



September 9, 2020

COVID-19 TOWN HALL

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

Worldwide Cases

JOHNS HOPKINS
UNIVERSITY & MEDICINE

CORONAVIRUS
RESOURCE CENTER



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



Global Cases

27,610,660

Cases by Country/Region/Sovereignty

6,328,154 US
4,370,128 India
4,162,073 Brazil
1,037,526 Russia
691,575 Peru
679,181 Colombia
642,860 Mexico
640,441 South Africa
534,513 Spain
500,034 Argentina
425,541 Chile
393,425 Iran
373,718 France

Admin0

Admin1

Admin2

Last Updated at (M/D/YYYY)

9/9/2020, 5:28 AM

188

countries/regions



Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).

Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: [Slack](#), [Github](#) and [AWS](#).

Global Deaths

898,297

189,699 deaths
US

127,464 deaths
Brazil

73,890 deaths
India

68,484 deaths
Mexico

41,675 deaths
United Kingdom

35,563 deaths
Italy

Global Deaths

US State Level

Deaths, Recovered

33,016 deaths, **75,503**
recovered
New York US

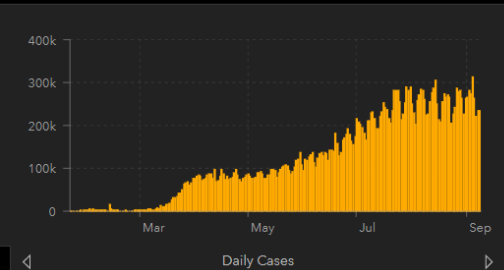
15,996 deaths, **34,226**
recovered
New Jersey US

