



September 2, 2020

COVID-19 TOWN HALL

Agenda

- COVID update
- Q & A
- HHS order, Governors press conference
- Influenza vaccine preparations
- Pediatric administration considerations and tips
- Q & A



State and National Updates

Kelly Fine

Executive Director | Arizona Pharmacy Association

Worldwide Cases

JOHNS HOPKINS
UNIVERSITY & MEDICINE

CORONAVIRUS
RESOURCE CENTER



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins

Global Cases

25,784,154

Cases by

Country/Region/Sovereignty

6,076,280 US

3,950,931 Brazil

3,769,523 India

1,001,965 Russia

657,129 Peru

628,259 South Africa

624,026 Colombia



Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

Global Deaths

857,794

184,697 deaths
US

122,596 deaths
Brazil

66,333 deaths
India

65,241 deaths
Mexico

◀ Global Deaths ▶

National Cases



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

USA

6,004,443

TOTAL CASES

CDC | Updated: Sep 1 2020 1:22PM

USA

183,050

TOTAL DEATHS

CDC | Updated: Sep 1 2020 1:22PM

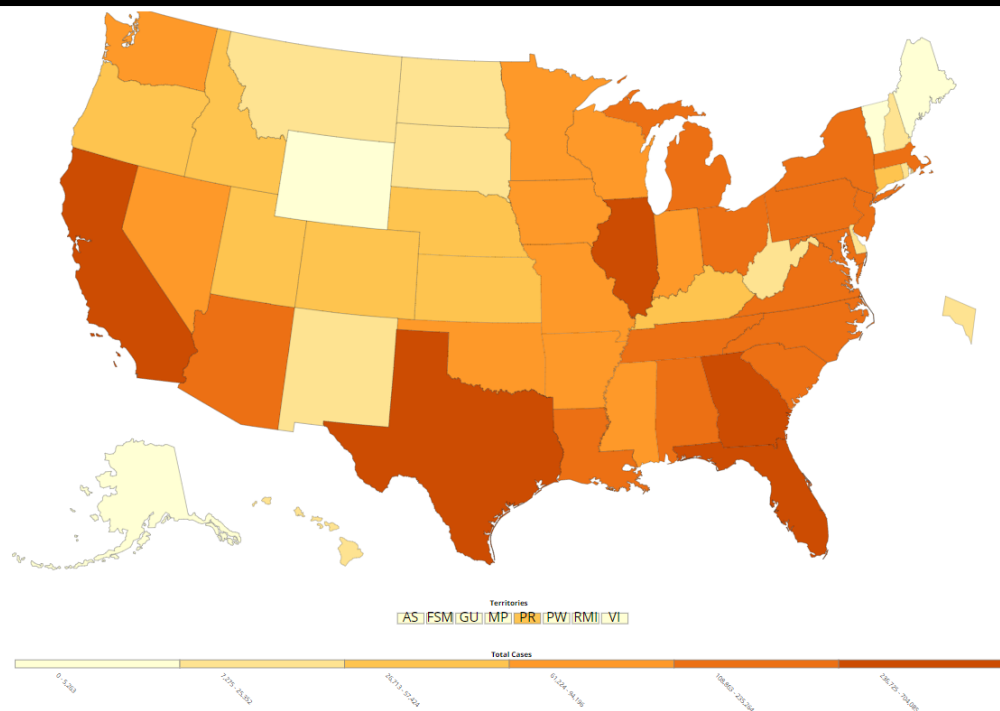
USA

288,876

Cases in Last 7

Days

CDC | Updated: Sep 1 2020 1:22PM



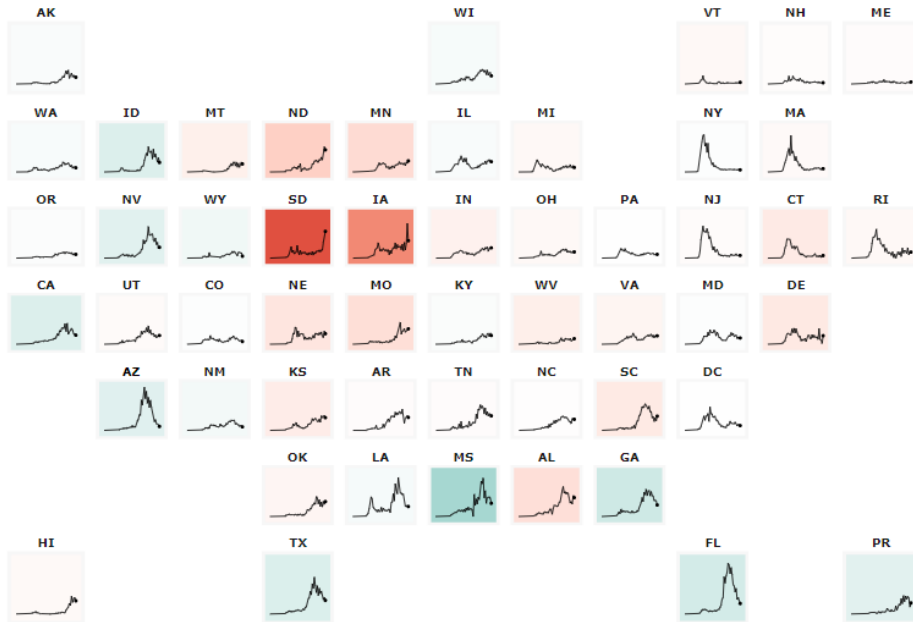
Total Cases by State/Territory

State/Territory	Total Cases	Confirmed Probable	
