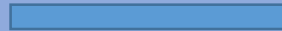


COVID-19 Vaccine Update

January 13, 2021

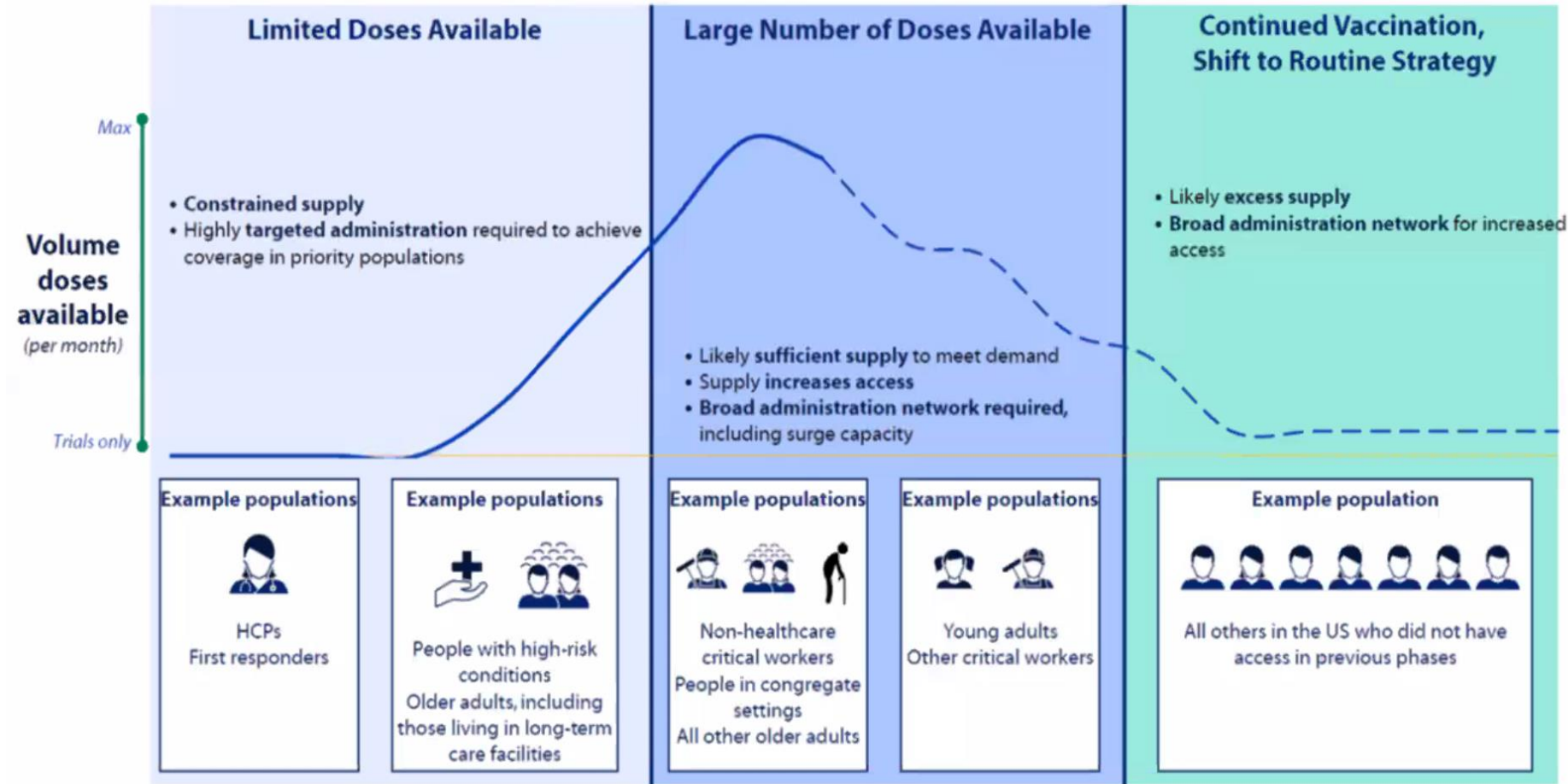
Overview



WHERE WE ARE THIS WEEK

Vaccine Supply

Distribution will adjust as volume of vaccine doses increases



Complex and evolving landscape for COVID-19 vaccine

- One vs. two doses series, products not interchangeable
- Varying presentations
- Vaccine efficacy and adverse event profile in different populations
- Varying cold chain requirements
- Need for socially distanced vaccination practices
- Communication and education
- Some high-risk groups for COVID-19 may distrust public health

mRNA Vaccines



Pfizer Vaccine

- Prefusion spike transcript
- 2 doses 21 days apart
- VE = 95% efficacy
- 162 cases of symptomatic disease in placebo, 8 in vaccine group
- 10 cases of severe disease; 9 in placebo, 1 in vaccine
- VE 94% in those > 65



Moderna Vaccine

- Prefusion spike transcript
- 2 doses 28 days apart
- VE = 94.5% efficacy
- 90 cases of symptomatic disease in placebo; 5 in vaccine group
- 11 cases of severe disease – all 11 in placebo group
- No difference in VE by age and ethnicity

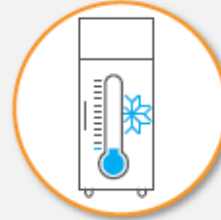
mRNA-1273 Shipping, Storage and Administration

Shipping -20°C (-40°C to -15°C)



**Able to ship a single
carton
(100 doses)**

Local Storage Options (up to the Date of Expiration)



Freezer
-15 to -25° C



Refrigerator
2 to 8°C
up to 30 days



Room Temperature
up to 12 hours

**Local transportation under
controlled condition at 2 to 8°C**

Administration



Multiple-dose vial

**Use within 6 hours
after first entry**

No dilution required

Source: Miller, J. 12/19/2020; Advisory Committee on Immunization Practice meetings available: <https://www.cdc.gov/vaccines/acip/meetings/slides-2020-12-19-20.html>. Accessed 12/20/2020

Pfizer Vaccine Storage Options at the Point of Vaccination

1

Ultra-Low Temperature Freezer

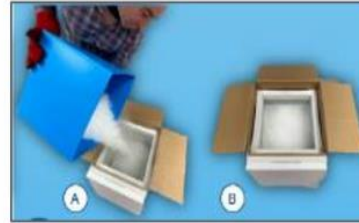
- Store as frozen liquid at $-75^{\circ}\text{C} \pm 15^{\circ}\text{C}$ for long term storage.
 - Emergency Use vials are labeled as $-70^{\circ}\text{C} \pm 10^{\circ}\text{C}$, however they can be safely stored in a freezer set to $-75^{\circ}\text{C} \pm 15^{\circ}\text{C}$
- Different size of ULT freezers are available in the market.

