

Frequently Asked Questions
For
Public Health Emergency Preparedness Mass Vaccination
COVID-19 Vaccination Planning

Public Health Emergency Preparedness (PHEP)
Mass Vaccination Planning for COVID-19



Last updated: October 28, 2020

Contents

Critical Workforce Data Collection.....	1
1. Should LHDs include pharmacists as part of their critical workforce planning data collection efforts? _____	1
2. Should LHDs include Long-Term Care Facility (LTCF) staff as part of their critical workforce planning data collection efforts? _____	1
3. When looking at our critical workforce, should we be gathering numbers for critical workforce plus household members? If so, should we be gathering any other information such as age? _____	1
4. Where does the MRC fit in for the tiers/data collection? _____	1
5. Should we include Pre-K in data collect? _____	1
6. Collecting EMS/Fire data will be challenging. Are the paid EMS services that serve small towns going to be counted by the headquarter town or the town of operation? _____	1
7. Are health departments expected to collect critical workforce numbers for the different municipal sectors that we will vaccinate? _____	1
8. Should we plan for mass vaccination of EMS providers, and if so, how do we count them? 1	1
9. Should volunteer fire be included when I calculate my critical workforce numbers? _____	1
10. For local government and municipal employees should all employees be collected or just leadership? Asking because in our data for Critical Workforce from previous plans/drills includes critical sectors such as public works, Finance, etc. _____	2
11. Should religious, prep school and boarding schools be part of the survey of critical workforce numbers and entities? _____	2
12. Should we include 911 operators in our CWF collection? _____	2
13. Should we go into specifics for collecting names/titles for PD, FD, etc. for critical workforce? _____	2
14. Are we expected to include hospitals and LTCF in our critical workforce collection? _____	2
15. Do local government officials include all government workers? I.e., tax office staff, town clerk, etc. _____	2
16. Are custodians considered critical workforce for schools? _____	2
17. Are all school staff to be included in numbers collected or only teachers? _____	2
18. The Pre-K who are in daycares don't fall under the Board of Education. Do we include those pre-k's licensed under the OEC? _____	2

19. Should LHDs capture data on the staff working in school-based health clinics? _____ 2

Mass Vaccination Planning.....3

20. Will we be expected to take delivery, distribution and issue vaccines for all the groups for which LHDs are to vaccinate? _____ 3

21. Should health departments complete the Vaccination Clinic Inventory survey to see what equipment we have in the region for cold chain management? _____ 3

22. LHD is also responsible for outpatient and walk-in clinic providers and staff that are not licensed by DPH. Does this mean the staff that work in health care settings but are not clinicians? Or does this mean something else. _____ 3

23. There is talk about minorities being in the high priority group – has DPH or CDC given any thought to where they will fall? _____ 3

24. After seeing that we are going to receive small clinics, 100 doses, does the department think COVID-19 vaccination is better handled at the local health level. How do you envision regions to come together? _____ 3

25. What is DPH’s expectation for regional clinics for COVID-19? _____ 4

26. How will health departments seek reimbursement for the administrative cost associated with COVID vaccines? _____ 4

27. Will VAMS be available for beta-testing by local public health departments prior to using it for COVID-19 Mass Vaccination? _____ 4

28. A question came up as to whether or not there has been discussion on Critical Infrastructure workers who decline vaccination. Thoughts? _____ 4

29. With respect to distribution between essential workers, will guidance be given on how to ration between police, fire, etc., given there will be a shortage. As you can imagine, this shortage will cause conflict. _____ 4

30. Will DPH work on expanding who can administer vaccines? _____ 4

31. Will a calendar invite be sent out for the vaccination meetings? _____ 5

32. The DPH has communicated that only LHD that are CVP providers can order and receive COVID-19 Vaccine. Can you clarify this? _____ 5

33. Are we able to track vaccine delivery to make sure they are delivering during operations hours and not after hours? _____ 5

34. Will the Long-Term Care Facilities (LTCFs) do their own ordering of vaccine? Or is it the LHD responsibility? _____ 5

