Local Public Health Agency COVID-19 Vaccine Frequently Asked Questions Updated December 3, 2020

Changes from the previous version are highlighted in yellow.

COVID-19 Vaccine Administration

1. **Is it possible for a county to decline offering the COVID-19 vaccine?**
   LPHAs will be responsible for coordinating and communicating with local healthcare organizations and electronically allocating doses of COVID-19 to through IRIS to healthcare organizations in the county. LPHAs are not required to receive and administer COVID-19 vaccine. LPHAs can choose to electronically allocate all doses of vaccine in IRIS and have the doses directly distributed to healthcare organizations and entities in the county who have completed a COVID-19 Vaccination Program Provider Agreement.

   If LPHA does not choose to receive and administer COVID-19 vaccine, the COVID-19 Vaccination Program Provider Agreement must still be completed by the LPHA. This is required so LPHA can electronically allocate doses through IRIS to be distributed to other healthcare organizations in the county.

2. **Will COVID-19 vaccine be mandatory for essential healthcare workers?**
   There will not be a state mandate to receive COVID-19 vaccine. Similar to influenza requirements, health systems and clinics may choose to set policies requiring COVID-19 vaccine for organization own staff.

3. **Can COVID-19 vaccine and flu vaccine be received on the same day?**
   Once COVID-19 vaccines are authorized or approved by the FDA, the Advisory Committee on Immunization Practice will make recommendations for the administration of COVID-19 vaccine with other vaccines.

4. **If someone has already had COVID-19 and recovered, do they still need to be vaccinated with a COVID-19 vaccine when it is available?**
   Currently, there is not enough information available to determine if or for how long after infection someone is protected from getting COVID-19 again (natural immunity). Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Additional information will be made available once the Advisory Committee on Immunization Practices makes recommendations to CDC on how to use COVID-19 vaccines.

COVID-19 Vaccine Provider Enrollment

1. **Will healthcare organizations need to enroll in IRIS to receive and administer COVID-19 vaccine?**
   Yes. To receive and administer COVID-19 vaccine, all healthcare organizations will need to be enrolled in IRIS and complete the COVID-19 Vaccination Program Provider Agreement. Enrolling in IRIS will allow for the tracking of COVID-19 vaccine and allow the healthcare organization to document COVID-19 vaccine doses administered in IRIS. Healthcare organizations who receive and administer COVID-19 vaccines will be required to enter doses of vaccine administered in IRIS within 24 hours after administration.

2. **Does each individual healthcare provider need to complete the REDCap survey/COVID-19 Vaccine Program Provider Agreement, or can the healthcare organization complete the REDCap survey?**
   The REDCap survey/COVID-19 Vaccination Program Provider Agreement should be completed by the healthcare organization. Individual healthcare providers DO NOT need to complete the REDCap survey. Providers practicing in the healthcare organization should be listed as prescribers within the REDCap survey/COVID-19 Vaccination Program Provider Agreement for each organization.

3. **If LPHA has not determined how they will allocate COVID-19 vaccine to healthcare organizations or handle all vaccinations in the county. Should healthcare organizations in the county enroll in IRIS and complete a COVID-19 Vaccination Program Provider Agreement at this time?**
   Yes. Healthcare organizations are required to enroll in IRIS and complete a COVID-19 Vaccination Program Provider Agreement if the organization will be allocated, receive, administer and document COVID-19 vaccine in IRIS. Having healthcare organizations become COVID-19 vaccine providers does not obligate the LPHA to electronically allocate doses of COVID-19 vaccine to the provider. It will be advantageous to have more healthcare organizations available to vaccinate individuals.

4. **Does the LPHA need to complete the COVID-19 Vaccination Program Provider Agreement even if they do not plan to receive COVID-19 vaccine?**
   Yes. The COVID-19 Vaccination Program Provider Agreement must be completed to allow the LPHA to electronically allocate doses of COVID-19 vaccines through IRIS to other healthcare organizations in the county. If the LPHA does not choose to receive and administer COVID-19 vaccine, the COVID-19 Vaccination Program Provider Agreement must still be completed by the LPHA.

5. **Will healthcare organizations be able to charge for the COVID-19 vaccine?**
   No. Healthcare organizations cannot charge for COVID-19 vaccines provided by the federal government. It is unknown at this time if an administration fee will be able to be charged. IDPH will share more information about reimbursement claims for administration fees as it becomes available from insurers and federal and state partners.

6. **How will the COVID-19 Vaccination Program Provider Agreement be made available to healthcare organizations?**
   The CDC COVID-19 Vaccination Program Provider Agreement was sent via HAN and email message to all LPHAs and IRIS providers on September 30. LPHAs are encouraged to share the agreement with local partners based on the county vaccination plan.