California	704,085	N/A	N/A
Florida	616,629	N/A	N/A
Texas	612,969	N/A	N/A
Georgia	270,471	N/A	N/A
Illinois	236,725	235,023	1,702
New York City*	235,264	230,496	4,768
Arizona	201,835	200,104	1,731
New York*	200,519	N/A	N/A
New Jersey	191,960	N/A	N/A
North Carolina	167,313	N/A	N/A
Tennessee	154,933	151,250	3,683
Louisiana	148,894	N/A	N/A
Pennsylvania	134,025	130,211	3,814
Massachusetts	128,202	118,784	9,418
Alabama	126,058	117,152	8,906
Ohio	123,157	116,666	6,491
Virginia	121,615	116,294	5,321
South Carolina	118,992	117,333	1,659
Michigan	113,025	102,468	10,557
Maryland	108,863	N/A	N/A
Indiana	94,196	N/A	N/A
Missouri	84,697	N/A	N/A
Mississippi	83,584	79,650	3,934
Wisconsin	80,568	75,603	4,965

CDC | Updated: Sep 1 2020 1:22PM

Daily confirmed new cases (3-day moving average)

Daily New Cases per 100k people. Data shown from 1/22/20 to 8/31/20.



Line shows 3-day moving average of **new cases per day** in this state. Dot corresponds to most recent day.



The **greener** the background, the bigger the **downward trend** of new cases in this state.



The **redder** the background, the bigger the **upward trend** of new cases in this state.



ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for All Arizonans

es in the map below?