35. What would be the process of ordering more supplemental flu vaccine? _____ 5

36. How far apart will Phase 1, 2, and 3 be? _____ 5

37. How will I submit my COVID-19 Vaccination Program Provider Agreement (e.g. Provider Profile)?	6
38. Is there a local health representation on the Governor’s Vaccine Advisory Committee?	6
39. Can we use Dispense Assist?	6
40. Should we prepare for large or small allocations of the COVID-19 vaccine?	6
41. Can we order vaccine for the region rather than each LHD placing an order? We are planning to have strike teams in the region to deploy.	6
42. Do you have a sense of how many COVID-19 vaccines may be available to LHDs?	6
43. Are there efforts to electronically link CT-WIZ to the CDC systems (i.e. VAMS)?	6
44. Should LHDs create new agreements for document of COVID-19 mass vaccination partnerships?	6
45. Will local jurisdictions be able to make decisions on priority group allocations?	6
46. What is the role of DEMHS?	6
47. How will the chain of custody of COVID-19 vaccine be documented?	7
48. Do you have to be enrolled in the Connecticut Vaccine Program to enroll in the COVID-19 Vaccine Program?	7
49. Will there be reimbursement under the Emergency Use Authorization (EUA)?	7
50. Can an LHD that is not enrolled in the COVID-19 Vaccine program partner with an LHD that is enrolled? Is the CoVP enrolled provider able to provide vaccine to the non-CoVP enrolled LHD? Would CoVP LHD be able to sign a MOU with a non-CoVP LHD?	7
51. How will DPH reach out to let LHDs know when they can begin the COVID-19 Vaccine Program enrollment process?	8
52. How can an LHD become a COVID-19 Vaccine program provider?	8
53. If a town is not enrolled in CoVP, what happens? Will another town need to sign up to take care of their critical workforce?	8
54. If an LHD has a large employer with an occupational a health program capable of providing COVID-19 vaccination, how can they enroll?	8
55. What is DPH planning for standing orders of COVID-19 vaccine administration?	8
56. Can DPH share the COVID-19 Mass Vaccination Plan with LHDs?	8
57. Would an LHD, VNA or other COVID Provider be able to bill a non COVID19 provider for services provided (vaccination of their CWG)? This would include an MOU or formal contract. Many LHD are without nursing staff, and it might be easier for them to contract the work out to another LHD. The recipient would not be billed.	8
58. Must all COVID-19 providers be able to store vaccine?	9

59. May a COVID-19 provider order, store and redistribute vaccine to another COVID-19 provider that does not have the storage capacity? For example, maybe a hospital storing for a VNA or LHD. _____ 9
60. Will the COVID19 Provider storing the vaccine be released of their responsibilities regarding vaccine administration recording keeping if they redistribute it to a COVID19 Provider. _____ 9
61. How will DPH support: LHD, and VNA with storage of the ultra-frozen vaccine. There are very limited providers of dry ICE in CT. _____ 9
62. Many LHDs intend on partnering with VNA agencies for ordering storing and administering COVID19 Vaccine. What should be included in the MOU, or contractual agreement? _____ 9
63. Considering what LHD are tasked with vaccinating the Critical Work Force, how will DPH differentiate a VNA ordering COVID-19 vaccine? Will the application include a list of partners, will they be required to attach the MOU, or contract with the LHD? _____ 9
64. Will LHD CoVP providers be able to share vaccine if they are planning to partner and administer vaccine to their CWGs in strike teams? _____ 9
65. How will it work if a non-CVP partners with a CVP to obtain COVID-19 vaccination? __ 10
66. Should a CoVP applicant list all potential locations in the agreement, drive thru, and those the mobile strike team will go? _____ 10
67. What will the process be if the LHD decides to set up a clinic on short notice, and the location is not on the application? _____ 10
68. Would it be possible for DPH to share a list of providers or LHDs that would or LHDs that have been enrolled in CoVP? _____ 10
69. Does Immunizations recommend that LHDs enter seasonal flu vaccination data for the general public adults into the CT WiZ system? _____ 10
70. Can LHDs upload rosters of their Critical Work Force in CT WiZ prior to the receipt of the COVID-19 vaccine? _____ 10
71. When will LHDs receive training on VAMS? _____ 10
72. What data fields will VAMs require from individuals prior to roster upload into the system? _____ 10
73. Per the COVID-19 Vaccination Playbook there are 2 vaccine candidates, Vaccine A and B. What lot sizes do they come in? _____ 10
74. Will DPH be providing LHDs educational materials and messaging promoting the COVID-19 vaccine? _____ 11

- 75. On Oct 14th LHDs enrolled in the CVP were sent an email with instructions on how to enroll in the CoVP Provider Agreement. Will a similar email be sent to non-CVP LHDs interested in enrolling in the CoVP Provider Agreement? _____ 11
- 76. Can an LHD not enrolled in CVP become a CoVP Provider? _____ 11

