Agenda

- COVID update
- Q & A
- AHCCCS Childhood Flu Vaccine Administration
- Vaccine Hesitancy
- Q & A
State and National Updates

Kelly Fine
Executive Director | Arizona Pharmacy Association
Daily confirmed new cases (3-day moving average)
## Laboratory Testing

<table>
<thead>
<tr>
<th>Date</th>
<th>Total % Positive</th>
<th>PCR % Positive</th>
<th>Sero % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/17/20</td>
<td>7.1%</td>
<td>8.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>6/24/20</td>
<td>8.6%</td>
<td>10.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>7/1/20</td>
<td>9.9%</td>
<td>12%</td>
<td>3.2%</td>
</tr>
<tr>
<td>7/8/20</td>
<td>11.3%</td>
<td>13.6</td>
<td>3.4%</td>
</tr>
<tr>
<td>7/15/20</td>
<td>11.9%</td>
<td>14.2%</td>
<td>3.7%</td>
</tr>
<tr>
<td>7/22/20</td>
<td>12.4%</td>
<td>14.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>7/29/20</td>
<td>12.7%</td>
<td>14.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>8/5/20</td>
<td>12.6%</td>
<td>14.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>8/11/20</td>
<td>12.4%</td>
<td>13.9%</td>
<td>5.7%</td>
</tr>
<tr>
<td>9/1/20</td>
<td>11.5%</td>
<td>12.6%</td>
<td>6.4%</td>
</tr>
<tr>
<td>9/8/20</td>
<td>11.2%</td>
<td>12.2%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**PCR Positivity %**
- 6/28/20 = 21%
- 7/5/20 = 19%
- 7/12/20 = 16%
- 7/19/20 = 12%
- 7/26/20 = 10%
- 8/2/20 = 8%
- 8/9/20: 6%
- 8/23/20: 4%

**Total % Positive COVID-19 All Tests**
- All tests completed for COVID-19: 1,538,510
- All tests reported yesterday in Arizona: 3,770
- Total % Positive COVID-19 All Tests: 11.2%

**COVID-19 tests completed and percent positive by week**
Percent positive is defined as number of people with a positive test result, reported electronically, out of all people with COVID-19 testing reported electronically completed in AZ.

**Total % Positive COVID-19 PCR Tests**
- 12.2%

**Total % Positive COVID-19 Serology Tests**
- 6.5%

*NOTE: Results from the last 4-7 days may not be reported yet.*

Date Updated: 9/8/2020
# Hospitalizations

## Inpatient Bed Use

<table>
<thead>
<tr>
<th>Date</th>
<th>Total (in use %)</th>
<th># COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/15/20</td>
<td>6,231 (81%)</td>
<td>1,506</td>
</tr>
<tr>
<td>6/22/20</td>
<td>6,469 (83%)</td>
<td>2,136</td>
</tr>
<tr>
<td>6/29/20</td>
<td>6,488 (85%)</td>
<td>2,793</td>
</tr>
<tr>
<td>7/6/20</td>
<td>6,472 (82%)</td>
<td>3,356</td>
</tr>
<tr>
<td>7/13/20</td>
<td>6,721 (85%)</td>
<td>3,517</td>
</tr>
<tr>
<td>7/20/20</td>
<td>6,636 (83%)</td>
<td>3,041</td>
</tr>
<tr>
<td>7/27/20</td>
<td>6,386 (81%)</td>
<td>2,564</td>
</tr>
<tr>
<td>8/3/20</td>
<td>6,487 (81%)</td>
<td>2,024</td>
</tr>
<tr>
<td>8/11/20</td>
<td>6,476 (81%)</td>
<td>1,469</td>
</tr>
<tr>
<td>8/31/20</td>
<td>6,435 (81%)</td>
<td>729</td>
</tr>
<tr>
<td>9/7/20</td>
<td>6,300 (79%)</td>
<td>657</td>
</tr>
</tbody>
</table>

