers” (and provide a copy or direct the individual to the website www.cvdvaccine.com to obtain the Fact Sheet) prior to the individual receiving Pfizer-BioNTech COVID-19 Vaccine, including:
 - FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
 - The recipient or their caregiver has the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine.
 - The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown.
 - Information about available alternative vaccines and the risks and benefits of those alternatives.
- Consent must be obtained prior to vaccination, but that consent can be verbal or written.

COVID-19 Vaccine Safety Monitoring Overview

- ❖ Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems with vaccine. VAERS continuously monitors the safety of vaccines given to children and adults in the US. VAERS is co-administered by CDC and FDA



- ❖ The vaccination provider is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS):
 - ❖ vaccine administration errors whether or not associated with an adverse event
 - ❖ serious adverse events* (irrespective of attribution to vaccination)
 - ❖ cases of Multisystem Inflammatory Syndrome (MIS) in adults and children
 - ❖ cases of COVID-19 that result in hospitalization or death.
- ❖ Vaccination provider should provide V-safe information for patients to self-enroll and report adverse events
 - ❖ CDC has developed a new, voluntary smartphone-based tool, v-safe, that uses text messaging and web surveys to provide personalized health check-ins after patients receive a COVID-19 vaccination. V-safe allows patients to report any side effects after COVID-19 vaccination to CDC in almost real time. It also gives them a convenient reminder to get their second COVID-19 vaccine dose if they need one.

ACIP CLINICAL RECOMMENDATIONS

- **Vaccine Administration**

- Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection

- **Pregnancy and Lactation**

- COVID-19 and pregnancy – Increased risk of severe illness and possible birth outcomes (e.g. preterm)
- mRNA vaccine is not a live virus and the mRNA is degraded quickly by normal cellular processes
- If a woman is pregnant or lactating, she may choose to be vaccinated with discussion of risk and benefits.

- **Contraindications and Precautions**

- **Per EUA Contraindications** - Do not administer to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 Vaccine
- ACIP proposed additional guidance:
 - Persons who have had a severe allergic reaction to any vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) should not receive the Pfizer-BioNTech vaccine at this time
- Vaccine may be administered to persons with underlying medical conditions or who are immunocompromised who have no contraindications to vaccination

Moderna Vaccine

Enrollment

- Phase 3 trial included 30,000 adult participants
- 37% with diverse backgrounds.
- 27% with co-morbidities
 - (e.g., diabetes, heart disease, lung disease, obesity)

Preliminary Efficacy Data

- [Moderna Data Briefing](#)
 - 94.1% effectiveness in preventing illness, 14 days after second dose.
 - 185/196 cases were in placebo group
 - 30/30 severe cases were in placebo group
 - 95.5% effective 18-<65, 86.4% effective ≥ 65
- Lasts at least 90 days after 2nd dose

Timing of EUA

- Applied for EUA 11/30
- FDA External Advisory Board Recommended Dec 17th
- Expect decision on FDA EUA today, ACIP recommendation 12/19-12/20

Temperature and Storage

- Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine) for up to 6 months.
- Lasts up to 30 days at refrigerated temperatures.

Dosing

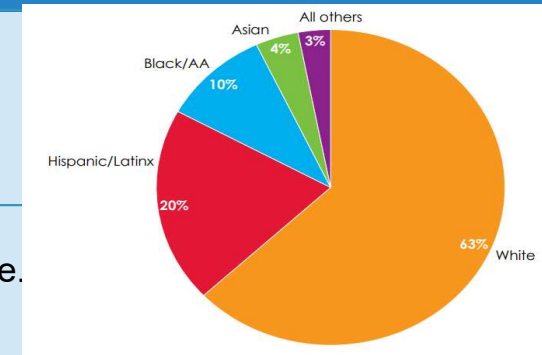
- 2-dose schedule
- Administered 28 days apart.

Type of Vaccine

- mRNA technology

Safety

- No reports of serious safety concerns. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination, more after second dose. 3 cases of Bell's palsy in vaccine, 1 in placebo – consistent with general rate, but will monitor. There were no anaphylactic or severe hypersensitivity reactions with close temporal relation to the vaccine.



MODERNA - FREQUENCY OF TEMPORARY REACTIONS IN CLINICAL TRIALS BY DOSE AND AGE GROUP, MORE WITH SECOND DOSE, LESS WITH OLDER PEOPLE

Symptom	18-<64 year olds		> 55 years	
	Dose 1	Dose 2	Dose 1	Dose 2
Local reaction				
Pain at site	87%	90%	74%	83%
Redness at site	3%	9%	2%	7%
Swelling at site	7%	13%	4%	11%
Systemic				
Fatigue	39%	68%	34%	51%
Headache	35%	63%	25%	46%
Muscle pain	24%	6%	20%	47%
Chills	9%	48%	5%	31%
Diarrhea	11%	10%	8%	8%
Joint pain	17%	45%	17%	35%
Fever	1%	17%	0.3%	10%
Nausea/Vomiting	10%	21%	5%	12%



3/15,000 people receiving vaccine outside of clinical trial had a severe allergic reaction