PHEP Contract Deliverables and Funding12

- 77. Many Health Departments are planning drive thru flu clinics in the fall. What is the process for registering a site as a backup POD site in a parking lot or another location that is not in the plans as a primary POD? (building and parking area)? _____ 12
- 78. If our large city, which is scheduled for an FSE in March 2021, has a mass vaccination flu clinic this fall at their POD site, will this count as their FSE? _____ 12
- 79. What is required for call down drills required by the BP1 PHEP contract? DPH only initiated them in Sept and Dec 2019. Should I ask the subcontractors for additional call down for Q3 and Q4? _____ 12
- 80. If a LHD does not have an MRC, but rather an Emergency Response Team or another type of volunteer based unit, is it safe to assume their volunteers will be included as part of their critical work force? _____ 12
- 81. The Budget Period 1 Contract ends June 30, 2020. When should we expect the new contract to come out? Is the funding changing? _____ 12
- 82. Are there any instructions for the sub-contractors to submit a BP2 annual budget? ____ 12
- 83. With regard to PHEP/HPP BP2 we received a message regarding CoreCT budgets. When will the BP2 contract language guidance be released so we can request LHD/subcontractor budgets? Or is BP1 and BP2 contract language/guidance the same? _____ 13
- 84. Are we still continuing with the three POD drills and 20% of PODs being tested? Or will this be replaced by COVID-19 vaccination? _____ 13
- 85. Does DPH want to do an FSE next year and include the regions to do their most populous city? 13
- 86. I am getting asked about submitting notice of drills and exercise (NODE) forms for flu clinic specifically the FSE of drive-thru strategies. What is your recommendation for BP2? Should LHDs submit NODE forms to the Regional Leads for flu clinics? _____ 13
- 87. Are we required to do a call down for Q1 of BP2? _____ 13
- 88. What is the turnaround time for the ELC funding? Much of our response is through that money. _____ 13
- 89. Are we still required to test 20% of our PODs this budget period? _____ 13
- 90. Are the program progress reports for BP2 Q1 due on 10/15/2020 or will the deadline be extended? _____ 13

91. When will we receive the amended BP2 contract? _____ 13

Critical Workforce Data Collection

- 1. Should LHDs include pharmacists as part of their critical workforce planning data collection efforts?**

Response: LHDs are not being asked to plan for pharmacists.

- 2. Should LHDs include Long-Term Care Facility (LTCF) staff as part of their critical workforce planning data collection efforts?**

Response: LHDs are not being asked to plan for LTCF staff.

- 3. When looking at our critical workforce, should we be gathering numbers for critical workforce plus household members? If so, should we be gathering any other information such as age?**

Response: No. Critical Workforce data collection for the COVID response only includes the individual and not their family members.

- 4. Where does the MRC fit in for the tiers/data collection?**

Response: MRC volunteers will count as public health personnel when collecting data on critical workforce personnel.

- 5. Should we include Pre-K in data collect?**

Response: Yes

- 6. Collecting EMS/Fire data will be challenging. Are the paid EMS services that serve small towns going to be counted by the headquarter town or the town of operation?**

Response: This decision will be determined at a later time.

- 7. Are health departments expected to collect critical workforce numbers for the different municipal sectors that we will vaccinate?**

Response: Yes.

- 8. Should we plan for mass vaccination of EMS providers, and if so, how do we count them?**

Response: DPH recognizes that EMS providers come through a variety of organizations including being part of local fire departments, or under volunteer EMS, municipal EMS, or through private EMS corporations. Please count them when planning for critical workforce mass vaccination. Some private corporations may be able to self-vaccinate, but we do not know. We are asking local public health to be prepared and flexible in their approaches. As we learn more from the federal government on their plans, we will share that information with you through existing forums.

- 9. Should volunteer fire be included when I calculate my critical workforce numbers?**

Response: Yes.

10. For local government and municipal employees should all employees be collected or just leadership? Asking because in our data for Critical Workforce from previous plans/drills includes critical sectors such as public works, Finance, etc.

Response: All municipal employees should be counted when collecting Critical Workforce Personnel data.

11. Should religious, prep school and boarding schools be part of the survey of critical workforce numbers and entities?

Response: Yes.

12. Should we include 911 operators in our CWF collection?

Response: Yes. If this presents an issue, please notify the MCM Regional Coordinators during the weekly Mass Vaccination Planning calls.

13. Should we go into specifics for collecting names/titles for PD, FD, etc. for critical workforce?

Response: This information will need to be collected as part of your mass vaccination clinics, preferably in advance. As platforms are rolled out, there will be a way for the patients to enter their own information. It is worth waiting to learn more about the VAMS system.