13,849 deaths, **recovered**
California US

13,792 deaths, **553,409**
recovered
Texas US

11,915 deaths, **recovered**
Florida US

US Deaths, Recovered



National Cases



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

USA

6,287,362

TOTAL CASES

CDC | Updated: Sep 8 2020 12:17PM

USA

188,688

TOTAL DEATHS

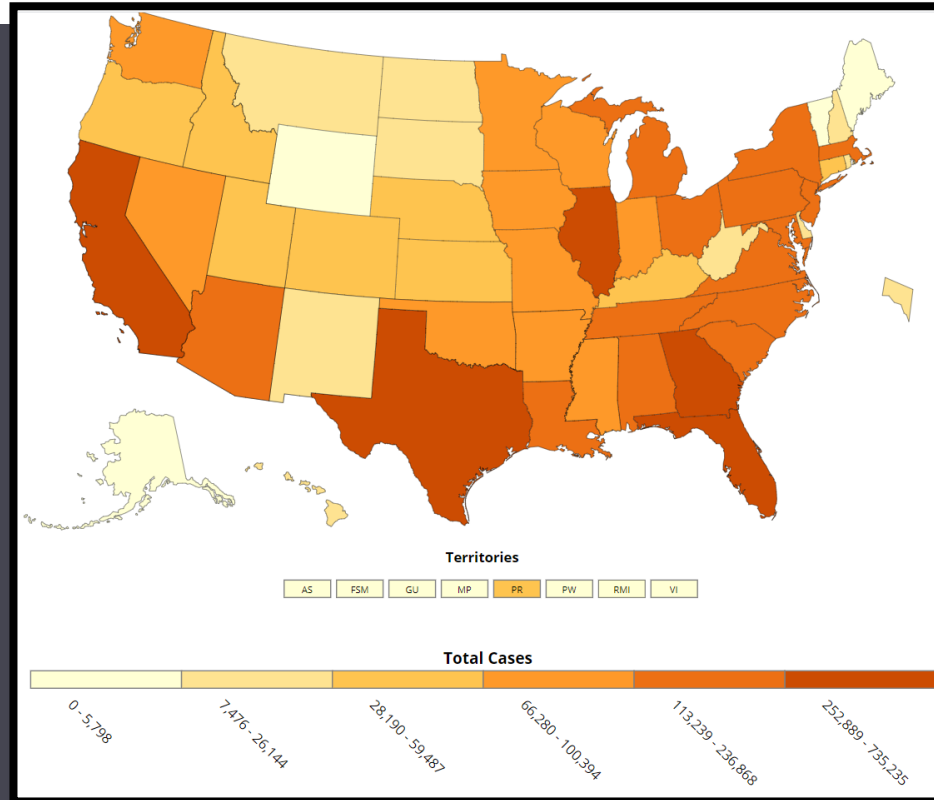
CDC | Updated: Sep 8 2020 12:17PM

USA

282,919

Cases in Last 7 Days

CDC | Updated: Sep 8 2020 12:17PM



State/Territory	Total Cases	Confirmed
California	735,235	N/A
Florida	640,978	N/A
Texas	640,370	N/A
Georgia	283,807	N/A
Illinois	252,889	250,961
New York City*	236,868	232,036
Arizona	205,964	204,157
New York*	203,809	N/A
New Jersey	194,390	N/A
North Carolina	177,919	N/A
Tennessee	165,109	160,708
Louisiana	154,073	N/A
Pennsylvania	139,863	135,862
Alabama	133,604	121,879
Massachusetts	130,942	121,046
Ohio	130,558	123,803
Virginia	128,407	122,711
South Carolina	125,607	123,552
Michigan	118,403	107,371
Maryland	113,239	N/A
Indiana	100,394	N/A
Missouri	94,340	N/A
Mississippi	87,379	82,684
Wisconsin	86,928	81,760
Minnesota	81,608	N/A

Daily confirmed new cases (3-day moving average)

Daily New Cases per 100k people. Data shown from 1/22/20 to 9/8/20.



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

ites in the map below?