Arizona

Current R_t

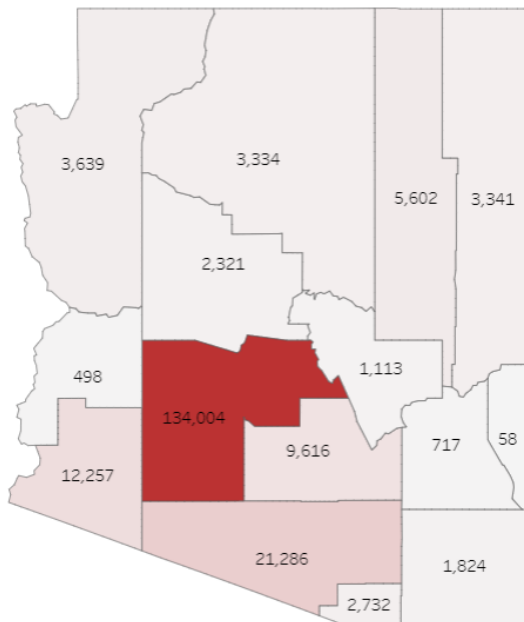
0.81

Cases

201,833

Tests

1,204,400



Number of
Cases

202,342

Number of
Deaths

5,044

Number of
COVID-19 Tests

1,475,209

Number of New Cases
reported today*

507

Number of New Deaths
reported today*

15

Number of New Tests
reported today*

4,954

Rate of cases, per 100,000
population

2,814.6

Rate of fatalities, per
100,000 population

70.16

Total Percent Positive**

11.5%

Total COVID-19 PCR Tests

1,207,256

New PCR Tests reported
today*

4,558

PCR Percent Positive**

12.6%

Total COVID-19 Serology
Tests

267,953

New Serology Tests reported
today*

396

Serology Percent Positive**

6.4%

Laboratory Testing

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

All tests completed for COVID-19

1,475,209

All tests reported yesterday in Arizona

4,954

Total % Positive COVID-19 All Tests

11.5%

PCR Positivity %

6/28/20 = 21%

7/5/20 = 19%

7/12/20 = 16%

7/19/20 = 12%

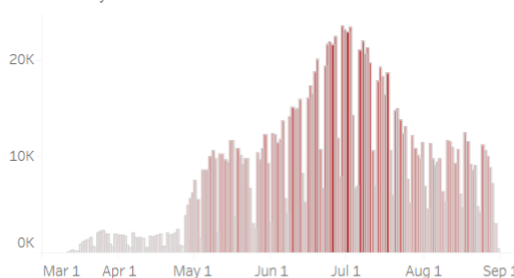
7/26/20 = 10%

8/2/20 = 8%

8/9/20: 6%

8/23/20: 5%

All tests by date of collection



All Testing by Age Group

Less than 20 years 154,758

20 - 44 years 619,889

45 - 54 years 224,185

55 - 64 years 213,221

65 years and older 258,645

Unknown 4,511

COVID-19 tests completed and percent positive by week

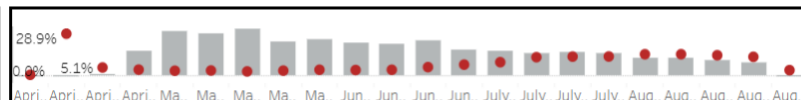
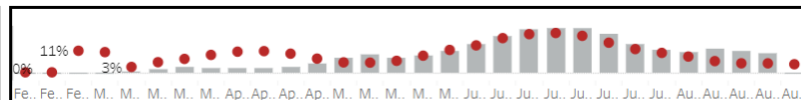
Percent positive is defined as number of people with a positive test result, reported electronically out of all people with COVID-19 testing reported electronically completed in AZ.

Total % Positive COVID-19 PCR Tests

12.6%

Total % Positive COVID-19 Serology Tests

6.4%



Hospitalizations



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

INPATIENT BED USE		
Date	Total (in use %)	# COVID
6/15/20	6,231 (81%)	1,506
6/22/20	6,469 (83%)	2,136
6/29/20	6,488 (85%)	2,793
7/6/20	6,472 (82%)	3,356
7/13/20	6,721 (85%)	3,517
7/20/20	6,636 (83%)	3041
7/27/20	6,386 (81%)	2564
8/3/20	6,487 (81%)	2024
8/11/20	6,323 (79%)	1574
8/31/20	5706 (72%)	729

ICU BED USE		
Date	Total ICU (in use%)	# COVID
6/15/20	1,307 (80%)	502
6/22/20	1,412 (84%)	614
6/29/20	1,435 (86%)	683
7/6/20	1,481 (90%)	869
7/13/20	1,498 (88%)	970
7/20/20	1,448 (85%)	865
7/27/20	1,433 (84%)	814
8/3/20	1443 (83%)	638
8/11/20	1367 (79%)	510
8/31/20	1036 (62%)	253

VENTILATORS IN USE		
Date	Total Vents. (in use%)	# COVID
6/15/20	707 (38%)	340
6/22/20	716 (41%)	386
6/29/20	773 (45%)	455
7/6/20	895 (51%)	544
7/15/200	996 (52%)	674
7/20/20	952 (49%)	608
7/27/20	920 (47%)	574
8/3/20	795 (41%)	474
8/11/20	679 (36%)	346
8/31/20	556 (30%)	150

ADHS School Benchmarks

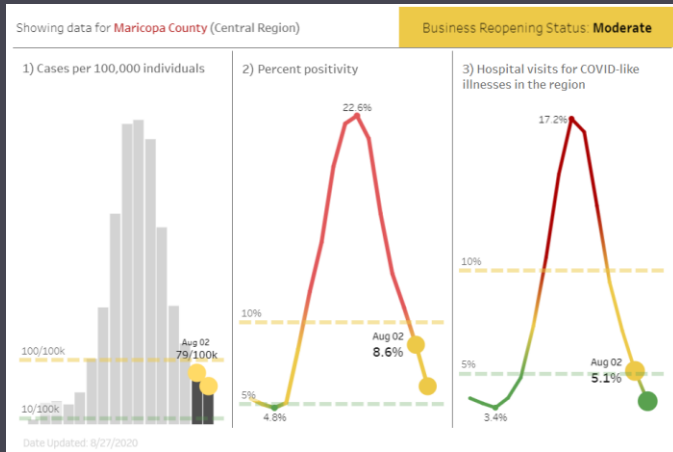
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