14. Are we expected to include hospitals and LTCF in our critical workforce collection?

Response: No.

15. Do local government officials include all government workers? I.e., tax office staff, town clerk, etc.

Response: Employees who perform key government functions included in agency continuity plans, DPH recommends including staff critical to ongoing operations. We suggest collecting as many positions as possible to include in the vaccination tiers.

16. Are custodians considered critical workforce for schools?

Response: See response to Questions 10 and 15.

17. Are all school staff to be included in numbers collected or only teachers?

Response: See response to Questions 10 and 15.

18. The Pre-K who are in daycares don't fall under the Board of Education. Do we include those pre-k's licensed under the OEC?

Response: We are planning with OEC.

19. Should LHDs capture data on the staff working in school-based health clinics?

Response: DPH will be contacting school-based health centers. LHD do not have a role in collecting this information at this time.

Mass Vaccination Planning

20. Will we be expected to take delivery, distribution and issue vaccines for all the groups for which LHDs are to vaccinate?

Response: Ultimately, it is the responsibility of the health department to ensure vaccination of their critical workforce. How that occurs may look different in each jurisdiction. Some municipal health departments may engage in memoranda of agreement with surrounding health districts or other municipal health departments for these services. It depends on local and regional planning efforts and the capabilities of individual health departments/districts.

21. Should health departments complete the Vaccination Clinic Inventory survey to see what equipment we have in the region for cold chain management?

Response: The surveys should have been completed and submitted to DPH in July 2020. As you continue to plan for regional mass vaccination, you may identify additional gaps or needs. If you identify gaps, utilizing the survey issued by DPH is a good way to track existing and unmet needs.

22. LHD is also responsible for outpatient and walk-in clinic providers and staff that are not licensed by DPH. Does this mean the staff that work in health care settings but are not clinicians? Or does this mean something else.

Response: Right now, based on our planning assumptions, LHDs have not been tasked to provide vaccinations for COVID-19 to staff in outpatient and walk-in clinics.

23. There is talk about minorities being in the high priority group – has DPH or CDC given any thought to where they will fall?

Response: CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. In Connecticut, high priority group data is collected via the DPH epidemiology section. At this time, LHDs are only responsible to collect data on critical workforce personnel which include police, fire, EMS, and teachers.

24. After seeing that we are going to receive small clinics, 100 doses, does the department think COVID-19 vaccination is better handled at the local health level. How do you envision regions to come together?

Response: Our goal is to vaccinate as many people who want to be vaccinated as possible. This will require vaccination by local health as well as other COVID-19 vaccination providers.

25. What is DPH's expectation for regional clinics for COVID-19?

Response: DPH is not requiring that ESF8 planning results in the hosting of regional clinics. LHDs should work collaboratively with their partners across the region to ensure the best use of resources and develop strategies that leverage those resources for COVID-19 mass vaccination efforts.

26. How will health departments seek reimbursement for the administrative cost associated with COVID vaccines?

Response: Currently, there is no funding source through the DPH dedicated to paying for the administration fees associated with COVID19 vaccine administration. The CDC is currently reviewing administration fee reimbursement mechanisms, considering that some vaccines may be issued under an Emergency Use Authorization (EUA). This is not a unique issue to CT.

27. Will VAMS be available for beta-testing by local public health departments prior to using it for COVID-19 Mass Vaccination?

Response: No. It will be tested at the state level. Immunization platform questions should be directed to the DPH Immunizations Program.

28. A question came up as to whether or not there has been discussion on Critical Infrastructure workers who decline vaccination. Thoughts?

Response: Vaccine hesitancy has been identified as an issue for mass vaccination of both the critical workforce and the general public. One of the optional vaccine reporting data fields includes "refusal of the vaccine" and can be selected, if you are interested in tracking such occurrences.

29. With respect to distribution between essential workers, will guidance be given on how to ration between police, fire, etc., given there will be a shortage. As you can imagine, this shortage will cause conflict.

Response: The state-level allocation of vaccine during periods of limited supply will be accompanied with clear communications as to which critical workforce members should receive those limited doses. We suggest you refrain from using 'essential workforce' language when communicating about critical workforce, and that you communicate locally about the phased in approach of mass vaccination, as shared on DPH weekly calls and presentations.

30. Will DPH work on expanding who can administer vaccines?

Response: The DPH has met with our Legal Office to discuss expansion of practitioner types for administering vaccine under a Commissioner Order or potentially an Executive Order (EO). The proposal includes paramedics, medical assistants, dentists, and EMTs under the direction and medical orders issued by a Medical Doctor, or Doctor or Osteopathy. Pharmacists are already able to vaccinate people from age 3 and older per a PrepAct announcement. Please note that EO proposals are ultimately approved by the

Office of the Governor and his legal staff. We will update you on the status, as it becomes available.