## ICU Bed Use

<table>
<thead>
<tr>
<th>Date</th>
<th>Total ICU (in use%)</th>
<th># COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/15/20</td>
<td>1,307 (80%)</td>
<td>502</td>
</tr>
<tr>
<td>6/22/20</td>
<td>1,412 (84%)</td>
<td>614</td>
</tr>
<tr>
<td>6/29/20</td>
<td>1,435 (86%)</td>
<td>683</td>
</tr>
<tr>
<td>7/6/20</td>
<td>1,481 (90%)</td>
<td>869</td>
</tr>
<tr>
<td>7/13/20</td>
<td>1,498 (88%)</td>
<td>970</td>
</tr>
<tr>
<td>7/20/20</td>
<td>1,448 (85%)</td>
<td>865</td>
</tr>
<tr>
<td>7/27/20</td>
<td>1,433 (84%)</td>
<td>814</td>
</tr>
<tr>
<td>8/3/20</td>
<td>1443 (83%)</td>
<td>638</td>
</tr>
<tr>
<td>8/11/20</td>
<td>1378 (80%)</td>
<td>510</td>
</tr>
<tr>
<td>8/31/20</td>
<td>1289 (77%)</td>
<td>253</td>
</tr>
<tr>
<td>9/7/20</td>
<td>1265 (76%)</td>
<td>212</td>
</tr>
</tbody>
</table>

## Ventilators in Use

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Vents. (in use%)</th>
<th># COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/15/20</td>
<td>707 (38%)</td>
<td>340</td>
</tr>
<tr>
<td>6/22/20</td>
<td>716 (41%)</td>
<td>386</td>
</tr>
<tr>
<td>6/29/20</td>
<td>773 (45%)</td>
<td>455</td>
</tr>
<tr>
<td>7/6/20</td>
<td>895 (51%)</td>
<td>544</td>
</tr>
<tr>
<td>7/13/20</td>
<td>996 (52%)</td>
<td>674</td>
</tr>
<tr>
<td>7/20/20</td>
<td>952 (49%)</td>
<td>608</td>
</tr>
<tr>
<td>7/27/20</td>
<td>920 (47%)</td>
<td>574</td>
</tr>
<tr>
<td>8/3/20</td>
<td>795 (41%)</td>
<td>474</td>
</tr>
<tr>
<td>8/11/20</td>
<td>679 (36%)</td>
<td>346</td>
</tr>
<tr>
<td>8/31/20</td>
<td>556 (30%)</td>
<td>150</td>
</tr>
<tr>
<td>9/7/20</td>
<td>541 (29%)</td>
<td>112</td>
</tr>
</tbody>
</table>
ADHS School Benchmarks

<table>
<thead>
<tr>
<th>Benchmarks</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Substantial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>&lt;10 cases/100,000</td>
<td>10-100 cases/100,000</td>
<td>&gt;100 cases/100,000</td>
</tr>
<tr>
<td>Percent Positivity</td>
<td>&lt;5%</td>
<td>5-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>COVID-like Illness</td>
<td>&lt;5%</td>
<td>5-10%</td>
<td>&gt;10%</td>
</tr>
</tbody>
</table>

8/27/20: 3/15 counties were ranked minimal
9/3/20: 10/15 counties are ranked minimal

<table>
<thead>
<tr>
<th>Community Spread Level</th>
<th>Delivery Model</th>
<th>Hand Hygiene &amp; Respiratory Etiquette</th>
<th>Enhanced Cleaning</th>
<th>Proper Ventilation (Buildings and Buses)</th>
<th>Monitor Absenteeism</th>
<th>Symptom Screening</th>
<th>Physical Distancing (6 feet)</th>
<th>Cloth Face Coverings</th>
<th>Cohorting</th>
<th>Field Trips &amp; Large Gatherings Canceled</th>
<th>Communal Spaces Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No to Minimal</td>
<td>Traditional</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Minimal to Moderate</td>
<td>Hybrid</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>(x)</td>
<td>(x)</td>
</tr>
<tr>
<td>Substantial</td>
<td>Virtual w/ Intro Services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases</th>
<th>% Positivity</th>
<th>CLI*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apache</td>
<td>✔</td>
<td>✔ (Northern Region)</td>
</tr>
<tr>
<td>Cochise</td>
<td>✔</td>
<td>✔ (Southern Region)</td>
</tr>
<tr>
<td>Coconino</td>
<td>✔</td>
<td>✔ (Northern Region)</td>
</tr>
<tr>
<td>Gila</td>
<td>X</td>
<td>X (Central Region)</td>
</tr>
<tr>
<td>Graham</td>
<td>X</td>
<td>X (Southern Region)</td>
</tr>
<tr>
<td>Greenlee</td>
<td>✔</td>
<td>✔ (Southern Region)</td>
</tr>
<tr>
<td>La Paz</td>
<td>✔</td>
<td>✔ (Western Region)</td>
</tr>
<tr>
<td>Maricopa</td>
<td>✔</td>
<td>✔ (Central Region)</td>
</tr>
<tr>
<td>Mohave</td>
<td>✔</td>
<td>X (Western Region)</td>
</tr>
<tr>
<td>Navajo</td>
<td>✔</td>
<td>✔ (Northern Region)</td>
</tr>
<tr>
<td>Pima</td>
<td>✔</td>
<td>✔ (Southern Region)</td>
</tr>
<tr>
<td>Pinal</td>
<td>✔</td>
<td>✔ (Central Region)</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>✔</td>
<td>X (Southern Region)</td>
</tr>
<tr>
<td>Yavapai</td>
<td>✔</td>
<td>✔ (Northern Region)</td>
</tr>
<tr>
<td>Yuma</td>
<td>✔</td>
<td>X (Western Region)</td>
</tr>
</tbody>
</table>
ADHS Phased Reopening - Businesses

