



# COVID-19 Provider Update

Wednesday, February 22, 2022



# Population Coverage: As of February 15th

Age Range	% of Population	CT Population	At least one dose		Fully vaccinated		Additional dose Received	
			Number	%	Number	%	Number	%
All ages	100.0%	3,565,287	2,997,813	84.1%	2,677,129	75.1%	1,391,852	39.0%
5+	95.0%	3,383,577	2,997,271	88.6%	2,676,725	79.1%	1,391,721	41.1%
12+	87.0%	3,105,947	2,870,946	92.4%	2,572,234	82.8%	1,391,256	44.8%
16+	82.0%	2,929,347	2,729,919	93.2%	2,444,310	83.4%	1,358,125	46.4%
18+	80.0%	2,837,847	2,650,478	93.4%	2,371,890	83.6%	1,330,060	46.9%
35+	57.0%	2,047,745	1,969,376	96.2%	1,793,211	87.6%	1,106,640	54.0%
45+	45.0%	1,620,604	1,572,704	97.0%	1,441,299	88.9%	942,000	58.1%
55+	32.0%	1,143,699	1,142,989	99.9%	1,048,940	91.7%	726,059	63.5%
65+	18.0%	630,244	639,448	100.0%	584,332	92.7%	427,868	67.9%
75+	8.0%	277,425	271,842	98.0%	247,502	89.2%	177,299	63.9%

Data as reported to CT DPH Immunization Information System (IIS) CT WiZ.

All ages estimate includes 542 people with unknown age

Additional dose includes individuals who have had at least one dose after completion of the a primary COVID-19 vaccine series



# Age coverage: Specific age groups

*Doses Reported by 2/15/2022*

Age Range	% of Population	CT Population	At least one dose		Fully vaccinated		Additional dose Received	
			Number	%	Number	%	Number	%
<5	5.0%	181,710	0	0.0%	0	0.0%	0	0.0%
5-11	8.0%	277,630	126,325	45.5%	104,491	37.6%	465	0.2%
12-15	5.0%	176,600	141,027	79.9%	127,924	72.4%	33,131	18.8%
16-17	3.0%	91,500	79,441	86.8%	72,420	79.1%	28,065	30.7%
18-24	10.0%	342,073	285,885	83.6%	237,942	69.6%	91,489	26.7%
25-34	13.0%	448,029	395,217	88.2%	340,737	76.1%	131,931	29.4%
35-44	12.0%	427,141	396,672	92.9%	351,912	82.4%	164,640	38.5%
45-54	13.0%	476,905	429,715	90.1%	392,359	82.3%	215,941	45.3%
55-64	14.0%	513,455	503,541	98.1%	464,608	90.5%	298,191	58.1%
65-74	10.0%	352,819	367,606	100.0%	336,830	95.5%	250,569	71.0%
75-84	5.0%	186,095	191,847	100.0%	175,162	94.1%	130,154	69.9%
85+	3.0%	91,330	79,995	87.6%	72,340	79.2%	47,145	51.6%
<b>Grand Total</b>		<b>3,565,287</b>	<b>2,997,271</b>	<b>84.1%</b>	<b>2,676,725</b>	<b>75.1%</b>	<b>1,391,721</b>	<b>39.0%</b>

\*At least one dose includes individuals who have received one dose of Pfizer, Moderna, or J&J

\*\*Fully vaccinated includes individuals who received one dose of J&J, two doses of Moderna, or two doses of Pfizer.

\*\*\*Additional dose includes individuals who have had at least one dose after completion of the a primary COVID-19 vaccine series

\*\*\*\*542 people with age missing are excluded from this table

## **Young Pediatric Vaccine (age 6 months through 4 years) Rollout**

As you are aware, the FDA postponed their advisory meeting delaying the previously communicated timeline for the young pediatric (6m-4y) rollout. All provider pre-orders for the Pfizer Maroon Cap vaccine have been cancelled by CDC. There is no action required by providers. When the Maroon Cap vaccine becomes available to order again, we will send out a communication and a new order form.

## **Reminder Regarding Pediatric Needle Usage:**

The ACIP recommends using a 1-inch needle for children 1 year of age and older when administering vaccines IM to ensure the vaccine is deposited well into the muscle tissue. A 5/8-inch needle may be used in some circumstances if the skin is stretched tightly, and subcutaneous tissues are not bunched. This is in accordance with General Best Practice Guidelines on Immunizations: [ACIP Vaccine Administration Guidelines for Immunization | CDC](#).

HCP should use professional judgement and for the rare situations in which a 5/8-inch needle is required, one can be obtained from the facility's inventory and replaced with supplies from the ancillary supply kits.

