



December 9th

COVID-19 TOWN HALL

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

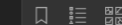
68,367,895

Cases by Country/Region/Sovereignty

15,173,851 US
9,735,850 India
6,674,999 Brazil
2,518,551 Russia
2,363,197 France
1,757,394 Italy
1,754,911 United Kingdom
1,702,328 Spain
1,469,919 Argentina
1,384,610 Colombia
1,229,269 Germany
1,193,255 Mexico
1,088,346 Poland

Admin0 Admin1 Admin2

Last Updated at (M/D/YYYY)



Esri, FAO, NOAA

Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

191

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

Global Deaths

1,559,873

286,338 deaths
US
178,159 deaths
Brazil
141,360 deaths
India
110,874 deaths
Mexico
62,130 deaths
United Kingdom
61,240 deaths
Italy

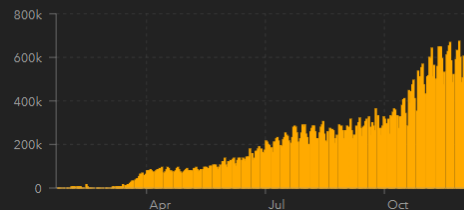
Global Deaths

US State Level

Deaths, Recovered

35,118 deaths, **88,584**
recovered
New York US
23,372 deaths, **1,050,416**
recovered
Texas US
20,275 deaths, recovered
California US
19,378 deaths, recovered
Florida US
17,426 deaths, **46,527**
recovered
New Jersey US