7. **Can schools become COVID-19 vaccine providers?**
   Yes. A school can be listed as a local partner in the county vaccination plan. School teachers may be listed as priority groups. However, information regarding COVID-19 vaccine age indications are not available at this time.

8. **Does the COVID-19 Vaccination Program Provider Agreement provide any liability protection for the provider?**
   The CDC COVID-19 Vaccination Program Provider Agreement specifies the requirements to receive, store and administer COVID-19 vaccines.

   The administration of COVID-19 vaccines are covered countermeasures under the Countermeasures Injury Compensation Program (CICP), not the National Vaccine Injury Compensation Program. The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures, and benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral, any other drug, any

biologic, any diagnostic, any other device, or any vaccine, used to treat, diagnose, cure, prevent, or mitigate COVID-19, or the transmission of SARS-CoV–2 or a virus mutating therefrom, or any device used in the administration of any such product, and all components and constituent materials of any such product.

The CICP is administered by the Health Resources and Services Administration, within the Department of Health and Human Services. Information about the CICP and filing a claim are available at the toll-free number 1–855–266–2427 or http://www.hrsa.gov/cicp/.

9. **Does the LPHA need to manage the COVID-19 Vaccination Program Provider Agreement surveys for all the potential healthcare organizations in the county?**
   No. IDPH will manage the data collected through the REDCap survey. IDPH is responsible for sending COVID-19 Vaccination Provider information to CDC multiple times each week. IDPH will provide a list of enrolled and approved COVID-19 vaccine providers on the HAN for the duration of the event. This list will include storage capabilities and populations served by the healthcare organization.

10. **Does a healthcare organization have to be enrolled in IRIS to be able to receive COVID-19 vaccine allocations?**
    Yes. Healthcare organizations are required to enroll in IRIS and complete a COVID-19 Vaccination Program Provider Agreement if the organization will be electronically allocated doses through IRIS and receive COVID-19 vaccine. Healthcare organizations who receive and administer COVID-19 vaccines will be required to enter doses of vaccine administered in IRIS within 24 hours after administration.

11. **Is there a deadline to enroll in IRIS and complete the REDCap survey?**
    No, IDPH will leave the REDCap survey open throughout the COVID-19 vaccination campaign. Healthcare organizations can complete the REDCap survey and enroll in IRIS at any time. Local Public Health Agencies need to enroll as soon as possible to be able to allocate doses of COVID-19 vaccine within their county.

12. **Does a healthcare organization already enrolled in IRIS and administering routine vaccines need to complete the COVID-19 Vaccination Program Provider Agreement?**
    Yes. All healthcare organizations planning to receive and administer COVID-19 vaccines must complete the COVID-19 Vaccination Program Provider Agreement using the REDCap survey.

13. **Should hospital-based LPHAs fall under the hospital's provider agreement?**
    No. LPHAs need to complete the COVID-19 Vaccination Program Provider Agreement to be able to allocate vaccines to COVID-19 enrolled healthcare organizations in their county.

14. **Can healthcare organizations already enrolled in IRIS add additional users for the organization?**
    Yes. An admin user in each healthcare organization can add additional users. Contact the IRIS helpdesk at 800-374-3958 for additional assistance.

15. **Who should healthcare organizations enter for the Chief Medical Officer in the COVID-19 Vaccination Program Provider Agreement survey if they don't have a CMO?**
    Healthcare organizations without a Chief Medical Officer or similarly titled position should use the name of the physician who signs the organizations' standing orders. Questions can be directed to the Immunization Program at 1-800-831-6293, Option 1 or COVID19Vaccine@idph.iowa.gov.

16. **The COVID-19 Vaccination Program Provider Agreement survey asks for the number of patients or clients a clinic serves. How do we ensure patients are not also captured by another healthcare organization in the county?**
    Patient population should include individuals the organization normally serves. It is understood this information is an estimate and will be used for planning purposes.

Ancillary Supply and Staffing

1. **Will ancillary supply kits be shipped with the COVID-19 vaccine; or will LPHA have to deliver ancillary supplies to healthcare provider organizations?**
    Ancillary supply kits will be shipped directly to healthcare provider organizations.

2. **Are Public Health Emergency Response (PHER) funds allowed to purchase supplies such as sharps containers, gloves, bandages or to pay for personnel costs?**
    PHER and Hospital Response Funds may be used if any are remaining and available. Additionally, guidance will be provided in the near future on ability to request supplies from the state if local resources are not available.

