

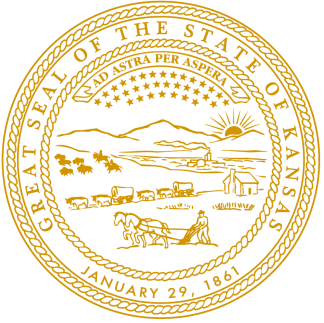


# **KS Vaccine Distribution**

## **Local Health Dept. Manual**

### **Version 1 - 1/19/2021**

*Note: This is a living document accurate as of the above date. It will be updated and re-distributed as guidance changes in line with federal supply*



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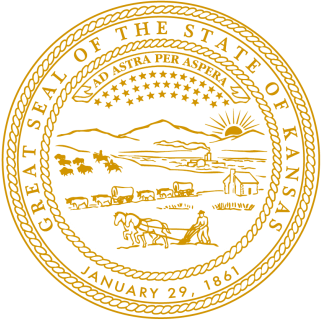
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**Current vaccine context**

## Where we are today

While a record number of COVID-19 cases and hospitalizations continue to climb, we now **have two 95% effective vaccines via Pfizer-BioNTech and Moderna**

As of January 18, 2021, over 12 million vaccine doses have been administered nationally, with **over 117,000 administered in Kansas**

**The path ahead remains quite complex**, including the need for prioritization of early supply, ultra-cold storage, and the burden of managing second-dose administration

Each week, **the federal government awards Kansas a portion of the nationally available** based on Kansas's share of the US population and state-wide administration rates. The amount awarded to Kansas must then be then allocated to points of distribution across the state.

States, along with providers and local health departments, should be prepared to respond nimbly to **changing vaccine supply environments**, in response to changes in federal vaccine supply or new vaccines

We will work together to rigorously ensure a fair and effective rollout – **lives and livelihoods depend on how fast we end the fight against COVID-19**

# Overview of Pfizer and Moderna vaccine requirements and resources

	Pfizer-BioNTech ( <a href="#">CDC page</a> , <a href="#">training module</a> )	Moderna ( <a href="#">CDC page</a> , <a href="#">training module</a> )
Population safety	<ul style="list-style-type: none"> <li>Authorized and recommended for those aged 16+</li> </ul>	<ul style="list-style-type: none"> <li>Authorized and recommended for those aged 18+</li> </ul>
Shipping	<ul style="list-style-type: none"> <li>Minimum order size is 195 vials, with 5-6 doses each (~975 doses)</li> <li>+Ancillary supplies</li> </ul>	<ul style="list-style-type: none"> <li>Minimum order size is 10 10-dose multi-dose vials (~100 doses)</li> <li>+Ancillary supplies</li> </ul>
Storage	Please review: <a href="#">Vaccine product information</a>   <a href="#">Storage &amp; handling summary</a>	Please review: <a href="#">Vaccine product information</a>   <a href="#">Storage &amp; handling summary</a>
Administration	<a href="#">Standing orders for administering vaccine</a> <a href="#">Preparation and administration summary</a> <a href="#">Mixing Diluent and vaccine infographic</a> <a href="#">BUD guidance and labels</a> <a href="#">Pre-vaccination checklist/screening for COVID-19 vaccines</a> <a href="#">General CDC vaccine administration training materials</a> <a href="#">VAERS Adverse Event Reporting</a>   <a href="#">V-Safe Health Checker</a>	<a href="#">Standing orders for administered vaccine</a> <a href="#">Preparation and administration summary</a> <a href="#">Pre-vaccination checklist/screening for COVID-19 vaccines</a> <a href="#">General CDC vaccine administration training materials</a> <a href="#">VAERS Adverse Event Reporting</a>   <a href="#">V-Safe Health Checker</a>
Second doses	<ul style="list-style-type: none"> <li>All persons must receive 2 doses of the Pfizer-BioNTech vaccine at least <b>21 days apart</b> and as close to the recommended interval as possible</li> <li>Pfizer-BioNTech and Moderna are <i>not</i> interchangeable</li> </ul>	<ul style="list-style-type: none"> <li>All persons must receive 2 doses of the Moderna vaccine least <b>28 days apart</b> – should be administered as close to recommended interval as possible</li> <li>Pfizer-BioNTech and Moderna are <i>not</i> interchangeable</li> </ul>

For the full URLs of each hyperlink, please consult the appendix



For detailed clinical directives on how to handle each vaccine, please review CDC web-pages and complete training modules

# Effectiveness of COVID-19 vaccines

## ? **How effective is the COVID-19 vaccine? Can those who have completed 2 doses still spread COVID-19?**

---

Both the Pfizer-BioNTech and Moderna vaccines are 95% effective at preventing people from getting sick with COVID-19 symptoms. However, research is ongoing on whether vaccines also prevent asymptomatic infection and transmission. Experts are also working on expanding clinical studies for broader population groups (CDC [FAQs](#)).

## ? **Do patients need to keep wearing masks and avoiding close contact with others after completing vaccination?**

---

Yes. The CDC has recommended that people continue to wear masks that covers their nose and mouth and avoid close contact with others (social distancing). While experts learn more about COVID-19 vaccine protection and potential asymptomatic transmission, the public should use **all the tools** (hand washing, avoiding contact, masks) available to stop the pandemic.

## ? **What portion of our population needs to be vaccinated to achieve herd immunity?**

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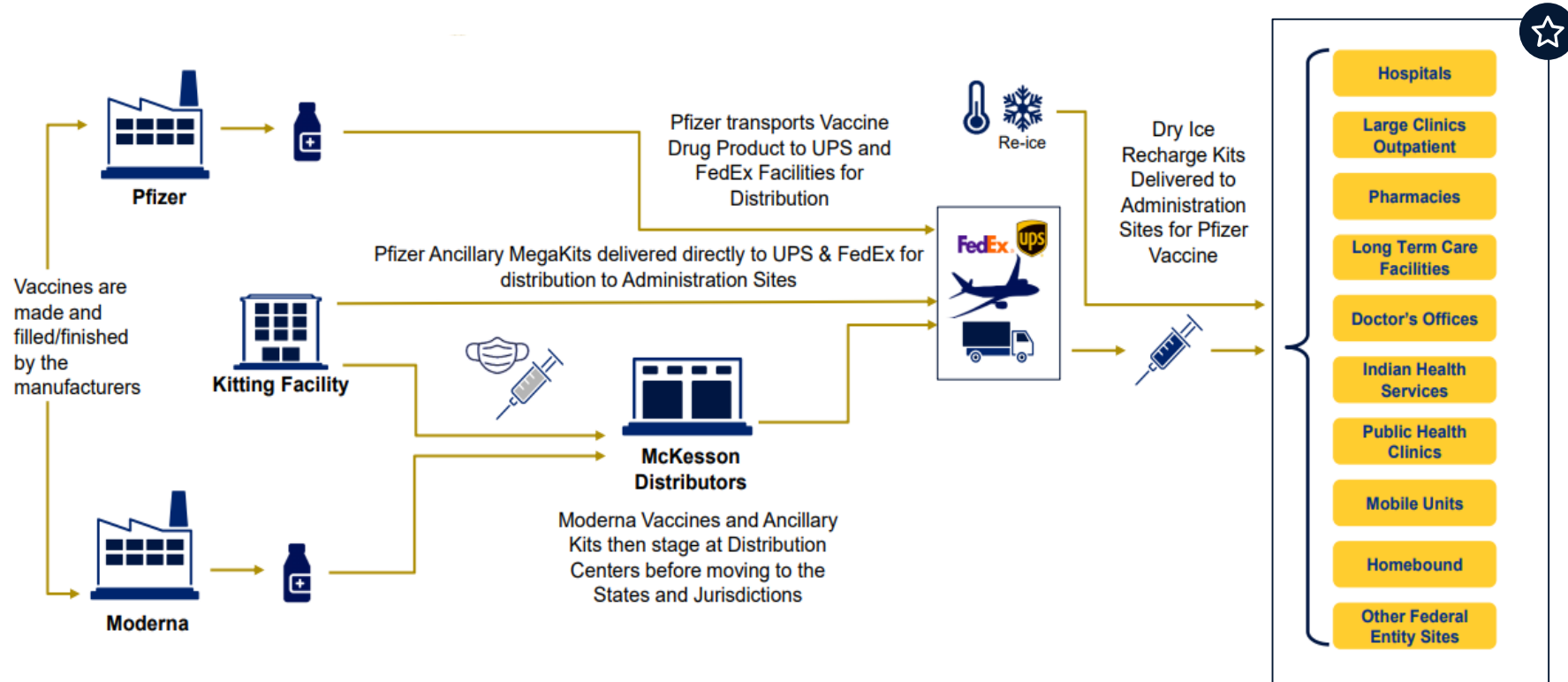
Experts do not know what percentage of people need to be vaccinated to achieve herd immunity from COVID-19. Herd immunity describes when enough people have protection that it is unlikely the virus can spread and cause disease (CDC). States will continue to aim to vaccinate as many people as possible.

For the full URLs of each hyperlink, please consult the appendix

The above information does not constitute policy or clinical guidance.