A small size (under or over the countertop ULT Freezers can store as much as 30K doses)



2

Thermal Shipper Designed for Temporary Storage



- Within 24 hours of receipt and after opening the thermal shipper, replenish/inspect with dry ice (using proper personal protective equipment and dry ice handling).
- With every re-icing, thermal shipper can maintain ultra-low temperature storage for 5 days with 2 openings per day.
- Multiple dry ice replenishments possible; up to 3 re-icings.
- Local dry ice suppliers can be used for re-icing the thermal shipper.
- The thermal shipper to be returned within 10 business days and no later than 20 business days including temperature data logger (picked up by Pfizer/BioNTech contracted supplier)
- Apply appropriate dry ice monitor

3

2 to 8°C Refrigerator



- Can be stored at 2 to 8°C up to 5 days
- Room temperature hold time is no more than 2 hours.
- Thawing: 3 hours at 2 to 8°C or 30 min at room temperature.
- Post-dilution in use period is 6 hours.

*Product temperature must always be monitored to ensure adherence to temperature requirements for different storage conditions are being met in alignment with site Standard Operating Procedures.

Please note that it is possible that the final preparation and logistical requirements may change in light of forthcoming data on dosing, stability, manufacturing and shipping requirements, but this deck reflects the Company's current understanding based on the totality of available data currently. Current as of September 8, 2020.

WA Vaccine Allocations

Week #	Vaccine ships week of	# Pfizer 1st doses	# Pfizer 2nd doses	# Moderna 1st doses	# Moderna 2nd doses	# sites in counties*
1	December 14	62,400	--	--	--	41
2	December 21	44,850	--	128,000	--	222
3	December 28	57,525	--	44,300	--	86
4	January 4	57,525**	62,400	44,100	--	135
5	January 11	44,850	34,125	44,300	--	142
6	January 18	46,800	14,625	46,500	128,000	TBD

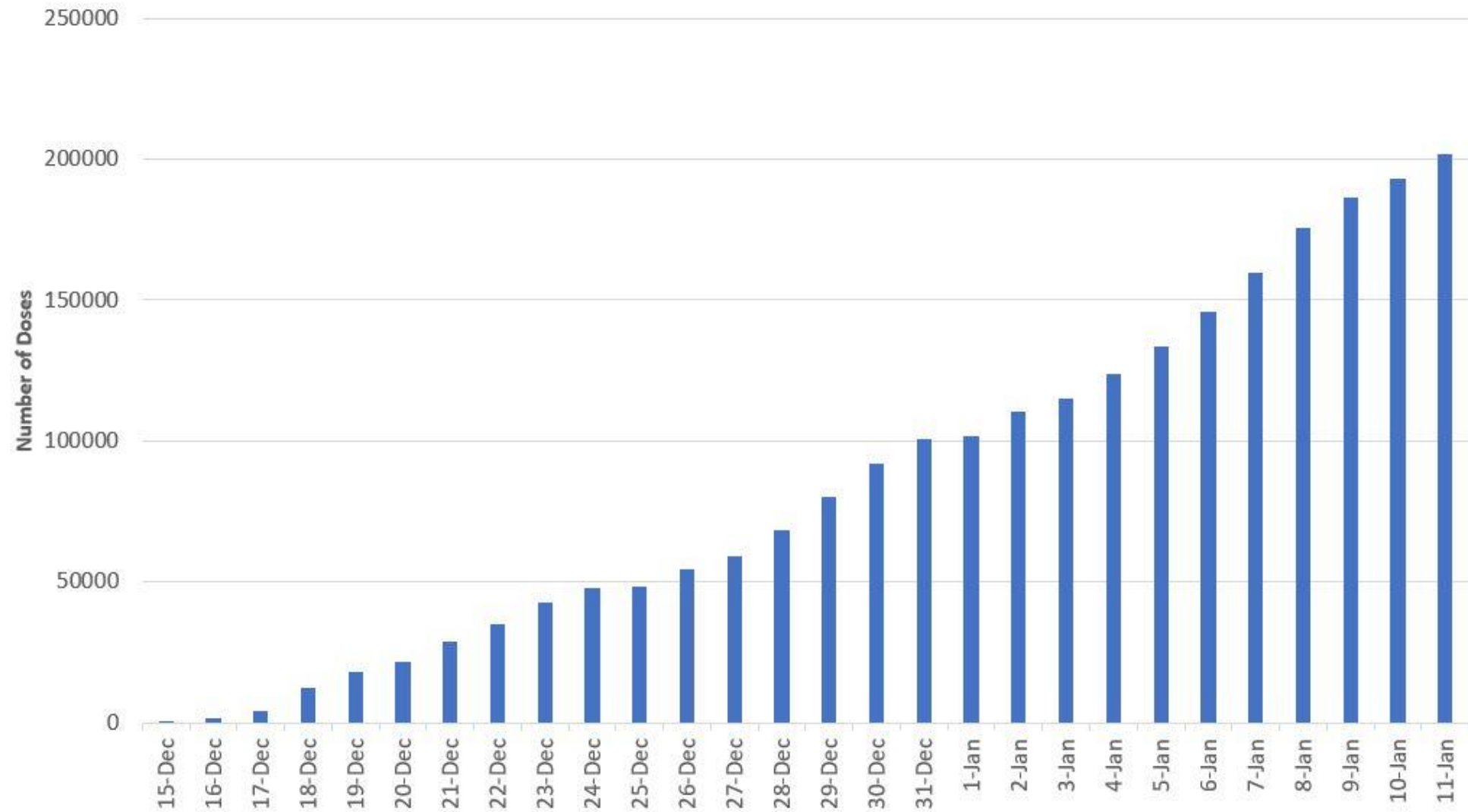
*LTCF Pharmacy, Tribes, and Urban Indian Health Program sites not included

**Includes 12,675 doses advanced from CDC/OWS reserve

Weeks 3-5, over 42,900+ Pfizer doses were set aside each week for LTCF commitments

- State receives weekly vaccine allocation on Tuesdays and places orders by Thursday. Short turnaround times.
- This week we will be placing 2nd dose vaccine orders for both Pfizer (week 3) and Moderna (week 2) by Wednesday for shipment next week.
- We will have more overall vaccine doses week 6: freed-up Pfizer from pause on federal LTC commitment, and 2nd doses.

COVID-19 Vaccine Cumulative Doses Administered in Washington State by Date



Data source: Washington State Immunization System, reported as of 11:59pm 1/11/2021

Covid-19 Vaccine Allocation, Distribution and Administration Data

COVID-19 Vaccine Distribution and Logistics

This chart outlines the allocation that the department has submitted through the ordering process.