Community Spread Level	Delivery Model	Hand Hygiene & Respiratory Etiquette	Enhanced Cleaning	Proper Ventilation (buildings and Buses)	Monitor Absenteeism	Symptom Screening	Physical Distancing (6 feet)	Cloth Face Coverings	Cohorting	Field Trips & Large Gatherings Canceled	Communal Spaces Closed
No to Minimal	Traditional	x	x	x	x						
Minimal to Moderate	Hybrid	x	x	x	x	x	x	x	x	x	x
Substantial	Virtual w/ onsite support services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Updated 8/27/20

	Cases	% Positivity	CLI*
Apache	✓	✓	✓ (Northern Region)
Cochise	✗	✓	✓ (Southern Region)
Coconino	✓	✗	✓ (Northern Region)
Gila	✓	✗	✓ (Central Region)
Graham	✓	✗	✓ (Southern Region)
Greenlee	✓	✓	✓ (Southern Region)
La Paz	✓	✓	✓ (Western Region)
Maricopa	✓	✗	✓ (Central Region)
Mohave	✓	✗	✓ (Western Region)
Navajo	✓	✗	✓ (Northern Region)
Pima	✓	✗	✓ (Southern Region)
Pinal	✗	✗	✓ (Central Region)
Santa Cruz	✓	✗	✓ (Southern Region)
Yavapai	✓	✓	✓ (Northern Region)
Yuma	✓	✗	✓ (Western Region)

ADHS Phased Reopening-Businesses



Category	Counties
Substantial	Gila, Graham, Mohave, Pinal, Santa Cruz, Yuma
Moderate	Apache, Cochise, Coconino, La Paz, Maricopa, Navajo, Pima, Yavapai
Minimal	Greenlee

BENCHMARKS	Minimal	Moderate	Substantial
CASES	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
PERCENT POSITIVITY	<5%	5-10%	≥10%
COVID LIKE ILLNESS	<5%	5-10%	>10%

BENCHMARKS	Minimal	Moderate	Substantial
Gyms	50% occupancy, must continue to implement ADHS mitigation requirements until < 3% positivity	25% occupancy, must implement ADHS mitigation requirements	Closed
Movie Theaters, Water Parks and Tubing	50% occupancy, must continue to implement ADHS mitigation requirements until < 3% positivity.	50% occupancy, must implement ADHS mitigation requirements	Closed
Bars and nightclubs that have a food establishment permit	50% occupancy, only if converted to restaurant service per ADHS mitigation requirements until < 3% positivity. Once < 3% positivity, 50% occupancy operating as a bar with ADHS mitigation requirements.	50% occupancy, only if converted to restaurant service per ADHS mitigation requirements. Encourage outdoor dining	Closed
Bars and nightclubs without a food establishment permit	Closed until 3% positivity. Once 3% positivity, operate at 50% occupancy with ADHS mitigation requirements.	Closed	Closed

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

Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	≥10%
COVID Like Illness	<5%	5-10%	>10%

Community Spread Level	Compassionate Care Visitation	Limited Outdoor Visitation	Limited Indoor Visitation	Symptom Screening of all Visitors	Cloth Face Covering Required	Physical Distancing (6 feet)	Cohorting	Communal Spaces Closed
Minimal	x	x	x	x	x	x		
Moderate	x	x	N/A	x	x	x	x	x
Substantial	x	N/A	N/A Except that ombudsman must be able to visit	N/A	N/A	N/A	N/A	N/A

New COVID-19 test

- On Aug. 26, the FDA authorized a new point-of-care antigen test that does not require an analyzer. (~\$5)
- The Abbott BinaxNOW test utilizes a nasal swab sample and delivers results in 15 minutes.
- According to FDA, the Abbott test correctly identifies patients with SARS-CoV-2 97.1% of the time and people without the virus 98.5% of the time.
- Includes mobile app, called NAVICA™, which works like a secure digital "boarding pass" that can be scanned to enter organizations and other places where people gather.

FDA Announces Advisory Committee Meeting to Discuss COVID-19 Vaccines

- August 28th: The U.S. Food and Drug Administration [announced](#) that a public meeting of the Vaccines and Related Biological Products Advisory Committee to discuss the general matter of the development, authorization, and/or licensure of vaccines indicated to prevent COVID-19.
- The meeting will be held on Oct. 22, 2020, from 10:00 a.m. ET to 5:00 p.m. ET via webcast. The FDA intends to make background material available to the public, including the meeting agenda and Committee roster, no later than two business days before the meeting.