It merely summarizes information provided by the CDC regarding the current state of COVID-19 vaccine effectiveness and research (1/13/2020).

# Overview of vaccine distribution process from the federal to local level



While the federal government manages the delivery of vaccine supply to providers, **state governments are responsible for determining distribution** (allocating available doses for providers and submitting orders to the federal government)

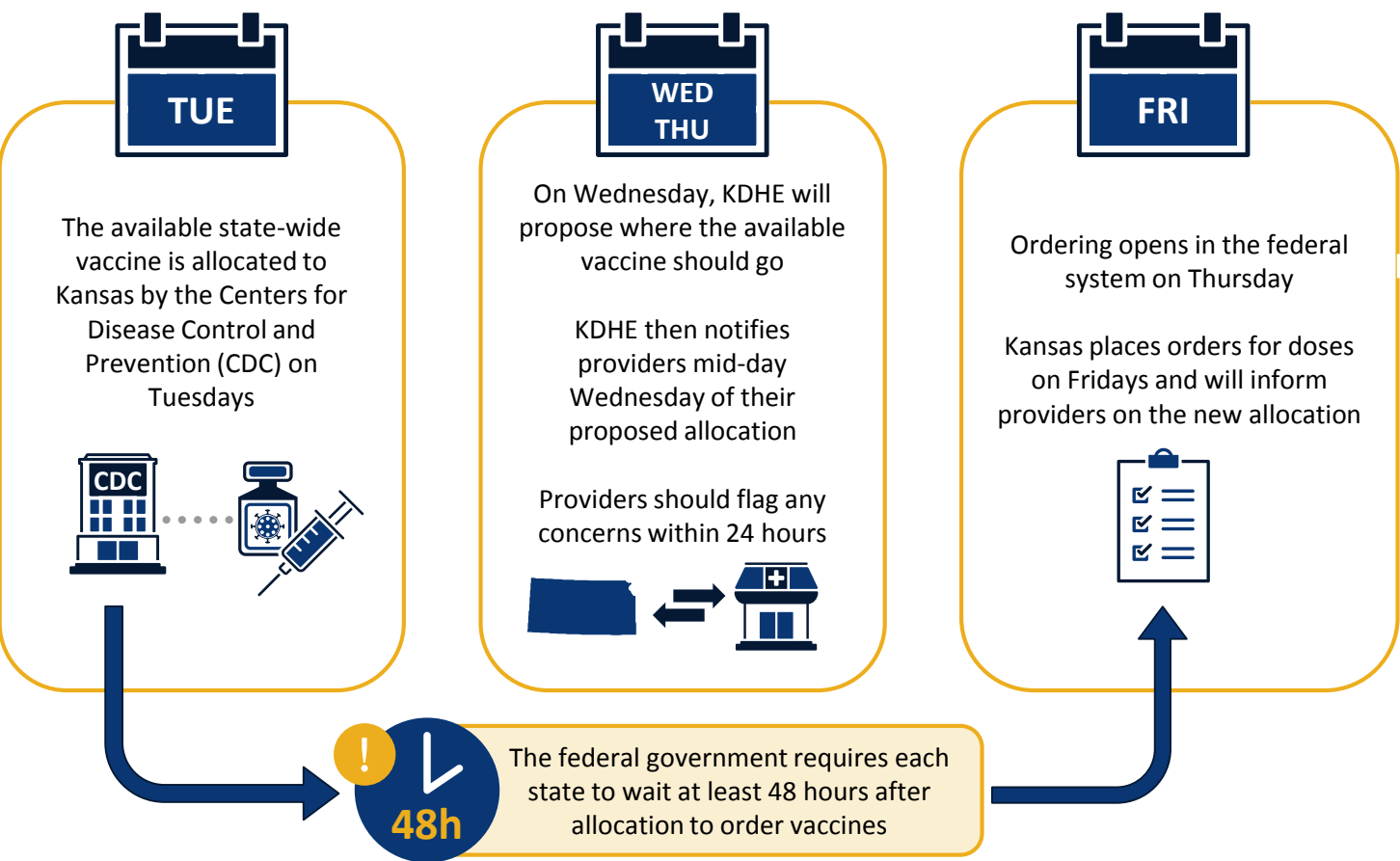
1. Within 5 days for Pfizer, 14 days for Moderna.

Source: "From Factory to the Frontlines – the Operation Warp Speed Strategy for Distributing a COVID-19 vaccine," Operation Warp Speed (OWS)

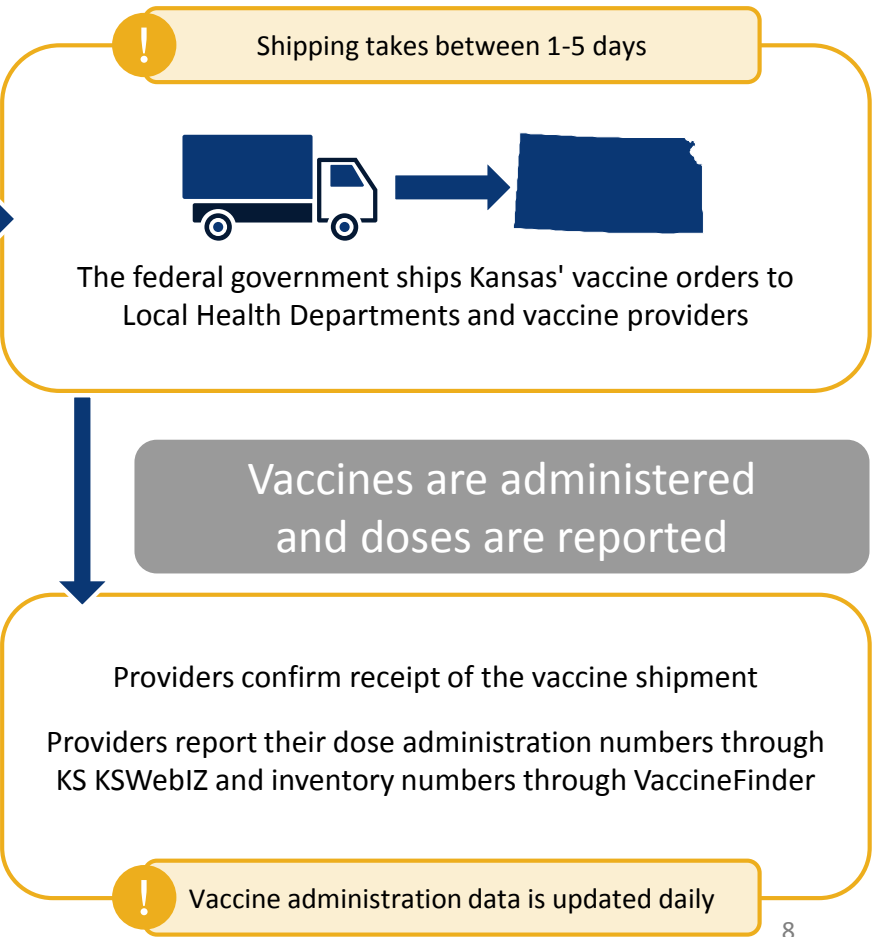


# Overview of vaccine allocation schedule

## Vaccines are ordered



## Vaccines are shipped





## **LHDs role in vaccine distribution**

# Summary: Defining KDHE's role v. the LHDs' role in vaccine distribution

LHDs are both providers (administer vaccine) and local public health officials (support county operations), while KDHE owns central decisions on prioritization and allocation

	State / KDHE role	County / LHD role
1 Decision-making on <b>prioritization and phases</b>	Gov. L Kelly and Dr. L Norman will communicate the current phase for the state (and prioritized populations) based on the guidelines developed and vaccine administration to date.	<p>LHDs should follow state guidelines on defining patient population groups and their phases and should not develop their independent guidelines.</p> <p>However, LHDs have the flexibility to provide guidelines on sub-prioritizing populations within phase groups.</p> <p>Should there be available vaccine to do so, LHDs can also provide input on when they are ready to move to the next phase based on county-specific needs.</p>
2 Decision-making on <b>allocations and delivery</b>	At this time, KDHE has decision-making authority over final allocations amounts to providers.	LHDs should follow KDHE's allocation guidance, without conducting re-allocation decisions in their counties, unless required to avoid vaccine waste.
3 Decision-making on <b>conducting transfers</b> within counties	KDHE will defer to LHDs to determine when transfers are required and to carry out the logistics for transfers. In general, transfers across counties should be avoided.	In the case of unavoidable transfers due to surpluses/shortages within counties, LHDs can own transfer decision-making. LHDs must inform KDHE of any changes and ensure the transfer is logged in KSWebIZ and that vaccine is transferred according to cold chain requirements and other KDHE/CDC directives.
4 Carrying out <b>delivery logistics for transfers</b> within counties	Policies for safe vaccine delivery must be adhered to based on KDHE and CDC directives.	LHDs will support providers in carrying out the logistics of transfers in coordination with KDHE.
5 Administering the vaccine	KDHE provides oversight for ensuring the safety of and for tracking vaccine administration across all counties.	LHDs play a key role in leading the coordination of providers and community partners in their counties to administer the vaccine.