DOH will receive administration data up to 72 hours after vaccines are administered at provider sites; Total administered does not equal sum of Pfizer and Moderna due to doses reported without brand identified

***139,425 doses of Pfizer were allocated to the Federal Long-Term Care Program where vaccine administration is being organized through CVS and Walgreens*

Vaccine Brand	Total # allocated (state to sites)	Total # delivered WA	Total # administered*	% administered*
Pfizer	378,300**	363,675	117,996	32.4%
Moderna	388,700	260,300	82,801	31.8%
Total	767,000	624,975	200,841	32.1%
Source, Date stamp	Tiberius, 11:09 am January 12 th , 2021	Tiberius, 11:09 am January 12 th , 2021	WAIS, reported as 11:59pm January 10 th , 2021	(# administered/total delivered)*100

Provider Enrollment Snapshot

Status of COVID-19 Vaccine Facility Applications

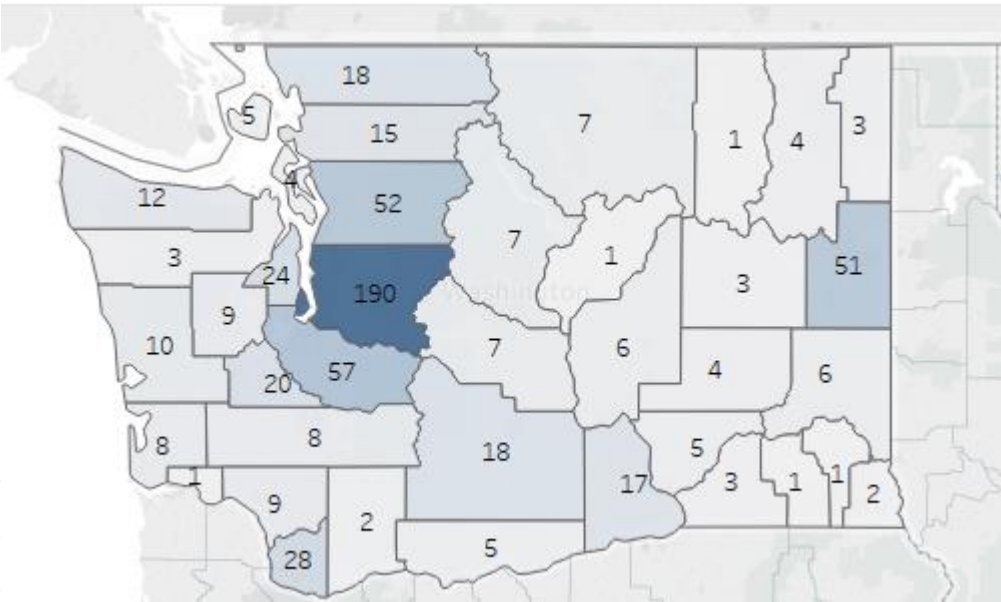
Total Facilities Approved

627

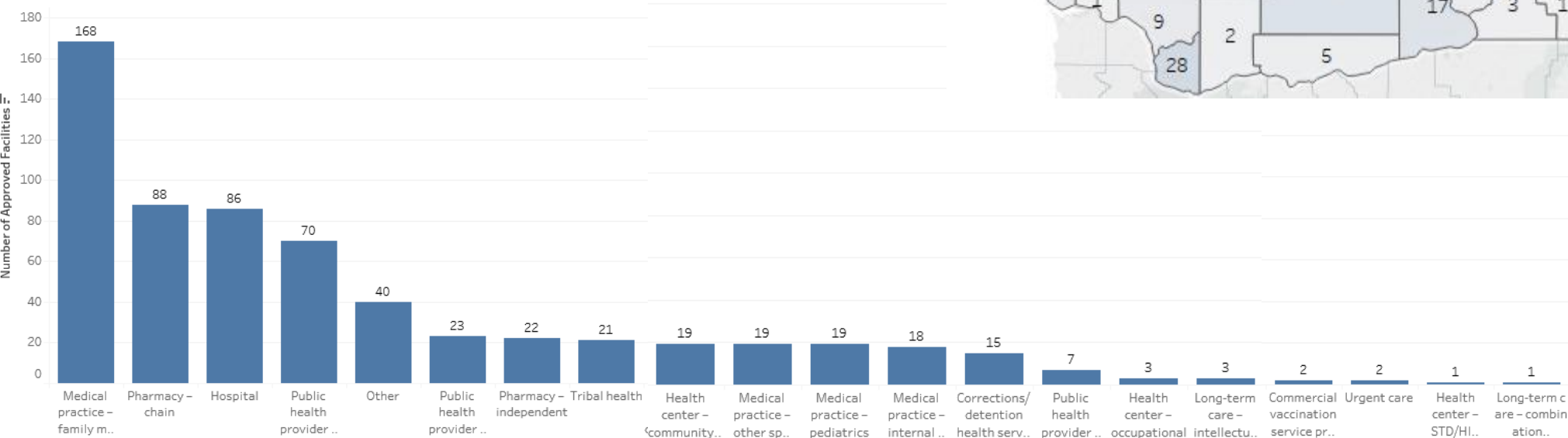
Application Status

Application Approval Complete	Approved	627
Application Pending Approval	Undergoing DOH Review	392
	Undergoing Follow-up	152
Grand Total		1,171