US Deaths, Recovered



NATIONAL CASES



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

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

TOTAL CASES
14,823,129
+186,215 New Cases

AVERAGE DAILY CASES PER 100K IN LAST 7 DAYS
60.1

TOTAL DEATHS
282,785
+1,532 New Deaths

United States

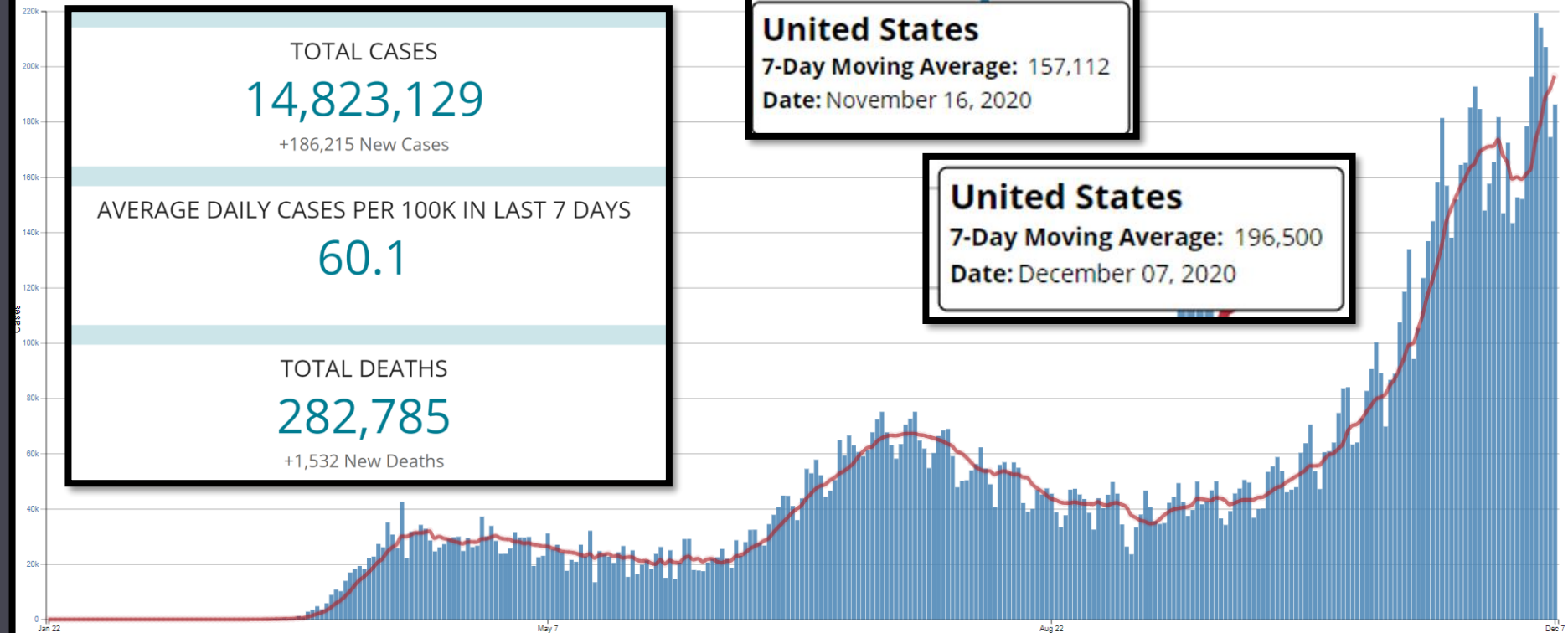
7-Day Moving Average: 157,112

Date: November 16, 2020

United States

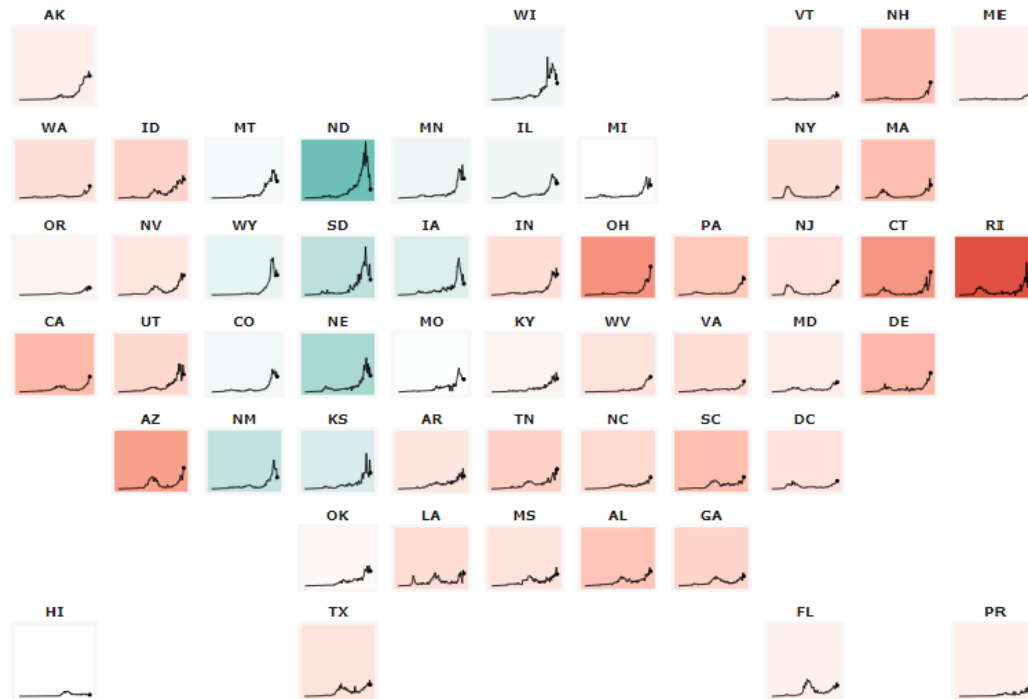
7-Day Moving Average: 196,500

Date: December 07, 2020



DAILY CONFIRMED NEW CASES (3 DAY MOVING AVERAGE)

Daily New Cases per 100k people. Data shown from 1/22/20 to 12/8/20.



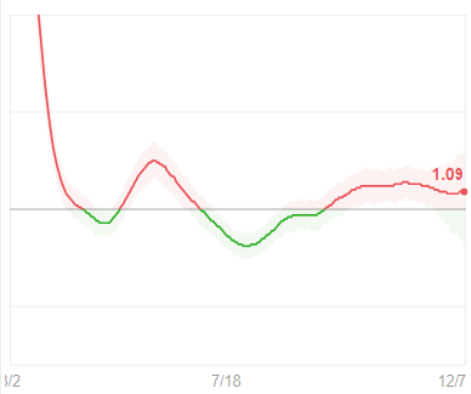
Cases per US State (Deaths)

| | |
|------------------|------------------------|
| 1,422,187 | California (20,275) |
| 1,347,045 | Texas (23,372) |
| 1,073,770 | Florida (19,378) |
| 804,174 | Illinois (14,384) |
| 722,464 | New York (35,118) |
| 512,267 | Georgia (9,873) |
| 510,018 | Ohio (7,103) |
| 448,009 | Wisconsin (4,054) |
| 443,076 | Michigan (10,625) |
| 442,311 | Pennsylvania (11,521) |
| 414,749 | Tennessee (5,109) |
| 404,032 | North Carolina (5,605) |
| 392,663 | Indiana (6,410) |
| 378,157 | Arizona (6,973) |
| 377,055 | New Jersey (17,426) |
| 359,203 | Minnesota (4,086) |



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

Arizona Details >



R_t
9/2/20: 0.81
9/9/20: 0.92
9/15/20: 1.01
10/21/20: 1.10
10/28/20: 1.10
11/3/20: 1.12
11/18/20: 1.09