# Navigating the patient prioritization phases in your county

LHDs as county public health officials

As LHDs, you may be asked to provide guidance on phases and help manage vaccine transfers. We ask that...

---

You follow **central state guidelines on defining patient population prioritization phases**, rather than developing independent guidelines and decisions....



...however, you have **flexibility to decide relative sub-prioritization within phases** and can guide your county to the next phase based on vaccine administration, expected patient demand, and available supply

You are comfortable with the fact that **counties may inevitably move at different rates**, given population size differences and the goal of speedy distribution...



...but also know that the KDHE **allocations process** will consider which counties have a greater share of their priority populations left when making allocation decisions to try to re-balance counties that may be behind in their phases

You support **public-facing communications that communicate the current** priority populations in your county...



...but that providers are aware that instead of storing or wasting any excess vaccine supply, they can begin vaccination on **subsequent groups\*** if needed

\*Following phase 1, providers do not need to return any vaccine surpluses to the state or send across county lines should they feel "blocked" by a phase.

# Navigating patient prioritization guidelines (who to vaccinate)



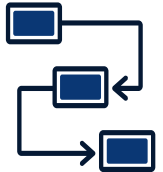
The Kansas government has set forth the [following guidelines](#) to define population priorities and sequencing.

- The phases are guidelines for population prioritization to ensure that the most at-risk populations receive the vaccine first and that the vaccine is equitably administered, especially with limited vaccine supply.
- Gov. L Kelly and Dr. L Norman provide guidance on which phase the state is currently in but LHDs have flexibility to prioritize within the sub-populations of a phase
- If a county has finished vaccinating a given phase, LHDs can decide to move to the next phase, if available supply permits
- The phases **should not be** rigid roadblocks to administering the vaccine and should not tie providers hands.



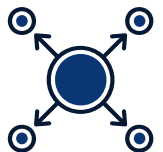
Providers should **administer doses to the stated prioritized populations as far as reasonably possible – however, they should not stringently "police" administration** (minimizing waste is more important than ensuring compliance with prioritized populations)

- Within reason (i.e., no bribery/coercion, no egregious line-cutting), providers are discouraged from turning patients from the door
- The state **does not require** that providers conduct stringent medical record or occupational checks, but providers are encouraged to conduct validation (e.g., age checks if possible, employer identification, self-reported surveys, patient screenings)



Providers should aim to **exhaust their full weekly supply of vaccine**, even if it requires administering to next phase

- If there is sufficient expected demand from this population to use the weekly shipment, administer to this group only
- But rather than storing or wasting vaccine, if demand is insufficient from the current priority group in a given week, providers are permitted and encouraged to open appointments to the next priority sub-group based on their LHD's sub-prioritization guidance
- **Providers should not hold vaccine back for priority population second doses** - the CDC will supply vaccine closer to administration date. Providers will be administering first and second doses to different groups at the same time.



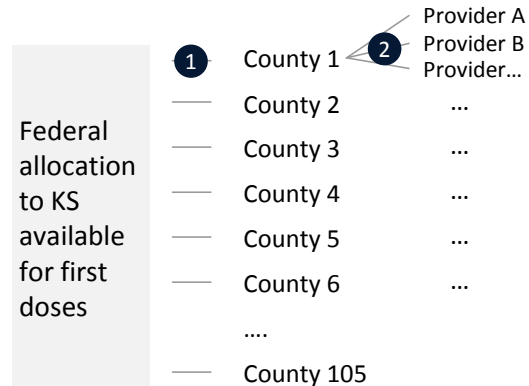
Providers should expect and be comfortable with **variation in phases** across counties and providers

- Population sub-groups will vary inevitably in size from geography-to-geography and provider-to-provider
- Providers can help KDHE re-balance across providers/counties by accurately reporting provider data each week

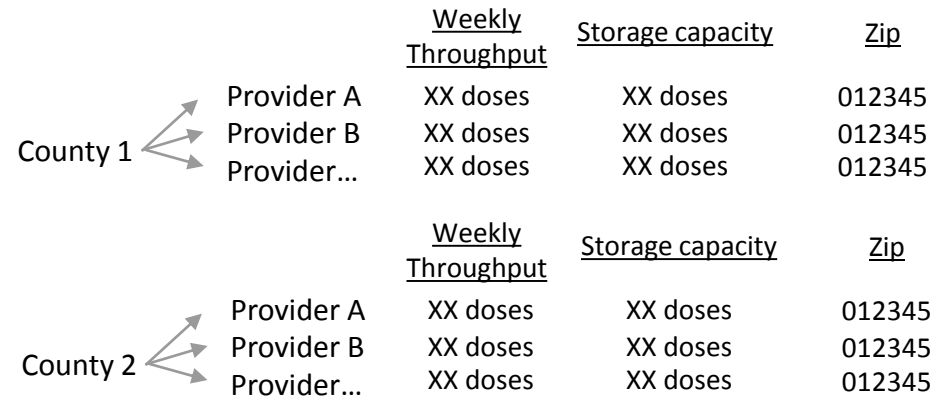
# Overview of provider allocation methodology

Each week, KDHE **centrally decides the allocation** of the incoming vaccine shipment **to each enrolled provider** for each weekly shipment cycle. KDHE will leverage an automated tool/algorithm to optimize the allocation and maximize doses administered, while fairly and equitably distributing vaccine.

First, the algorithm assigns doses to counties to ensure geographic coverage



Then, it allocates to providers within counties based on throughput, populations served, & operational constraints



Review allocations and adjust as needed

	<u>Pfizer allocation</u>	<u>Moderna allocation</u>
Provider A	XX doses	XX doses
Provider B	XX doses	XX doses
Provider...	XX doses	XX doses

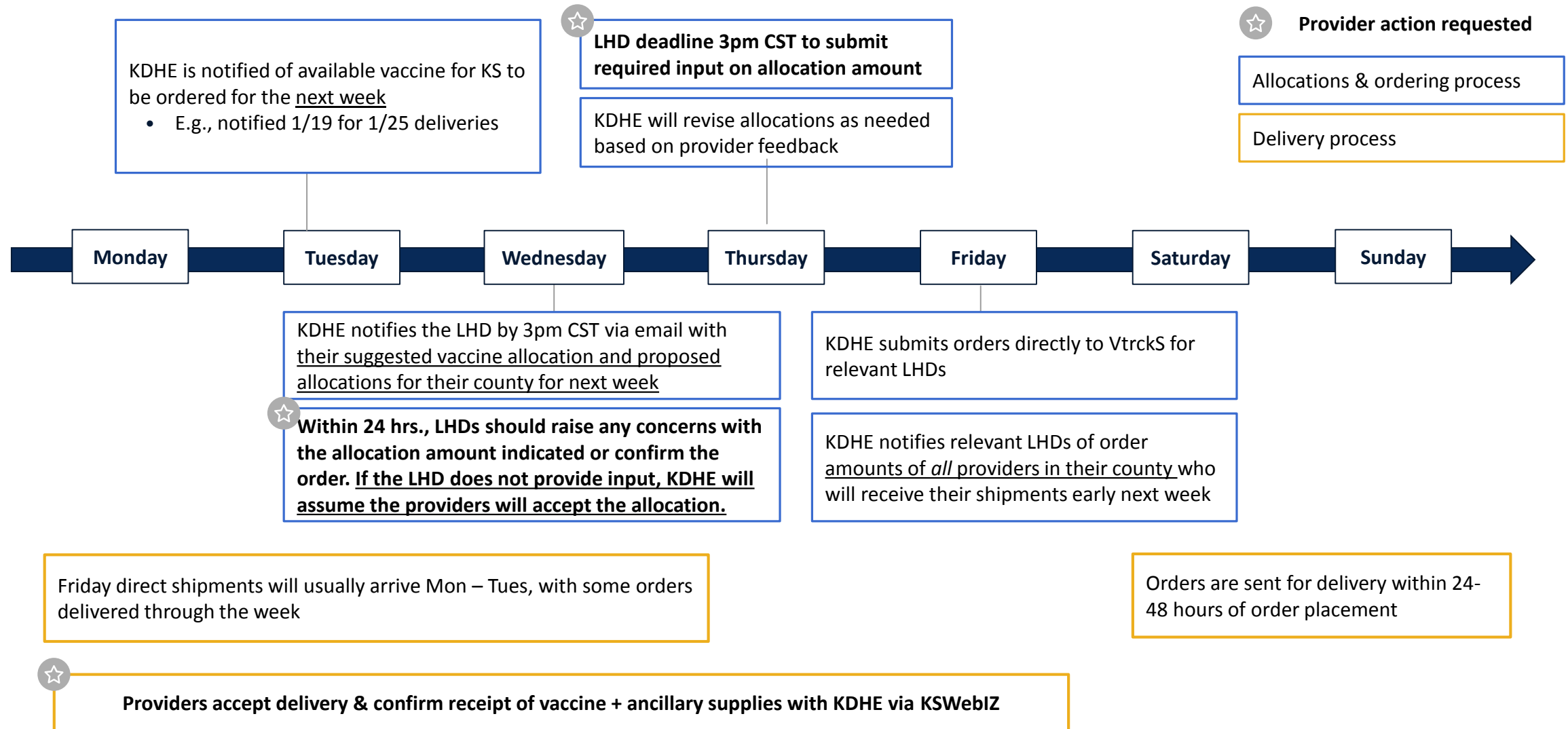
Before submitting orders on behalf of providers, KDHE will aim to **consult providers** to confirm the shipment.