<table>
<thead>
<tr>
<th>Category</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>Gila, Graham, Yuma</td>
</tr>
<tr>
<td>Moderate</td>
<td>Apache, Cochise, Coconino, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai</td>
</tr>
<tr>
<td>Minimal</td>
<td>Greenlee, La Paz</td>
</tr>
</tbody>
</table>
LTCF-Visitor Restrictions

Use county-level data to inform your decisions
- Case rates per 100,000
- Percent positivity of PCR tests
- COVID-like illness

Must have 2 consecutive weeks in the Moderate level (yellow) of community spread prior to changing visitor policies
- Similarly, must have 2 consecutive weeks in the Minimal level (green) of community spread prior to changing visitor policies

Cannot be in the middle of an outbreak
MCDPH is developing a dashboard similar to the school metrics dashboard for LTCF
- Until then: azhealth.gov/businessCOVID19

ADHS COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children

CMS Nursing Home Reopening Recommendations for State and Local Officials

<table>
<thead>
<tr>
<th>Community Spread Level</th>
<th>Compassionate Care Visitation</th>
<th>Limited Outdoor Visitation</th>
<th>Limited Indoor Visitation</th>
<th>Symptom Screening of all Visitors</th>
<th>Cloth Face Covering Required</th>
<th>Physical Distancing (6 feet)</th>
<th>Cohorting</th>
<th>Communal Spaces Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Moderate</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Substantial</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A Except that ombudsman must be able to visit</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Maricopa County Serosurvey

• From September 12-20, 2020 public health teams from the Maricopa County Department of Public Health and Arizona State University will visit randomly selected homes in Maricopa County to invite residents to participate in a serosurvey, which includes questions about their health and giving a sample for an antibody test.

• Your participation will play an important role in helping public health know how many people in Maricopa County have been infected with COVID-19 and how many people need to get vaccinated so we can relax social distancing and mask requirements and get back to a more normal existence.

• Participation is voluntary and everything in the program, including testing, is FREE. No personal or identifying information will be shared outside of public health and all samples and identifying information will be destroyed after the investigation is over.
Notwithstanding Executive Order 2020-08, the Arizona Department of Transportation (ADOT) shall defer requirements to renew Class D and Class M Arizona driver licenses that have an expiration date between March 1, 2020 and December 31, 2020 by one year from the expiration date printed on the original driver license card.
NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and laws of this state including A.R.S. §§ 26-303 and 36-787, hereby order as follows:

1. The COVID-19 pandemic in Arizona justifies the issuance of an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-782(A) and such advisory is issued by this Executive Order.

2. This Enhanced Surveillance Advisory supersedes reporting requirements set forth in Executive Orders 2020-13, 2020-22(4), 2020-23, 2020-30(10), 2020-37, and 2020-48(3)(6) but all other provisions of these orders are renewed and remain in effect for the duration of this order.

3. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), all licensed hospitals as defined in Arizona Administrative Code (“A.A.C.”) R9-10-101, excluding Special Hospitals only providing psychiatric services, shall report through EMResource or alternative form to the Arizona Department of Health Services every twenty-four hours:
   - A line list of all COVID-19 confirmed patients containing name, date of birth, gender, race/ethnicity, residential address, phone number, whether the patient was admitted, hospital admission date;
   - If they are operating in conventional, contingency, or crisis care; and
   - The number of non-essential surgeries performed per day.

4. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), all licensed hospitals as defined in A.A.C. R9-10-101, excluding Special Hospitals only providing psychiatric services, shall report through EMResource or alternative form to the Arizona Department of Health Services every twenty-four hours:
   - Number of inpatient influenza positive patients or patients with suspected influenza;
   - Number of ventilators in use by influenza positive patients or patients with suspected influenza;
   - Number of ICU beds in use by influenza positive patients or patients with suspected influenza;
   - Number of influenza positive patients or patients with suspected influenza seen in the Emergency Department per day.

5. All licensed hospitals as defined in A.A.C. R9-10-101, shall continue to implement plans to ensure sufficient staffing levels to staff every licensed and proposed surge intensive care unit and medical surgical bed. Licensed hospitals shall attest to the Arizona Department of Health Services through an approved method that they meet the requirements of this section.
September 3rd: Drugmaker Roche received Emergency Use Authorization from the U.S. Food and Drug Administration for a test to quickly detect whether a patient has SARS-CoV-2 or one of two forms of influenza
Evidence Grows For Steroids Use in Severe COVID-19

- Critically ill COVID-19 patients appear to benefit substantially from treatment with systemic corticosteroids.

- The work included seven randomized controlled trials populated by 1,703 critically ill individuals with suspected or confirmed infection.
  - Participants were divided into two arms, with 678 receiving corticosteroids and 1,025 receiving standard care or placebo.
  - A total of 222 people in the intervention group died within 28 days vs. 425 in the control group, for a 34% lower mortality rate with corticosteroids.

- Based on the findings, WHO released Living Guidance on corticosteroids for COVID-19 on the same day the study was published in the Journal of the American Medical Association.
Drug Companies Issue Joint Pledge on Vaccine Safety

- Nine pharmaceutical companies issued a joint pledge seeking to reassure the public about the safety and efficacy of their potential vaccines for coronavirus.
  - AstraZeneca, BioNTech, GlaxoSmithKline, Johnson & Johnson, Merck, Moderna, Novavax, Pfizer, and Sanofi
- The joint pledge states that the companies will not seek Food and Drug Administration (FDA) approval for their vaccines until a rigorous phase 3 clinical trial shows that it is safe and that it works.
COVID-19 Vaccine

- Unknown when the first doses will be available
- Some may be available as early as November
- The first doses will be limited to populations identified by CDC

1st
- Advisory Committee on Immunization Practices (ACIP)
- Makes vaccine recommendation

2nd
- CDC Director
- Incorporates into the overall strategy

3rd
- Arizona Vaccine and Antiviral Prioritization Advisory Committee (VAPAC)
- Make recommendations to counties
COVID Planning Scenarios

- Limited COVID-19 vaccine may be available by early November 2020 but will increase substantially in 2021.
- Vaccines with either be approved as licensed vaccines or authorized for use under an Emergency Use Authorization (EUA) issued by the FDA.
- Cold chain storage will range from refrigerated (2°C to 8°C) to frozen (-20°C) to ultra-cold (-60°C to -80°C).
- There may be several presentations of vaccine (5-7).
- If someone is given vaccine A, they must receive a second dose of vaccine A. No mixing of presentations.

NEED ACCESS TO ASIIS
Vaccine Allocation

- Early planning scenarios are indicating that the focus of the initial COVID-19 vaccination will likely be:
  - Healthcare workers
  - Critical workforce that provides health and maintains essential functions of society
  - Staff and residents in long-term care and assisted living facilities
- CDC may exclusively use their app for ordering when initial doses are limited
  - CDC App would be used to onboard first to be vaccinated, set appointments and report to CDC then to ASIIS through the IMZ Gateway.
  - ASIIS and Immunization Gateway will be used for ordering when vaccine doses are more widely available.

This information is subject to change!
Vaccine Distribution & Dose Accountability

- CDC distributor is expected to direct ship vaccine and ancillary supply kits to providers based on state allocation and ordering.
- ASIIS will be used as primary system to track administration and dose accountability.
  - This is different than back end reporting of vaccines administered-more details will be coming
- It’s highly likely that 2-doses will be required (21-28 days apart) and products cannot be mixed, so patient reminder/recall programs will be important.
COVID Vaccine

Be prepared to:

- Identify essential workers based on the pandemic influenza planning framework. [CLICK HERE](#)
- Order vaccine through a platform identified by ADHS
- Be able to vaccinate your own essential workers according to guidance from ADHS
AZ: Pandemic Provider Onboarding Tool

- Both VFC and non-VFC providers who would like to administer future COVID-19 vaccines must complete the Pandemic Provider Onboarding survey forms.

