



## Massachusetts Adult Immunization Coalition Meeting

### AGENDA

#### MA Adult Immunization Coalition

Virtual Meeting, January 26, 2021 - 6:30 - 8:30pm

#### MAIC Meeting Minutes

Virtual Meeting, 44 Attendees, (+2 unknown phone-in only attendees)

#	First Name	Last Name	Organization
1	Susanna	Bachle	Sanofi Pasteur
2	Alexandra	Burke	JSI Research & Training Institute, Inc.
3	Brooke	Cardoso	Seqirus
4	Lynne	Chase	Healthcentric Advisors
5	Nicole	Chauncey	Lowell Health Department
6	Dr	Choi	ACP
7	Ted	Clark	MDPH
8	Joyce	Cohen	MDPH
9	Stephen	Collins Jr	Lowell DPH
10	Laurie	Courtney	MDPH
11	Jennifer	Day	Massachusetts Medical Society
12	Lori	Desmarais	Marion Board Of Health
13	Anthony	Desmond	Shaw's Osco Pharmacy
14	Irina	Dubinichik	Mount Auburn Hospital
15	Melissa	Enos	Executive Office of Elder Affairs
16	Heather	Entenmann	Merck
17	Monica	Forker	Pfizer Vaccines
18	Lou	Giorgio	NSMC



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19	Seth	Heacock	Moderna
20	Korey	Hofmann	American Cancer Society
21	Alyssa	Kaiser	Natick Walpole VNA
22	Angela	Kramer	Ludlow Board of Health
23	Sara	Lennox	Mass Medical Society
24	Susan	Lett	MDPH
25	Mary	McKenzie	ANAMASS
26	Cynthia	McReynolds	MCAAP Immunization Initiative
27	Judith	Melin	MA Chapter, American College of Physicians
28	Carol	Moriarty	Lowell Public Health
29	Emily	Olson	Kepro
30	Jim	Palazzo	GSK
31	Michelle	Peixoto	HealthFirst Family Care Center
32	Katie	Reilly	MDPH
33	sherry	schilb	Sanofi Pasteur
34	Amy	Sgueglia	JSI Research & Training Institute, Inc.
35	Abigail	Sporer	Seqirus
36	Joseph (Joe)	Stone	Centers for Medicare & Medicaid Services
37	Pejman	Talebian	MDPH - Immunization Division
38	Vasant	Thacker	Vasant M Thacker MD
39	Elizabeth	Thoburn	Pfizer
40	Joanne	Walsh	Seqirus



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41	Debra	White	Southern New Hampshire Medical Center
42	Adrianna	Wong	WithinReach
43	Pamela	Worthington	MDPH
44	Karyn	Wylie	Executive Office of Elder Affairs

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#### Welcome - Amy Sgueglia, MAIC

[MAIC website](#), [MAIC events page](#), [MAIC Resources page](#)

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#### COVID Vaccine information - Susan Lett, MDPH

- Brief Flu update
  - very little influenza this flu season (2020-2021), unusually low
  - Influenza A & B
  - Social distancing measures have made a big impact
  - MA flu graph - prev two years were record breaking, this year exceptionally low
  - WHO snapshot - very low influenza isolates
  
- ACIP meeting 1.27.21 - emergency mtg - clinical and safety updates - stay tuned
- COVID Vaccine recommendations
- Clinical considerations for use (Slide 15 for resource links)
  - Recommendations are rapidly evolving - always check the website - updated on 1.21.21
  - <https://www.cdc.gov/vaccines/covid-19/index.html>
  - Clinical resources link slides
  - fact sheets, standing orders, ACIP rec landing page, CDC landing page - COVID-19 vaccination info
  - Useful components on clinical considerations
    - updated language, summary of recent changes, \*appendices, index
    - helpful guidance
- anaphylaxis - interim considerations: preparing for potential mgmt of anaphylaxis
  - <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>
- Formal recommendations - slide 22 - info directly from guidance from 1.21.21
  - ACIP recommendations for use of COVID-19 vaccines, <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>
  - Messenger RNA vaccines - provide instructions to immune system (spike protein). Efficiently creates specific immune response
  - 2 currently authorized - 90%+ efficacy