FDA Broadens EUA for Veklury (remdesivir) to Include all Hospitalized Patients for Treatment of COVID-19

- August 28th: U.S. Food and Drug Administration broadened the scope of the existing emergency use authorization (EUA) for the drug Veklury (remdesivir) to include treatment of all hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease.
- Important information about using Veklury in treating COVID-19 is available in [fact sheets to health care providers](#) and [patients](#), which include dosing instructions, potential side effects and drug interactions.

[CLICK HERE](#)

CDC: Considerations for COVID-19 Diagnostic (Molecular or Antigen) Testing

If you have symptoms of COVID-19:

- If your symptoms are mild:
 - Your health care provider (MD, NP, pharmacist, etc.) may advise a COVID-19 test.
 - If you test positive for COVID-19 or do not get tested, you should self-isolate for at least 10 days after symptom onset and at least 24 hours after the resolution of any fever
 - If you live with a vulnerable individual, they should be tested.
- If your symptoms are severe or become severe:
 - You should contact your health care provider immediately or seek emergency care.

If you take a test and test positive, you do not need to repeat a test- Follow isolation guidelines before return to normal activities.

[CLICK HERE](#)

CDC: Considerations for COVID-19 Diagnostic (Molecular or Antigen) Testing

If you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes but do NOT have symptoms:

- You do not necessarily need a test unless you are a vulnerable individual or recommended to take one by HCP.
- A negative test does not mean you will not develop an infection and you should monitor yourself for symptoms and strictly adhere to CDC mitigation protocols.

If you do NOT have COVID-19 symptoms and have NOT been in close contact with someone known to have a COVID-19 infection:

- You do not need a test.
- If **you** decide to be tested, you should self-isolate at home until your test results are known. A negative test does not mean you will not contract an infection at a later time.

[CLICK HERE](#)

CDC: Considerations for COVID-19 Diagnostic (Molecular or Antigen) Testing

If you are in a high COVID-19 transmission area and have attended a public or private gathering of more than 10 people (without widespread mask wearing or physical distancing):

- You do not necessarily need a test unless you are a vulnerable individual or your HCP or public health officials recommend you take one.

If you work in a nursing home or a long-term care facility, live in or receive care in a nursing home or a long-term care facility:

- You will need to be tested, unless you have already been tested as part of your facility's operational plans.

If you are a critical infrastructure worker, health care worker, or first responder:

- You may need to get a test, according to your employer's guidelines.

CDC Data Shows Significance of Underlying Health Concerns in COVID-19 Deaths

- CDC reported 6% of those who died while having COVID-19, the virus was the only cause mentioned as a cause of death & on average, there were 2.6 additional conditions or causes per (COVID-19) death.
- The top comorbidities, or underlying medical conditions in a COVID-19 death include:
 - Influenza and pneumonia
 - Respiratory failure
 - Hypertensive disease
 - Diabetes
 - Vascular and unspecified dementia
 - Cardiac arrest
 - Heart failure
 - Renal failure
 - Intentional and unintentional injury, poisoning and other adverse events

MCPH: Estimating COVID Associated Deaths

Determining the **cause of death** is different than Public Health surveillance of **deaths associated with a condition**

- All people with COVID-19 (or related, such as SARS-CoV-2) codes on their death certificates
- All people who die within 60 days of testing positive for COVID-19 by PCR test
 - Excluding those with a cause of death listed that falls into the “Injury or Poisoning” group of codes (i.e., motor vehicle accidents, gunshot wounds, other trauma).

HHS Reopens Provider Relief Fund Portal For Medicare Providers

- The HHS Provider Relief Fund portal has been reopened. Medicare providers who missed the opportunity to apply for additional funding from the Medicare general distribution can complete an application to be considered for the balance of their additional funding up to 2% of their annual patient revenues.
- Deadline to apply is ~~Aug. 28~~. Visit the HHS Provider Relief Fund [website](#) for additional details and links to the application portal.

Extended to 9/13/20

Questions | COVID-19

Immunization Update

Kelly Fine | CEO- Arizona Pharmacy Association

Jennifer Davis | Medical Science Liaison-Sanofi US

Andrew DeMotto-Lieutenant Commander/Deputy Director of Pharmacy Operations-Salt River IHS

HHS Order



FOR IMMEDIATE RELEASE
August 19, 2020

Contact: HHS Press Office
202-690-6343
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 - PDF*](#) 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 administer vaccines, if the pharmacy intern is licensed or registered by his or her State board of pharmacy) 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.