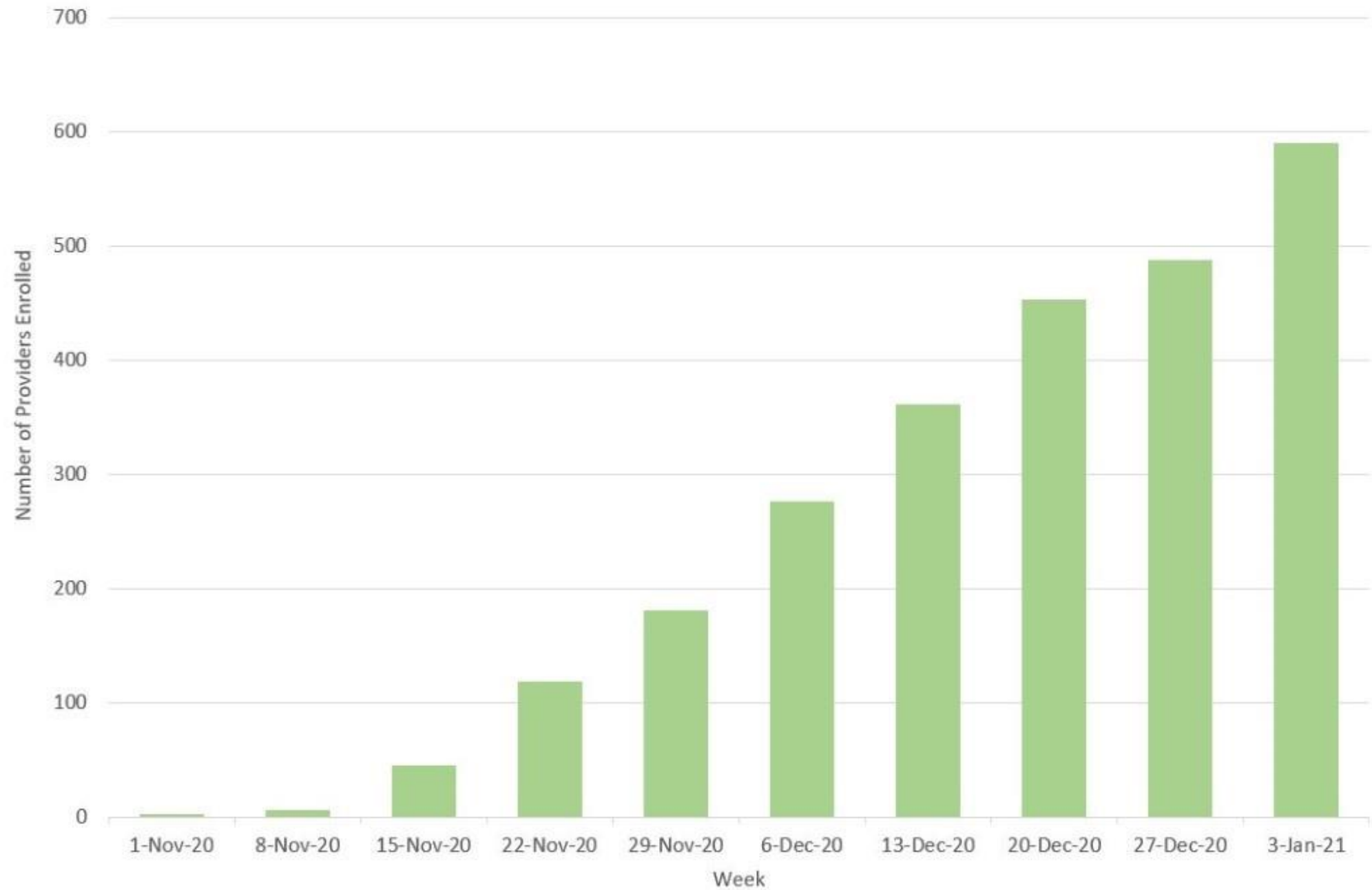
Updated as of:
1/12/2021 6:52:53 PM



Approved Facilities by Facility Type



Cumulative Number of Providers Enrolled in the COVID-19 Vaccination Program through
1/9/2021



- COVID Vaccine:

Currently 15,000/day, need to get to 45,000/day to reach ~70% of WA people aged 16 and older in 7 months

Vaccination Site Strategies – approaches to create access

1. Health care system (hospitals and clinics)
2. Pharmacies
3. Workplace clinics
4. Local jurisdiction operated high-volume community vaccination sites
5. Mobile vaccination teams
6. Community-based pop-up clinics
7. State operated high-volume community vaccination sites

Getting people vaccinated

- Comparison: Yearly Flu Vaccine (7 months Sept – March most vaccine given)
 - 56.3% of WA population aged 6 months and older got a flu vaccine in 2019-2020 season
 - Places of vaccination (2014-2015 WA data for 18 years and older, N=4636)
 - Medical setting: 53.5%
 - Doctor's office is the most common medical setting
 - Nonmedical settings: 46.5%
 - Most Common non-medical settings
 - Pharmacy/store: 25.3%
 - Workplace: 17%
 - Other less common non-medical settings (senior centers, community events, school or college)

Washington State Department of Health
List of Providers Authorized to Administer and Order Vaccines
 November 2020

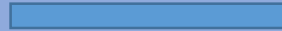
This chart provides information on licensed health care providers authorized under Washington law to order or administer vaccines. Providers should consult the information for their profession in the table below, governing laws and any policies or guidance issued by the regulatory program, board, or commission for their profession. Providers must comply with the standards of practice and any other legal requirements applicable to their profession when ordering or administering vaccines. Some professions may have limitations related to delegation, supervision, training, settings, etc. when ordering or administering vaccines. We encourage providers to contact their specific program, board or commission with any questions.

Profession	Can administer vaccine(s)?	Requires Supervision?	Are there any supervision or administration limitations (i.e., supervisor provider type, delegation, setting, training or competency requirements, vaccine type, etc.)?	Can order vaccine?	Are there any limitations on ordering?	Other notes
MD	Yes	No	No	Yes	No	N/A. Can write a standing order.
Physician Assistant (PA)	Yes	No	Must have a delegation agreement, but requirement is currently waived per Governor proclamation. The delegation agreement does NOT need to specify vaccine administration.	Yes	No	N/A. Can write a standing order.
Emergency Medical Services (EMS) Provider	Yes	Yes, though Medical Program Director (MPD) need not be physically present.	EMS personnel must be trained and competent and are acting under the medical oversight and direction of the county MPD or an MPD delegate physician such as the local health officer and a department-approved MPD protocol is in place.	No	N/A	Per DOH policy, EMS personnel may administer vaccines during a declared public health emergency. EMS personnel are not independent practitioners and must have EMS MPD-approved training and protocols in place to conduct the activity.
Nursing	Yes	Yes	Not allowed to inject vaccines. RN could	No	N/A	Law and rules do not allow

Washington State Department of Health list available at:

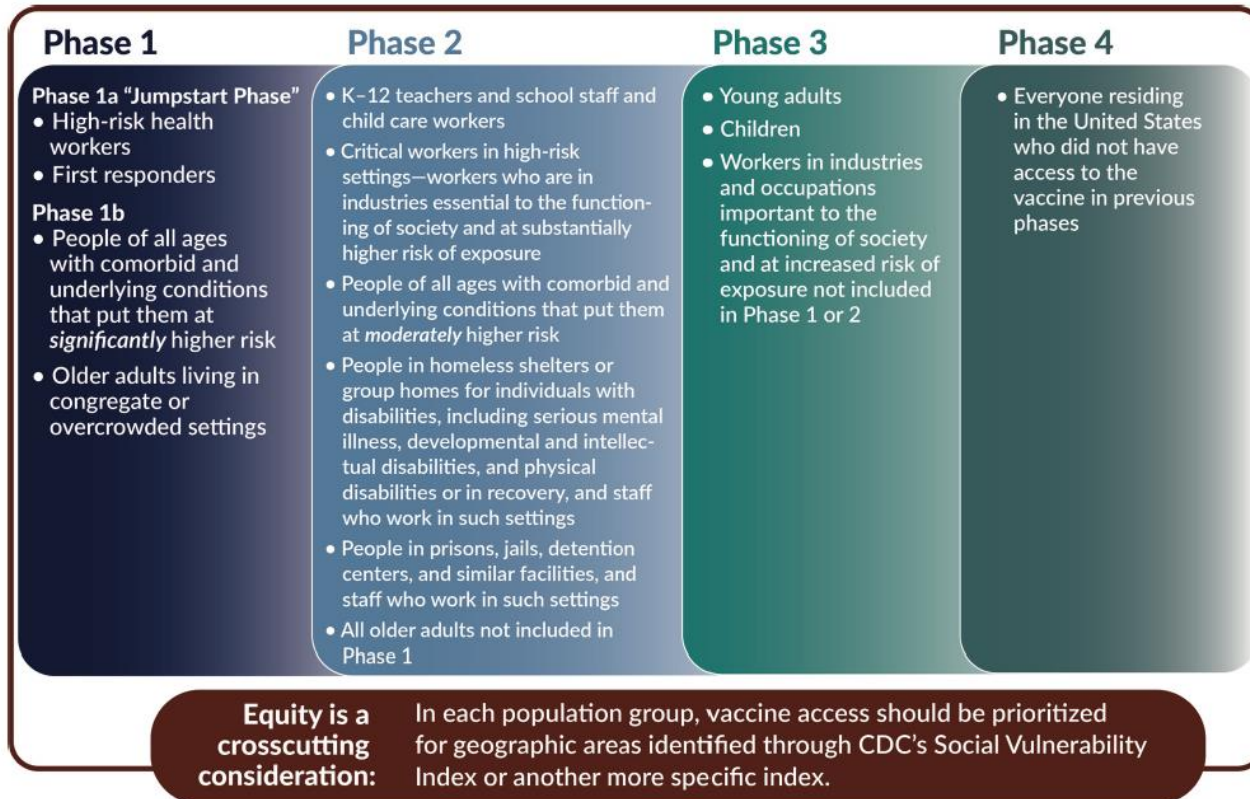
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001-ProvidersAuthorizedVaccineAdministration.pdf>. Accessed 12-22-2020

Prioritization Guidance and Allocation Framework



DEVELOPMENT PROCESS AND GUIDING PRINCIPLES

Early National Discussions



Possible groups for Phase 1 vaccination

August ACIP meeting

Phase 1a:

-HCP

Phase 1b:

-Essential Workers

-High Risk Med Conditions

-Adults ≥ 65 years old

September ACIP meeting

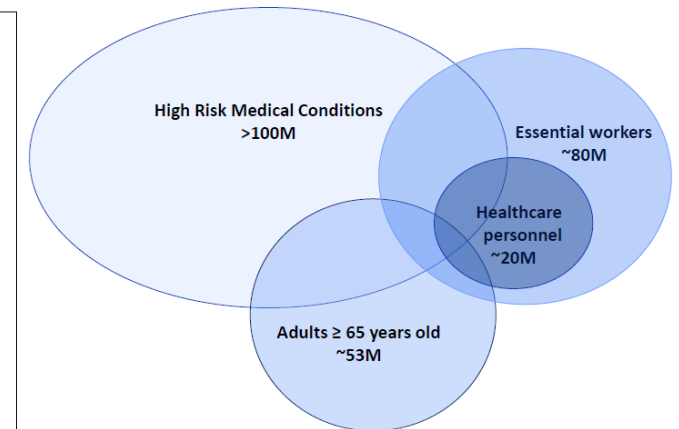
-Explore groups for phase 1b

-risk for COVID-19

-overlap between groups

-racial and ethnic composition

-Summary of Work Group considerations



Source: Sept 22 ACIP Meeting, Dr. Kathleen Dooling "Phase 1 allocation COVID-19 vaccine: Work Group considerations"

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-07-Dooling.pdf>

Source: National Academies of Sciences, Engineering, and Medicine 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*. Washington, DC: The National Academies Press.

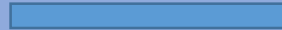
<https://doi.org/10.17226/25917>

Understanding COVID-19 Risks

1. Older Adults are at risk due to their work, where they live, family gatherings, or cultural shared spaces
2. Those who face barriers to health care or quality health care are at risk
3. People with underlying health conditions are at risk
4. People who live in congregate living situations or in multi-generational homes are at greater risk
5. People who are exposed to others and/or the general public at work and/or in work settings where proper protocols are not taken are at greater risk

***“Agricultural workers living in cabins: They have 40 people to 2 bathrooms.”
“Bunk beds are not social distancing.”***

METHODS



HOW WE APPROACHED ENGAGEMENT

Mixed methods

October 2020
Ongoing



Focused Engagement: Overview

- 90 total key informant interviews, group interviews, community conversations, and focus groups
- With 568 total individuals
- Facilitated in-language, with use of interpreters and CART services as appropriate
- Partnered with community organizations for additional community-led conversations
- People convened by community or sector, not geographic location



Broad Engagement: Overview



Broad engagement

Public feedback opportunity, *survey format*

- English – 17,678 respondents
- Spanish – 70 respondents
- Vietnamese – 36 respondents
- Chinese (simplified) – 36 respondents
- Chinese (traditional) – 160 respondents
- Russian – 29 respondents
- Ukrainian – 12 respondents
- Tagalog – 2 respondents



Results analyzed by:

- Health care (high risk)
- Health care (low risk)
- Essential business (high risk)
- Essential business (low risk)
- First responder (high risk)
- First responder (low risk)
- Teacher or school staff
- Early learning or day care provider
- Higher risk because of race/ethnicity
- Higher risk because of disability status
- Higher risk because overall health or age

Counties of participants for all engagement efforts

All (statewide)	Ferry	Kitsap	Pend Oreille*	Thurston*
Adams	Franklin*	Kittitas*	Pierce*	Wahkiakum
Asotin*	Garfield	Klickitat*	San Juan*	Walla Walla*
Benton*	Grant*	Lewis*	Skagit*	Whatcom*
Clallam*	Grays Harbor*	Lincoln	Skamania*	Whitman
Clark*	Island*	Mason*	Snohomish*	Yakima*
Cowlitz*	Jefferson*	Okanagan*	Spokane*	
Douglas	King*	Pacific*	Stevens	

Broad engagement – participants from all counties

Focused engagement* – participants from counties indicated

Recommendation: Equity as a cross-cutting factor

People with access barriers to health care: People with limited transportation, people with limited English proficiency, individuals with disabilities, people without health insurance, undocumented people

People at higher risk for exposure: Farm and factory workers, essential workers, people who live in congregate housing, people experiencing homelessness, people who are incarcerated or detained, people in workplaces with outbreaks

People essential to health and wellbeing of populations at higher risk: Doula, caregivers (both formal and informal), home care aides, health care interpreters, community and mutual aid volunteers, community health workers

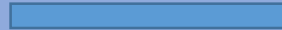
People who live in areas with greater spread: Geographic hotspots and outbreaks, congregate housing with outbreaks

People who have been disproportionately impacted by COVID-19 because of systemic inequities: Communities of color, people with limited English proficiency, individuals with disabilities, low-income people