QUESTION

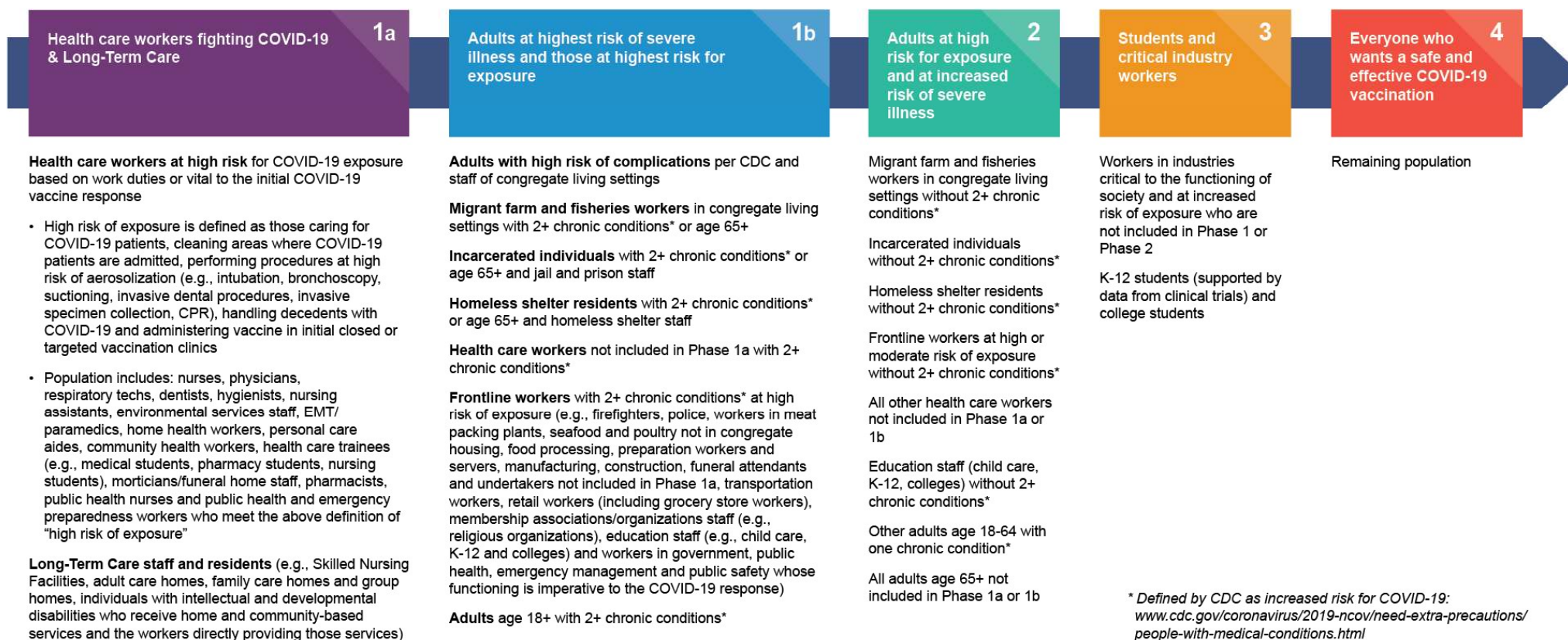
- One question I have is about the challenge of making the argument for being vaccinated to protect others while also acknowledging that people who are vaccinated need to continue to wear masks and distance. I've read several articles about the science still being out whether vaccinated people can still spread the virus, but maybe I'm not up to date on the evidence. The LTC videos are great and they highlight protection of residents when staff are vaccinated. Is there any concern about people getting the vaccine to protect others and then letting their guard down with masking?
- Other questions?

Prioritization

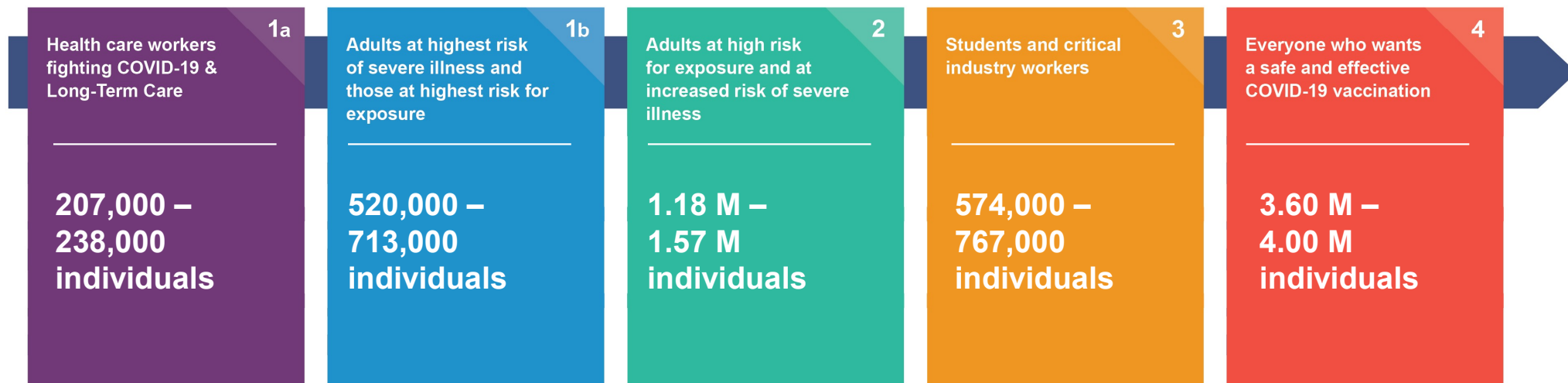
Vaccine Distribution Prioritization: Drilldown Framework



Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined with input from the North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance.