Arizona ▾

Current R_t

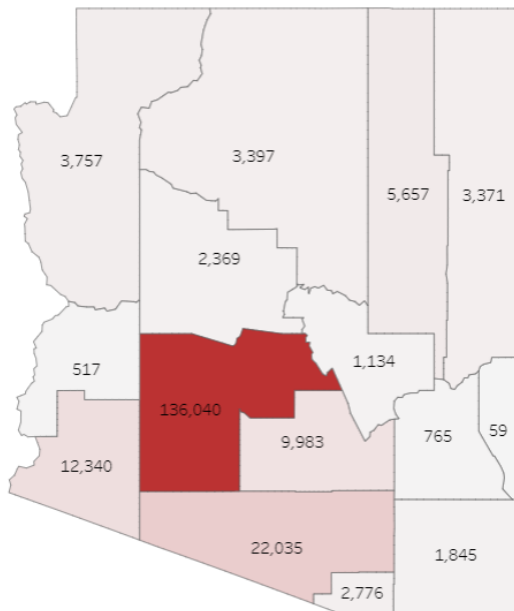
0.92

Cases

205,962

Tests

1,263,368



Number of
Cases

206,045

Number of
Deaths

5,221

Number of
COVID-19 Tests

1,538,510

Number of New Cases
reported today*

81

Number of New Deaths
reported today*

2

Number of New Tests
reported today*

3,770

Rate of cases, per 100,000
population

2,866.1

Rate of fatalities, per
100,000 population

72.62

Total Percent Positive**

11.2%

Total COVID-19 PCR Tests

1,264,793

New PCR Tests reported
today*

3,203

PCR Percent Positive**

12.2%

Total COVID-19 Serology
Tests

273,717

New Serology Tests reported
today*

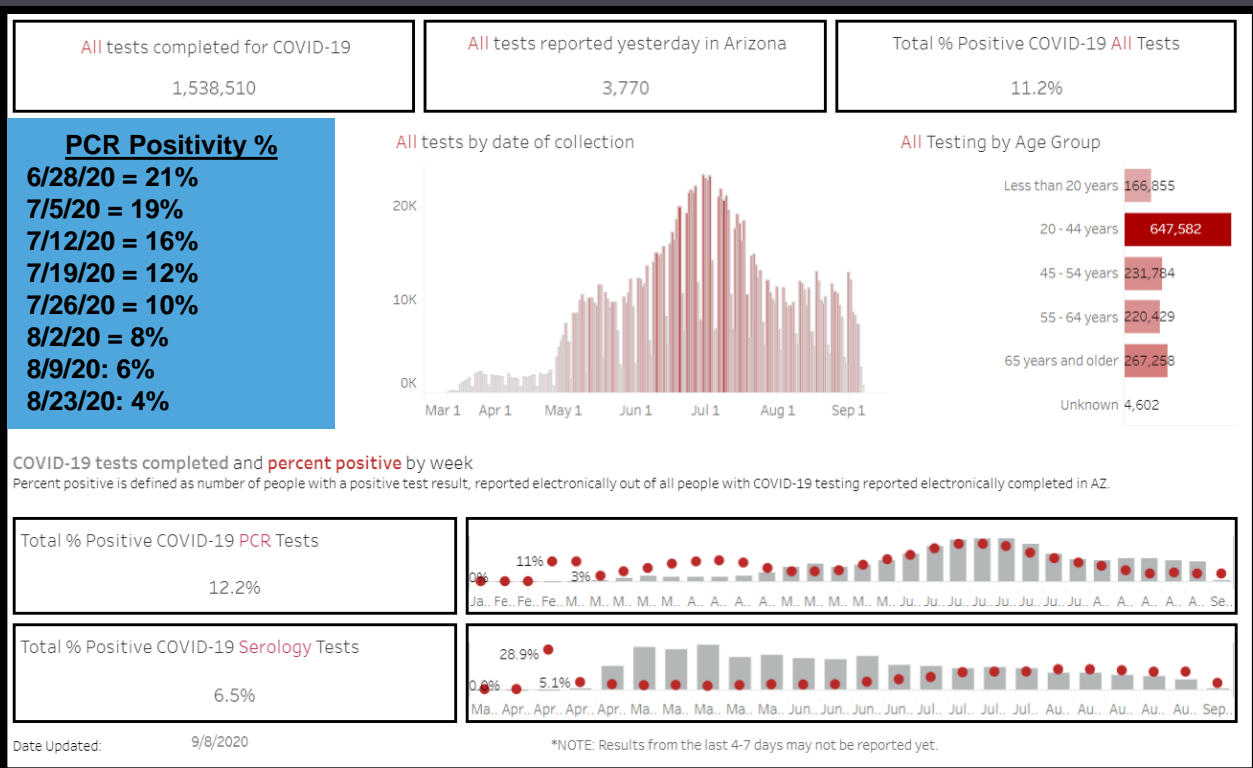
567

Serology Percent Positive**

6.5%

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%
9/8/20	11.2%	12.2%	6.5%



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	6,476 (81%)	1469
8/31/20	6435 (81%)	729
9/7/20	6300 (79%)	657

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	1378 (80%)	510
8/31/20	1289 (77%)	253
9/7/20	1265 (76%)	212

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
9/7/20	541 (29%)	112

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

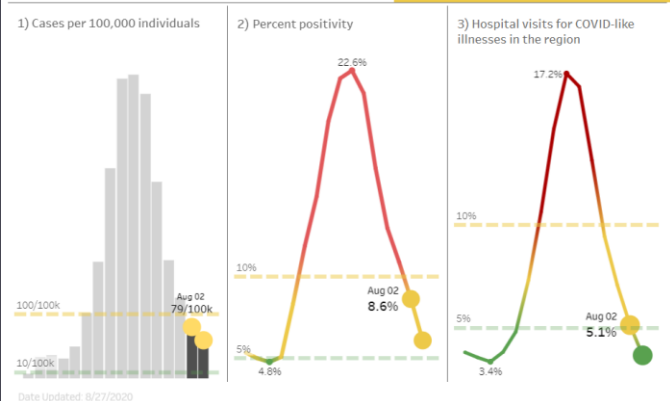
8/27/20: 3/15 counties were ranked minimal
9/3/20: 10/15 counties are ranked minimal

	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

Showing data for **Maricopa County** (Central Region)

Business Reopening Status: **Moderate**



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

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%

[ADHS COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children](#)

[CMS Nursing Home Reopening Recommendations for State and Local Officials](#)

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

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.

GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA
★
EXECUTIVE ORDER

Executive Order 2020-53

Driver License Renewals for Arizonans 65 or Older
Amending and Extending Executive Order 2020-08

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.

GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA
★
EXECUTIVE ORDER

Executive Order 2020-54

Enhanced Surveillance Advisory
Monitoring the Spread of COVID-19

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.