Number of
Cases

378,157

Number of
Deaths

6,973

Number of
COVID-19 Tests

2,780,498

Number of New Cases
reported today*

12,314

Number of New Deaths
reported today*

23

Number of New Tests
reported today*

20,391

Rate of cases, per 100,000
population

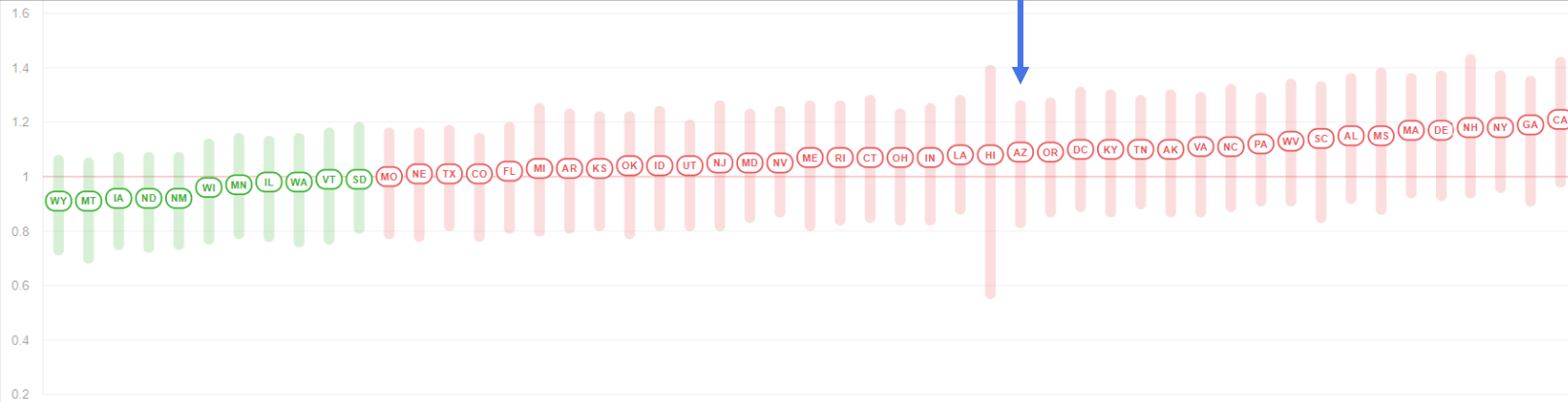
5,260.2

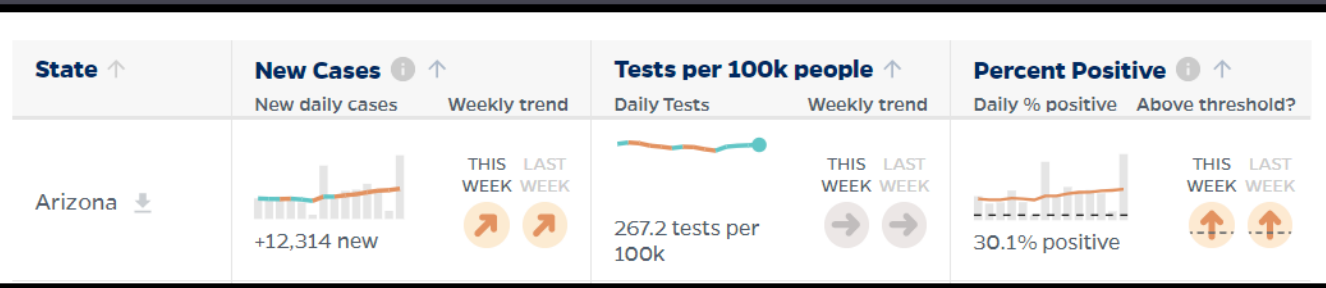
Rate of fatalities, per
100,000 population