3. **Will there be additional funding to cover vaccine administration activities such as staff time and supplies?**
    Immunization Service contract funds can be used to purchase supplies, however, it may not be sufficient to meet overall funding needs. Vaccine administration supplies will be provided with the exception of sharps containers, gloves and bandages. Immunization Service funds can not be utilized for contact tracing.

COVID-19 Allocation and Distribution

1. **Will LPHAs need to allocate COVID-19 vaccine to Veterans Health Administration facilities?**
   It is expected federal Veterans Administration (VA) health facilities in Iowa including hospitals and outlying clinics will receive direct allocations from the federal government. However, State Veterans Homes are not included in these allocations and should work with local public health agencies for COVID-19 vaccination of residents and staff.

2. **Do LPHAs need to allocate vaccine to state prisons located within the county?**
   Yes. The LPHA should work with each state, county or local prison or jail to plan for the vaccination of inmates and staff. The LPHA can conduct a closed POD or allocate vaccine to the prison. Each prison should complete the REDCap survey to become a COVID-19 Vaccine Program Provider if the LPHA will allocate vaccine doses to the prison.

3. **The jail in our county does not have access to medical staffing. Is the LPHA responsible for vaccinating inmates and jail staff?**
   If the jail has no medical staff and no contract arrangements for medical care for the vaccination of staff and inmates, the LPHA should plan to provide vaccines to the jail population LPHAs are encouraged to reach out to county jails for vaccine planning purposes.

4. **Will the COVID-19 vaccine be mandated for jail/prison populations?**
   IDPH does not anticipate the state will mandate the receipt of COVID-19 vaccine for prisoners.

5. **Will COVID-19 vaccines be directly shipped to LPHAs and the LPHAs deliver vaccines to healthcare organizations?**
   No. LPHAs will allocate doses electronically in IRIS to healthcare organizations in their county who have signed a COVID-19 Vaccination Program Provider Agreement and who are part of the county vaccination plan. Once the order is submitted in IRIS, the organization will receive a direct shipment of the vaccine. ***LPHAs will not be responsible for re-packaging and distributing COVID-19 vaccines.***

6. **How does LPHA know how much vaccine to allocate to each healthcare organization in our county?**
   The LPHA should work with healthcare organizations in the county as part of your pandemic vaccination plan. The list of COVID-19 vaccine provider agreements by county includes information about organizations to include the populations served and the number of patients in each population. In addition, the IRIS LPHA allocation page includes

information regarding the number of vaccine doses administered and the number of vaccine doses on hand. This information can be used to determine the number of vaccine doses to allocate to healthcare organizations.

7. **For the estimated priority group populations provided by IDPH, does the data indicate the doses of vaccine a LPHA can expect to receive and allocate to providers? For example there are roughly 2,000 HCWs in my county. Is this the number of doses the county will receive?**
   The data provided are for planning purposes and can be used to determine the number of individuals in the priority population and subpopulations. LPHAs will need to work with each healthcare organization to understand populations served and the number of patients in each priority group. The amount of vaccine allocated to each county and the priority groups to be vaccinated will depend upon the number of COVID-19 vaccine doses allocated to the state.

8. **For COVID-19 vaccines requiring a 2nd dose, should healthcare organizations reserve the second dose of vaccine?**
   No. Healthcare organizations should not hold back doses of vaccine to ensure persons receive the second dose. In the early phases when vaccine is limited, the second dose will be held at the federal level to ensure availability of a matching dose to complete the vaccine series. (This strategy may change as vaccine becomes more widely available.)

9. **Will IDPH handle vaccine allocations for state institutions located in counties such as, mental health institutes, juvenile facilities, resource centers, civil commitment units or correctional facilities?**
   IDPH anticipates all COVID-19 vaccine allocation and distribution will be coordinated by the county LPHA with a few exceptions (LTC, ALF). LPHA should plan to electronically allocate vaccines to all of these agency types including county jails and other residential institutions at this time. The LPHA may choose to conduct onsite vaccination at these facilities depending upon each county's vaccination plan. More information will be shared as it becomes available.

10. **Some chain pharmacies have indicated they will receive COVID-19 vaccine directly from the federal government. Does the LPHA need to allocate COVID-19 vaccines to these locations?**
    IDPH does anticipate the federal government will ship vaccines to some national chain pharmacies.The allocation of these doses is not likely to occur in Phase 1a. Additional information will be shared as it becomes available.

11. **If a county does not have a national chain pharmacy, can the regional or independent pharmacies partner with the federal government to receive vaccine directly? Should LPHA encourage these smaller pharmacy chains to partner with the federal government?**
    The national chain pharmacy agreements are a CDC driven initiative. The Pharmacy Partnership for Long-term Care (LTC) Program is a national initiative developed by the federal government. This initiative is using two national pharmacy chains, Walgreens and CVS. Additional pharmacy chains are not eligible to participate in this initiative. LTCFs/ ALFs should sign up (or opt out) to participate in this program. The federal government will make final determinations if facilities can be served by these national chains and will provide a list of enrolled facilities.