31. Will a calendar invite be sent out for the vaccination meetings?

Response: For each individual Regional Mass Vaccination Meeting, a calendar invite will be sent out.

32. The DPH has communicated that only LHD that are CVP providers can order and receive COVID-19 Vaccine. Can you clarify this?

Response: In an effort to prepare for a pandemic, the DPH Office of Public Health Preparedness and Response has historically asked LHDs to enroll in the CT Vaccine Program (CVP). Being enrolled in the CVP ensures that a health department is able to manage vaccines (storage, and administration), is familiar with CTWiz, and maintains a level of operational readiness. For COVID-19, every entity ordering or administering COVID-19 vaccine must sign a CDC COVID-19 Vaccination Program Provider Agreement (CoVP agreement), which includes many of the parameters required for CVP enrollment. Additional details will be provided by the Immunization program on how to enroll in the CoVP.

33. Are we able to track vaccine delivery to make sure they are delivering during operations hours and not after hours?

Response: We do not know the details of how McKesson and other major distributors will notify entities of anticipated delivery of their orders.

34. Will the Long-Term Care Facilities (LTCFs) do their own ordering of vaccine? Or is it the LHD responsibility?

Response: Recent federal guidance has indicated that nursing homes and assisted living facilities will be able elect to partner with major pharmacies for mass vaccination of their workforce and their clients. Some facilities who express an interest in this arrangement may not be eligible (due to their size or other factors). On October 16th, the federal government will be collecting this information through federal reporting platforms (used by those facilities) and reports will be made available to states. We will know more in late October or early November.

35. What would be the process of ordering more supplemental flu vaccine?

Response: At this time, the CVP does not anticipate having extra doses of adult flu vaccine, but if we do, we will notify the LHDs and let them know of the process to order more.

36. How far apart will Phase 1, 2, and 3 be?

Response: At this time, we do not know. It depends on many factors, including availability of vaccine.

37. How will I submit my COVID-19 Vaccination Program Provider Agreement (e.g. Provider Profile)?

Response: The DPH Immunizations Program will provide a memo with instructions on enrollment on how to submit the agreement.

38. Is there a local health representation on the Governor's Vaccine Advisory Committee?

Response: The group is led by DPH Commissioner Gifford and Dr. Eadie from Trinity Health. They are currently reviewing candidates to participate on the committee including LHDs. There are three subcommittees and if anyone is interested from local health, please contact Mike Mozzer, Michael.Mozzer@ct.gov.

39. Can we use Dispense Assist?

Response: No.

40. Should we prepare for large or small allocations of the COVID-19 vaccine?

Response: It will depend on the amount allocated and the CWF being vaccinated. Plan for both. In the beginning we can expect smaller allocations with an increase of doses over time.

41. Can we order vaccine for the region rather than each LHD placing an order? We are planning to have strike teams in the region to deploy.

Response: Every jurisdiction that wants to order vaccine will sign a CoVP agreement. Immunizations will provide additional information via a memo.

42. Do you have a sense of how many COVID-19 vaccines may be available to LHDs?

Response: See question 40.

43. Are there efforts to electronically link CT-WIZ to the CDC systems (i.e. VAMS)?

Response: Yes.

44. Should LHDs create new agreements for document of COVID-19 mass vaccination partnerships?

Response: This is a decision for the local jurisdictions.

45. Will local jurisdictions be able to make decisions on priority group allocations?

Response: No, federal and state officials will provide decisions on priority group allocations based on availability of vaccine.

46. What is the role of DEMHS?

Response: This is a very general question. The State Response Framework provides an overview of the role of DEMHS. With regards to mass vaccination, we suggest you work with your local emergency management director, rather than directly with DEMHS regional coordinators. If you have unmet needs as you prepare for the mass vaccination pandemic response, you should first direct your request for assistance to your local emergency manager. If the unmet need cannot be met locally, then the regional

coordinator would be notified (by the local emergency manager). Typically, directors of health involve DPH during these discussions at the local and state levels.