Roche Receives U.S. Emergency Approval For Coronavirus vs. Flu Test

- 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

[CLICK HERE](#)

Evidence Grows For Steroids Use in Severe COVID-19

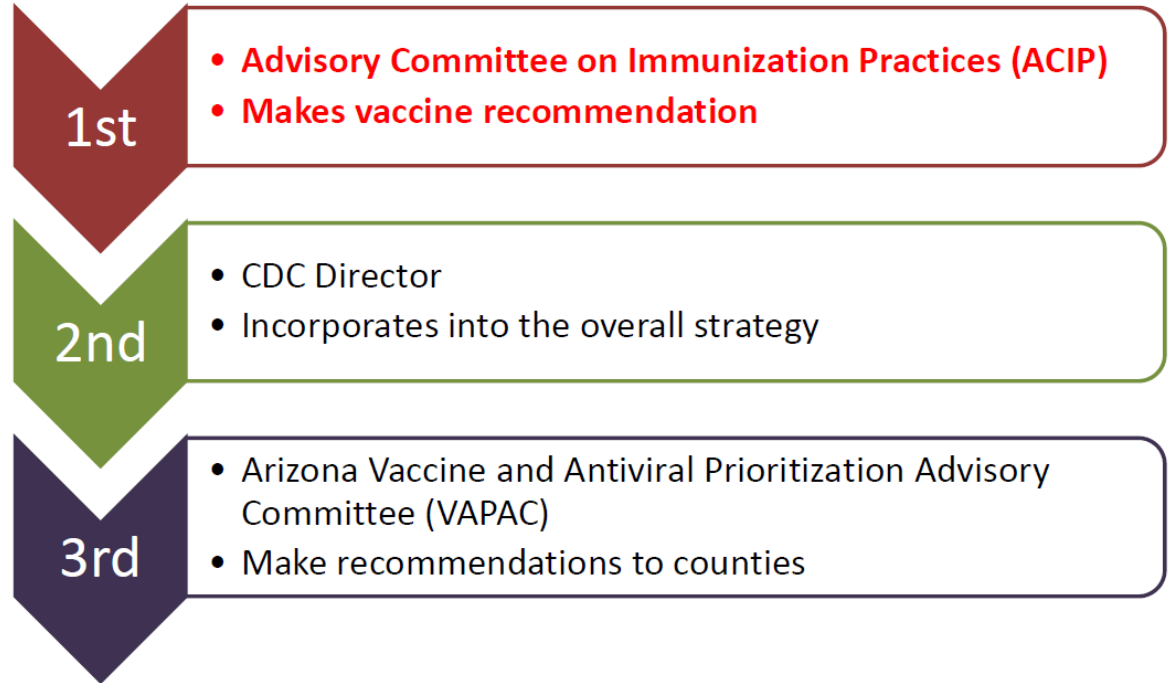
- Critically ill COVID-19 patients appear to benefit substantially from treatment with systemic corticosteroids.
- The work included seven randomized controlled trials populated by 1,703 critically ill individuals with suspected or confirmed infection.
 - Participants were divided into two arms, with 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



COVID Planning Scenarios

- Limited COVID-19 vaccine may be available by early November 2020 but will increase substantially in 2021.
- Vaccines will 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° to 8°C) to frozen (-20°C) to ultra-cold (-60° 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