How many North Carolinians are expected to be vaccinated in each group?

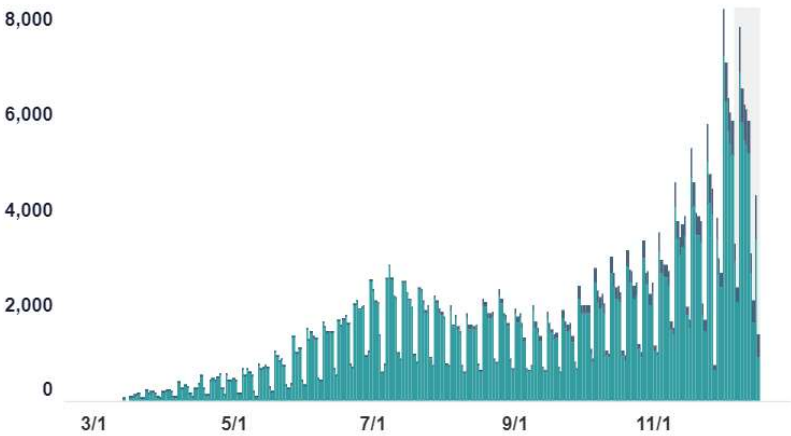


How quickly North Carolina moves through the groups depends on the available vaccine supply

Goals of Phase 1 – Next 2 months will be critical

- Stabilize the health care workforce
- Prevent outstripping capacity in health care system
- Prevent death

PREVENT HOSPITALIZATIONS AND DEATH



TOTAL CASES
North Carolina

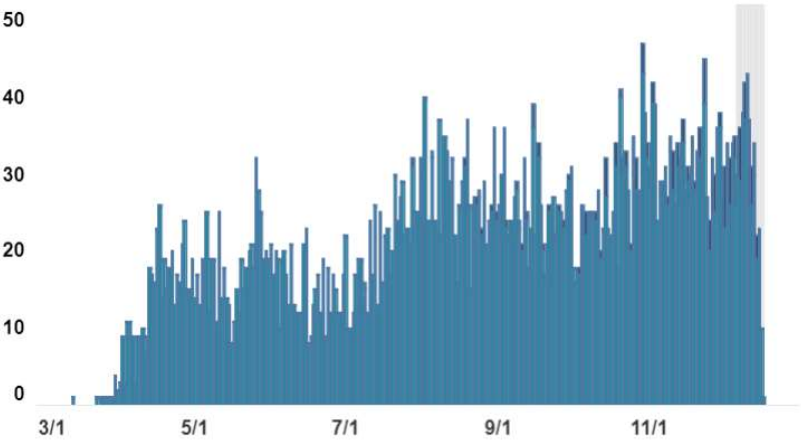
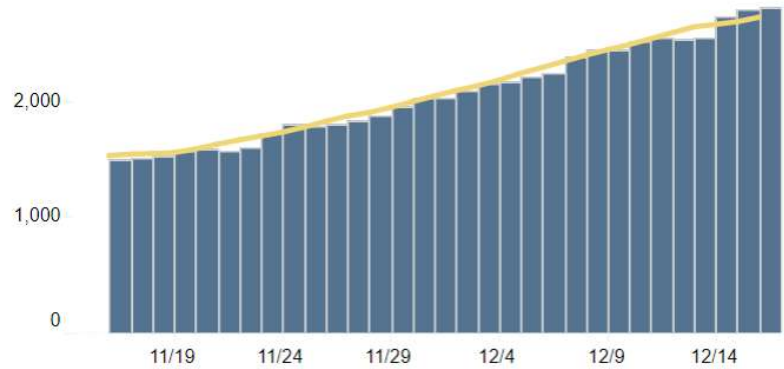
457,660

MOLECULAR (PCR)
POSITIVE CASES
423,821

ANTIGEN POSITIVE
CASES
33,839

Specimen collection date
missing for 280 cases.

Currently Hospitalized COVID-19 Patients | Statewide



TOTAL DEATHS
North Carolina

6,065

MOLECULAR (PCR)
POSITIVE
5,788

ANTIGEN POSITIVE
277

Date of death
missing for 9 deaths.



Stabilize Health Care Work Force

- **Health care workers at high risk** for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response. High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics
- FAQs - **Are outpatient providers included in the first phase (1A) of vaccinations?**

Outpatient providers who have an increased risk of exposure beyond that of a typical general outpatient setting could be included in the first phase (1A). This could include outpatient providers who are focused on COVID patient evaluation, respiratory care such as respiratory diagnostic testing centers, members of a dedicated respiratory care team, or frequently involved in COVID testing sites.

Health care employers (e.g., health systems, medical practices, hospice providers, EMS) should:

Determine who meets the criteria of being high risk for exposure to COVID-19 as defined above because they interact and care for patients with COVID-19.

Work with local hospitals or local health departments to coordinate access to vaccination.