47. How will the chain of custody of COVID-19 vaccine be documented?

Response: Documentation of the chain of custody of COVID-19 vaccine will be done in CT WiZ. The process starts when an LHD orders vaccine. Once this order is approved by CT DPH, the vaccine is shipped to the shipping address specified for that LHD in CT WiZ. When the vaccine arrives, the LHD must acknowledge receipt in CT WiZ and must specify the storage device in which the vaccine has been placed. If custody of the vaccine is transferred from that LHD to another, the LHD that supplies the vaccine must indicate the transfer in CT WiZ. The receiving LHD must acknowledge the receipt in CT WiZ and must specify the location of the storage device in which the vaccine has been placed. The LHD that has possession of vaccine must be able to account for each dose including those stored, administered, wasted, transferred or returned. The chain of custody documentation described here also apply to other entities with which LHDs may partner, such as the VNA.

48. Do you have to be enrolled in the Connecticut Vaccine Program to enroll in the COVID-19 Vaccine Program?

Response: No. All LHDs may join the COVID-19 Vaccine Program (CoVP) whether or not they have ever been a Connecticut Vaccine Program (CVP) - enrolled provider. However, LHDs that have used CT WiZ to manage vaccine inventory and report doses administered, as part of the CVP, will have the advantage of experience with CoVP program requirements (e.g. storage and handling, single dose accountability).

49. Will there be reimbursement under the Emergency Use Authorization (EUA)?

Response: All COVID-19 vaccine will be provided to LHDs by CT DPH free of charge. LHDs may not charge for or seek reimbursement for vaccine. It is not clear yet what, if any, arrangements will be made for reimbursement for vaccine administration under an FDA Emergency Use Authorization.

50. Can an LHD that is not enrolled in the COVID-19 Vaccine program partner with an LHD that is enrolled? Is the CoVP enrolled provider able to provide vaccine to the non-CoVP enrolled LHD? Would CoVP LHD be able to sign a MOU with a non-CoVP LHD?

Response: Any LHD that plans to take possession of COVID-19 vaccine must enroll in the COVID-19 vaccine program (CoVP) by signing a COVID-19 Vaccine Provider Agreement, completing training requirements and demonstrating an ability to storage and handle vaccine appropriately. This is true whether the vaccine is shipped directly to the LHD or whether the vaccine is transferred to the LHD by another LHD. An LHD that supplies the vaccine must also sign a CDC COVID-19 Vaccine Redistribution Agreement. The COVID-19 Vaccine Provider and Redistribution Agreements can be found [here](#).

LHD 1 may take possession of vaccine and use it to vaccinate the essential workers / residents of LHD 1 and LHD 2. In this case, LHD 2 does not need to join CoVP. This is true even if staff of LHD 2 participate in the administration of vaccine.

LHDs that partner may wish to have an MOU in place between them but this is not a requirement on the part of CT DPH.

51. How will DPH reach out to let LHDs know when they can begin the COVID-19 Vaccine Program enrollment process?

Response: CT DPH Immunization Program will first reach out to LHDs in the (Connecticut Vaccine Program) CVP to ask if they would like to join the COVID-19 Vaccine Program (CoVP). Once this is complete, an announce will be made during the COVID-19 Local Health TEAMS meeting letting other LHDs know how to request enrollment in the CoVP.

52. How can an LHD become a COVID-19 Vaccine program provider?

Response: An LHD can enroll in the COVID-19 vaccine program (CoVP) by signing a COVID-19 Vaccine Provider Agreement, completing training requirements and demonstrating an ability to storage and handle vaccine appropriately. The CDC COVID-19 Provider Agreement can be found [here](#).

53. If a town is not enrolled in CoVP, what happens? Will another town need to sign up to take care of their critical workforce?

Response: No. Each municipality is responsible for their own CWF staff and must identify a suitable entity to provide COVID-19 vaccination to their CWF.

54. If an LHD has a large employer with an occupational a health program capable of providing COVID-19 vaccination, how can they enroll?

Response: Refer these groups to the Immunization Program at DPH.

55. What is DPH planning for standing orders of COVID-19 vaccine administration?

Response: Thank you for this question, we will explore this and provide you with more guidance.

56. Can DPH share the COVID-19 Mass Vaccination Plan with LHDs?

Response: The DPH Mass Vaccination Plan can be found [here](#).

57. Would an LHD, VNA or other COVID Provider be able to bill a non COVID19 provider for services provided (vaccination of their CWG)? This would include an MOU or formal contract. Many LHD are without nursing staff, and it might be easier for them to contract the work out to another LHD. The recipient would not be billed.

Response: As long as the vaccine recipient is not billed there is nothing prohibiting a formal contract or MOU being formulated for services rendered between a COVID provider and a non-COVID provider for services rendered

58. Must all COVID-19 providers be able to store vaccine?

Response: Yes, it is a federal requirement that all providers administering COVID-19 vaccine to be able to properly store and handle the vaccine.