To assign doses to counties and providers, the algorithm accounts for several priorities, including but not limited to:

- **Population sizes by priority group** in each county
- **Social vulnerability & health equity** of surrounding populations of individual providers
- Provider vaccine **administration capabilities** (# doses that can be administered in a week, storage capacity)
- **Logistical complexity** to accommodate minimum order sizes

*The methodology and algorithm may be refined over time as any additional critical factors are identified.*

## Deep-dive: weekly schedule to manage vaccine delivery (KDHE and providers)



## Your role as a provider during this process

### Each week:

#### Before receiving vaccine

- ☐ Ensure KDHE has the right contact information (email, phone) to reach you during the week
  - Emails will be sent to the addresses listed on the CDC provider agreement form (primary, backup, CEOs, CMOs)
- ☐ Communicate with KDHE during the week to confirm suggested allocation
  - Please confirm with KDHE that you can accept the suggested allocation of vaccine, or...
  - Flag any storage / administration concerns within 24 hours of receiving suggested allocation
  - Providers will receive a final confirmation email on their updated allocation after final orders are submitted by KDHE
- ☐ Ensure KDHE has the most relevant data on your capabilities
  - Within same email confirming expected allocation, provide any necessary updates on your expected available throughput (amount of vaccine that can be administered in one week) and storage capacity

#### After receiving vaccine

- ☐ Confirm receipt of vaccine delivery with KDHE in KSWebIZ

#### After administering vaccine

- ☐ Submit required reporting to KSWebIZ (administration, inventory recommended) and VaccineFinder (inventory) daily



## Managing excess vaccine supply (low demand scenario)

### To do in short-term (now)

If providers anticipate potential vaccine spoilage and waste given existing demand, they will immediately contact their LHD.

LHDs should inform KDHE (regional consultant) of any potential transfers and are encouraged to consult with them to guarantee safe delivery.

As an LHD, based on any directives or consultation from KDHE, you are asked to:

- Evaluate if a transfer is needed and cannot be solved through simpler means – e.g., patient referrals to another provider
- If so, help identify a provider who can take the excess vaccine or taking on the excess vaccine yourself
- Help coordinate the safe delivery of vaccine shipment based on the directives shared by KDHE
- Inform providers they must log the transfer in KSWebIZ

In general, cross-county transfers should be avoided unless absolutely necessary. Those situations should be flagged to KDHE as soon as possible.

### To do in medium-term (for next week)

To **minimize unnecessary surpluses** due to excess allocations, providers are advised to:

- Update KDHE data on storage and throughput constraints via weekly provider survey
- Ensure up-to-date administration and inventory data is logged in KSWebIZ and VaccineFinder to guide future allocations

Providers **should also consider** the following additional options to reduce future surplus:

- Improved marketing to relevant patient groups
- "Stand by" waitlists for patients that can be called on-demand to receive vaccine

# Managing provider vaccine shortages (high demand scenario)

## To do in short-term (now)

If providers cannot meet their expected demands, they will contact their LHDs. Right now, we expect some supply shortages, so providers are encouraged to reach out to their LHDs primarily in cases where required second doses cannot be administered, or existing appointments cannot be fulfilled with allocated supply.

LHDs should inform KDHE (regional consultant) of any potential transfers and are encouraged to consult with them to guarantee safe delivery.

As an LHD, based on directives from or consultation with KDHE, you are asked to:

- Evaluate if a transfer is needed and cannot be solved through simpler means – e.g., patient referrals to another provider
- If so, help identify a provider who can take the excess vaccine or taking on the excess vaccine yourself
- Help coordinate the safe delivery of vaccine shipment based on the directives shared by KDHE
- Inform providers they must log the transfer in KSWebIZ

In general, cross-county transfers should be avoided unless absolutely necessary. Those situations should be flagged to KDHE as soon as possible.

## To do in medium-term (for next week)

To **expand a provider's weekly allocation** and receive additional vaccine, providers are advised to:

- Ensure KDHE data on available storage and throughput is up-to-date via weekly provider survey
- Ensure administration rates and inventory data is up-to-date via KSWebIZ to guide future allocations

Providers **should also consider** the following additional options to reduce future surplus:

- Investments in or requests for more staff to increase throughput

## Provider enrollment and POD set-up

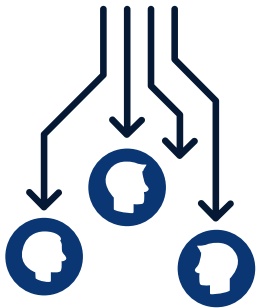
LHDs should be planning to accept, store, and administer vaccine doses as a point of distribution (POD) for their counties. This does not mean LHDs should hold vaccine until they have enough inventory to set up a POD, as LHDs should aim to use their full weekly allocation. For guidelines, resources, and training for setting up mass dispensing and point of distribution (POD) operations, please consult the [following document](#).

KDHE is managing provider enrollment across the state at this time. KDHE may also call upon LHDs to help with local provider enrollment by conducting outreach communications to any remaining providers not enrolled. We appreciate your cooperation and support in expanding the state's provider footprint.

## Recommended patient outreach and communications channels



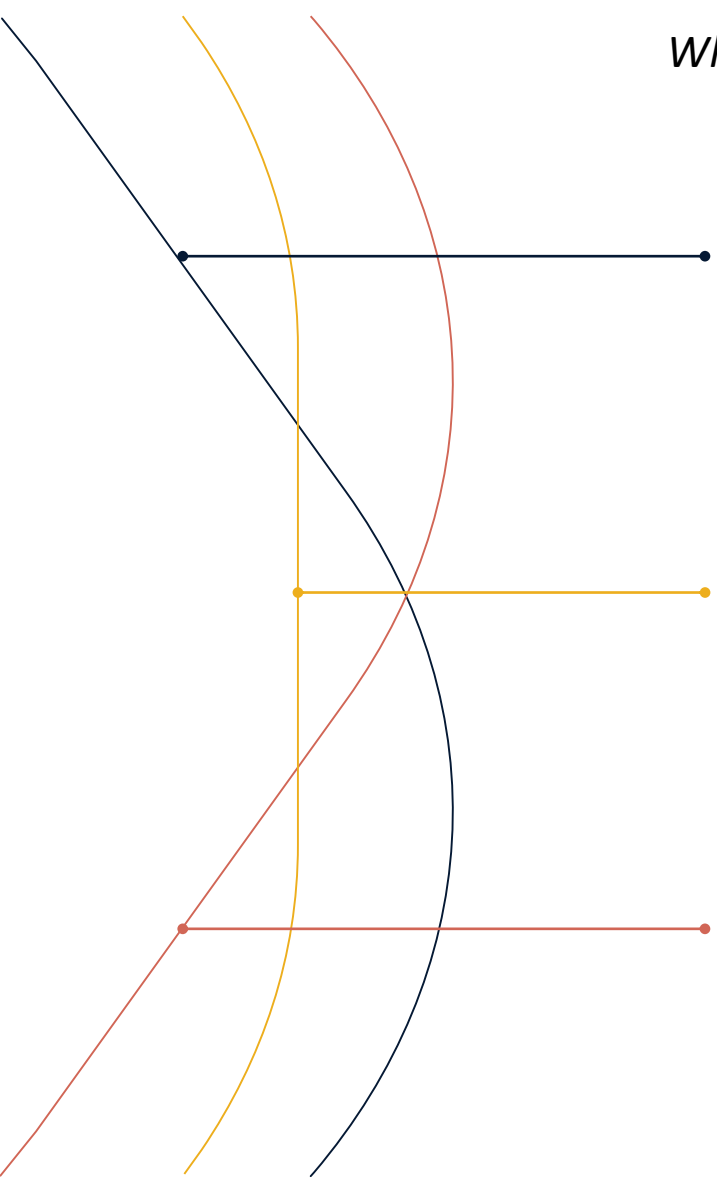
LHDs can independently use their **social media channels and websites** for key patient outreach, including guidance on current population priority groups and any plans for in-county mass vaccination sites.



The state is currently planning a **broad marketing campaign** across the state for patient outreach and vaccine education. The state will share relevant materials with LHDs and use their support in disseminating these materials on (e.g. social media, websites, physical boards) to execute on a cohesive campaign.

# Importance of COVID vaccine administration and inventory data reporting

*Why does timely and accurate data reporting matter?*



**Affects state-level and provider-level allocations:** States with higher administration rates (% used) will receive more vaccine under current federal guidelines. Accurate reporting will help increase Kansas's total available vaccine supply.