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- Pfizer - BioNTech & Moderna
- Dosing and administration
  - 2 dose series, not interchangeable unless absolutely necessary/exceptional situations only
  - Should sched to rec 2nd dose, 3-4 wks
- Updated recommendations on intervals
  - new clarifying language, may sched up to 6 wks after 1st dose, but not beyond
  - encourage to enroll in VaxText - msg based platform to help w 2nd dose reminders
  - Try to use same product for both doses, if can't, can interchange dose
- Updated language on vaccination of persons w history of SARs-Cov2 - can give vaccine to prior infected person (slide 30)
- persons w underlying medical conditions - can receive vaccine if no contraindications to vaccine
- Immunocompromised persons - may be at increased risk, but can still receive vaccine
- Pregnant women - increased risk of severe illness, adverse pregnancy outcomes, can choose to be vaccinated while pregnant. Look at considerations - level of community risk, exposure, potential risks to fetus, side effects
- Post-Vaccination symptoms - Reactogenicity (slide 36)
  - what to expect, providers should counsel vaccine recipients about to get vaccine
  - 80-89% some site reaction, mostly mild
  - should be encouraged to get follow up dose if no contraindications
- New - Vaccination recommendations for those with a history of Dermal fillers
  - may dev swelling near site of filler injection, face/lips - temporary, may need corticosteroid therapy
  - can still rec vaccination, no additional precautions are needed, talk w provider
- Contraindications and precautions to vaccinations (slide 39)
  - any hypersensitivity-related sign or symptoms such as urticaria, angioedema, respiratory distress \*(wheezing stridor) or anaphylaxis that occur within 4 hrs = anaphylaxis
  - anaphylaxis
  - immediate allergic reaction of any severity to a prev dose of an mRNA covid19 vaccine or PEG polyethylene glycol
- Ingredients included in mRNA covid19 - Appendix B (slide 41)
  - PEG polyethylene glycol - primary ingredient in osmotic laxatives, and oral bowel preps for colonoscopy procedures, inactive ingredient in medications (slide 42)
  - cross-reactive hypersensitivity between PEG and polysorbates can occur
  - As of Jan 21, 2021, mRNA COVID-19 vaccines are the only currently available vaccines in the US that contain PEG, though several vaccines contain polysorbate (more info [here](#))
- Precautions to mRNA COVID-19 vaccines
  - any immediate allergic reaction to any vaccine or injectable therapy
  - unknown risks of dev severe allergic reaction
- Considerations for risk assessment for mRNA covid19 vaccination in persons with a precaution to vaccination
  - think about risk of exposure, sever disease or death, previous infection

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- ability of the patient to be vaccinated in a setting where appropriate medical care is immediately available for anaphylaxis (appropriate care is immediately available if needed)
- Observation of period following vaccination
  - for those with a history - 30 minutes, be vacc in a setting if needed
  - all other persons - 15 minutes
- Appendix C - Distinguishing allergic reactions from other types of reactions, signs and symptoms
- Appendix A - Triage of persons presenting for mRNA COVID-19 vaccine
- Anaphylaxis (slide 48)
  - additional tools to identify persons w contraindications and precautions to vaccination
  - preparing for potential anaphylaxis at your site
  - MMWR - Morbidity and Mortality Weekly Report
    - mortality 11 per 1M doses - premature data - will be updated
  - allergic reactions and history of allergies - 80% of anaphylaxis cases were in people that have this type of history (allergies or anaphylaxis)
  - 10 out of 4M for Moderna vaccine
  - New summary updates on Jan 27 2021 from ACIP mtg
- Recommended medications and supplies for the management of anaphylaxis at COVID19 vaccination sites - all sites and where feasible
- CDC guidance for use of COVID19 vaccines and management of anaphylaxis (slide 53-55)
  - ensure necessary supplies are available
  - screen for contraindications
  - implement recommended post-vaccination observation periods
  - ensure health care workers can recognize anaphylaxis symptoms
  - immediately treat suspected anaphylaxis with intramuscular epinephrine
  - transport to appropriate facility
  - early recog, treat with epinephrine, emergency medical services
- Your role (slide 60)
  - recognize, respond and report anaphylaxis following covid19 vaccination to VAERS
  - communicate about vaccine safety
- COVID19 adverse event reporting (slide 61)
  - what you need to report as a covid vaccine provider: vaccine admin errors, MIS syndrome, cases resulting in death etc..
  - How to report an adverse event to VAERS - [vaers.hhs.gov](https://vaers.hhs.gov) (slide 62)
  - report make of vaccine, and report to manufacturer
  - V-safe - smartphone based tool, text messaging ck in, QR code to download app, [vsafe.cdc.gov](https://vsafe.cdc.gov)
    - still will have to report to Vaers if adverse rxn, not just in v-safe
- Additional resources: Clinical immunization safety assessment COVIDvax project (CISA)
  - can req consultation if needed
- VAERS CDC CISA Project COVIDvax (slide 65)
  - how to report, how to cotact CDC, safety info, CISA (slide 66)
- SUMMARY
  - **Reference slide directly to clarify items in meeting minutes**
  - 2mRNA vaccines, 90% Vaccine efficacy