Summary of Current AZ Immunization Law

Pharmacist Prescriptive Authority	<ul style="list-style-type: none">• 3 years and older• 6-12 years• 11-12 years old• 13 and older• Emergency Medications• Public Health Emergency	<ul style="list-style-type: none">• Influenza Vaccine• All vaccines with a prescription• Adolescent boosters only (HPV, MenB)• All routine vaccine (except YF, Rabies, JE, Cholera, Typhoid-need RX)• Epinephrine, Antihistamines• Any vaccine to any age necessary for response
Reporting Requirements	<ul style="list-style-type: none">• Immunization Record• Adverse Reaction	<ul style="list-style-type: none">• Report to PCP within 48 hours as well as to ASIIS (State Registry)• Report to PCP within 24 hours as well as to VAERS
Training and CE Requirements	<ul style="list-style-type: none">• Pharmacists• Students	<ul style="list-style-type: none">• Training required; 2 hours CE; CPR certified; register with ASBP• Training required; CPR certified; register with ASBP; supervision by RPh

Governors Press Conference



AHCCCS Actions:

- Issuing an administrative action to enable certified pharmacists to administer the flu vaccine to children currently enrolled in AHCCCS.
- Increasing payments to providers for vaccine administration.
- Offering \$10 gift cards to members who get their flu vaccine.

Arizona Department of Health Services Actions:

- Significantly increasing the amount of influenza vaccines available to uninsured & underinsured
- Launching a public education campaign - "Roll Up Your Sleeve;"
- Partnering with health care providers and pharmacies
- Conducting outreach to businesses, creating a "business toolkit."
- Expanding the flu vaccine at COVID-19 testing sites
- Creating an online "Vaccine Finder"

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.

COVID Vaccine Updates

- You will **NOT** need to be enrolled in VFC to provide COVID vaccine in Arizona.
- There will be a separate enrollment required for all providers including pharmacies through ADHS.
- **Considerations:**
 - ASIS access
 - NPI number
 - Training









VaccineFinder and MedFinder

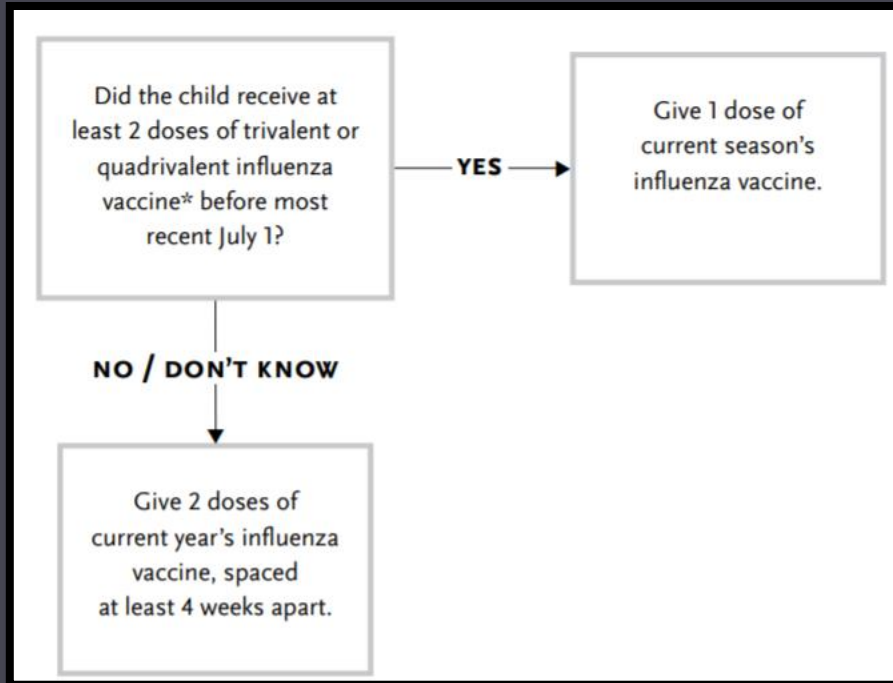
- **VaccineFinder**: Participating pharmacies can update supply estimates for routine adult and child vaccines, and any travel vaccines that they carry.
- **MedFinder**: Participating pharmacies can update their antiviral drug supply.
- Pharmacy entities with multiple practice sites are able to combine 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](#)

Flu Vaccine Preparations

Seasonal Influenza Vaccines

	6 months	2 years	3 years	9 years	18 years	49 years	64 years	65+ years
	Fluzone® QIV 6 mos+							Fluzone High-Dose TIV 65+
					Flublok® QIV 18+			
		FluMist® QIV 2–49						
	FluLaval® QIV 6 mos+							
	Fluarix® QIV 6 mos+							
			Flucelvax® QIV 4+					Flud® TIV 65+
	Afluria® QIV 6 mos+							
 					Afluria QIV 18–64			

Determining the # of Doses of Influenza Vaccine to Give to Children Age 6 mo.- 8 Yrs.