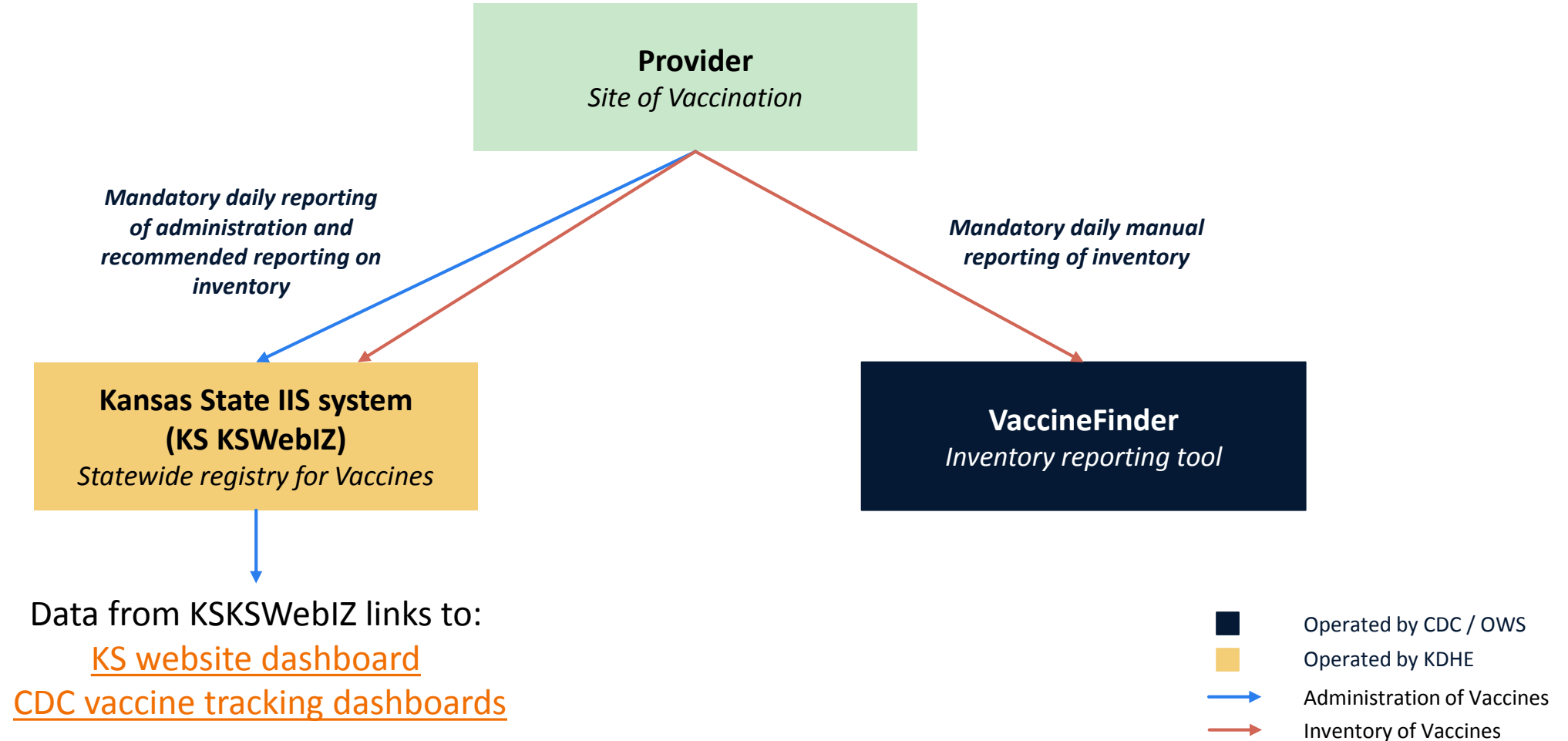
**Shapes state-wide and national priorities:** KSWebIZ and VaccineFinder data links directly to national CDC tracking, informing state rankings on vaccine administration and assessments of current vaccination phases

**Supports efficient supply management:** Accurate inventory data and administration rates informs KDHE's provider allocations to avoid having to manage surpluses or shortages

KDHE is working to support you in seamlessly and regularly reporting up-to-date administration and inventory data

Be on the lookout for additional reporting-related support (troubleshooting, detailed “how to” guides) and changes from KDHE

Providers need to report COVID vaccine administration and inventory data to KSKSWebIZ and VaccineFinder daily



# Kansas Immunization Information System (KSKSWebIZ)



## What is it?

- The Kansas Immunization Registry (KSKSWebIZ) is a web-based statewide registry for vaccinations / immunizations
- KSKSWebIZ contains lifespan immunization records that are complete, accurate, and secure for Kansans

## What to report

- Daily vaccination doses administered, with details on breakdown between 1<sup>st</sup> and 2<sup>nd</sup> doses
- Current inventory of different types of vaccines (e.g., Pfizer vs Moderna)

## How to report

- Providers need to complete the [Site Enrollment Agreement](#) and [Provider](#) screening form
- Enrolled providers can login to submit their site's vaccine doses administered and current inventory

## How often to report

- 24-hour reporting is required

## Data checks and compliance

- Monitoring of provider-level data for doses of COVID-19 vaccine administered and reported, will be reviewed for data completeness and quality by the Kansas Immunization Program staff before uploading data to the CDC.

## Who to contact for help

- KSKSWebIZ Helpdesk - 785-559-4227 and 877-296-0464
- [kdhe.ImmunizationRegistry@ks.gov](mailto:kdhe.ImmunizationRegistry@ks.gov)

# Inventory reporting in VaccineFinder

The VaccineFinder logo, with "Vaccine" in teal and "Finder" in black.

## What is it?

- VaccineFinder is a federal web-based system that supports inventory reporting (required for all COVID-19 vaccine providers)

## What to report

- Providers will report on-hand COVID-19 vaccine inventory doses

## How to report

- Enroll in COVID-19 Vaccination Program must sign the CDC COVID-19 Vaccination Provider Agreement
- Complete your VaccineFinder profile
- Report COVID-19 vaccine inventory daily to [VaccineFinder](#)

## How often to report

- Every day (by 6pm CST)

## Data checks and compliance

- Providers can check accuracy of their inventory once they complete input of new data

## Who to contact for help

- Registration - [vaccinefinder@auth.castlighthealth.com](mailto:vaccinefinder@auth.castlighthealth.com)
- Helpdesk - [vaccinefinder@castlighthealth.com](mailto:vaccinefinder@castlighthealth.com)



# Providers are also required to submit any adverse events to the CDC's Vaccine Adverse Event Reporting System (VAERS)

## What is it?

- VAERS is a national vaccine safety surveillance program run by CDC that serves as an early warning to detect any possible safety issues with U.S. vaccines by collecting information about adverse events

## What to report

- Please consult the [reportable events table](#)
- Providers should report any adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse events

## How to report

- There are two ways to submit report to VAERS: (1) Submit a report [online](#) (preferred) or (2) download a [writable PDF form](#) and upload when ready based on the instructions provided

## How often to report

- Adverse event reporting must be reported immediately

## Who to contact for help

- [CDC VAERS web page](#)
- [VAERS web page](#)
- Email [info@VAERS.org](mailto:info@VAERS.org) or 1-800-822-7967

## Available systems to support patient appointment scheduling

The state is currently developing a **public-facing online map** of open facilities with available vaccines (which providers and LHDs can opt in or out of). LHDs will be a key partner in holding the state accountable if the map is inaccurate based on their knowledge of provider vaccine availability in their counties.

At this time, the state is evaluating the potential for broader state-wide scheduling tool, which will be opt-in or out for providers and LHDs.



**FAQs**

# What communication channels are available to us if we have specific questions?

## How KDHE will share information with you

- [Kansas COVID-19 vaccine website](#)
- Local partner and provider webinars (Thursdays 10am CT)
- Weekly allocation email
- Additional guidance and FAQs shared via email

### LHD specific:

- LHD webinars (MWF 3-4pm CT)
- Addl. guidance and FAQs shared via LHD Google drive and/or email
- Health Alert Network (KS HAN)

## How you can contact KDHE

### Kansas Immunization Program/Vaccines for Children Program:

- [KDHE.Vaccine@ks.gov](mailto:KDHE.Vaccine@ks.gov)
- 877-296-0464
- [Staff directory](#)

### Regional Immunization Consultants:

- [Staff Directory](#)
- On call: 785-296-5592

### KSKSWebIZ

- Onboarding: [kdhe.IMMOnboarding@ks.gov](mailto:kdhe.IMMOnboarding@ks.gov)
- Helpdesk:
  - [kdhe.ImmunizationRegistry@ks.gov](mailto:kdhe.ImmunizationRegistry@ks.gov)
  - 785-559-4227

### COVID Vaccine Provider Enrollment:

- 877-296-0464
- [kdhe.COVIDEnrollment@ks.gov](mailto:kdhe.COVIDEnrollment@ks.gov)

### Local Public Health Program:

- [lhs@ks.gov](mailto:lhs@ks.gov)
- [Staff directory](#)

# What resources are available to educate and inform patients of what is happening?

## Resources to help providers talk to patients

### Online resources:

- [Talking to Patients about the COVID-19 Vaccine](#)
- [Answering Patients' Questions](#)
- [Benefits of getting a COVID-19 vaccine](#)
- [8 things to know about the U.S. COVID-19 Vaccination Programs](#)
- For Kansas-specific questions, [FAQs](#) are a great place to start