Pediatric COVID-19 Ancillary kits contain only 1-inch needles.



# Updated COVID-19 Vaccination Guidance

CDC updated its [guidance](#), following a thorough evaluation of the latest safety and effectiveness [data](#).

- The optimal interval for some people ages 12-64 years, especially males aged 12-39, is 8 weeks between first and second dose of an mRNA vaccine series.\*
  - This may help increase how long protections lasts
  - This may lower the (small) risk of myocarditis and pericarditis

\*Please note that patients who meet these criteria and have already received their primary mRNA series at the 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval remain well-protected—especially if they have received a booster dose—and do **not** need to repeat any doses.

This does not apply to everyone. The 3-week or 4-week interval is still recommended for:

- people who are moderately or severely immunocompromised
- children 5-11 (3-week interval)
- adults ages 65 years and older
- others who may need early protection due to concern about an increased risk of severe illness from COVID-19 or high levels of community transmission.

# Updated COVID-19 Vaccination Guidance

TABLE 2. COVID-19 vaccination schedule for the primary series in the general population\*

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5-11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	≥12 years	2	1	3-8 weeks <sup>†</sup>	≥5 months
Moderna	≥18 years	2	1	4-8 weeks <sup>†</sup>	≥5 months
Janssen	≥18 years	1	1	NA	≥2 months

\*For the vaccination schedule for people who are moderately or severely immunocompromised, see [Table 3](#)

<sup>†</sup>An **8-week** interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A **shorter interval** (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

# CDC COCA Call

**Updated Guidance for Clinicians on COVID-19 Vaccines- February 24, 2022, 2:00 PM - 3:00 PM ET**

**Overview:** During this COCA Call, CDC experts will present:

- Updated recommendations on COVID-19 vaccines for people who are moderately or severely immunocompromised,
- Simplified recommendations for vaccination following receipt of passive antibody therapy, and
- Summarized recommendations for COVID-19 vaccination by age group.
- Optimal interval between the first and second dose of an mRNA vaccine series, based on patient
- [https://emergency.cdc.gov/coca/calls/2022/callinfo\\_022422.asp](https://emergency.cdc.gov/coca/calls/2022/callinfo_022422.asp)



# COVID-19 Vaccination and Pregnancy

CDC experts discussed the recently published [MMWR](#) data showing the effectiveness of maternal completion of a 2-dose primary mRNA COVID-19 vaccination series during pregnancy against COVID-19 hospitalization among infants aged <6 months was 61% (95% CI = 31% to 78%). Recording and transcript of the CDC telebriefing can be found [here](#).

**[CDC strongly recommends COVID-19 vaccination either before or during pregnancy](#) because the benefits of vaccination outweigh known or potential risks.**

The American College of Obstetricians and Gynecologists (ACOG) developed a new COVID-19 patient education video through a cooperative agreement with CDC: [Get Your Recommended COVID-19 Vaccine During Pregnancy](#)



**COVID-19 vaccination\* among pregnant people is associated with**

**60%** about 60% reduced risk of COVID-19 hospitalization in babies younger than 6 months old

**People who are pregnant, may become pregnant, or are breastfeeding should get vaccinated against COVID-19**

[bit.ly/MMWR7107e3](https://bit.ly/MMWR7107e3)

† Not significant. Case-control study among infants at 20 pediatric hospitals in 17 states during Feb 1, 2021-January 13, 2022.  
\* Completed a 2-dose primary mRNA COVID-19 vaccination series during pregnancy (dose 1 before pregnancy and dose 2 during or before dose being)

**MMWR**





# 2022 Recommended Adult, Adolescent and Child Immunization Schedules

The 2022 Recommended Immunization Schedules were released last week in two MMWRs:

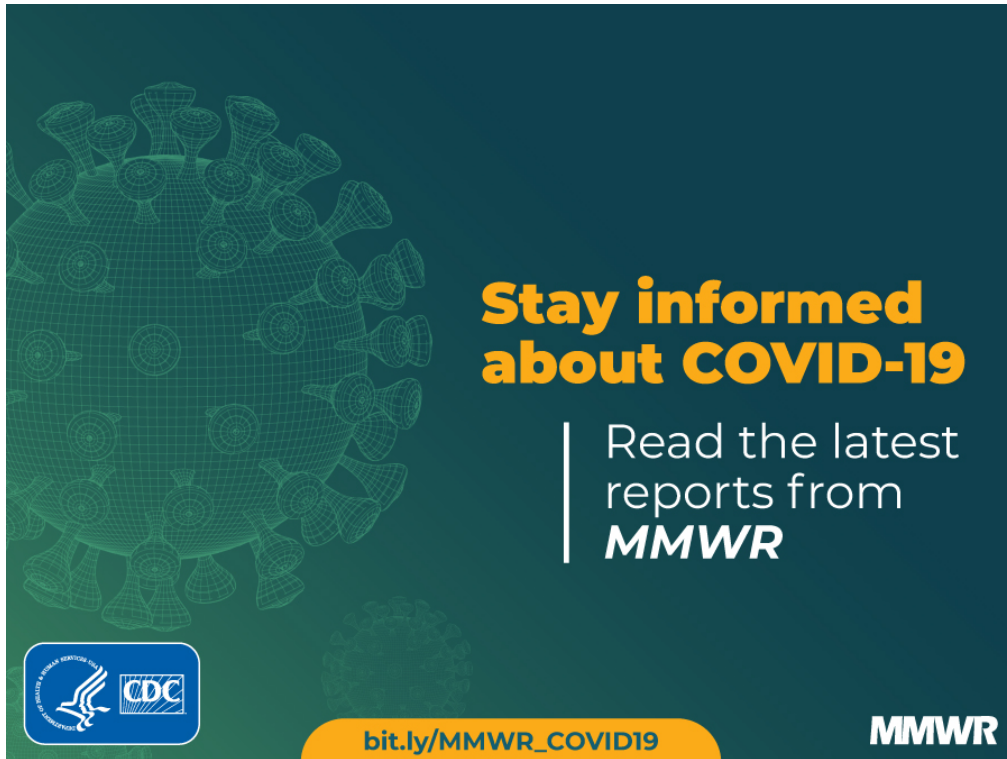
- [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2022](#)
- [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2022](#)

Despite challenges caused by the pandemic, we must remain vigilant to ensure that children, adolescents, and adults get the vaccines they need to protect against serious and sometimes deadly diseases.

Current Issues in Immunization Webinar (CIIW): Updates on the 2022 Child/Adolescent and Adult Immunization Schedules on March 2, 2022, 12pm EST. Link to join [here](#).

**COVID-19 vaccines may be administered without regard to timing of other vaccines.**

# CDC Morbidity and Mortality Weekly Report



- Pediatric Emergency Department Visits Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. Link [here](#).
- Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months — 17 States, July 2021–January 2022. Link [here](#).
- Hospitalizations of Children and Adolescents with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, July 2021–January 2022. Link [here](#).
  - *Coinciding with increased circulation of the Omicron variant, COVID-19–associated hospitalization rates among children and adolescents aged 0–17 years increased rapidly in late December 2021, especially among children aged 0–4 years who are not yet eligible for vaccination.*
- Genomic Surveillance for SARS-CoV-2 Variants: Predominance of the Delta (B.1.617.2) and Omicron (B.1.1.529) Variants — United States, June 2021–January 2022. Link [here](#).



## CT Wiz/VAMS Update

# **VAMS to CT WiZ Transition Process**

## **CT WiZ and VAMS Office Hours**

Version 1.0  
2/22/2022

# VAMS to CT WiZ Transition Process

## Has your VAMS Clinic Transitioned to CT WiZ Yet?

### Benefits of CT WiZ:

- Your patient's complete, consolidated record containing all shots received at providers across Connecticut is available to you for clinical decision support.
- Your patient's complete, consolidated immunization record is available to them through the [CT WiZ public portal](#), for self-service access—this means patients and parents of minors can access their records when needed for school, camp, travel, etc. online within minutes!
- Report to CT WiZ directly from your EHR and manage your vaccine inventory in one system.
- Run numerous reports, including reports to support inventory management and patient reminder recall, and more!

## If your clinic is using VAMS and wants to transition to CT WiZ to manage inventory and report COVID-19 vaccinations:

- ❖ please [submit a helpdesk ticket](#) with your PIN and expected date of the switch
- ❖ DPH will schedule a call to review the [process](#) with your clinic

# CT WiZ / VAMS Office Hours

## CT WiZ/VAMS Live Helpdesk Office Hours

Join Via Microsoft Teams

**Tuesdays 9:00am – 10:00am**

Join us anytime during office hours to ask a question!

\*If you can't join during this time, visit our [webpages](#) for training materials or our DPH Helpdesk to [submit a request](#).

# Question and Answers

To ask a question, please raise your hand using the hand icon on your screen, type your question in the chat box or if you are on the phone press \*6 to unmute yourself.

If you have additional questions after the meeting, please feel free to email them to [DPH.Immunizations@ct.gov](mailto:DPH.Immunizations@ct.gov)

You can fill out a help desk ticket by visiting <https://dph-cthelpdesk.ct.gov/Ticket>