* The two doses need not have been received during the same season or consecutive seasons.

NOTES:

- The two doses can both be inactivated influenza vaccine (IIV), or, for children age 2 through 8 years who have no contraindications to live attenuated influenza vaccine (LAIV), can both be LAIV, or alternatively, 1 dose of IIV and 1 dose of LAIV.
- Administer a second dose to a 9-year-old child who received their first dose in the current season when they were age 8 years, if they haven't or don't know if they have received 2 doses in prior years.

<https://immunize.org/catg.d/p3093.pdf>

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season

[CLICK HERE](#)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Interim Guidance for Immunization Services During the COVID-19 Pandemic

Purpose of Guidance

Importance of Immunization Services During the COVID-19 Pandemic

Vaccine Recommendations During the COVID-19 Pandemic

Considerations for Routine Vaccination

Additional Considerations for Influenza Vaccination

Vaccination of Persons with Suspected or Confirmed COVID-19

Vaccine Administration During the COVID-19 Pandemic

General Practices for the Safe Delivery of Vaccination Services

Additional Considerations

Strategies for Catch-up

Additional Resources

[CLICK HERE](#)

Deliver vaccines safely during the COVID-19 pandemic

- [Administration of vaccines](#) is an essential medical service.
- Assess the vaccination status of all patients across the life span at every health care visit.
- Administer routinely recommended vaccines to children, adolescents, and adults (including pregnant women).
- Delay vaccination for persons with suspected or confirmed COVID-19.
- Follow [guidance](#) to prevent the spread of COVID-19 in health care settings.
- Encourage vaccination at the patient's medical home.
- Implement effective strategies for [catch-up vaccination](#).
- Communicate with patients/families about how they can be safely vaccinated during the pandemic.

IM Injection Summary

Age group	Needle length	Injection site
Children (birth-18 years)		
Neonates ^(a)	5/8 inch (16 mm) ^(b)	Anterolateral thigh
Infants, 1-12 months	1 inch (25 mm)	Anterolateral thigh
Toddlers, 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh ^(c)
	5/8 ^(b) -1 inch (16-25 mm)	Deltoid muscle of arm
Children, 3-10 years	5/8 ^(b) -1 inch (16-25 mm)	Deltoid muscle of arm ^(c)
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children, 11-18 years	5/8 ^(b) -1 inch (16-25 mm)	Deltoid muscle of arm ^(c)
	1-1.5 inches (25-38 mm)	Anterolateral thigh

^(a) First 28 days of life.

^(b) If skin is stretched tightly and subcutaneous tissues are not bunched.

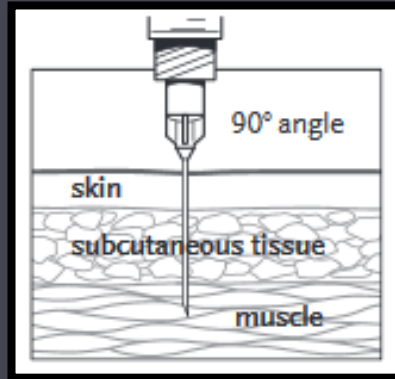
^(c) Preferred site.

^(d) Some experts recommend a 5/8-inch needle for men and women who weigh <60 kg, if used, skin must be stretched tightly (do not bunch subcutaneous tissue).

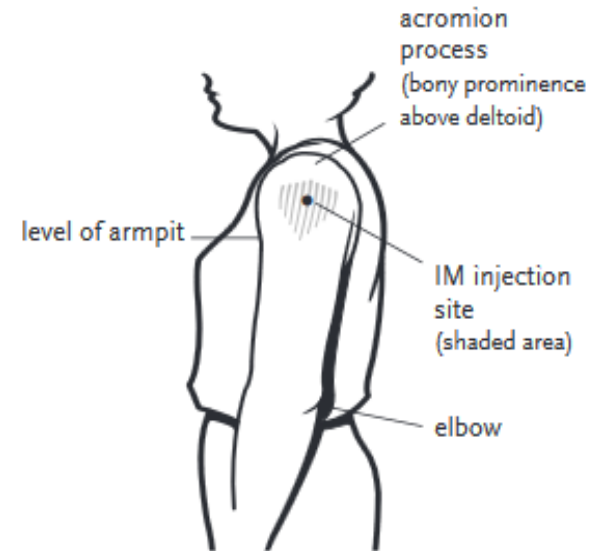
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html#ref17>