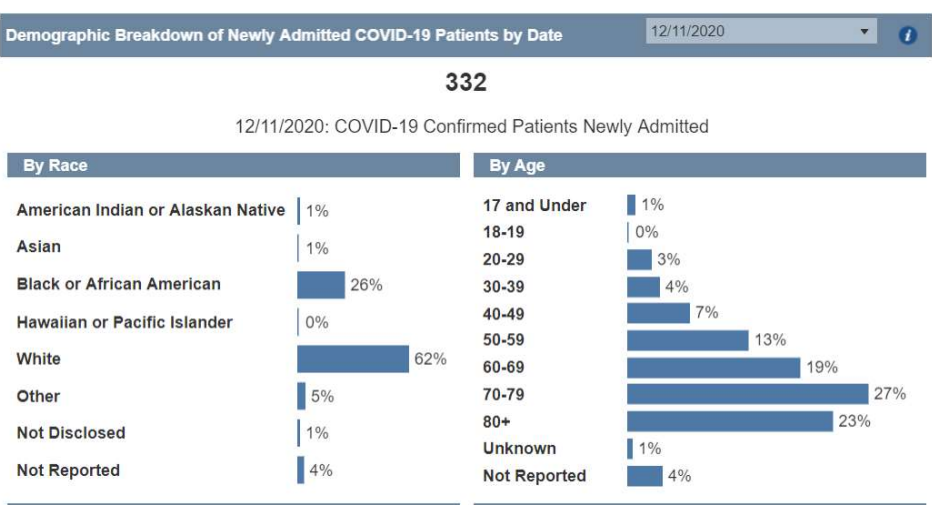
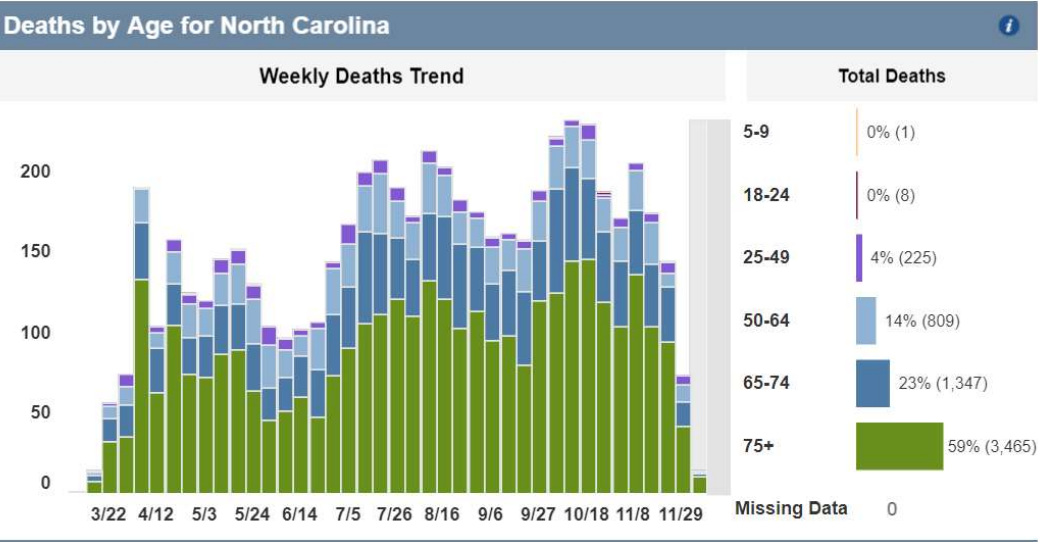


PREVENT HOSPITALIZATIONS AND DEATH

Death by settings

congregate	Frequency	Percent
.	1099	.
None	1967	39.61
Nursing Home	2280	45.91
Residential Care Facility	641	12.91
Correctional Facility	62	1.25
LTCF Undefined	13	0.26
Other	3	0.06

Long Term Care – 1a



SUB-PRIORITIZING IN PHASE 1B – VERY LIMITED SUPPLY AT FIRST

HIGHEST OF HIGHEST RISK TO PREVENT HOSPITALIZATION AND DEATH - INCORPORATING AGE

Draft

- **Phase 1b - People with 2 or more chronic conditions**
- **Congregate Living** – 2 or more chronic conditions or over 65 – **Ongoing during phase 1b**
 - People in Migrant Farm/Fisheries congregate housing, homeless shelters, incarcerated
- **Community Living – phased in approach during phase 1b**
 - Health care workers of any age involved in direct patient care with 2 or more chronic conditions not included in phase 1a
 - 65 years or older and 2 or more chronic conditions
 - 50 years and older and 2 or more chronic conditions and front-line worker
 - 50 years and older and 2 or more chronic conditions
 - Any age with 2 or more chronic conditions and front line worker
 - Any age with 2 or more chronic conditions

Draft

RISK BASED VS ESSENTIAL WORKERS

- We continue to get questions from employers whose workers fall into the Phase 2 category (manufacturers of all types in particular) about the prioritization of that category. It would help to hear if thoughts have been given to the order in that category, which I know is fraught with pitting groups against one another. You’ve likely seen the jockeying nationally to be at the front of the line and considered more “essential” than others.
- [Our] staff monitor in residential facilities to watch for abuse and neglect, help people escape unnecessary institutionalization, ensure that Social Security benefits are not being misappropriated from the people who are supposed to receive them, and for many other reasons. Our ability to do this work has been drastically curtailed because we are so afraid of starting outbreaks by entering facilities that we have only been willing to do so under rare circumstances. Are we essential workers under the vaccination plan?

QUESTIONS

Feedback on outpatient health care work force in 1a?

Is sub-prioritization of phase 1b on slide 21 right? Would you use different prioritization criteria?