    LPHAs should continue to work with LTCs/ALFs to develop plans to vaccinate staff and residents. To receive and administer COVID-19 vaccine, all healthcare organizations - including pharmacies - will need to enrolled in IRIS and complete the REDCap survey/ COVID-19 Vaccination Program Provider Agreement. All providers will be required to report vaccines administered in IRIS.

12. **Can national chain pharmacies cross county lines to serve LTC facilities?**
    If a LTC facility opts in to receive vaccine through one of the national chain pharmacies, the federal government will verify if the facility will be served as part of the initiative. The decision for a pharmacy to serve LTCs in another county is an individual provider determination. It is anticipated county lines will not be a determining factor for national chain pharmacies to serve LTCs. National chain pharmacies will receive COVID-19 vaccine as part of this initiative directly from the federal government.

13. **Can COVID-19 vaccine be redistributed among providers within the same healthcare organization?**
    As much as possible, COVID-19 vaccine should be electronically allocated through IRIS to be shipped directly to the healthcare organization location where it will be administered to limit the possibility of storage and handling issues. This is accomplished through the LPHA electronic allocation process in IRIS. However, due to minimum order quantities, transferring the COVID-19 vaccine will be an acceptable practice. **COVID-19 vaccines may only be redistributed between IDPH approved COVID-19 providers.** In addition, during the initial vaccination phase when COVID-19 vaccine supply is limited, redistribution of vaccine will only be permitted between healthcare organizations within the same county.

    IDPH will be providing guidance about the process to transfer COVID-19 vaccine, approval process and the **requirement** to transfer vaccine doses in IRIS.

14. **Will counties with more healthcare organizations be allocated more COVID-19 vaccine?**
    COVID-19 vaccine will be allocated based on priority groups, not the number of healthcare organizations per county. It will be advantageous to have more organizations available to vaccinate individuals.

15. **Is IDPH looking at additional tech platforms to manage the mass vaccination campaign?**
    No. IRIS will be utilized to allocate, distribute and document the administration of COVID-19 vaccines.

16. **A medical provider has an office in our county, but the main office is located either out of county or out of state. Does the LPHAs work with the local healthcare organization to provide COVID-19 vaccines or does the organization work with their main office to order COVID-19 vaccines?**
    LPHAs/counties will electronically allocate doses of COVID-19 vaccine through IRIS only to healthcare organizations within their respective counties. Each organization location will be required to sign a COVID-19 Vaccination Program Provider Agreement to receive and administer the vaccine. ***COVID-19 vaccines may only be redistributed between IDPH approved COVID-19 Providers.*** In addition, during the initial vaccination phase when COVID-19 vaccine supply is limited, redistribution of vaccine will only be permitted between healthcare organizations within the same county.

17. **If the minimum allocation for COVID-19 vaccine is 1,000 doses, would counties be able to order the vaccine if they took a regional approach?**
    This would need to be agreed upon at a regional level. LPHAs would also have to take this into consideration when shipping COVID-19 vaccines. It is anticipated one county will need to be the lead agency and the vaccine will need to be transferred to the agency responsible for the administration and documentation of vaccine doses administered.

18. **Will LPHAs be required to take a regional approach? This may not be feasible for agencies with only 1-2 public health staff.**
    LPHAs are not required to take a regional approach to COVID-19 vaccine planning. LPHAs will have the ability to allocate doses within their counties. LPHAs can choose to allocate all the doses to themselves or to have it shipped directly to healthcare organizations in the county who are COVID-19 vaccine providers.

19. **Will counties be designated to receive only certain types of COVID-19 vaccines?**
    It is unknown which COVID-19 vaccine will be available first. Healthcare organizations will not be restricted to one vaccine and should be prepared to receive the vaccine included in the planning scenarios. It is anticipated COVID-19 vaccine will be available in multiple presentations as the vaccine supply increases into 2021. Vaccine distribution considerations should include vaccine storage requirements and the ability to timely administer COVID-19 vaccine.