### Have questions about patient communication? Here are ways you can ask questions to KDHE:

- Submit questions during weekly KDHE webinars
- FAQ responses sent via email for questions not answered in webinar
- KS Immunization Program: [KDHE.Vaccine@ks.gov](mailto:KDHE.Vaccine@ks.gov)
- Local Public Health Program: [lhd@ks.gov](mailto:lhd@ks.gov)

## Where to direct patients for more info

For general info: [CDC COVID-19 Vaccines website](#)

For Kansas info: [Kansas COVID-19 Vaccine Information website](#)

- [Safety](#)
- Availability
  - [Vaccine phases by population](#) (one-pager)
  - [Full vaccine prioritization plan](#) (detailed, also in appendix)
- [FAQs](#) (will be updated regularly)
- Weekly Vaccine Updates, published at 5pm on Wednesdays and linked on [Availability](#) page
- Future additions to website (keep your eyes open!)
  - Dashboard of vaccines received and administered in KS
  - Find a provider tool

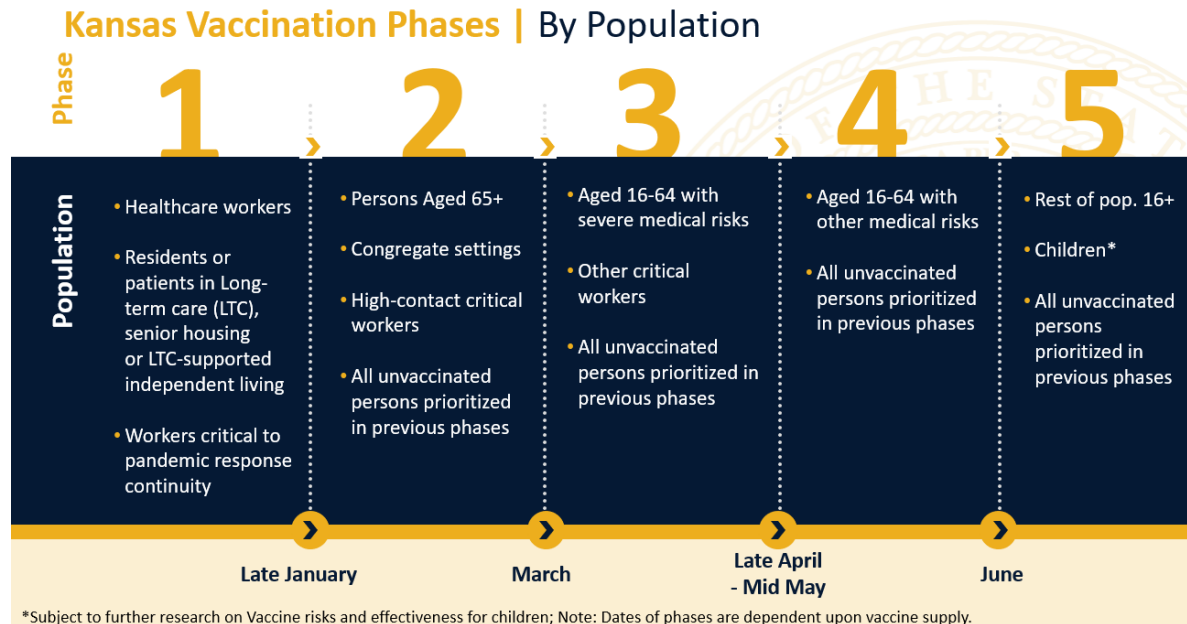
### For regular updates:

- [Governor's press releases](#) and [briefings](#)
- [Governor's newsletter](#)
- Governor and KDHE social media

### KDHE COVID-19 contact info for the public:

- Hotline: 866-534-3463 / 866-KDHEINF (M-F 8:30a-5p)
- Email: [covid-19@ks.gov](mailto:covid-19@ks.gov)

# Who is included in each patient prioritization group? How was this prioritization decided?



## Methodology:

- To develop this phasing, we segmented and prioritized Kansas's population based on public health risk and criticality to state infrastructure
- Throughout the process, we have used an equity lens to ensure inclusion of socially and medically vulnerable communities in our prioritization
- The governor and KDHE engaged an independent advisory committee to review and co-develop these phases to ensure broad input
- We have also relied on the expert opinion of the CDC and ACIP (Advisory Committee on Immunizations Practices) recommendations
- The COVID-19 environment is dynamic, and thus we will continue to adapt these phases and groups as we learn about the disease situation in Kansas

For detailed descriptions on patient populations, please consult the following [document](#).

## How should we screen and verify that patients meet the requirements for a given population phase?

The state is not requiring that providers stringently review medical reports, occupational background checks, or IDs to ascertain a patient's priority group status.

Providers, however, are encouraged to implement some form of patient sub-group verification (e.g., employer letters, age checks wherever easy and accessible, self-reported surveys or screening online or on-site).

Providers should plan for different scenarios, including how to respond to individuals who may insist on vaccination without the proper credentials, including security considerations.

**For detailed descriptions on patient populations, please consult the following [document](#).**

## What should I do if I do not know what phase a patient group belongs in (e.g., a veterinarian or university professor)?

If a patient sends an email or calls a provider in advance with a question, the provider should reach out to their LHD first to seek clarification.

If a patient shows up to your provider's office under the impression their patient sub-group is being prioritized and the provider is unable to receive input in a timely manner from their LHD, within reason (e.g., no egregious line-cutting, bribery, etc.), providers should administer the COVID-19 to the patient rather than sending them away.

Providers should inform their LHDs or KDHE of such situations so that they can communicate updates or clarifications to the broader provider network who may have had similar experiences.

**For detailed descriptions on patient populations, please consult the following [document](#).**



## Can local health departments vaccinate patients who live or work in other counties?

We recommend that local health departments avoid imposing requirements or prioritization for patients based on where they live, as many patients may work or be staying with friends and family in a different part of the state than their permanent residence. There are no residential requirements to receive vaccination.

## Now that I am enrolled, when will I begin receiving doses?

All enrolled providers are automatically eligible to receive doses. Once enrolled, providers may need to be onboarded to KSWebIZ.

Based on the KDHE allocations process, providers may or may not be activated (i.e., allocated a weekly shipment of COVID-19 vaccine). If they are allocated a specific amount, this amount will be communicated ahead of time.

## Can we make requests or have a say in how many doses we receive?

At this time, due to the limited vaccine supply available, providers will not be able to submit order requests directly to KSWebIZ/VtrckS.

KDHE will order on behalf of all providers, using an allocation algorithm based on available storage, throughput (number of vaccines that can be administered in one week), achieving health equity, and county vaccination needs.

- Before final orders are submitted, providers will receive a weekly email with their suggested dose allocations. If they are unable to accept their order, they should flag it to KDHE within 24 hours before orders are placed. If providers do not reply, KDHE will assume they can accept the order.
- KDHE will do their best to accommodate provider comments, while ensuring clinical needs are met and that we can balance effective and fair allocation across the state.
- Through a weekly survey shared to all enrolled providers, providers should make sure KDHE has the most up-to-date and accurate data on their estimated storage and throughput capabilities.

This process may evolve as supply grows to allow providers to submit requests/"orders" for their allocations.

## How can we ensure we have enough vaccine for second doses?

**Providers will not need to reserve portions of their weekly vaccine shipment for future second dose allocations.**

Vaccine distribution is built on a flexible "just in time" system. Providers should aim to administer their fully weekly allocation, without reserving any excess vaccine week-to-week.

KDHE will help make sure that providers are **automatically allocated and delivered** sufficient vaccine supply of the required Pfizer and Moderna vaccine to meet any second doses when it is time to administer them.

To help KDHE ensure that enough vaccine is shipped and delivered for second doses, please ensure that you are confirming incoming vaccine shipments in KSWebIZ and are tracking administration & inventory data in a timely manner.

## Why is vaccine supply so uncertain? What should I expect for incoming shipments?

Each Tuesday, the U.S. federal government informs Kansas of its available vaccine supply for the next week. This value is based off Kansas's share of the U.S. population and may include factors such as the administration rate (% of doses administered of those delivered). However, there has been significant uncertainty in the federal supply, driven by several updates each week:

- Guidelines on how vaccine is allocated to states (based on population vs. administration rates)
- How much vaccine manufacturers (Pfizer, Moderna) are able to supply to the federal government
- Use of national chain pharmacy programs for long-term care facilities managed by the federal government
- Up-to-date inventory reports in VaccineFinder

KDHE is developing streamlined processes to help manage predictability for LHDs and other providers but appreciate your patience in managing tight turnaround times.

- We hope to update providers with their initial allocation proposal mid-week the week before they receive their weekly allocation shipment. We will aim to give providers final updates of their shipment after orders have been placed, which is ~48 hours before deliveries will begin arriving.

Moving forward, as supply expands beyond current constraints, we may be able to accommodate provider orders and requests or otherwise enable providers to have more say in the vaccine shipments.