Is it clear that this is risk-based prioritization schema (e.g., front line workers), not one based on what would be defined as essential or critical services? Concurrence on that approach?

What do you need to help explain basis for and where people would fit into risk-based prioritization framework?

Operations

Vaccine: Provider enrollment

AS OF 12/1/2020

PROVIDER ENROLLMENT DASHBOARD



115 Hospitals
(100%)



228 provider organizations



100 LHDs
(100%)

Enrollment Complete



Initial provider enrollment:
Hospitals and Local Health
Departments (LHDs)

Currently Enrolling



FQHC's, Rural Health
Centers and Free and
Charitable Clinics

Federal enrollment of
pharmacies (Walgreens and
CVS) for long term care
settings

Next to Enroll



Corrections facilities,
occupational health,
providers serving
congregate living settings,
etc.

Coming Soon



Remaining provider
enrollment is expected to
begin in early January (e.g.
primary care, urgent care)

Federal enrollment of more
pharmacies

NC's provider enrollment strategy is based upon **the prioritization strategy**

Vaccine: Federal long-term care pharmacy program

LTC ENROLLMENT DASHBOARD

~498 Adult
Care Homes
(79%%)

427 Skilled Nursing
Facilities
(100%)

KEY PROGRAM DATES

★ 12/7	★ 12/21	★ 12/28
Notification of Fed Government to turn on program	Start pulling vaccines from Moderna allocation banks	Start administering vaccines

The federal government – in coordination with the CDC – has created the **Pharmacy Partnership for Long-term Care (LTC) Program** in partnership with CVS and Walgreens to vaccinate those in LTC settings

Program Details

As part of this program, pharmacies will:

- Schedule and coordinate clinic dates with each facility
- Order vaccines and associated supplies
- Ensure cold chain management for vaccine
- Provide on-site administration of vaccine including patient information and consents as needed
- Report required vaccination data to local, state/territorial, and federal jurisdictions within 72 hours of administration

Allocation will come from state allocation starting with NC's week 2 allocation

Vaccine: First 2 weeks' allocations

Week of Dec 13-19

85,800 doses
(88 increments of 975)



Initial shipment will go to **53 hospitals**:
11 early ship sites – Ultra-cold storage
42 others distributed according to **bed capacity, health care workers, and county population**
Future allocations will factor in **administration data and on-hand inventory**



Hospitals

Week of Dec 20-26

Doses 61,425



Pfizer shipments
will focus on
**hospitals with
week 1 allocations
&
Large health
departments**



Hospitals



Local Health
Departments

175,900 doses
(increments of 100)



Moderna shipments
will focus initially on
**Long Term Care
(96,900), smaller
hospitals and health
departments
(79,000)**



Hospitals/Long Term Care/
Local Health Departments

DRAFT Weekly vaccine allocation by manufacturer

Week of Distribution	Manufacturer	# of Doses	Primary Audience
Week 1 12/14/2020	Pfizer	85,800	Hospitals
	Moderna	0	N/A
Week 2 12/21/2020	Pfizer	61,425	Hospitals/Large LHDs
	Moderna	175,900	LTC, Smaller hospitals and LHDs
Week 3 12/28/2020	Pfizer	85,800 + TBD	2 nd Dose + TBD
	Moderna	~60,000	Smaller Hosp, LHD, Community
Week 4 01/04/2021	Pfizer	TBD	2 nd Dose + TBD
	Moderna	TBD	LHDs, Community, TBD

*Assumption: serving all for LTC partnership

FOR OFFICIAL USE ONLY | NOT FOR DISTRIBUTION

Who is Being Vaccinated in December? **Phase 1a**

Where are people in Phase 1a getting vaccinated?

Health care workers at highest risk for COVID-19 exposure

- Administering vaccine in initial closed or targeted vaccination clinics
- In hospitals or local health departments who have received early shipments of vaccine

Long-Term Care (LTC) staff and residents

- On-site in long-term care facilities in the Pharmacy Partnership for Long-Term Care Program with CVS and Walgreens
- Some will also be vaccinated in local health departments if not with a facility participating in the Pharmacy Partnership program, through other long-term pharmacies, other mobile providers

More mass vaccination and community-based clinics coming as we move forward

Vaccine: COVID -19 Vaccine Management System (CVMS)

★ 11/23	★ 11/30	★ 12/8	★ 12/10	★ 12/17	★ TBD
CVMS Provider Enrollment Soft Launch invitation to: <ul style="list-style-type: none"> • Goshen Community Health • Carolina Family Health Centers • Rural Health Group • Realo Discount Drugs • Oak Street Health 	CVMS Priority Access Preview attended by 120+ participants	CVMS MVP Soft Launch for subset of Phase 1a providers	CVMS MVP Go-Live And available to Phase 1a and some Phase 1b providers	CVMS MVP R2 Go-Live Additional features released	CVMS R3+ Go-Live Future features and enhancements available within CVMS



What is CVMS?

CVMS is a secure, cloud-based **vaccine management solution** for COVID-19 that **enables vaccine management** and **data sharing** across providers, hospitals, agencies, and local, state, and federal governments on one common platform

CVMS launched initial functionality on 12/10. Providers will be able to:

- **Enroll** in the **COVID-19 Vaccine Program**
- **Register** their employees for vaccination
- **Manage** vaccine **inventory**
- **Track** vaccine **administration data**



Who will use CVMS?