20. **Can LPH choose to order/stock certain COVID-19 vaccines?**
    No. Allocations to counties will be based upon available COVID-19 vaccines. LPHAs will be able to determine where doses of vaccine are allocated and distributed in their counties. ***LPHAs will not be responsible for re-packaging and distributing COVID-19 vaccines.***

21. **If LPHA are allocated doses, how will they be notified when an allocation is made to their agency?**
    LPHAs will receive a HAN notification that a COVID-19 vaccine allocation has been entered in IRIS for the county/LPHA. The message will also indicate when the allocation of doses needs to be submitted to the Immunization Program through IRIS. LPHAs will be able to see in IRIS all healthcare organizations in their county who have signed a COVID-19 provider agreement. LPHAs can electronically allocate all doses of COVID-19 vaccine to LPHA (themselves) or electronically allocate doses to be distributed directly to healthcare organizations based on the county vaccination plan.

22. **Will packaging materials be provided to LPHAs to use for redistribution to healthcare organizations in our county?**
    No, the Iowa Department of Public Health will not provide packing materials or pay for the redistribution of COVID-19 vaccines. Whenever possible, COVID-19 vaccines should be shipped directly to the location where it will be administered to minimize potential vaccine storage and handling issues.

23. **Will pharmacies receive direct shipments of COVID-19 vaccines?**
    CDC has indicated they are working with national pharmacies chains to receive direct shipments of COVID-19 vaccines from CDC. It is unknown at this time which pharmacy chains will be selected. It is also unknown when direct shipments to pharmacies will begin. Further information will be provided as soon as it is received.

24. **Do pharmacies need to complete the REDCap survey?**
    If LPHA plans to allocate vaccine to local pharmacies to administer to their customers, then yes, pharmacies should complete the COVID-19 Vaccination Program Provider

Agreement survey. National chain pharmacies that plan to receive vaccines directly from the federal government may still consider completing the survey and enrolling as a provider as a contingency.

25. **What information sources will be utilized to determine the number of people in each priority group?**
    This will depend upon the tier groups selected by the ACIP. IDPH has provided a listing of priority group resources to LPHAs for planning purposes. Additional guidance will be forthcoming as soon as decisions have been made regarding the tier groups.

26. **Who determines which populations makeup society's critical infrastructure?**
    Federal guidance exists on critical infrastructure groups. ACIP will provide further guidance on populations within these groups. This will depend upon the tier groups selected by the ACIP. More information will be shared as it becomes available.

Pre-Positioned Vaccine

1. **What is the prepositioning of COVID-19 vaccines?**
   Prepositioning is a one time effort intended to shorten the timeline between EUA release and the initiation of COVID-19 vaccine administration. Operation Warp Speed (OWS) asked states to plan for pre-positioning, focusing on the ultra-frozen Pfizer vaccine given the unique storage and handling considerations.

2. **When will prepositioning of COVID-19 vaccines take place?**
   It is anticipated pre-positioning will take place once the FDA issues an EUA, but prior to the ACIP convening to issue vaccine priority group recommendations. It is anticipated that pre-positioning of the vaccine will occur after the FDA meeting to review the EUA on December 10, 2020.

3. **How were healthcare organizations selected to receive the pre-positioned vaccine?**
   OWS allowed states to select 5-6 sites in each state. In addition, sites selected for this one-time preposition were required to have ultra-frozen vaccine storage capabilities and be able to serve any of the possible priority groups for planning (e.g., hospitals administering vaccine to hospital staff). The six sites selected in Iowa included the largest healthcare organizations in the state.

4. What populations can be vaccinated with prepositioned vaccine?

Healthcare organizations with prepositioned vaccine may vaccinate staff employed by the organization in collaboration with the LPHA where the healthcare organization is located. Vaccination of staff must be consistent with the established priority groups as designated by the State of Iowa. It is anticipated Iowa's recommendations will be consistent with the Advisory Committee on Immunization Practices (ACIP) priority group recommendations.

5. How much vaccine will be prepositioned at the selected healthcare organizations?

Organizations will receive the minimum order quantity amount of 975 doses - 195 vials. The amount of prepositioned vaccine will not be sufficient for each organization to fully vaccinate the priority healthcare workers. IDPH recommends prioritizing healthcare workers in tiers to assist the organization in quickly administering the vaccine once ACIP recommendations are received. *Additional doses of vaccine will be made available to local public health agencies (LPHA) to allocate to approved COVID-19 healthcare providers.*

6. Is the prepositioned vaccine the only vaccine the healthcare organization will receive?

No. The amount of prepositioned vaccine is not intended to be sufficient to fully vaccinate all healthcare workers at the organization. Additional doses of vaccine will be made available to local public health agencies (LPHA) to allocate to approved COVID-19 healthcare providers in each county.

7. What is the timeframe between receiving prepositioned vaccines and additional vaccine allocations?

Prepositioned vaccine will be shipped to healthcare provider organizations once the FDA issues an EUA, but prior to the ACIP convening to issue vaccine priority group recommendations. The preposition vaccine as well as any other COVID-19 vaccine cannot be administered until the priority group recommendations have been provided by the State of Iowa. Additional vaccine allocations are expected to be available within the week following FDA approval of the Emergency Use Authorization.