People at risk for severe illness: Older adults and elders, pregnant people, people with underlying medical conditions that put them at a higher risk for severe morbidity or mortality if infected with COVID-19

People who are at higher risk for spreading COVID-19 to high risk populations: Caregivers, people living in multi-generational households, children and youth, essential workers, people who must travel for work

CURRENT EFFORTS & NEXT STEPS



PRIORITIZATION & ALLOCATION

Principles and Criteria of Prioritization/Allocation Framework



PRINCIPLES

- Maximum benefit
- Equal concern
- Mitigation of health inequities
- Fairness
- Transparency
- Evidence-based



CRITERIA

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting infection to others

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/SummaryInterimVaccineAllocationPrioritization.pdf>

-
- To protect highest risk exposure
 - To maintain medical and surgical surge capacity
 - To protect most vulnerable
 - To reduce hospitalizations, severe morbidity, and mortality

Phase 1a Objectives

- Protect those at highest risk of exposure
- Maintain medical surge response capacity

Phase 1A

TIER 1

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance)
- Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance

TIER 2 (After completion of Tier 1)

- All workers in health care settings

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/SummaryInterimVaccineAllocationPrioritization.pdf>

WASHINGTON'S COVID-19 VACCINE PHASES

Phase 1 Estimated Start Dates (Tiers A and B)

Find out if it's your turn at [FindYourPhaseWA.org](https://www.findyourphase.org)

DECEMBER 2020

JANUARY 2021

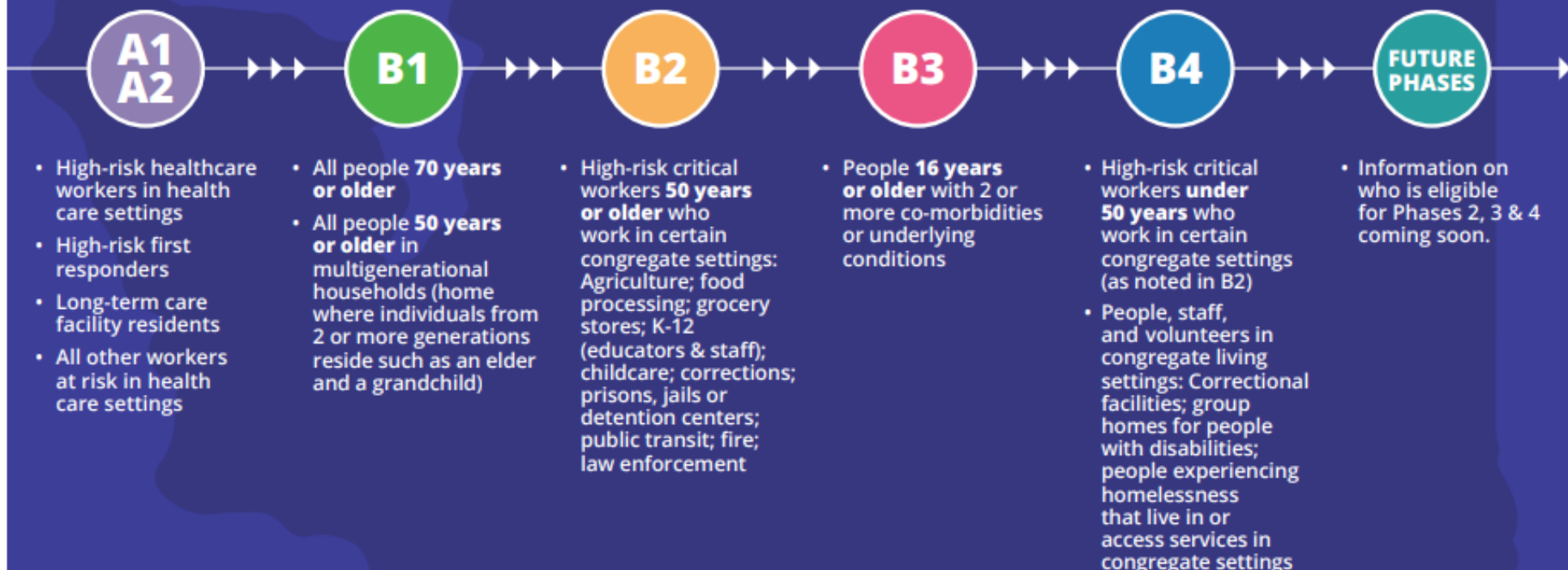
FEBRUARY

MARCH

APRIL

MAY- DECEMBER

Each group will become eligible for the vaccine one at a time and will continue to be eligible throughout the vaccine distribution.



FOCUS ON EQUITY: This approach prioritizes population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities.

The timelines represented here are estimates and subject to change.

**Vaccinate
WA**

[CovidVaccineWA.org](https://www.covidvaccinewa.org)

GLOSSARY OF TERMS

CO-MORBIDITIES

Morbidity is a medical term that means illness or disease. Co-morbidities means more than one illness or disease occurring in one person at the same time. Phase 1 – Tier 3 includes people with 2 more comorbidities or underlying conditions that put them at increased risk for severe illness if infected with COVID. This list of these conditions can be found on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

CONGREGATE SETTING

An environment where individuals work and/or reside in an enclosed space and where they are interacting with a high volume of people over an extended period of time and not able to consistently maintain physical distance.

CRITICAL WORKERS

Individuals working in an industry that maintains critical infrastructure for social and economic systems in our state. (See reverse side for detailed list.)

HIGH-RISK WORKERS IN A HEALTHCARE SETTING

Workers who are at higher risk of COVID-19 infection because they meet one or more of the following criteria:

- Administer COVID-19 testing or handle COVID-19 specimens
- Administer COVID-19 vaccine or have patient contact in a COVID-19 vaccination site.
- Work at a community-based, congregate living facility (for example, long-term care facility, adult family home or residential care community) where people over 65 years old receive care, supervision or assistance.
- A professional care provider to someone who is at higher risk of severe outcomes if infected with COVID-19 (for example, home health aide, dialysis provider, or cancer treatment provider).

HIGH-RISK WORKERS IN A HEALTHCARE SETTING (CON'T)

- Worker (for example, healthcare provider, security, environmental management) in a setting that provides direct care for suspected or confirmed COVID-19 patients.
- First responder (for example, EMS, police or firefighter) in settings where direct care is provided to suspected or confirmed COVID-19 patients.
- Worker at high risk of infection and transmission of COVID-19 because of exposure to the general public.

LONG-TERM CARE FACILITY

For the purposes of the vaccine allocation guidance, long-term care facilities are defined as community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance and are unable to reside independently in the community.

MULTIGENERATIONAL HOUSEHOLD

Household where individuals from 2 or more generations reside such as an elder and a grandchild.