97.00

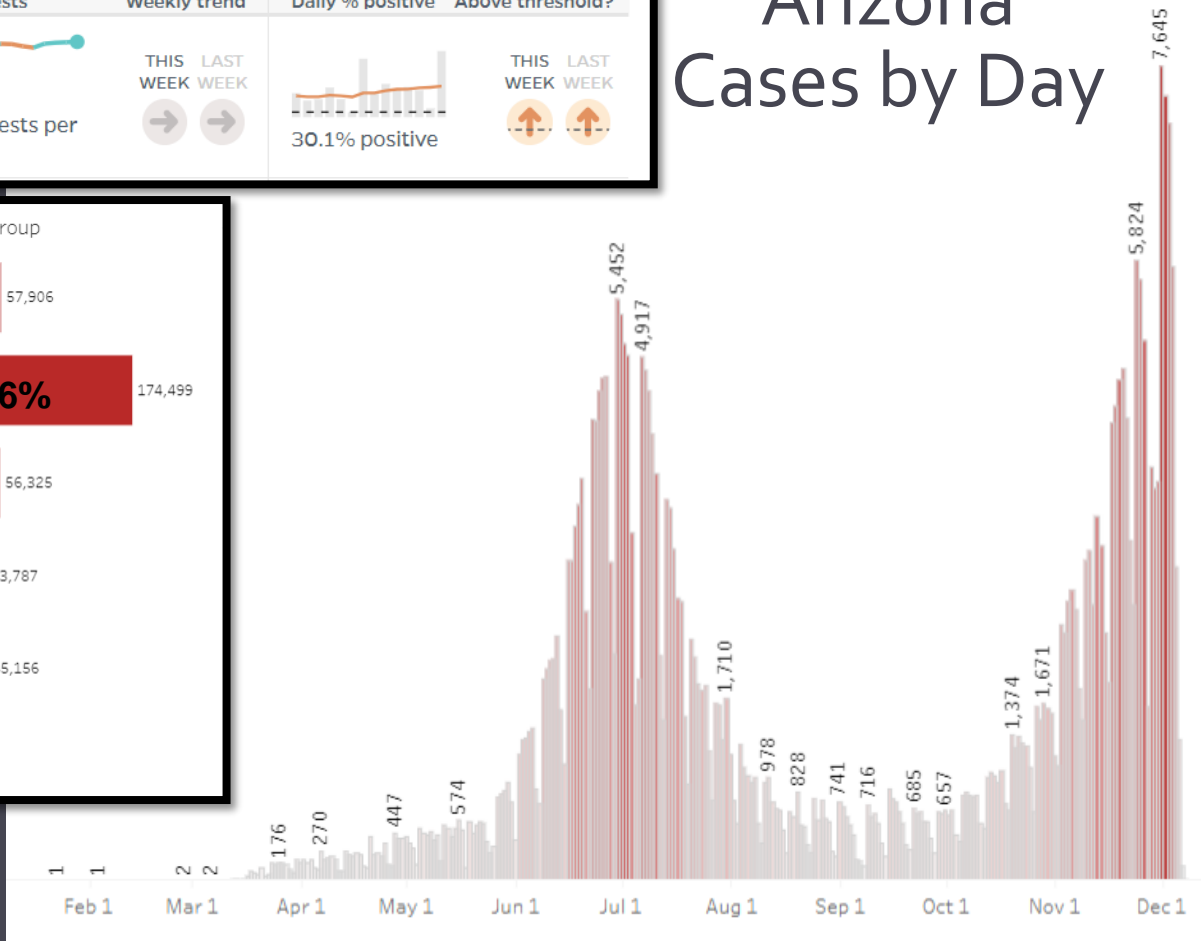
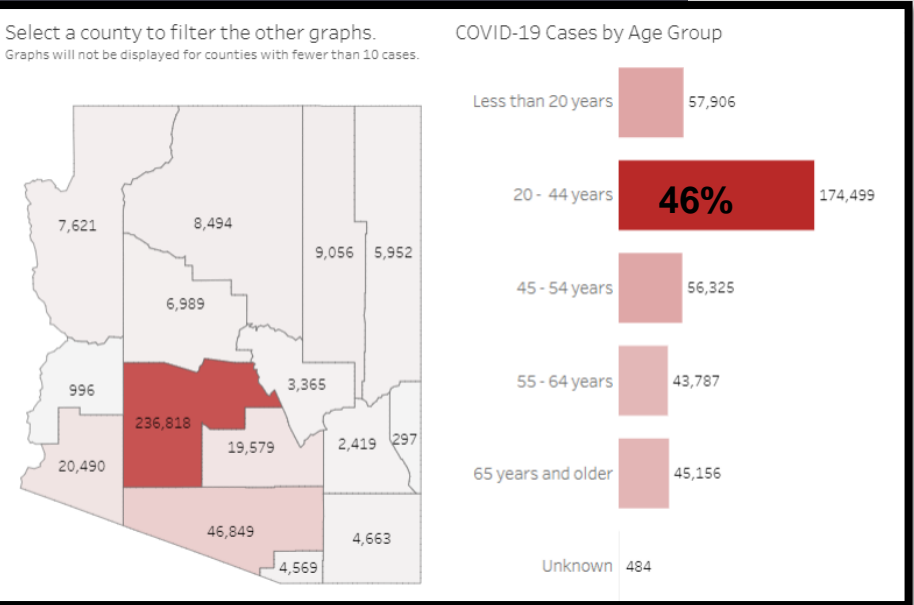
Total Percent Positive**

10.6%





Arizona Cases by Day



Laboratory Testing

Number of People Tested

See info button for more information.



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

People tested using **Diagnostic** tests completed for COVID-19

2,408,041

People tested using **Diagnostic** tests reported yesterday in Arizona

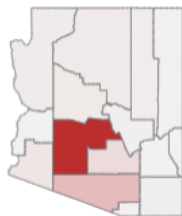
19,195

Total % Positive COVID-19 **Diagnostic** Tests

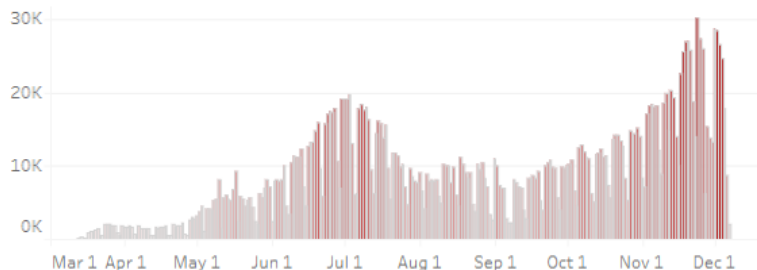
11.1%

People tested using **Diagnostic** tests by county

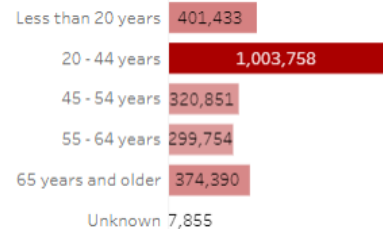
Select a county to filter the data.