8. What will happen to the vaccine that is unused at a prepositioned healthcare organization?

LPHAs have ultimate authority where vaccines are allocated once the health system has completed the vaccination of their health care staff designated in Phase 1A. The prepositioned doses at the hospitals are to be used to vaccinate staff outlined by IDPH and ACIP in Phase 1A. Any remaining doses will be communicated to the LPHAs who will decide if allocation to another healthcare organization is needed.

Long Term Care

1. **LTC facilities indicate they are making plans with national pharmacy chains to provide COVID-19 vaccine to staff and residents. Do LPHAs still need to plan for these facilities? Should these facilities enroll in IRIS?**
   LTC and ALFs can decide (opt in or opt out) to partner with approved national pharmacy chains to administer COVID-19 vaccine for staff and residents. These agreements will be shared from CDC. LTCs will register to participate in this program through NHSN and ALFs will register through a REDCap Survey.

   IDPH will provide a list of LTCs partnering with pharmacies. However, ***IDPH encourages LPHA to continue to include LTC and ALF in county vaccination plans until the facility has made a determination that they will partner with the pharmacy and final confirmation about vaccination plans are received from CDC.***

   IDPH sent a memo through the HAN regarding registration for this program for LTC and ALF. This program will be targeted to residents in Phase 1b. All healthcare staff should be included in targeted vaccine administration to healthcare providers in Phase 1a.

2. **How does a LTC facility establish a pharmacy partnership for COVID-19 vaccine?**
   The National Healthcare Safety Network administers the Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination. Skilled nursing facilities (SNFs) will make their selection through the National Healthcare Safety Network (NHSN). An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form. • Assisted .

3. **As a LTC facility, our preference is to partner with the LPHA in our county and not with a national chain. Should we still partner with the chain pharmacy as a contingency?**
   This is a local planning decision between the LPHA and LTC. If the LTC facility chooses to opt out of the LTC-pharmacy partnership, the LPHA will be responsible for the allocation of vaccine to serve the LTC population.

4. **Do LPHAs need to allocate doses to LTC and ALF if those facilities are working with a retail pharmacy?**
   No. If the LTC/ALF is working with a national chain pharmacy to provide vaccine to residents, the LPHA does not need to allocate doses to the facility. It is important to have discussions with each facility to clearly understand their needs. IDPH will provide a list of LTCs partnering with pharmacies as soon as information is received from federal partners.

5. **Do LTC and ALF have to become IRIS providers if they work through LPHAs?**
   No. If the LPHA will be using a closed POD to vaccinate these facilities and the doses are documented in IRIS from the LPHA's inventory, it is not necessary for the facility to become a COVID-19 provider and enroll in IRIS. If the LPHA desires to electronically allocate COVID-19 vaccine in IRIS to be directly distributed to a facility to vaccinate their own staff and residents, the facility should become a COVID-19 vaccine provider and enroll in IRIS.

6. **Will the pharmacy provide COVID-19 vaccine to residents and staff of LTC and ALF accepted into the program?**
   This partnership is intended to vaccinate residents of LTCs and ALFs. However, staff of these facilities not vaccinated previously may be vaccinated through the pharmacy partnership.

Priority Groups

1. **Will the state consider creating an equity framework all LPHA can utilize to guide allocation during each phase (1a, 1b, etc.)**
   IDPH is developing a standing order for COVID-19 vaccine and a vaccine shortage order that will identify priority groups and the transitions between the groups. IDPH will share more information about the standing order and vaccine shortage order once complete.

2. **Can an LPHA vaccinate healthcare workers in a priority group who live in Iowa but work outside of the state or vaccinate out of state healthcare workers who work in Iowa?**
   It is anticipated individuals in specified priority groups may be vaccinated regardless of the state or county of residence. Iowa's surrounding states should be taking the same measure to assure individuals in priority groups are vaccinated regardless of these variables.

3. **Can IDPH provide guidance on how to assist local partners (hospitals, LTC, etc.) in prioritizing their workforce for vaccination?**
   Groups prioritized for initial COVID-19 vaccination have not yet been confirmed but are expected to be critical infrastructure, healthcare workers and high risk individuals. The ACIP will make final recommendations on priority groups. LPHAs should work with local partners to determine the number of individuals in these populations and develop vaccination plans.

COVID-19 Vaccine Storage and Handling

1. **Should providers purchase additional cold chain storage devices?**
   It is not recommended that local public health or healthcare organizations purchase freezers to store ultra-frozen vaccines. Local public health and healthcare organizations should consider the need to obtain additional temperature monitoring devices (data loggers) capable of measuring ultra-frozen vaccine temperature ranges. CDC will provide guidance regarding data logger specifications to monitor ultra-frozen vaccines.