WORKERS IN HEALTHCARE SETTINGS

Includes the full spectrum of workers at health agencies including all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services).

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



[CovidVaccineWA.org](https://www.covidvaccine.wa.org)

DOH 348-785 January 2021

INTERIM COVID-19 Vaccine Allocation Phase Quick Reference

PHASE 1A	PHASE 2*	PHASE 3*	PHASE 4*
TIER 1 <ul style="list-style-type: none">• High-risk workers in health care settings• High-risk first responders• Long-term care facility residents TIER 2 <ul style="list-style-type: none">• All other workers at risk in health care settings	<ul style="list-style-type: none">• Critical workers in other settings who are in industries essential to the functioning of society and are at risk of exposure not already covered in Phase 1• People 16 years and older with 1 comorbidity or underlying condition not already covered in Phase 1• People with disabilities that prevent them from adopting protective measures• All people 65 years and older who are not already covered in Phase 1	<ul style="list-style-type: none">• Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2• Young adults/children under 16 years (if vaccine is authorized for children under 16 years)	<ul style="list-style-type: none">• Everyone residing in Washington State who did not have access to vaccine in previous phases
PHASE 1B			
TIER 1 <ul style="list-style-type: none">• All people 70 years and older• People 50 years and older living in multigenerational households TIER 2 <ul style="list-style-type: none">• High-risk critical workers 50 years and older who work in certain congregate settings:<ul style="list-style-type: none">• Agriculture; food processing; grocery stores; K-12 educators and staff; childcare; corrections, prisons, jails, or detention facilities; public transit; fire; law enforcement TIER 3 <ul style="list-style-type: none">• People 16 years and older with 2 or more comorbidities or underlying conditions TIER 4 <ul style="list-style-type: none">• High-risk critical workers under 50 years who work in certain congregate settings (as noted above in Tier 2)• People, staff, and volunteers in congregate living settings:<ul style="list-style-type: none">• Correctional facilities; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings	*Future phases are still tentative and will be finalized based on clinical trial data, federal guidance, vaccine supply projections, and ongoing community input. Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include: <ul style="list-style-type: none">• People of color• People with limited English proficiency• People in shared housing, crowded housing, and multi-generational homes• People in poverty and low-wage earners• People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19• People with access barriers to healthcare Washington State has also developed a social vulnerability index which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation. NOTE Immigration status and health insurance status do not impact an individual's eligibility.		
EQUITY IS A CROSS-CUTTING FOCUS			
Updated January 5, 2020			

Detailed Guidance

- Detailed documents on Phase 1B [posted](#)
 - [Summary guidance for Phases 1A and 1B \(PDF\)](#) Updated January 7, 2021
 - [Washington state's interim vaccine allocation and prioritization guidance \(PDF\)](#) Updated January 7, 2021
- More details and answers to frequently asked questions regarding vaccine distribution, planning, safety, efficacy, administration and tracking can be found on our website at:
 - <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- Questions from the public can be sent to our COVID-19 Vaccine Inbox:
 - COVID.Vaccine@doh.wa.gov

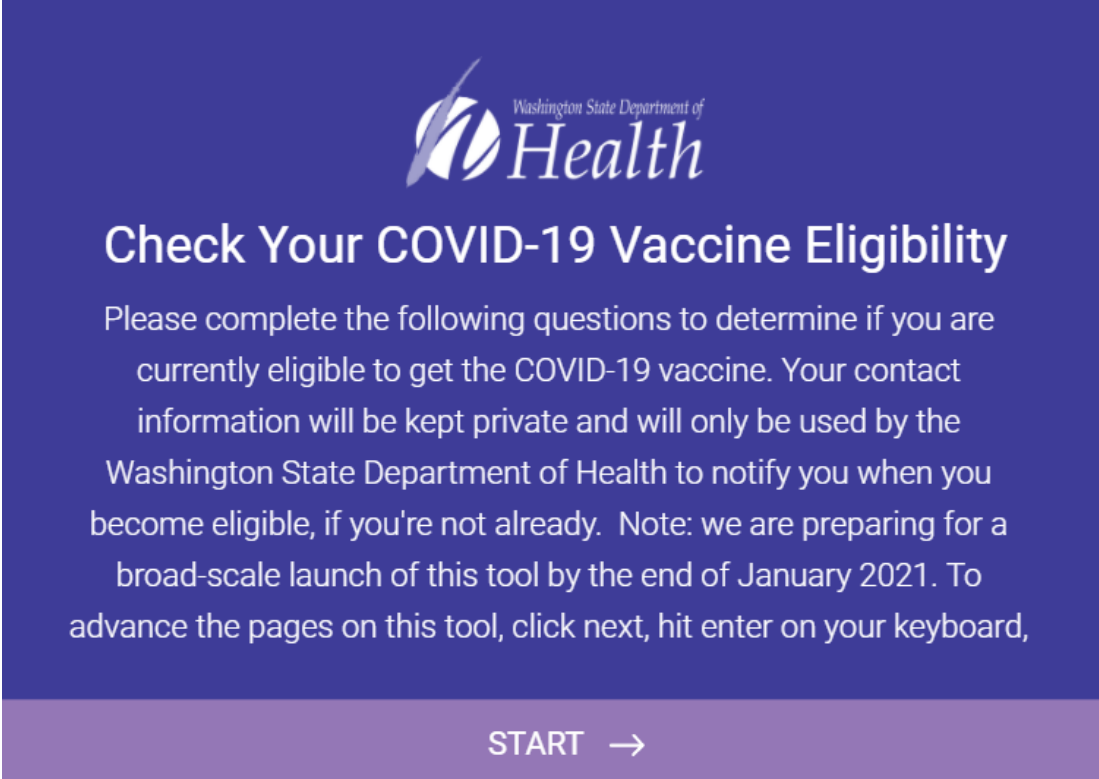
PhaseFinder – *When is my turn? Where do I go?*

User added value:


- Assess eligibility
- Provide eligibility confirmation at site
- Help you find where to get vaccinated

Health system added value:

- Removes burden to assess eligibility at point of administration
- Assess demand of different groups across zip codes to support planning



The screenshot shows a dark blue interface for the Washington State Department of Health's COVID-19 vaccine eligibility tool. At the top is the department's logo. Below it, the title 'Check Your COVID-19 Vaccine Eligibility' is displayed in white. A paragraph of white text explains the purpose of the tool and provides instructions for use. At the bottom, a purple bar contains a 'START' button with a right-pointing arrow.

 Washington State Department of Health

Check Your COVID-19 Vaccine Eligibility

Please complete the following questions to determine if you are currently eligible to get the COVID-19 vaccine. Your contact information will be kept private and will only be used by the Washington State Department of Health to notify you when you become eligible, if you're not already. Note: we are preparing for a broad-scale launch of this tool by the end of January 2021. To advance the pages on this tool, click next, hit enter on your keyboard,

START →

PhaseFinder – How it works....