## What kind of support will providers expect from KDHE? From their local health department?

- **The state/KDHE is responsible for central guidance and operations, including:**

- Defining patient prioritization groups and monitoring state-wide process
- Determining allocations and placing orders based on federal allotment to the state
- Managing data and reporting systems
- Developing a statewide map of provider locations

- **LHDs should support local operations**

- Providing local guidance on sub-prioritization of population groups within phases, and guiding movement to the following phase, should excess vaccine supply remain and the given patient group be complete
- Managing shortages and surplus (helping with patient referrals between providers or coordinating any necessary transfers)
- Coordinating any necessary partnerships to set up mass vaccination PODs

## How should providers manage patient reminders for second doses? Will the state also be reminding patients?

Providers are responsible for individual patient reminders. The state will work towards ensuring public-facing communications include patient education about the need for second doses.

Providers are required to **complete the COVID-19 vaccination record card** provided in the ancillary kit with accurate vaccine information (manufacturer, lot number, date of first administration, and second dose due date). The card has instruction to save the vaccination card and have it available for the second dose.

If possible, providers should **schedule the patient's second-dose appointment** right after they receive their first dose to ensure compliance with dosing intervals and use existing provider systems for patient notifications and reminders such as automated patient phone calls, emails, and/or texting notifications.

The KSWebIZ Patient Reminder/Recall report can be used to help identify vaccine recipients and will include templates for reminder and recall post cards and labels.



# Appendix



# Appendix 1: URLs to all hyperlinked materials in this document (I/II)

## Pfizer-BioNTech (CDC page, training module)

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>  
<https://www2.cdc.gov/vaccines/ed/covid19/pfizer/index.asp>

## Moderna (CDC page, training module)

<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>  
<https://www2.cdc.gov/vaccines/ed/covid19/moderna/index.asp>

### Storage

**Product information:** <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>

**Storage & handling summary:** <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/storage-summary.pdf>

**Product information:** <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>

**Storage & handling summary:** <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/storage-summary.pdf>

### Administration (vaccine specific)

**Standing orders for administering vaccine:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf>

**Preparation and administration summary:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/prep-and-admin-summary.pdf>

**Mixing Diluent and vaccine infographic:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/diluent-poster.pdf>

**BUD guidance and labels:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/bud-tracking-labels.pdf>

**Standing orders for administering vaccine:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf>

**Preparation and administration summary:**  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/prep-and-admin-summary.pdf>

### Administration (General)

**Pre-vaccination checklist/screening for COVID-19 vaccines:** <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>

**General CDC vaccine administration training materials:** <https://www.cdc.gov/vaccines/hcp/admin/resource-library.html>

**VAERS Adverse Event Reporting:** <https://vaers.hhs.gov/reportevent.html>

**V-Safe Health Checker:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

## Appendix 1: URLs to all hyperlinked materials in this document (II/II)

**COVID-19 Vaccine Effectiveness FAQs:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness.html>

**Patient Prioritization Guide:** <https://governor.kansas.gov/wp-content/uploads/2021/01/Vaccine-Distribution-Order-1.pdf>

**Point of distribution set-up:** [https://handouts-live.s3.amazonaws.com/0fe780d1db3645c1ac801a984827ee3b?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Date=20210113T210150Z&X-Amz-SignedHeaders=host&X-Amz-Expires=86400&X-Amz-Credential=AKIAJICNIQWVMWBRIUMQ%2F20210113%2Fus-east-1%2Fs3%2Faws4\\_request&X-Amz-Signature=c7f4cf104070a7c82a184ecd2a9d3edc4f9dd6596908f5c39f094865c8cc0306](https://handouts-live.s3.amazonaws.com/0fe780d1db3645c1ac801a984827ee3b?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Date=20210113T210150Z&X-Amz-SignedHeaders=host&X-Amz-Expires=86400&X-Amz-Credential=AKIAJICNIQWVMWBRIUMQ%2F20210113%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Signature=c7f4cf104070a7c82a184ecd2a9d3edc4f9dd6596908f5c39f094865c8cc0306)

### **Tracking Dashboards:**

- KS vaccine website: <https://www.kansasvaccine.gov/158/Vaccine-Data>
- CDC national tracker: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

### **VAERS Reporting Requirements:**

- VAERS Web Page (CDC): <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>
- VAERS Web Page: <https://vaers.hhs.gov/reportevent.html>
- Reportable event table: [https://vaers.hhs.gov/docs/VAERS\\_Table\\_of\\_Reportable\\_Events\\_Following\\_Vaccination.pdf](https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf)
- Online submission URL: <https://vaers.hhs.gov/esub/index.jsp>
- PDF submission form: <https://vaers.hhs.gov/uploadFile/index.jsp>

# Appendix 1: URLs to all hyperlinked materials in this document (III/III)

## How to contact KDHE

Regional immunization consultants staff directory:

[https://www.kdheks.gov/immunize/download/Map\\_of\\_KIP\\_Regional\\_Nurse\\_Assignments.pdf](https://www.kdheks.gov/immunize/download/Map_of_KIP_Regional_Nurse_Assignments.pdf)

## Patient Resources

### Online Resources:

- Talking to Patients about the COVID-19 vaccine: <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
- Answering patients' questions: <https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html>
- Benefits of getting the COVID-19 vaccine: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>
- 8 things to know about the U.S. COVID-19 vaccination programs: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>

### For more information:

- CDC COVID-19 Vaccines website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- Kansas COVID-19 Vaccines website: <http://www.kansasvaccine.gov/>
  - Safety: <https://www.kansasvaccine.gov/178/Safety>
  - Vaccine phases by population: <https://www.kansasvaccine.gov/DocumentCenter/View/121/Vaccine-Prioritization-Slides-PDF>
  - FAQs: <https://www.kansasvaccine.gov/faq.aspx?TID=17>
  - Weekly vaccine updates: <https://www.kansasvaccine.gov/157/Availability>

### For regular updates:

- Governor press releases: <https://governor.kansas.gov/newsroom/press-releases/>
- Governor briefings: [https://www.facebook.com/pg/GovLauraKelly/videos/?ref=page\\_internal](https://www.facebook.com/pg/GovLauraKelly/videos/?ref=page_internal)
- Governor newsletter: <https://governor.kansas.gov/newsroom/news-letter/>



## **Appendix 2: COVID-19 patient prioritization guidelines**

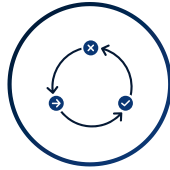
**January 7, 2021**

# COVID-19 vaccination phases in Kansas



## About this document

- As COVID-19 vaccines are approved by the FDA, the federal government is supplying states with limited doses on a weekly basis.
- Kansas Department of Health and Environment (KDHE) has created a list of populations, spread across 5 phases, to prioritize for vaccination
- This document lays out Kansas' current prioritized vaccination plan and provides more detailed definitions of identified population segments



## Our methodology

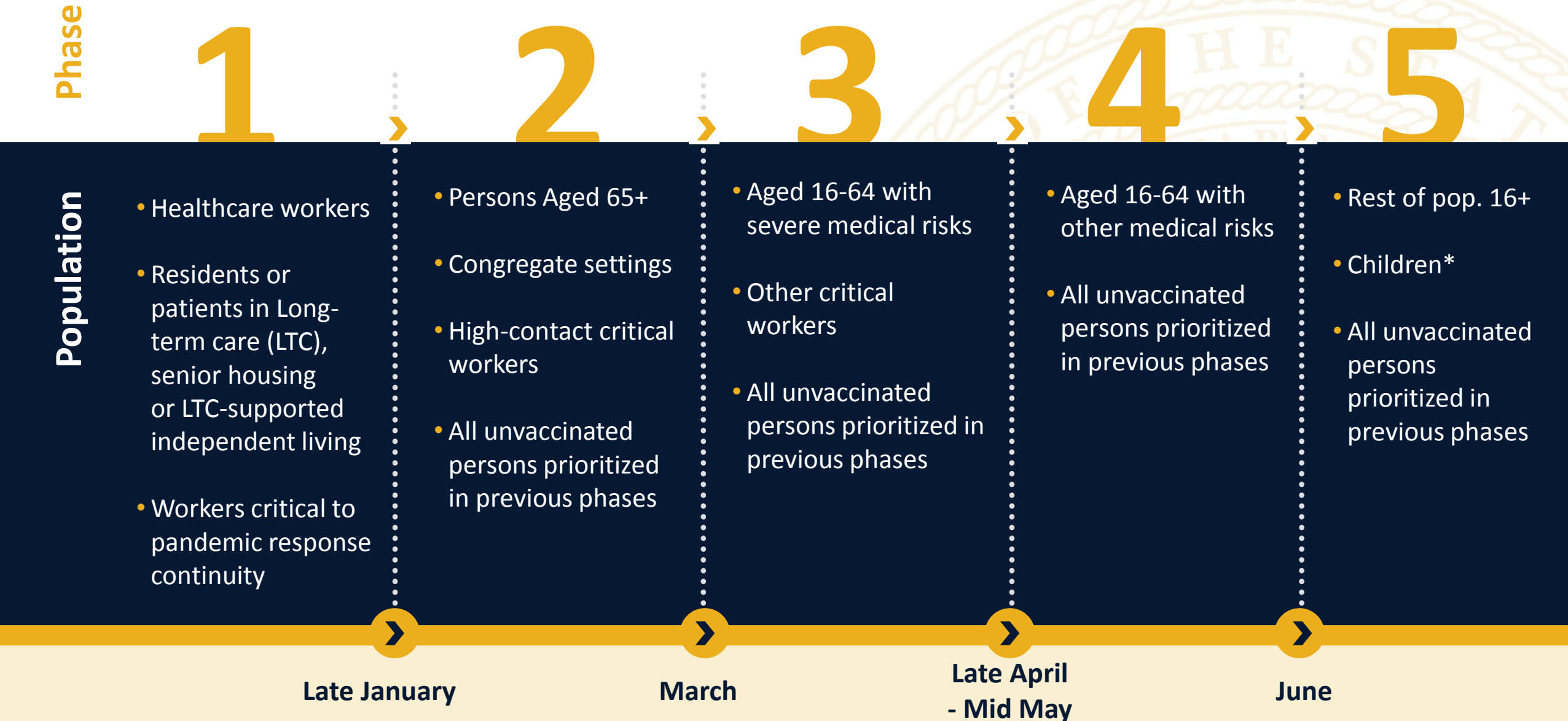
- To develop this phasing, we segmented and prioritized Kansas' population based on public health risk and criticality to state infrastructure
- Throughout the process, we have used an equity lens to ensure inclusion of socially and medically vulnerable communities our prioritization
- The Governor and KDHE engaged an independent advisory committee to review and co-develop these phases, ensuring input broad input
- We have also relied on the expert opinion of the CDC and ACIP recommendations
- The COVID-19 environment is dynamic, and thus we will continue to adapt these phases and priority groups as we learn more about the disease situation in Kansas and across the country