59. May a COVID-19 provider order, store and redistribute vaccine to another COVID-19 provider that does not have the storage capacity? For example, maybe a hospital storing for a VNA or LHD.

Response: Yes, but a COVID-19 redistribution agreement form must be completed when the vaccine is transferred over to the end user (VNA, LHD) when they are ready to administer the vaccine.

60. Will the COVID19 Provider storing the vaccine be released of their responsibilities regarding vaccine administration recording keeping if they redistribute it to a COVID19 Provider.

Response: Yes, the provider administering the COVID-19 vaccine is ultimately responsible for all record keeping

61. How will DPH support: LHD, and VNA with storage of the ultra-frozen vaccine. There are very limited providers of dry ICE in CT.

Response: This is still to be determined but LHDs & VNAs should try to make contingency plans to have dry ice supplies on hand whenever possible

62. Many LHDs intend on partnering with VNA agencies for ordering storing and administering COVID19 Vaccine. What should be included in the MOU, or contractual agreement?

Response: That will be left for Local Health to decide with their Grants & Contracts administrators. Further guidance on specific storage and handling for each licensed Covid vaccine will be forthcoming from the CDC.

63. Considering what LHD are tasked with vaccinating the Critical Work Force, how will DPH differentiate a VNA ordering COVID-19 vaccine? Will the application include a list of partners, will they be required to attach the MOU, or contract with the LHD?

Response: There is no differentiating on DPH's behalf in the ordering of COVID-19 vaccine. Allocations of COVID19 vaccine will be made by the Governor's Vaccination Task Force for the various CWG and identified priority groups based on the ACIP recommendations. LHDs or their identified vaccination partner (VNA or a LHD CoVP provider) will then be permitted to order vaccine based on their allocation.

64. Will LHD CoVP providers be able to share vaccine if they are planning to partner and administer vaccine to their CWGs in strike teams?

Response: Yes, in such a case a COVID-19 Vaccine Redistribution Agreement must be completed.

65. How will it work if a non-CVP partners with a CVP to obtain COVID-19 vaccination?

Response: Only providers who are enrolled to receive COVID vaccine can vaccinate.

66. Should a CoVP applicant list all potential locations in the agreement, drive thru, and those the mobile strike team will go?

Response: Yes, that is a federal requirement.

67. What will the process be if the LHD decides to set up a clinic on short notice, and the location is not on the application?

Response: On the COVID-19 enrollment, it doesn't ask for the location of the clinic.

68. Would it be possible for DPH to share a list of providers or LHDs that would or LHDs that have been enrolled in CoVP?

Response: Yes, that is something that we can explore.

69. Does Immunizations recommend that LHDs enter seasonal flu vaccination data for the general public adults into the CT WiZ system?

Response: Yes, since that will be a good test run for when COVID-19 vaccine becomes available.

70. Can LHDs upload rosters of their Critical Work Force in CT WiZ prior to the receipt of the COVID-19 vaccine?

Response: For those who report directly in Vaccine Administration System (VAMS), after the Roster Upload (of first name, last name and email) an email will be sent to the "Recipient" to register in VAMS and schedule their appointment and consent. This will occur once VAMS goes "live" and the clinic hours and inventory are set up in VAMS. VAMS data will be sent to CT WiZ electronically for consolidated and complete patient records. (CT WiZ doesn't enable a clinic to upload a roster to identify a critical work force.)

71. When will LHDs receive training on VAMS?

Response: VAMS is scheduled to "go live" 10/26/2020 and training materials will be linked to our CT WiZ website to support you with training, as soon as the materials are cleared for approval.

72. What data fields will VAMS require from individuals prior to roster upload into the system?

Response: Roster uploads in VAMS require first name, last name and email.

73. Per the COVID-19 Vaccination Playbook there are 2 vaccine candidates, Vaccine A and B. What lot sizes do they come in?

Response: Vaccine A comes in lots of 1000 and Vaccine B will come in lots of 100.

74. Will DPH be providing LHDs educational materials and messaging promoting the COVID-19 vaccine?

Response: ESF-15 is developing vaccine campaign materials in conjunction with CDC.

75. On Oct 14th LHDs enrolled in the CVP were sent an email with instructions on how to enroll in the CoVP Provider Agreement. Will a similar email be sent to non-CVP LHDs interested in enrolling in the CoVP Provider Agreement?

Response: Yes.