User experience:

- Simple questions
- Multiple languages
- Can complete in advance or at site
- Screen grab, text, or email confirmation to show with ID

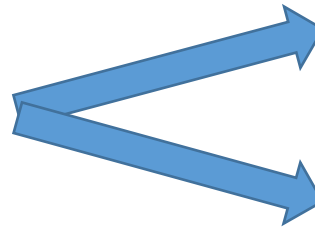
Simple
Equitable
Trust-based

Do you work in a health care setting?*

← PREVIOUS NEXT →

Do you live in a community-based, congregate living setting (for example, a long-term care facility, adult family home, or residential care community) where most individuals over 65 years of age are receiving care, supervision or assistance?*

← PREVIOUS NEXT →



You are eligible to get the COVID-19 vaccine.

Please enter your name below to get a confirmation message that you can show to a vaccine provider to demonstrate your eligibility.

First Name Last Name

← PREVIOUS NEXT →

You are not yet eligible to get the COVID-19 vaccine.

The Washington State Department of Health can notify you by text message or email when you are eligible to get the vaccine. Your contact information will remain private and will not be used for any other purpose. Please choose how you would like to be notified.

☐ Email ☐ Text message

← PREVIOUS REVIEW AND SUBMIT

FUTURE ENGAGEMENT



COVID-19 VACCINE IMPLEMENTATION COLLABORATIVE

The Collaborative Space

- Support COVID-19 vaccine planning and implementation efforts as guided by state and federal guidance.
- Provide feedback on COVID-19 vaccine outreach efforts to ensure messaging is community-driven and builds vaccine confidence and trust within Washington communities.
- Share COVID-19 vaccine updates and materials with their respective communities/sectors and other Collaborative members.

Who should join?

- Leaders, partners, and representatives from communities and sectors disproportionately impacted by COVID-19
- Vaccination partners

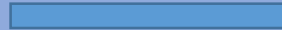
How to get involved

Learn more about the collaborative and submit an interest form:

<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement/Collaborative>

We aim to launch the collaborative by January 20

Vaccine Safety



REPORTING & TRACKING

How to report an adverse event to VAERS

- Go to vaers.hhs.gov
- Submit a report online

For help:

call
1-800-822-7967

email
info@VAERS.org

video instructions
<https://youtu.be/sbCWhcQADFE>



VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

About VAERS | **Report an Adverse Event** | VAERS Data | Resources | Submit Follow-Up Information

Have you had a reaction following a vaccination?

1. Contact your healthcare provider.
2. **Report an Adverse Event** using the VAERS online form or the new downloadable PDF. *New!*

Important: If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider.

¿Ha tenido una reacción después de recibir una vacuna?

1. Contacte a su proveedor de salud.
2. **Reporte una reacción adversa** utilizando el formulario de VAERS en línea o la nueva versión PDF descargable. *Nuevo!*

What is VAERS?

REPORT AN ADVERSE EVENT
Report significant adverse events after vaccination.

SEARCH VAERS DATA
Download VAERS Data and search the CDC WONDER database.

REVIEW RESOURCES
Find materials, publications, learning tools, and other resources.

SUBMIT FOLLOW-UP INFORMATION
Upload additional information related to VAERS reports.

- For COVID-19, FDA will issue VAERS reporting requirements under EUA; in addition, CDC encourages reporting of any clinically important adverse event following immunization

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- Video instructions <https://www.youtube.com/watch?v=sbCWhcQADFE>

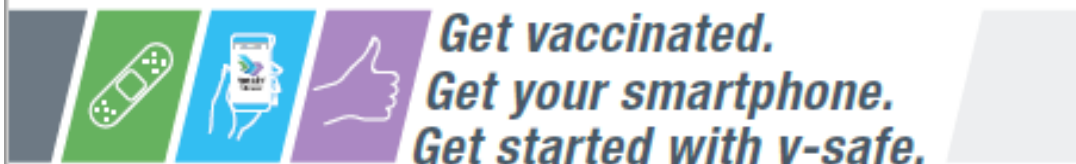
How to contact CDC at CDC-INFO

- Go to <https://www.cdc.gov/cdc-info/index.html>
- Call 1-800-CDC-INFO (800-232-4636)



Safety information resources

- <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>



What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent v-safe uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code





Resources

cdc.gov/vsafe

cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting

cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq

Additional Resources

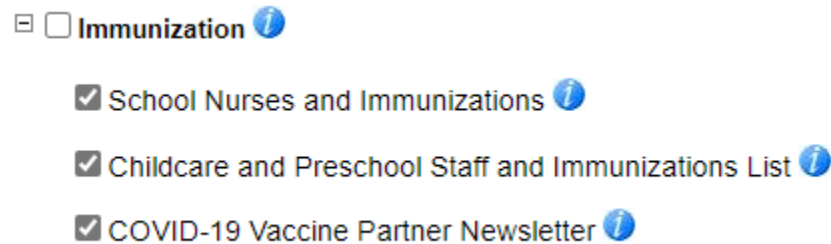


COVID-19 Vaccine Newsletter

- The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.
- People can manage their subscriptions by going to the following [link](#).
 - From there, click on ‘add subscriptions’ at the bottom of the page.

Add Subscriptions

- On the next page, expand the ‘Immunizations’ tab and check the box for “COVID-19 Vaccine Partner Newsletter.”



- Next edition is planned for December 31.

Communication & Updates

- COVID Vaccine Email
 - COVID.Vaccine@doh.wa.gov
- COVID-19 Vaccine Partner Calls
 - 1st & 3rd Tuesday of the month 9 AM- 10:30 AM
- COVID-19 Vaccine Distribution list
 - Email COVID vaccine email to be added

CDC Provider Education Resources

New

[Different COVID-19 Vaccines | CDC](#)

[Understanding COVID-19 mRNA Vaccines](#)

Updated

[Ensuring COVID-19 Vaccines Work | CDC](#)

[Facts about COVID-19 Vaccines](#)

[How CDC Is Making COVID-19 Vaccine Recommendations | CDC](#)

[Vaccine Education and Training for Healthcare Professionals | CDC](#)

[COVID-19 Vaccination Resources](#)

Resources

- CDC toolkit for healthcare organizations: <https://www.cdc.gov/vaccines/covid-19/health0systems-communication-toolkit.html>.
- FDA COVID-19 Information: <https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19>.
- FDA EUA Guidance: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-covid-19euas>.
- Pfizer BioNTech Emergency Use Authorization: <https://www.fda.gov/media/144414/download>.
- Washington State Department of Health ordering and administering provider list: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001-ProvidersAuthorizedVaccineAdministration.pdf>.

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Contact Information



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