<div> <div>TIER 1¹</div> <div>TIER 2</div> <div>TIER 3</div> <div>TIER 4</div> <div>TIER 5</div> <div>Not Targeted²</div> </div>					
Category	Population Group	Estimated Number ³	Low Severity ⁴	Moderate Severity	High/Very High Severity
Homeland and national security	Deployed ⁵ & mission essential personnel	850,000			
	Essential military support & sustainment personnel	650,000			
	Intelligence services	150,000			
	National Guard personnel	500,000			
	Other domestic national security personnel	150,000			
	Other active duty military & essential support	1,500,000			
Health care and community support services	Public health personnel	300,000			
	Inpatient health care providers	3,200,000			
	Outpatient & home health providers	2,600,000			
	Health care providers in long-term care facilities	1,600,000			
	Pharmacists & pharmacy technicians	725,000			
	Community support & emergency management	600,000			
	Mortuary services personnel	50,000			
Other critical infrastructure	Other health care personnel	350,000			
	Emergency services & public safety sector personnel (EMS, law enforcement, & fire services)	2,000,000			
	Manufacturers of pandemic vaccine & antivirals	50,000			
	Communications/information technology (IT), electricity, nuclear, oil & gas, water sector personnel, & financial clearing & settlement personnel	2,200,000			
	Critical government personnel - operational & regulatory functions	425,000			
	Banking & finance, chemical, food & agriculture, pharmaceutical, postal & shipping, & transportation sector personnel (critical infrastructure with greater redundancy)	3,400,000			
General population	Other critical government personnel	400,000			
	Pregnant women	4,000,000			
	Infants & toddlers 6-35 months old	11,000,000			
	Household contacts of infants <6 months old	4,500,000			
	Children 3-18 years old with high risk condition	7,000,000			
	Children 3-18 years old without high risk condition	62,000,000			
	Adults 19-64 years old with high risk condition	38,000,000			
	Adults ≥65 years old	41,000,000			
	Healthy adults 19-64 years old	132,000,000			

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.

****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.

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 [AIPO Train](#) to learn how to order, receive, store, administer, document, and account for pandemic vaccines in ASIIS.

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](#)

Questions | COVID-19

Immunization Update

Kelly Fine | CEO- Arizona Pharmacy Association

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.

Well Child Templates

Date **xx/xx/200x**

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 health care 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 y tests, 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]

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 incudes 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



Brochure

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 children'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 keep your child's medical record and coordinate care with other members of your child's healthcare team, including your pharmacist.

Referral Form for Well-Child Visit

Referral Form

Patient Name (First/Last): _____

Referring Pharmacist: _____ email: _____

Pharmacy Practice: _____ Phone Number: _____

FAX Number: _____

Email: _____ Date of Referral: _____

Signature: _____ Date: _____

The above patient was seen in our pharmacy/practice today and the following vaccines administered. The patient was informed regarding the importance of well-child visits. Additional items needing potential follow-up are indicated below. Feel free to contact us if you have further questions. We would appreciate receiving an update after you have seen the patient so that we can update our records and support your treatment plan. We have submitted the vaccines we gave today in the state/local immunization information system (IIS).

Reason for Referral: ☐ Well-child checkup ☐ Other follow-up

The following vaccine(s) were administered today:

- ☐ DTaP
- ☐ Hep A
- ☐ Hep B
- ☐ Hib
- ☐ HPV
- ☐ Influenza
- ☐ MMR
- ☐ Meningococcal
- ☐ Pneumococcal (PCV)
- ☐ Polio (IPV)
- ☐ Rotavirus
- ☐ Td / Tdap
- ☐ Varicella
- ☐ Other: _____

Patient may need additional immunization(s)

- ☐ _____
- ☐ _____
- ☐ _____

Comment:

☐ 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

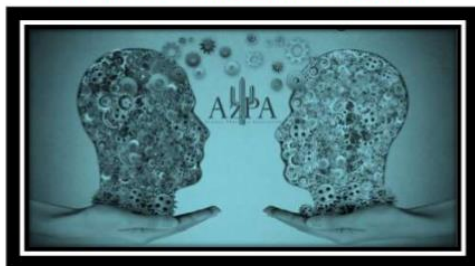
- **VaccineFinder**: Participating pharmacies can update supply estimates for routine adult and child vaccines, and any travel vaccines that they carry.
- **MedFinder**: Participating pharmacies can update their antiviral drug supply.
- Pharmacy entities with multiple practice sites are able to combine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

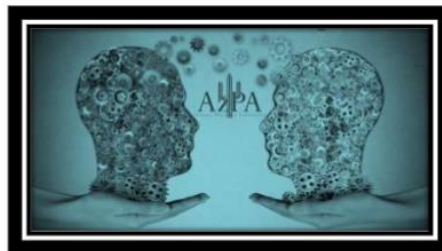
For more information please visit: <http://www.azpharmacy.org/mcp>
Applicants must apply by September 30, 2020 to be eligible



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