People tested using **Diagnostic** tests by date of collection



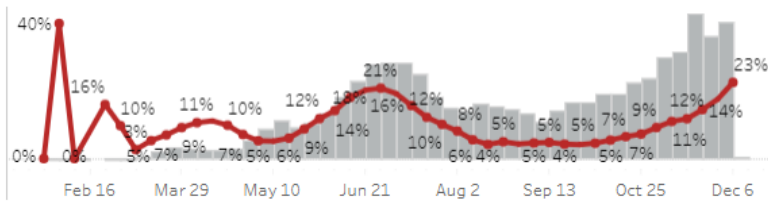
People tested using **Diagnostic** Testing by Age Group



■ People tested for COVID-19 and ■ percent positive by week

Percent positive is the number of people with a positive result in Electronic Laboratory Reporting (ELR), out of all people with COVID-19 testing reported via ELR in AZ. Diagnostic tests include PCR and antigen testing.

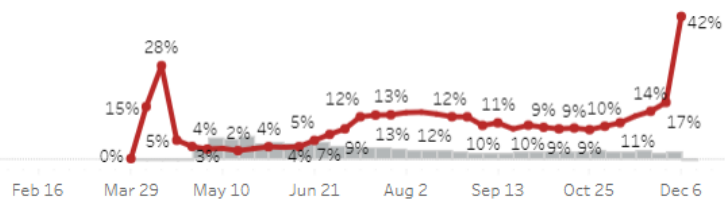
Total % Positive COVID-19 **Diagnostic** Tests: 11.1%



Date Updated:

12/8/2020

Total % Positive COVID-19 **Serology** Tests: 7.6%



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

CDC/ADHS UPDATED QUARANTINE GUIDELINES

In non-congregate living settings, close contacts need to quarantine for 10 full days. (Previously 14 days)

- With this strategy, residual post-quarantine transmission risk is ~estimated to be about 1% with an upper limit of about 10%.

In non-congregate living settings, quarantine may end after 7 full days if:

- (1) a person is tested for COVID-19 by PCR or antigen test collected at least 5 full days after their exposure, (2) the result has been received and is negative, AND (3) the person has not had any symptoms following their exposure
- With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met. [CLICK HERE](#)

CMS FORMALLY DELAYS EPCS ENFORCEMENT

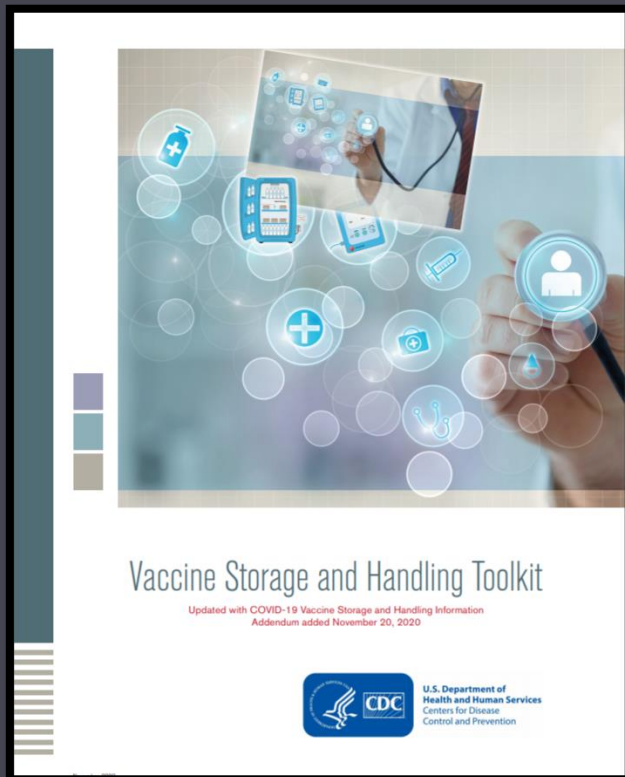
- CMS will **delay enforcement to Jan. 1, 2022**, the mandate for electronic prescribing for controlled substances established in the SUPPORT Act which was set originally to Jan. 1, 2021.
- CMS encourages prescribers to adopt the EPCS standard as soon as possible to reduce their burdens.
- Under the SUPPORT Act, neither pharmacies nor Part D plans are responsible for verifying if the prescriber is EPCS compliant or has a waiver for exemption.

(#4) HHS AMENDS PREP ACT DECLARATION, INCLUDING TO EXPAND ACCESS TO COVID-19 COUNTERMEASURES VIA TELEHEALTH

- Authorizes HCP using telehealth to order or administer Covered Countermeasures that has received an EUA from the FDA, for patients in a state other than the state where the healthcare personnel are already permitted to practice.
- Now Covered Persons have immunity under the PREP Act if they use ANY Covered Countermeasures licensed, approved, cleared, or authorized by the FDA.
- Expands the scope of PREP Act immunity to cover potentially more HCP's who could administer COVID-19 and other vaccines by modifying and clarifying what CPR and other training is required for certain pharmacists, pharmacy interns, and pharmacy technicians to order or administer childhood or COVID-19 vaccine. .
- Clarifies the scope of PREP Act immunity & incorporates the HHS Office of the General Counsel's advisory opinions concerning the PREP Act and Declaration.

CDC VACCINE STORAGE AND HANDLING TOOLKIT EXPANDED WITH A COVID-19 ADDENDUM

- On November 20, CDC updated its vaccine [Storage and Handling Toolkit](#) to include a COVID-19 Vaccine Addendum (pages 49–55 of the booklet). The addendum provides information to assist COVID-19 vaccination providers in properly storing and handling COVID-19 vaccines, which is essential to meeting the requirements of the COVID-19 Vaccination Program Provider Agreement.



GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA
★
EXECUTIVE ORDER

Executive Order 2020-57

Enhanced Surveillance Advisory
Monitoring the Administration of COVID-19 Vaccination

5. 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), an individual or local health agency who administers COVID-19 vaccine shall report the following through a department required format to the Arizona Department of Health Services every twenty-four hours:
- The individual's name, date of birth, gender, race/ethnicity, residential address, phone number, and vaccine priority group;
 - The vaccine product information, including CVX, dose number, lot number, manufacturer, and expiration date;
 - The route of administration and administration site on the patient's body;
 - The month, day, and year of each immunization;
 - The facility administration site details including facility name, type, and address; and
 - Attest to providing the individual with follow up information if a second dose is required.

GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA
★
EXECUTIVE ORDER

Executive Order 2020-58

Ensuring the Availability of the COVID Vaccine without Financial Barriers

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. ADHS, in conjunction with the Arizona Department of Insurance and Financial Institutions, shall require that all insurers regulated by the State waive all cost-sharing requirements for consumers related to the administration of all COVID-19 vaccinations and without regard to whether the provider is in-network.
2. This Executive Order shall expire upon the termination of the Declaration of Public Health Emergency related to COVID-19 and dated March 11, 2020 or upon the effective date of a federal requirement that the COVID-19 vaccine be provided without cost-sharing.

COVID-19 Vaccine Updates

COVID-19 VACCINES – SUBMITTED EUA'S

Pfizer/BioNTech:

- First to submit for EUA on (11/20/20)
- Highly effective ~ 95% effective
- Requires 2 doses (minimum 21 days apart)
- Storage: maintain at -70°C
- Allocation Qty: 997 doses/kit

Moderna:

- Submitted for EUA on 11/30/20
- Highly effective ~ 94.5% effective
- Requires 2 doses (minimum 28 days apart)
- Storage: Can be stored in standard freezer
- Allocation Qty: 100/kit

WHAT IS mRNA TECHNOLOGY?

COVID-19 mRNA vaccines give instructions for our cells to make a **harmless piece** of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

Facts about COVID-19 mRNA Vaccines:

- They cannot give someone COVID-19-mRNA vaccines do not use the live virus that causes COVID-19.
- They do not affect or interact with our DNA in any way-mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>

COVID VACCINE TIMELINE

Step 1

- ✓ **Vaccine Trials**
 - ✓ **Gather 2 months safety data**
 - ✓ **Apply for FDA EUA**
- **FDA holds Vaccine and Related Biological Product Advisory Committee (VRBPAC)**
 - **December 10th & 17th**

Step 2

- **ACIP reviews EUA and safety data**
 - **December 11th & 13th**
 - **Notifies of contraindications**
- ✓ **ACIP recommends priority groups in 1a**
 - ✓ **December 1st**

Step 3

- ✓ **Arizona Vaccine and Antiviral Prioritization Advisory Committee- (VAPAC) reviews ACIP recommendations**
 - ✓ **December 3rd**
- **Counties review scientific data and VAPAC recommendations**

PHASED APPROACH



Phase 1: Potentially limited doses available, supply below demand

- ▶ *Divided into sub-phases (1A, 1B, 1C) and maybe sub tiers*

Phase 2: Large number of doses available, supply meets demand

- ▶ *Will start when phase 1A is near completion and when multiple vaccine types are available*

Phase 3: Likely sufficient supply, slowing demand

CDC/ACIP VOTE ON PRIORITY GROUPS

Work Group Proposed Interim Phase 1 Sequence

| | |
|--|---|
| | Phase 1c Adults with high -risk medical conditions Adults 65+ |
| | Phase 1b Essential workers (examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation) |
| Phase 1a Health care personnel LTCF residents | |

ACIP Vote – Interim Recommendation

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel[§] and 2) residents of long-term care facilities[¶]

[§]Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials

[¶]Long-term care facility residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently

- 12/1/20: ACIP voted on Phase 1A to include health care personnel and LTCF residents.
- 12/3/20: MMWR published includes additional information.
- 12/11/20 & 12/13/20: ACIP will vote on other phases (1B, 1C, 2 and 3).

MUST PRIORITIZE WITHIN YOUR ORGANIZATION FOR PHASE 1A

- Because vaccine supply is limited, organizations will need to prioritize who will be vaccinated first.
- Additionally, consider reactogenicity of vaccine and not vaccinating a whole department at once as those immunized may need/want to stay home that day after immunization due to side-effects.