IM Injection Sites

- Long enough to reach deep into the muscle
- Insert at 90-degree angle
- Separate multiple by 1 inch



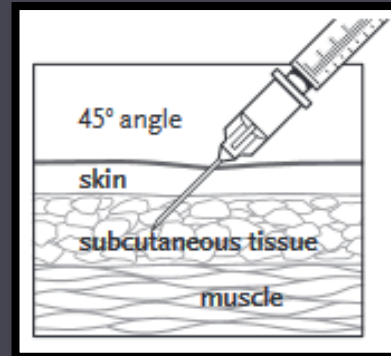
Intramuscular (IM) injection site for children and adults



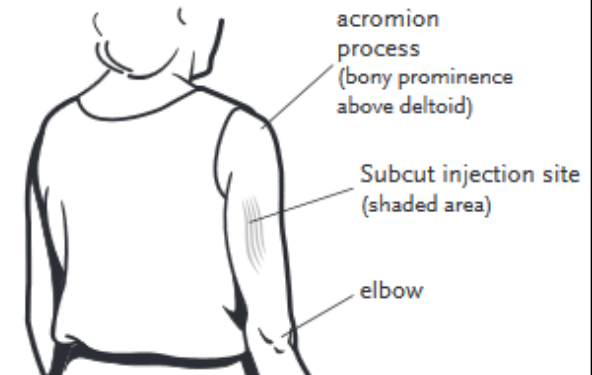
SQ Injection Summary/Sites

Patient Age	Injection Site (Preferred)	Injection Site (Alternate)	Needle Length
Birth to 12 months	Anterolateral thigh muscle	Triceps	5/8"
12 months and older	Triceps		5/8"

- Pinch up fatty tissue
- Insert at 45-degree angle
- Separate multiple by 1 inch



**Subcutaneous (Subcut)
injection site for children (after
the 1st birthday) and adults**



https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html#fig_1

Holding Techniques for Children



California Department of
Public Health –
Immunization Branch

Hold the child on parent's lap or have the child stand in front of the seated parent.

1. Parent's arms embrace the child during the process.
2. Both legs are firmly between parent's legs.

Other Tips:

- Check ASIIS/CDC Schedule and immunization records.
- Use distractions throughout encounter. (*Ask about favorite toy/book/movie, activities planned for the day*).
- Consider having child use ice cube to rub on injection site prior to vaccination. (*Takes away majority of pain AND acts as distraction for child*).
- Use calming language and tone.
- Encourage parent to cuddle/soothe child with praises.

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

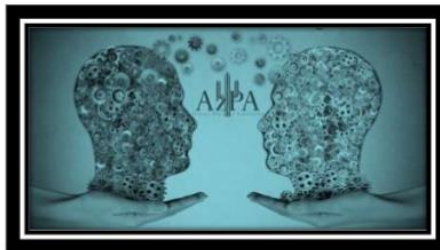
For more information please visit: <http://www.azpharmacy.org/mcp>
Applicants must apply by September 30, 2020 to be eligible



SCAN ME

APPLY AT:
<https://azpharmacy.org/mcp/>

Arizona Pharmacy Association Mentor Connection Program



**STUDENT PHARMACISTS:
Set yourself apart & get 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:

- Enhance your experience in areas such as leadership, interpersonal skills, and communication
- Increase your personal profile and professional network
- Gain a critical insight from leaders of your profession
- Learn the skills necessary to succeed and advance in the profession of pharmacy
- Earn a certificate of completion*

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



SCAN ME



Community Pharmacy NRT Fulfillment Program



What is ASHLine?

ASHLine has been Arizona's tobacco Quitline for over 20 years. This program is funded by state tobacco tax dollars allocated by ADHS, CDC grants, contracts with public and private partners, and research grants.



Pharmacy FAQ's

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.



Training Video

Listen to the ins and outs of the ASHLine NRT Pharmacy Fulfillment program from the program coordinators.

- 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

OCTOBER 2 - 4, 2020

~~PHOENIX, AZ~~
anywhere!



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!

Virtual PGY1 Residency Showcase
October 13-15, 2020

AzPA Pain Management Certificate Program

[Register Here](#) | December 12, 2020

APhA | Pharmacy-Based Cardiovascular Disease Risk Management Certificate Program

October 23, 2020 | Virtual

Questions | Immunizations