- State officials will **enroll providers** and verify provider eligibility along with **verifying site readiness**
- Providers will **verify patient eligibility**, **log dosage administration**, and **track** frequency and timing of **additional dosages**
- **Training** for Phase 1a providers started **week of 11/30**
- **Go live 12/10** – began to enroll and train more targeted early providers
- **Early January** - Open to others



Who won't use CVMS?

- **Pharmacies**, such as CVS and Walgreens, **will not use CVMS** to administer and manage vaccines
- Pharmacies will use their **current systems** to report to federal program
- Building capability to ingest vaccine data files from pharmacies into CVMS




HUMAN SERVICES

FOR OFFICIAL USE ONLY | NOT FOR DISTRIBUTION


How to Navigate Provider Enrollment

To begin the Provider Enrollment process for CVMS a provider can get all they need on the [Immunization Website](https://immunize.nc.gov/providers/covid-19training.htm) - <https://immunize.nc.gov/providers/covid-19training.htm>



North Carolina Immunization Branch

COVID-19 Training



COVID-19 Vaccine Management System - CVMS

[CVMS Introduction](#) (PDF 237 KB) (12/08/2020)

- Description: Prepare for the new COVID-19 Vaccine Management System (CVMS) by learning what it is, who will be using it, and why.

[CVMS Readiness Training](#) (mp4) (12/09/2020)

- Description: This readiness training will cover key actions you can do right now to prepare for CVMS and administering the COVID-19 vaccine. We will also review important upcoming dates to keep in mind as you prepare for CVMS go-live.

[CVMS Readiness Checklist](#) (Word document) (12/10/2020)

- Description: A comprehensive list of action items for Providers to complete before enrolling in CVMS. This checklist is located in the CVMS Readiness Checklist section of the Immunization Branch site.

Provider Enrollment

Provider Enrollment is the process of arranging and placing vaccine providers into the statewide CVMS system so that they may receive and administer the COVID-19 vaccine.

[CVMS Provider Enrollment Demo](#) (MP4) (12/08/2020)

- Description: A recorded walk-through of the steps needed for Providers to complete enrollment in CVMS.

[HCP User Onboarding Template](#) (12/10/2020)

- Enrolled HCP Organization Only: Identify your organization's users that need access to CVMS and confirm that these users have a valid NCID. Instruct users that do not have an NCID to create an NCID and provide it to you. Complete the HCP User Onboarding Template and send the file to COVIDHelp@dhhs.nc.gov.

[Recipient Bulk Upload Template](#) (12/10/2020)

- Description: Healthcare Location Managers will need to upload eligible employees' information into CVMS so that they can register to receive the COVID-19 vaccine. To make this process easy, you will use this bulk upload file template.

The Provider Enrollment steps are located in the **CVMS Readiness Checklist** for all new Provider as well as a specific section of the Immunization Branch site to the Provider Enrollment process

Questions?

Communications

Communications Strategy Informed by Research

Addressing Vaccine Confidence – Actionable Data

Numerous polls show that many North Carolinians, like many Americans, are hesitant about COVID-19 vaccines, particularly Black/African American populations due to longstanding and continuing racial injustices in our health care system that contribute to lack of trust in vaccines.

North Carolina didn't need another poll to tell us people had concerns. Instead, we partnered with the Neimand Collaborative and Artemis Strategy Group to uncover the underlying drivers of awareness, choice and action in health care decisions – **actionable data**.

Our research:

Measures experience, attitudes, knowledge/familiarity, and potential barriers with health information and vaccines broadly, and COVID-19 specifically, to identify:

- Perceived benefits and risks of COVID-19 vaccinations;
- Emotional motivations for and against COVID-19 vaccination; and,
- Trusted sources and spokespeople about COVID-19 vaccinations.

Communications Strategy Informed by Research

Summary Findings and Campaign Implications

- **Potential early adoption is weak.** Less than half of North Carolina residents are both adherent health decision makers (they tend to follow their doctor's recommendations) and see greater reward than risk in a vaccine—yet a significant number express hesitancy.
- **The COVID vaccine is not a normal vaccination product**—it's new and perceptions of and experiences with other vaccines don't necessarily apply.
- **Most people are taking a wait and see approach, regardless of demographics.** Women and Black/African Americans are the most hesitant—they want to make the right decision for their families.
- **Hesitancy is driven by legitimate concerns** about testing, safety, side effects, effectiveness, “warp speed”, and political polarization. These concerns must be addressed **before** any discussion of potential benefits, which are clear to the majority of North Carolinians.
- **The messengers are 90% of message effectiveness.** There is less nuance in messaging than there is messengers. The top three most compelling messages were the same across race and ethnicity. Public health officials are respected, but people also need to see the positive experiences of peers and community leaders.
- **Vaccine supply and vaccination experience play a large role** in communications among a public eager for a cure but waiting to see the positive experiences of “people like them” and a diverse range of others.

Message Strategy

- **Don't frighten people into wanting to take the shot**—they already fear and take COVID seriously; the issue is whether the vaccine is safe and effective.
- **Acknowledge fears and hesitancy as valid.**
- **Give people honest information** about vaccine development, testing, safety, side-effects, and reactions.
- **Build trust** in and during the prioritized vaccine rollout: confidence to frontline health care workers, patience to eager early adopters, and witness to those who are waiting and seeing.
- **Direct people to “their spot” for reliable information**—be it official sources or community and peer-based.
- **Assure everyone of equitable and inclusive access.**
- **Have a clear call to action** that works across all campaign phases and complements the 3Ws

Campaign call to action

**You have a spot.
Take your shot.**

COVID-19 Vaccines: Our best shot against COVID-19

Start with Shared Values Statement

- Tested, safe and effective, COVID-19 vaccines will help us get **back in control** of our lives and **back to the people and places we love**.