- The survey forms serve two purposes: 1) to ensure the signatory provider knows the requirements, and 2) to ensure the facility is able to meet each requirement.

- The signatory provider is required to complete all of the surveys and be approved by the AIPO before this facility will be able to order future potential pandemic vaccines.

- As we learn more about future vaccines we may add additional survey forms to the onboarding tool to pass the information along.

Every pharmacy who wants vaccine will need to complete the Pandemic Provider Onboarding survey for each location.

Training is also available.

- The signatory provider will need to sign a CDC provider agreement. When it is available it will be added to the onboarding tool.

- Email notifications will be sent as forms are added to the onboarding tool.

- Onboarding is not an instantaneous process. It will take AIPO time to add providers to ASIIS and review requirements. Onboard now. Plan for it to take time.

- The onboarding tool has the high level requirements for the signatory provider. Provider staff can go to **A IPO Train** to learn how to order, receive, store, administer, document, and account for pandemic vaccines in ASIIS.

**If you work for retailer/chain talk to your supervisor first**

I am researching the process and will present information once I clarify pharmacy requirements.
Additional Resources

- CDC Vaccination Guidance During a Pandemic
- CDC Guidance for Planning Vaccination Clinics
- Arizona Pandemic Influenza Response Plan (May 2019)
- NGA Memo on Considerations for COVID-19 Distribution and Mass Vaccination (August 2020)
- NY Times Coronavirus Vaccine Tracker
- COVID-19 Clinical Studies
Immunization Update

Kelly Fine | CEO- Arizona Pharmacy Association
HHS Order

FOR IMMEDIATE RELEASE
August 19, 2020
Contact: HHS Press Office
202-690-8343
media@hhs.gov

HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic

The U.S. Department of Health and Human Services (HHS) issued a third amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks as children across the United States return to daycare, preschool and school.

"Today's action means easier access to lifesaving vaccines for our children, as we seek to ensure immunization rates remain high during the COVID-19 pandemic," said HHS Secretary Alex Azar. "The Trump Administration has worked to allow pharmacists—alongside all of America's heroic healthcare workers—to practice at the top of their license, empowering the public with more options to protect their health and well-being."

The amendment authorizes State-licensed pharmacists (and pharmacy interns acting under their supervision) to order and administer vaccines to individuals ages three through 18 years, subject to several requirements:

- The vaccine must be approved or licensed by the Food and Drug Administration (FDA).
- The vaccination must be ordered and administered according to the CDC's Advisory Committee on Immunization Practices (ACIP) immunization schedules.
- The licensed pharmacist must complete a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed or registered pharmacy intern must complete a practical training program that is approved by the ACPE. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.
- The licensed pharmacist must complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during each State licensing period.
- The licensed pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including informing the patient's primary care provider when available, submitting the required immunization information to the State or local immunization information system (vaccine registry), complying with requirements with respect to reporting adverse events, and complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine.
- The licensed pharmacist must inform his or her childhood-vaccination patients and the adult caregivers accompanying the children of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate.
Well Child Templates

Letter

Dear Name of Patient,

You have taken an important step in protecting your child and your family from infectious disease through vaccination. Your pharmacist is an important part of your healthcare team and strives to collaborate with other team members to best meet your child's individual healthcare needs. Just as your pharmacist provides important services related to your and your child's medications and overall health, having a primary care provider is also important. A primary care provider oversees your child's overall health and well-being.

As children develop, well-child visits with your child's primary care provider provide a time to review and discuss each of the important areas of your child's development, including physical, cognitive, emotional, and social development. A trusting, ongoing relationship with a primary care provider ensures that your child's health and medical needs will be identified and addressed. Your child's primary care provider can monitor your child's health and development and suggest changes to help prevent serious illness. Well-child visits are a way to foster development of optimal physical, mental and social health for your child, and coordinate labs, checkups and follow-up care.

Ask your pharmacist for advice in finding a primary care provider in your community if you do not currently have one.