## How we will operationalize these phases

- KDHE will maintain a flexible approach to moving through phases, prioritizing the vaccination of current phase populations and maximizing speed under federal supply constraints
- We are engaging local health departments, providers (hospitals, clinics, pharmacies) etc. across the state to distribute and administer the vaccine
- We will ensure equity throughout the vaccine distribution process, e.g. by prioritizing providers, such as safety net clinics in vulnerable communities and proactive outreach and communications to those all those communities at risk

# Kansas Vaccination Phases | By Population



\*Subject to further research on Vaccine risks and effectiveness for children; Note: Dates of phases are dependent upon vaccine supply.



## KDHE adopted federal recommendations to assess exposure risks associated with workplaces and living arrangements



Federal guidelines<sup>1</sup> consider the number and nature of contacts required by different occupations

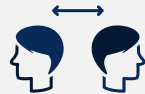
In addition to health risks associated with **clinical outcomes and death**, KDHE considered the following exposure-related risks in our approach



### Proximity



Residents and staff are less than 6ft away from one another



### Type of contact



Exposure to droplets, shared surfaces, common items



### Contact duration



Average interactions last more than 10 min



### Challenges to implement protective measures



Space is indoors, confined, or it is not possible to control with whom workers will interact

1. See DHS, [Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response](#) and CDC [guidelines for those living in close quarters](#), [shelters](#), [nursing homes](#) and on [how the coronavirus spreads](#)

## Phase 1 | Healthcare workers: Identifying characteristics and working definition



### Definition

Paid and unpaid persons serving in healthcare or healthcare-associated jobs, who are unable to work from home and may be directly or indirectly exposed to patients or infectious materials as a result of their jobs



### Description

Workers with any of the following features:

- Required to regularly enter a hospital (inpatient) or outpatient clinical setting;
- Involved in pandemic response (e.g., testing centers);
- In a healthcare or healthcare-associated setting, in contact with patients or infectious materials;



### Examples of groups included

- Staff in long-term care facility
- Workers in direct contact with patients, e.g., MD/DO/DPM, nurses, EMTs, clinical students and trainees
- Diagnostic labs, phlebotomists, pandemic health workers (e.g., individuals performing COVID tests)
- Mental healthcare providers, pharmacy staff, non-medical staff – if exposed to patients or infectious materials;
- Healthcare-associated contractors, including food, waste management etc.
- Dentists, physical therapists, professionals performing elective procedures
- Home care workers, CMS-designated caretaker
- Morticians, forensic and funeral service workers;
- Staff in FQHCs, CHCs, safety-net/ free clinics, faith-based outreach clinics (inclusive of state-funded clinics)
- Home health aides, nursing assistants



## Phase 2 | Congregate settings: identifying characteristics and working definition



### Definition

Anyone living or working in licensed congregate settings and other special care or congregate environments



### Description

- Licensed congregate settings are facilities licensed by the state or local government, that provide housing or care arrangements and where social distancing is not possible; they provide a form of social service or healthcare (or healthcare-associated) service
- Settings included in this phase are monitored by the state or the local government, or house vulnerable populations under care, e.g. in-home care and retirement facilities
- Risk is increased because of:
  - Proximity, i.e., residents and staff are less than 6ft away from one another
  - Type of contact, i.e., exposure to droplets, shared surfaces, common items
  - Duration, i.e., average interactions last more than 10 min
  - Potentially high number of contacts and, sometimes, difficulties to implement protective measures



### Examples of groups included

- Homeless shelters and other homeless housing settings and dwelling places
- Congregate childcare institutions, adult and child protective services
- Emergency shelters or safe houses for victims of domestic violence
- Corrections facilities, including jails and juvenile justice facilities
- Behavioral Health institutions (including mental health institutions) and residential treatment centers
- Adult care homes, residents and staff in home plus facilities not covered in phase 1
- Senior living homes
- Home care givers (paid or unpaid), personal care aides

## Phase 2 | High-contact critical<sup>1</sup> workers: identifying characteristics and working definition



### Definition

Workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals



### Description

- Critical workers are those necessary to maintain systems, assets and activities that are vital to the state (or national) security, the economy, or public health, as defined by the [Department of Homeland Security](#)
- Risk is associated with the likelihood of infecting oneself or spreading COVID. Factors that increase risk include proximity, type of contact, duration of contacts and challenges to implement protective measures
- Settings that provide a critical service and have recorded high transmission rates or become clusters in the past are usually high risk;



### Examples of groups included

- Firefighters, police officers, first responders, correction officers
- Grocery store workers and food services
- K-12 and childcare workers, including teachers, custodians, drivers and other staff
- Food processing, including meat processing plants
- Large-scale aviation manufacturing plants
- Transportation workers
- Workers in the following industries, if they regularly need to be in high-risk settings to perform their duties:
  - Retail, warehouses and sales outlets
  - Agriculture
  - Supply of critical services or materials for the COVID response (e.g. PPE)
  - The U.S. Postal Service
  - Department of Motor Vehicles

1- As defined by the [Department of Homeland Security](#)

## Phase 3 | Aged 16-64 with severe medical risks: identifying characteristics and working definition



### Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



### Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conclusive data and information" list, [provided by the CDC \(see below\)](#)



### Examples of groups included

Currently in the list, which is regularly updated as new evidence becomes available

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease;
- Down Syndrome
- Heart conditions, such cardiomyopathies;
- Immunocompromised state from solid organ transplant;
- Type 2 diabetes mellitus;
- Sickle cell disease;
- Pregnant patients<sup>1</sup>

1. Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. A conversation with a clinician is specially important in such cases, and individuals who decide not to take the vaccine should be supported in their decision. See [ACOG recommendations](#) for further information

Sources: CDC, "Summary of Recent Changes" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

## Phase 3 | Other critical workers<sup>1</sup> : identifying characteristics and working definition



### Definition

Non-healthcare workers in critical infrastructure, who cannot perform their duties remotely and therefore face risks of work-related exposure to COVID-19



### Description

Critical workers are characterized as those operating in-person to maintain systems, assets and activities that are vital to the state (or the country's) security, economy, or public health, as defined by the [Department of Homeland Security](#)



### Examples of groups included

- Agricultural and food workers not included in previous phases
- Workers performing in-person activities indoors, in critical manufacturing, not included in previous phases; this includes aviation, production of critical supplies for the COVID response
- Utility workers
- Social service and government workers not included in previous priority phases
- Logistics workers, such as truck transportation workers, couriers and others
- Water and wastewater workers
- Shelter and housing (e.g., construction) workers, finance (e.g., bank tellers)
- Information technology and communications workers

1- As defined by the [Department of Homeland Security](#)

## Phase 4 | Aged 16-64 with other medical risks: identifying characteristics and working definition



### Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



### Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conditions [that] might be at an increased risk" list, [provided by the CDC \(see below\)](#)



### Examples of groups included

- CDC's second list of conditions, which include (non-exhaustive):
  - Asthma (moderate-to-severe)
  - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
  - Cystic fibrosis
  - Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
  - Neurologic conditions, such as dementia
  - Liver disease
  - Pulmonary fibrosis (having damaged or scarred lung tissues)
  - Thalassemia (a type of blood disorder)
  - Type 1 diabetes mellitus
  - Obesity and severe obesity

Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. A conversation with a clinician is especially important in such cases, and individuals who decide not to take the vaccine should be supported in their decision. See [ACOG recommendations](#) for further information

Sources: CDC, "Summary of Recent Changes" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>