   Local public health and healthcare organizations should consider requirements for vaccine storage and handling of COVID-19 vaccines to include locations to secure dry ice and facilities capable of storing ultra cold vaccines (-70° C). These facilities may include hospitals, blood banks, universities with research labs and large health systems who conduct clinical trials.

   An addendum to the CDC Storage and Handling Toolkit specifically addressing COVID-19 vaccines is currently being developed in addition to other training materials.

2. **Our hospital has an ultra-cold freezer for storing lab specimens. Can the hospital store COVID-19 vaccines alongside other materials?**
   This would not be an ideal practice. Vaccines are intended to be stored by themselves to prevent the occurrence of vaccine storage and handling events. The CDC will be providing vaccine specific vaccine storage and handling requirements as vaccines come to market.

3. **The Planning Assumptions refer to the ultra-frozen vaccine shipping container needing to be "recharged". Please clarify what this means.**
   The ultra-frozen vaccine will arrive in a shipping container able to maintain the -70° C ± 10° C storage requirement. The shipping container will need to be replenished (recharged) with dry ice within 24 hours of receipt if agencies plan to use the container to store vaccine. The container will need to be recharged with dry ice every five days. Please see the vaccine Playbook vaccine scenarios for more details. Additional information regarding who is likely to receive the ultra-frozen vaccine is forthcoming.

4. **What are the calibration temps for ultra cold data loggers?**
   Information from CDC indicates the ultra cold vaccine will need to be maintained at temperatures between -60 and -80° C. IDPH does not currently have data logger specifications for ultra cold vaccines. IDPH will share more information as it becomes available.

5. **Will there be training/guidance provided for dry ice handling?**
   Handling instructions will be provided for dry ice to maintain vaccines at ultra-frozen storage requirements.

6. **Should LPHAs coordinate dry ice MOUs with local vendors?**
   Not at this time. IDPH will share more information as it becomes available.

7. **Will IDPH provide dry ice?**
   IDPH continues to work with vendors regarding the availability and locations to secure dry ice. IDPH will provide more information as details are finalized.

8. **Which healthcare organizations will receive ultra-frozen vaccines?**
   For planning purposes, all health care organizations should plan to receive ultra-frozen vaccine. IDPH will share more information as it becomes available.

9. **Are details available on the package volume or storage space required for the vaccine?**
   The COVID-19 Vaccination Program Interim Playbook includes planning scenarios which provide information regarding doses per vial, storage requirements and thermal shipper estimated specifications. IDPH will continue to share more information as it becomes available.

COVID-19 Points of Dispensing

1. **With additional healthcare organizations being able to offer COVID-19 vaccine, is it necessary for LPHA to continue developing POD plans?**
   This is a local decision as to whether to conduct mass vaccination through POD sites or through the network of healthcare organizations in your county.

2. **Is it necessary to conduct drive-thru vaccination clinics if a clinic can properly social distance indoors?**
   A COVID-19 vaccine clinic can be held in a building with proper social distancing and use of masks. Drive through clinics are not required to administer COVID-19 vaccine.

3. **If agencies have closed POD MOUs in place, will this ensure priority is given to these agencies?**
   No. COVID-19 vaccine will be allocated based on priority groups, not the number of POD MOUs in place. However, it will be advantageous to have POD MOUs in place for planning purposes.

4. **Is a template MOU for closed PODS available? This would help ensure consistency with businesses that span several counties.**
   A sample POD MOU is available on the HAN. LPHAs should consult with legal counsel to incorporate the appropriate language for each local public health agency.

5. **Could the POD workbook be included in EMResource?**
   Not at this time. Given the timeframe required to complete and return the workbook, it will not be included in EM Resource in sufficient time. Adding the workbook to EM Resource will be explored in the future.

6. **Will closed PODs be listed on vaccinefinder.org?**
   No. Closed pods will not be listed on Vaccine Finder.

7. **Is it necessary to create a POD Worksheet for every enrolled IRIS healthcare organization in our county?**
   No. It is not necessary to have a POD worksheet for every IRIS-enrolled healthcare organization in your county.

8. **Does IDPH have guidance on closed PODs?**
   IDPH provided guidance on vaccine clinic planning and PODs during the September 9, 2020 LPHA Webinar. Information is posted to the HAN.