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- higher expected anaphylaxis
- Phased allocation of vaccine is necessary while demand is higher than supply
- Next few months:
  - increased production of mRNA vaccines, viral vector vaccines
- CDC COVID-19 Resources (slides 67 - 78 link list)
  - MA resources
  - Moderna
  - Pfizer

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#### COVID Vaccine Update - Pejman Talebian, MDPH

- Highlights
- [Mass.gov phased approach to vaccine rollout](#)
- Phase 1
  - All healthcare worker, LTC staff, first responders, congregate care, home based care, health care workers doing non covid facing care
- Still on target for Phase 2 on Feb 1st
  - 75+ eligible
  - 65+ and individuals w 2+ comorbidities
  - Some essential workers categories
  - Individual w 1 comorbidity
- [Map - Public clinics posted](#)
  - Interactive to find a location to get vaccinated if eligible
  - Red star - mass vaccination site (Gillette first one, Fenway soft launch next week, Danvers, springfield soon)
- High-level data summary
  - End of day - 470k doses administered of 880k doses shipped to

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#### Question & Answers:

**Q Dr Melin:** Requesting further appendix guidance from slide 43 regarding appendices

- A - Triage of persons presenting for mRNA COVID-19 vaccine
- B - Ingredients, etc PEG & articles
- C - Distinguishing allergic reactions from other types of reactions, signs and symptoms

**Q Dr Melin:** Patients are asking doc to write a letter to prove comorbidities in order to get COVID shot

- The current way public clinics are working - there is a form to fill out, or self attest regarding these, COVID vaccine clinics do not currently require a letter from a doc

**Q Dr. Melin:** Requesting further info on Aspirin recommendations

- Don't recommend to take ahead of time, could decrease ability to respond, or to be aware that reaction is actually taking place
- Is only for patients that primarily use for prophylaxis already



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**Q Sara Lennox:** Regarding vaccine immunization: what effort is being made to prioritize high risk communities early in phase 2? other than low cost housing, is there any plan for municipal or state sponsored clinics in these areas? There are no clinics in Chelsea, Everett, or Somerville, and only 1 health center in Boston.

- Pushing for pharmacies to open in high risk communities, some are already being added to map, some CVS and Walgreens to open in Chelsea, Revere, Roxbury etc
- Definitely committed to equitable distribution of vaccine

**Q Sara Lennox:** Also what is the reason for lowering the priority of people with 2 comorbidities? they thought they were next and have now learned they are one level down. they wonder why please

- it pushes 75+ up, not lower other option, it was a broadening of the category
- there is some supply constraint with Moderna vaccine, don't want to set up a situation where high risk people are going to high risk locations to rec vacc

**Q Alyssa Kaiser:** Our COVID count is off by 60 doses. We have reached out numerous times to vaccine management with no response. Any guidance appreciated.

- Pej will email info to vaccine management team to follow up

**Q Sara Lennox:** Why is Cambridge Health Alliance not providing immunizations in their catchment areas they are MGH-BWH affiliated, and responsible.

- Pej - all large hospital systems are just getting through phase1, priority to vaccinate staff, not at a point for the general population to be vaccinated. But getting there soon or making plans to offer vaccine to community over the coming weeks
- DOH in Somerville has been working on a clinic set up in Somerville, but reports that the State guidelines are not supportive of municipal clinics.