Refer to guidelines on next page

PROPOSED PHASE 1B AND 1C GROUPS

Phase 1B

- Adults with high-risk conditions in congregate living settings
- Essential non-healthcare workers

Phase 1C

- Adults with underlying medical conditions
- Adults 65 years and older
- Adults living in congregate settings

VAPAC: PHASE 1A

- VAPAC met on 12/3/20 and voted to include healthcare workers and LTC residents in Phase 1A
 - ~184,000 practitioners and 70,000 support personnel
 - ~122,000 LTC residents
- Per CDC, the Pharmacy Partnership for LTC Program will initiate vaccination clinics at SNF's first
 - 146 SNF's and 622+ additional LTC facilities have signed-up
- Per CDC, the Retail Pharmacy Program will roll out during Phase 2 when vaccine is more widely available to the general public

COVID-19 VACCINE SIDE EFFECTS

When the body's immune system mounts a response to a natural infection OR a vaccination, it can result in local and/or systemic reactions. Keep in mind:

- The stronger the immune response, the greater the side effects
- The healthier and younger the individual, the stronger the immune response
- Side effects more common after the second dose than the first but they are generally, dose dependent & short-lived

Local: Injection Site reactions (2-92%)

Systemic: Fever/Chills (<17%); Muscle Aches (<10%); Fatigue (<10%); Headache (<5%); Arthralgias (5%)

Reference: Walsh EE, Frenck RW, et al. Safety and Immunogenicity of Two RNA-Based Covid-19 Vaccine Candidates. NEJM, published 10/4/20 at NEJM.org.

PROPOSED POLICY – PENDING ACIP (MCPH)

- Individuals who are vaccinated against SARS-CoV-2 and develop post-vaccine side effects including injection site pain, mild to moderate fever and/or chills within 24 hours of vaccination should attribute their symptoms to vaccination if the symptoms resolve in 24 hours
- Vaccinated individuals whose side effects resolve within 24 hours of vaccination are be able to return to work without restriction
- Negative COVID testing is NOT required of vaccinated individuals whose side effects have resolved within 24 hours of vaccination

ENROLLING YOUR PHARMACY

- Onboarding: [CLICK HERE](#)
 - Training: [CLICK HERE](#)
-
- Pharmacies NOT part of the federal allocation MAY NOT need to sign up through ADHS.
 - Independents NOT a part of one of the following network administrator partners MUST register: (*Topco, CPESN, Good Neighbor Pharmacy, Health Mart, Medicine Shoppe, Managed Health Care Associates*)
 - Pharmacies with federal contracts may NOT need to sign up unless you are asked or want to also be eligible for state allocated vaccines.

Be Vaccine-Ready!

PANDEMIC PROVIDER ONBOARDING



Providers have been crucial in the fight against COVID-19. We want to be prepared and engage our partners now, so we are ready when vaccines are available* for distribution in Arizona.



COVID-19 vaccinators will need to be enrolled with **AHCCCS** in order to be able to bill the vaccine administration fee for AHCCCS beneficiaries. **Enroll with AHCCCS [here](#).**

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



This is to:

- 1) ensure the signatory provider knows the requirements, and
- 2) ensure the facility is able to meet each requirement

Staff from potential sites must complete all surveys and the Provider is required to sign the agreement.

The Arizona Immunization Program Office (AIPO) will review and reach out with any follow-up questions.

You will receive an email when forms are added to the onboarding tool.

AIPO must approve all documents before the facility is able to order future potential pandemic vaccines.

ONBOARD NOW!

This process takes time as AIPO will need to add or update providers in ASIIS and review requirements.

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

To begin onboarding, go to: <http://redcap.link/onboard>

VACCINE ORDERING

- During PHASE 1 local allocators will determine which sites will get vaccine, ADHS will place the orders in ASIIS.
- During PHASE 2 providers place vaccine orders in ASIIS.
- ADHS reviews and submits approved orders to the CDC
- CDC distributor or the vaccine manufacturer will direct ship vaccine to providers

VACCINE DELIVERY

CDC distributor or the vaccine manufacturer will direct ship vaccine to providers

- *Pfizer vaccine is expected to ship in a minimum order of 975 doses per tray requiring cold chain storage at -60 to -80C. Special shipping containers will maintain temp. for ~10 days with dry ice.*

McKesson will direct ship ancillary kits (e.g., needles, PPE, etc.) to providers

- *Kits are expected to contain enough supplies to vaccinate 100 patients, so there will be 10 kits shipped to complement each Pfizer vaccine tray*

WHAT SUPPLIES COME WITH VACCINE KIT?

Ancillary Supply Kits: (100 doses):

- EUA Fact Sheets (Similar to Vaccine Information Statements)
- Vaccine Record Cards
- Needles (various sizes for populations served by ordering provider)
- Syringes
- Alcohol prep pads
- Surgical masks and face shields
- Diluent and mixing supplies based on vaccine product
- Pfizer kits: Insulated gloves, dry ice scooper, instructions for recharge

Ancillary supplies
ship separately
and may arrive
before/after
vaccine

Supplies NOT included in kit:

- Bandages
- Gloves
- Sharps Containers

ADVERSE EVENT REPORTING

Existing Safety Monitoring System:

- CDC and FDA: [Vaccine Adverse Event Reporting System \(VAERS\)](#) — The national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after vaccination; reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies

Expanded Safety Monitoring System:

- CDC: [V-SAFE](#)—A new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. V-SAFE will use text messaging and web surveys from CDC to check in with vaccine recipients for health problems following COVID-19 vaccination. The system also will provide telephone follow up to anyone who reports medically significant (important) adverse events.
- CDC: [National Healthcare Safety Network \(NHSN\)](#): An acute care and long-term care facility monitoring system with reporting to VAERS.