9. **WIll LPHAs be able to have open PODS for COVID-19 vaccination? Are there additional considerations since this will be a new vaccine?**
   CDC has developed guidance for giving vaccines at large-scale influenza clinics. All COVID-19 vaccines will have to demonstrate safety and efficacy through Phase 3 clinical studies before being approved by the FDA. The current ACIP recommendation is providers should consider observing patients for 15 minutes after receipt of any vaccine.

10. **Is the state planning to use existing TestIowa.com testing sites as mass vaccination sites for COVID-19?**
    No. The state is not planning to use these sites for the administration of COVID-19 vaccines.

COVID-19 Vaccine

1. **What is the purpose of the vaccination record card included with the ancillary supply kits if the administration of COVID-19 vaccine will be documented in IRIS?**
   The purpose of the vaccination record card is to provide documentation for the patient to take with following vaccination. IRIS will serve as the permanent medical record and can be used to generate patient specific immunization reports.

2. **Will vaccine recipients be required to show their COVID-19 vaccination record card in order to get the second dose?**
   No. However, all vaccine recipients should be encouraged to keep their card and show it at their follow-up vaccination appointment. Retaining the COVID-19 vaccination record card is important to ensure the second dose of vaccine is the same brand/manufacturer as the first dose received.

3. **We have already heard concerns from clients and patients about the safety of a new vaccine. How do we address this?**
   This is a very important point. The CDC and IDPH will be addressing vaccine confidence throughout the COVID-19 vaccination campaign. CDC is in the process of developing materials to address concerns about COVID-19 vaccines. We will share more information as it becomes available.

4. **Are vaccine information statements available now?**
   Vaccine information statements or Emergency Use Authorization fact sheets will be developed for each vaccine that comes to market. This information is not available at this time. Information regarding each vaccine will come from the clinical trials.

5. **Can vaccine information be provided in multiple languages so we can help build trust for the vaccine among the diverse populations in our communities?**
   CDC and other public health partners are working on a communication campaign which will include multiple languages and formats. IDPH will share more information as it becomes available.

6. **Do we know when the first doses of vaccine will be available?**
   Not at this time. It is anticipated very small amounts of vaccine will be made available late fall 2020 with supplies increasing in early 2021.

7. **Are there any contraindications with providing COVID-19 vaccine while someone is being treated with antivirals for influenza?**
   IDPH does not have any information on contraindications at this time. This information will be shared as COVID-19 vaccines complete clinical trials and are either approved by the FDA or are distributed under an Emergency Use Authorization (EUA).

8. **Normally the minimum interval between live virus vaccines is four weeks. Will this apply to COVID-19 vaccines as well?**
   IDPH does not have this level of information for the vaccines being developed. It is unknown if the vaccines are a live virus vaccine and what the minimum interval will be between doses of COVID-19 vaccine or other routinely recommended vaccines. IDPH will share more information as it becomes available.

9. **Is the COVID-19 vaccine a live vaccine?**
   There are currently multiple vaccine candidates in various stages of clinical trials. The first two vaccines anticipated to be available are not live vaccines. IIDPH will share more information as it becomes available.

IDPH Contacts

1. **Will IDPH provide a COVID-19 contact list for CADE, the Immunization Program and BETS?**
   Questions relating to POD planning should be directed to Matt Shroyer at Matthew.Shroyer@idph.iowa.gov. Questions regarding COVID-19 vaccines, allocation and distribution of COVID-19 vaccines and IRIS enrollment can be directed to the Immunization Program at 1-800-831-6293 or COVID19Vaccine@idph.iowa.gov. Questions regarding COVID-19 cases, contact tracing, or any issues related to case investigations should be directed to your regional epidemiologist.

Influenza Vaccine

1. **Will additional doses of influenza vaccine be available to order from the Immunization Program?**
   If the agency is a VFC provider, please contact the VFC Program at 1-800-831-6293 to discuss the request for additional influenza vaccine.

2. **Is there any guidance for conducting seasonal flu vaccination clinics in schools and other situations where social distancing is difficult and sustained community spread of COVID-19?**

   CDC recently provided Interim Guidance for Immunization Services During the COVID-19 Pandemic. The section, entitled *Additional Considerations for Influenza Vaccination of Persons in Healthcare Facilities and Congregate Settings During the COVID-19 Pandemic,* provides recommendations specific for individuals living in supportive/congregate settings (such as long-term care facilities, group homes and shelters).

   General measures for COVID-19 infection prevention and control are included, along with vaccination recommendations for patients who have come in close contact with an individual with COVID-19, patients with asymptomatic or pre-symptomatic COVID-19, and patients with symptomatic COVID-19.

   Other specific topics covered are considerations for routine vaccination, advice regarding vaccination of people with suspected or confirmed COVID-19, infection prevention practices, personal protective equipment (PPE), and strategies for promoting catch-up immunizations.