[Pharmacist]

Brochure

Importance of Well Child Visits – Keeping Your Kids Healthy

It is important to get a personal primary care provider and to use the same practitioners as much as possible for your child's healthcare needs. The members of your child's healthcare team, that includes primary care providers, pharmacists and other healthcare professionals, are focused on the well-being of your child. A personal primary care provider:

- Helps you get care for your child
- Provides care when your child is sick
- Knows your child's medical history and the family history
- Keeps track of your child's medical services, such as immunizations (shots)
- Can give you important information about your child's growth and development
- Refers your child to a specialist when needed
- Helps to coordinate your child's health needs

Well-child visits are important, even when children are healthy. Well-child visits will help to keep your child healthy. Your child's primary care provider will evaluate your child's general health, growth and development. Your child's primary care provider will also give you information and give your child needed medical services, such as:

- Health exams
- Tests, such as vision, hearing and lab services
- Shots (vaccinations)
- Lead screening (children under 3 years or as needed for older children)
- Tracking growth and development
- Medical referrals to specialists, if needed

With the help of regular well-child visits, your child's primary care provider can often detect and address health problems before they become more serious.

Your child's primary care provider will review your child's health and family history. Well-child visits let you and your child get to know the primary care provider and they can get to know you and your child. They will also maintain your child's medical record and coordinate care with other members of your child's healthcare team, including your pharmacist.

Referral Form

Referral Form for Well-Child Visit

Patient Name (First/Last) ___________________________
Referring/Pharmacist: ___________________________
Pharmacy Practice: ___________________________
Phone Number: ___________________________
Fax Number: ___________________________

Email: ___________________________
Date of Referral: ___________________________

Signature: ___________________________

Reason for Referral: ___________________________
Well-child checkup ___________________________
Other Follow-up ___________________________

The following vaccine(s) were administered today: [Patient may need additional immunizations]

- DTaP
- Pep A
- MMR
- Hib
- IPV
- Influenza
- Hep B
- Meningococcal
- Pneumococcal (PCV)
- Polio (IPV)
- Rotavirus
- Td / Tetanus
- Varicella
- Other: ___________________________

Comments / Observations: ___________________________
AHCCCS Flu Plan

- Pharmacies will **NOT** have to enroll in VFC to administer Flu Vaccine to AHCCCS members.
- You will bill the MCO’s as you currently do for adult vaccines once the updates have been made.
- **NOTE:** AzPA will be working with interested pharmacies to enroll in VFC for non-flu vaccines. If interested, please contact Kelly.
**VaccineFinder and MedFinder**

- **VaccineFinder**: Participating pharmacies can update supply estimates for routine adult and child vaccines, and any travel vaccines that they carry.
- **MedFinder**: Participating pharmacies can update their antiviral drug supply.
- Pharmacy entities with multiple practice sites are able to combine data for all their sites into one CSV file and upload onto the Locating Health provider portal.
- **Questions**: locatinghealth@healthmap.org
- **Training**: September 16, 2020 | 2:00PM – 3:00PM ET
  - Register in advance: [CLICK HERE](#)
Vaccine Hesitancy

Jennifer Davis | Medical Science Liaison-Sanofi US
General Announcements
Arizona Pharmacy Association
Mentor Connection Program

Make a difference this year by becoming a MENTOR!
October 2020 - June 2021

The Mentor Connection Program (MCP) is designed to build relationships, further professional networks and strengthen continuous professional development on behalf of both mentors and mentees.

Benefits:
- Gain personal satisfaction by advancing the profession & impacting the professional growth of others
- Enhance your experience in areas such as leadership, interpersonal skills, & communication
- Gain new insights from students and new practitioners on the practice of pharmacy
- Utilize your experience to help others obtain desired positions in pharmacy
- Serve as a role model for the next generation of pharmacists and technicians
- Earn recognition as an AzPA Mentor Connection Program mentor

For more information please visit: http://www.azpharmacy.org/mcp
Applicants must apply by September 30, 2020 to be eligible

APPLY AT:
https://azpharmacy.org/mcp/
Starting July 1, 2020, per changes directed by the Arizona Department of Health Services, ALL eligible clients enrolled with ASHLine will be referred to their community pharmacy for a 2-week NRT starter kit from their preferred pharmacy. Please read this information carefully to avoid workflow disruptions and delays in getting the NRT to ASHLine clients who are ready to quit.
AzPA 2020 Annual Convention

Virtual PGY1 Residency Showcase

October 13-15, 2020

Virtual Happy Hour

September 24th

Network with colleagues from across the state – regardless of practice setting or stage in career. In true happy hour fashion, everyone is encouraged to BYO BEVERAGE... a coffee, tea, cocktail, or any beverage. We look forward to seeing you via Zoom!

AzPA Pain Management Certificate Program

Register Here | December 12, 2020

APhA | Pharmacy-Based Cardiovascular Disease Risk Management Certificate Program

October 23, 2020 | Virtual