76. Can an LHD not enrolled in CVP become a CoVP Provider?

Response: Yes, all entities interested in ordering, managing, and administering the COVID-19 vaccine can and must sign the CoVP Provider Agreement. A CoVP Enrollment Checklist, FAQs and Training Manual can be found [here](#).

PHEP Contract Deliverables and Funding

77. Many Health Departments are planning drive thru flu clinics in the fall. What is the process for registering a site as a backup POD site in a parking lot or another location that is not in the plans as a primary POD? (building and parking area)?

Response: The process to add a new Point of Dispensing or Point of Vaccination is to have it incorporated into your plans and meet the criteria dictated within the MCM ORR Guidance.

78. If our large city, which is scheduled for an FSE in March 2021, has a mass vaccination flu clinic this fall at their POD site, will this count as their FSE?

Response: An FSE needs to meet all the criteria that is outlined in the MCM ORR, the PHEP contract, and accompanied forms. ORR exercise deliverables may be met by COVID-19 response activities if documentation is provided. Additional information will soon be provided.

79. What is required for call down drills required by the BP1 PHEP contract? DPH only initiated them in Sept and Dec 2019. Should I ask the subcontractors for additional call down for Q3 and Q4?

Response: DPH initiated call down drills in Q1 and Q2 of BP1 and because of the COVID-19 response did not initiate calls in Q3 and Q4. Subcontractors should have already submitted call down data from Q1 and Q2 in their quarterly Programmatic Progress Reports (PPR). While DPH did not initiate calls down drills, subcontractors can submit data on call downs completed for the COVID response.

80. If a LHD does not have an MRC, but rather an Emergency Response Team or another type of volunteer based unit, is it safe to assume their volunteers will be included as part of their critical work force?

Response: Yes, any volunteer that is needed to work in their point of vaccination should be counted as critical workforce personnel staff.

81. The Budget Period 1 Contract ends June 30, 2020. When should we expect the new contract to come out? Is the funding changing?

Response: Draft amended language for the contract has been circulated with the CRI planning leads and input has been incorporated into the final version. The amended contract will be issued to CRI planning leads soon via the department's Contracts and Grants section. The funding levels in the contract have not changed. The PHEP contractor decides how funding is distributed to the subcontractors.

82. Are there any instructions for the sub-contractors to submit a BP2 annual budget?

Response: On August 24th, a memorandum and guidance were distributed to contractors. This question should be directed to your contractor and not the DPH. The [budget guidance materials are posted](#) on the DPH website, as reference.

83. With regard to PHEP/HPP BP2 we received a message regarding CoreCT budgets. When will the BP2 contract language guidance be released so we can request LHD/subcontractor budgets? Or is BP1 and BP2 contract language/guidance the same?

Response: A draft with the proposed PHEP amendments was shared with PHEP contractors in August for comment. A revised programmatic progress report template will be provided to PHEP contractors once it is finalized.

84. Are we still continuing with the three POD drills and 20% of PODs being tested? Or will this be replaced by COVID-19 vaccination?

Response: In Budget Period 2 CDC has waived the three required drills. DPH is also waiving this requirement for its contractors.

85. Does DPH want to do an FSE next year and include the regions to do their most populous city?

Response: No. The region will not have to participate in a full-scale exercise in concert with the State's required full-scale exercise. Schedule your required exercises, as needed.

86. I am getting asked about submitting notice of drills and exercise (NODE) forms for flu clinic specifically the FSE of drive-thru strategies. What is your recommendation for BP2? Should LHDs submit NODE forms to the Regional Leads for flu clinics?

Response: Per the PHEP contract, there is only one full scale exercise required per region. Please work with your CRI regional lead contractor on reporting requirements that they may have for you regarding NODEs. Each region approaches this differently, and often uses NODEs for documentation purposes.

87. Are we required to do a call down for Q1 of BP2?

Response: You are required to do two call down drills per year. Subcontractors should refer to their contractor, and the regional MYTEP regarding call down drills.

88. What is the turnaround time for the ELC funding? Much of our response is through that money.

Response: Please submit this question to LHD-ELCinbox@ct.gov.

89. Are we still required to test 20% of our PODs this budget period?

Response: No.

90. Are the program progress reports for BP2 Q1 due on 10/15/2020 or will the deadline be extended?

Response: Based on the date noted in this question, you may be a subcontractor. Please ask your contractor this question for a specific date for subcontractor reporting deadlines. The quarterly report due date has been extended for the contracts. Progress reports for Q1 will be collected in concert with Q2 progress reports.

91. When will we receive the amended BP2 contract?

Response: The 5-year contract is still in place. The amendment for BP2 is under review.