Explain Safety in Development Process

- **Scientists had a head start.** The vaccines were built on decades of work to develop vaccines for similar viruses.
- **Vaccines are tested, safe, and effective.** More than 70,000 people volunteered in clinical trials for two leading vaccines to see if they are safe and worked to prevent COVID-19. To date, the vaccines are 95% effective in preventing COVID-19. There were no serious safety concerns in the clinical trials.

Demonstrate Commitment to Transparency & Inclusivity

- North Carolina is drawing upon the **experience and expertise of leaders from historically marginalized communities** to develop and implement its vaccine plan

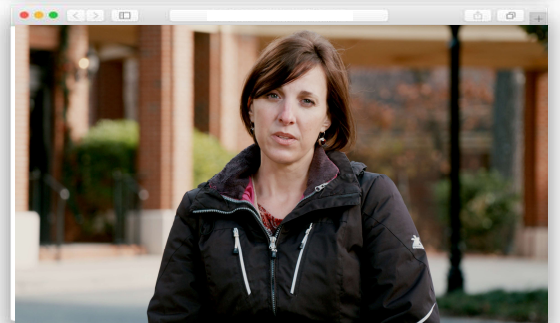
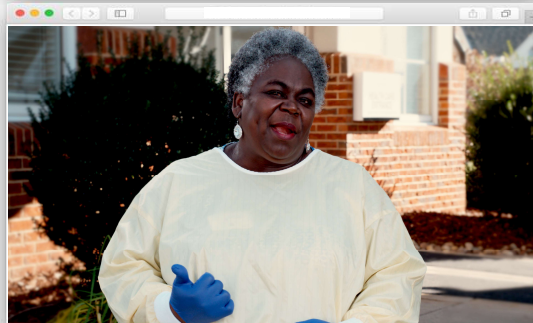
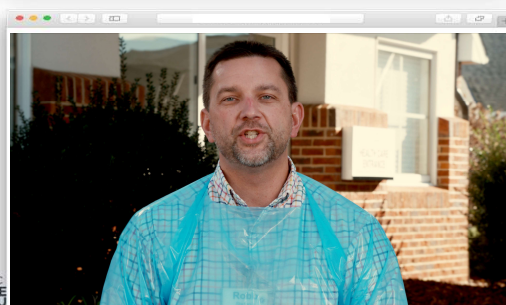
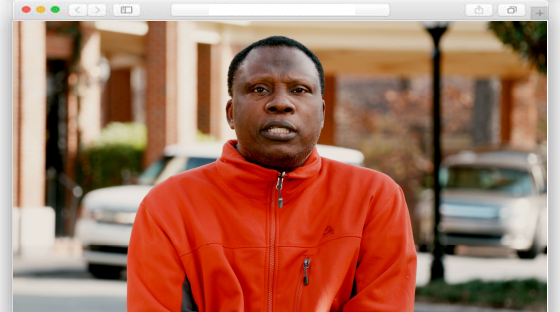
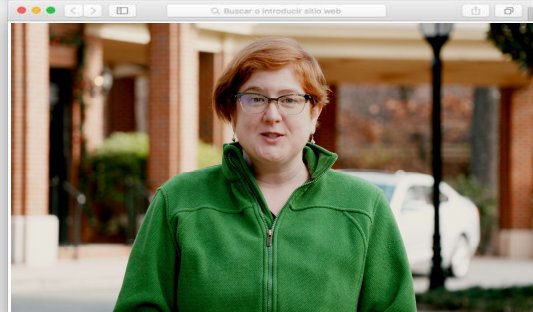
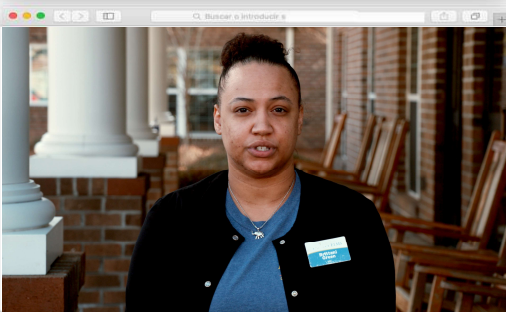
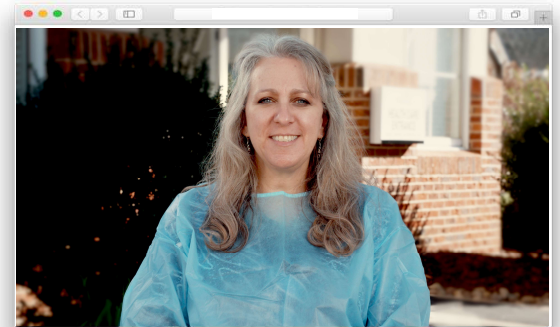
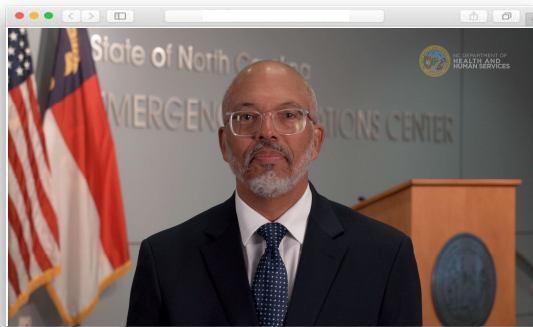
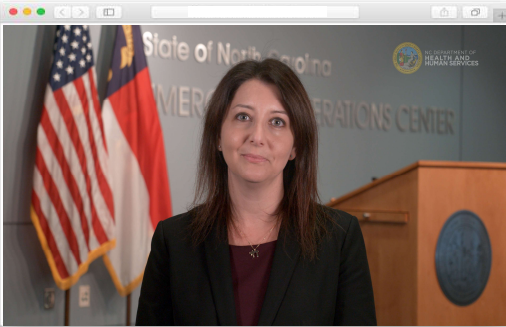
Set Expectations