SECOND-DOSE REMINDERS

- Nearly all COVID-19 vaccines being studied require two doses.
 - Patients need to receive the same vaccine for both doses- COVID-19 vaccines) cannot be interchanged between doses.
 - Both Pfizer and Moderna vaccines require two doses.
- Immunizers will be responsible for communicating second-dose reminders to patients.
- Do NOT save vaccine to give as a second dose-CDC will withhold 2nd dose for orders placed.

MARICOPA COUNTY PUBLIC HEALTH VOLUNTEERS



Volunteers Building Strong, Healthy, and Prepared Communities

Welcome Maricopa County Public Health Volunteers

 APPLY

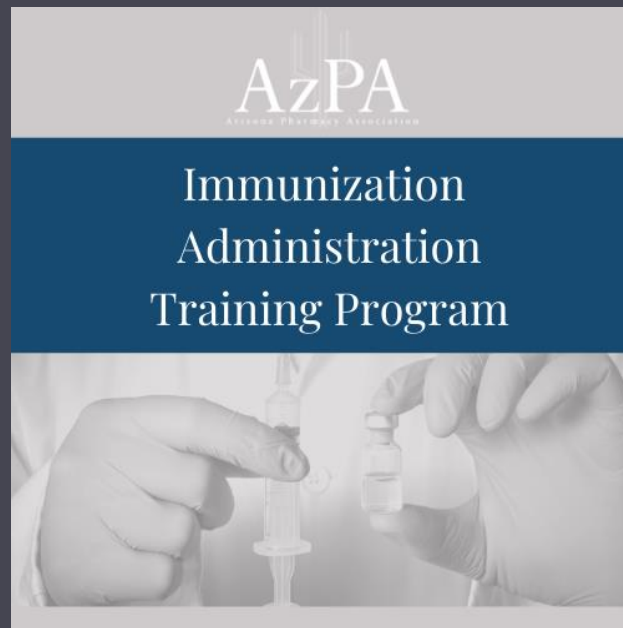
 SIGN IN

We are now officially a nationally recognized Medical Reserve Corps

IMMUNIZATION TRAINING



Sunday, December 13th



On-Demand! Complies with HHS
order for Technician Training

NCPDP RELEASES GUIDANCE ON COVID-19 VACCINE BILLING

- New information is available for pharmacies that plan to submit reimbursement claims for vaccine administration to PBMs. There's a lot of information in the [guidance](#) on paid and rejected claim responses.
- The NCPDP guidance is not a mandate for PBMs, but many may implement the recommendations as published. Talk to your pharmacy management system vendor; they may have tips for simplifying the use of these codes.

CMS TOOLKIT COVERS VACCINE OPTIONS FOR MEDICAID AGENCIES

This toolkit will help state and territorial policymakers identify the issues that need to be considered and addressed in order to provide coverage and reimbursement for vaccine administration in the Medicaid program, CHIP, and BHP. Because the Centers for Medicare & Medicaid Services (CMS) expects that the initial supply of COVID-19 vaccines will be federally purchased, this toolkit primarily focuses on coverage of vaccine administration.

AHCCCS COVID-19 VACCINE FAQ's

6. *(added 12/3/20)* Question: What are the Current Procedural Terminology (CPT) codes for COVID-19 vaccine administration and when will they become effective in the AHCCCS system?

Answer: The COVID-19 vaccine dose administration codes adopted by the American Medical Association (AMA) are 0001A (1st dose) and 0002A (2nd dose) for Pfizer-BioNTech COVID-19 vaccine and 0011A (1st dose) and 0012A (2nd dose) for Moderna COVID-19 vaccine and will become effective in the AHCCCS system once the emergency use authorization (EUA) is approved for the respective vaccine through the Food and Drug Administration (FDA).


7. *(added 12/3/20)* Question: What is the reimbursement methodology for commercial pharmacies administering COVID-19 vaccine?

Answer: Commercial pharmacies shall bill the applicable CPT code utilizing a CMS Form 1500. Commercial pharmacies will be reimbursed the AHCCCS fee-for-service rate for the applicable code (see question #6).

8. *(added 12/3/20)* Question: What are the AHCCCS fee-for-service reimbursement rates for the COVID-19 vaccine administration?

Answer: AHCCCS has adopted the Medicare payment rates for COVID-19 vaccine administration. The AHCCCS fee-for-service rate for COVID-19 vaccine administration is \$28.39 to administer single-dose vaccines. For a COVID-19 vaccine requiring a series of two or more doses, the initial dose(s) administration payment rate is \$16.94 and \$28.39 for the administration of the final dose in the series.

9. *(added 12/3/20)* Question: Which AHCCCS-registered provider types can be reimbursed for COVID-19 vaccine administration to eligible members?

Answer: Any ADHS COVID-19 vaccine onboarded, AHCCCS-registered provider type whose scope of practice includes vaccine administration may be reimbursed for COVID-19 vaccine administration. The full list of AHCCCS-registered provider types can be found in the AHCCCS Medical Policy Manual, [610 Attachment A](#) .