**Q Judy Melin:** Is there guidance from CDC etc for continuing or holding immune modulations - keep them on or hold?

- talk with specialist to figure out what is the right approach
- not a one size fits all depending on meds

**Q Stephen Collins:** How do healthcare students doing clinical prove their role and get vaccinated?

- if they are doing clinical rotations, can us hospital ID or student ID nursing, etc is sufficient for any public clinics. Some are getting vaccinated within the current settings

**Q Judy Melin:** What about people from other states?

- Most public clinics are restricted to community or MA patient/resident
- Part time residents, those vacationing - clinics not restricting residency requirements

**Q Joseph Stone:** As we increase the numbers that will be eligible to receive the vaccination, what type of public information campaign is planned to go with it

- Some building off prop for flu vaccine, campaign launching in Feb through the spring
- Extensive coverage, variety of media forms, billboards, some targeted messaging for patient population throughout campaign



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**Q Sarah Lennox:** Is there any plan for centralized scheduling?

- No plan for this in public health setting, clinics using PrepMOD,
- Only current centralization is the map
- Plan for release soon - centralized phone number to help with appt scheduling for vaccinations

**Q Sara Lennox:** Every site I checked has no appointments available for phase 1 - Arlington, Waltham, Needham, Newton

- Demand is currently outpacing supply, but more clinics are being added to website, and more clinics will be open for appts, as well as other mass vaccination clinics are opening soon

**Q:** High risk communities - include people are unemployed, day workers, per diem, homemakers, childcare, many do not have regular jobs - don't fall into these categories

- strategy to target specific communities that have been hard hit by the pandemic
- can open up vaccinations to entire town? not sure this is will happen right now, but maybe in the future, to attend to community
- Sara- undersupply is overstated - vast majority of doses are for sched appts in the next week or two. Never will show 100% coverage due to timing of when vaccine arrives, most sites have 1 wk inventory only.

**Q Judith Melin:** Appropriate response, person doesn't meet age, comorbidity requirements, but not paid as it is a family member. Do they have to wait until phase 3?

- home health care workers are being prioritized due to their work and entering multiple, protect worker, not to protect family member care taker

**Q Dr. Choi:** Survey, MA ACP chapter, some retired physicians wanted to get vaccinated quickly to help volunteer at vaccination sites, were some obstacles, how to expedite this?

- phase1 is complete, no current process to prioritize certain health care workers
- suggest to get vaccinated at clinic they are volunteering at

**Q Dr. Choi:** Some are not allowed to volunteer unless are vaccinated

- It is not a requirement to be vaccinated, to be a vaccinator
- Medical reserve corps will vaccinate those that volunteer to be vaccinators

**Q:** Number of sites is growing, some interest in independent and small primary care practices, some feedback that there are multiple layers of admin hurdles, issues with access to vaccine supply. Is there a way to prioritize these locations to help with roll out?

- many are currently registered to be allowed to provide vaccine
- working to get more primary care providers enrolled
- need to make sure that supply is available properly, currently concentrate doses in larger clinic for the next 4 wks, to allow for better distribution among public and smaller primary care clinics

Literature point - 2 wks efficacy after 2nd dose

**Q Mary McKenzie:** What is the plan for homebound residents since each visit may take 45-60 minutes.

- vendors will be helping with that, first step is VNA and home health care staff get vaccinated, then start to do homebound visits to be vaccinated





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- Pej - info to be posted on MDPH vaccine website SOON!

Note to coalition members regarding slides being posted - waiting until after 1/27/21 ACIP mtg in case updates are needed

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#### Immunization Updates from the field - MAIC members

- Manufacturer updates
  - Introduction to Seth Heacock - Moderna rep
    - [seth.heacock@modernatx.com](mailto:seth.heacock@modernatx.com)
    - NE states & NY
    - Available to support regarding Moderna, questions, resources
    - [Moderna COVID-19 Vaccine fact sheet for providers](#)
    - [Moderna COVID-19 Vaccine support grid](#)

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#### Other news/Future topics/Next meeting - Amy Sgueglia, MAIC Coalition Facilitator

- Amy - weekly updates on educational opportunities, webinars, new resources by email
- open to receiving resources etc from coalition members
- MA Adult Immunization Conference (virtually on April 13) - open for new planning members
- Conference information
  - keynotes: Bob Hopkins, Andrew Kroeger, Pej Talebian
  - 6 breakout sessions
  - Adult Immunization Champion award
  - Registration and conference website available early February