- **Those most at risk will get it first.** Supplies will be limited at first. The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases.

Make the Call to Action

- **You have a spot. Take your shot.** Continue to practice the 3W's until everyone has their shot at fighting COVID-19

PSAs | Leveraging Trusted Voices



NC Toolkit Materials in Development

Vaccine Information:

- ✓ Overview fact sheet
 - Safety infographic
- ✓ Prioritization group infographic

HHS Communications Campaign

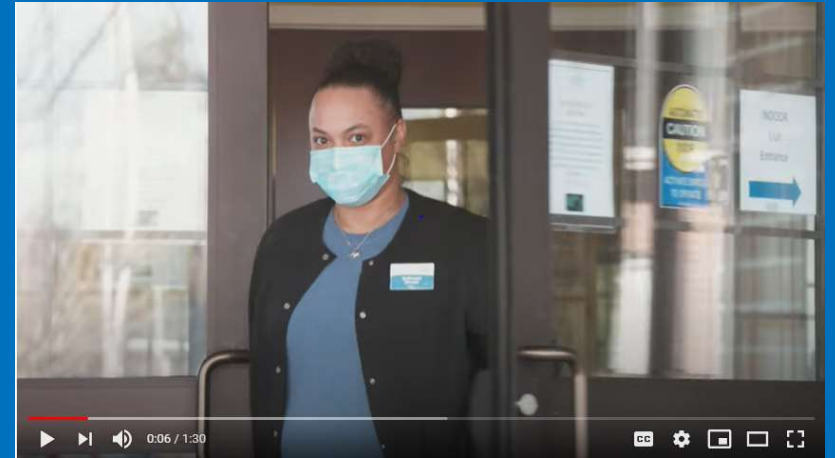
- Messaging one pager
- Talking points
- Messaging “palm card” for easy distribution

Marketing Materials

- Posters and signage (editable versions included to make personal for different communities, locations)
- Campaign theme icon for email
- Zoom/green screen background templates

Social Media Resources

- Shareable graphics (infographics, quote tiles, gifs)
 - Editable versions included using Canva and PPT for personalization
- ✓ Video testimonials (more coming)
 - Pre-drafted posts
 - Social media guidance including hashtags



North Carolina long-term care workers
talk about the COVID-19 vaccine

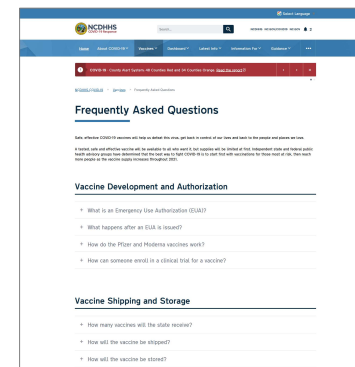
Online Resources | Updated Regularly

covid19.ncdhhs.gov/vaccines

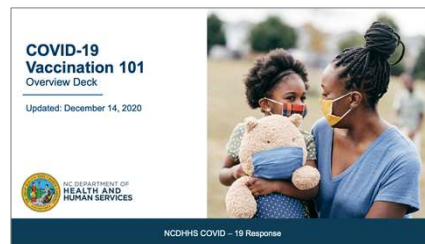
One-page flyer on COVID-19 vaccines to distribute



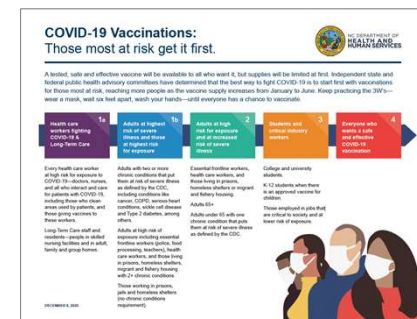
Frequently Asked Questions (updating weekly)



COVID-19 vaccines 101 deck



Infographic on prioritization



**Let's work together to share information.
Help distribute information and materials:
covid19.ncdhhs.gov/vaccines**

- **Help direct people to “their spot” for reliable information about the vaccine:** Let us know if you would like to request a presentation from a NC DHHS expert on vaccines for your network
- **Show people that you trust the safety and effectiveness of the vaccines:** Share your positive experience when you have your shot against COVID-19
- **Use and share the COVID-19 vaccine communications materials to make sure more North Carolinians have accurate and up-to-date information on the vaccines:** Find them at <https://covid19.ncdhhs.gov/vaccines>

QUESTIONS

- What else do you need now?
- Any suggestions for good spokesperson?
- What other questions do you have?