COVID-19 Vaccination Plan

South Dakota Department of Health

November 17, 2020

We will begin in just a few moments. Thanks!

Information is current as of 11.16.2020
Provider Enrollment

- **Qualtrics** platform is being used for enrollment
  https://dohsd.sjc1.qualtrics.com/jfe/form/SV_eVYZ1lht9aCoHFX

- Provider Agreement

- Provider Profile

- Assigning of Unique Provider COVID Vaccine Number

*Information is current as of 11.10.2020*
Federal Planning: Engaging Pharmacy Partners For Staff and Residents

**Staff-only recommendation**
(as part of broader healthcare personnel recommendation)

Staff vaccinated with other HCP in the community (via state allocation)

Staff and resident recommendation

On-site vaccination services provided by pharmacy partners receiving direct federal allocations

Facility-administered or administered by a provider of their choice with vaccine from state allocation
LTC and Pharmacies

• CVS/Walgreens currently reviewing LTC preference data

• Will report to CDC on facilities they can vaccinate and those they cannot

• DOH will work with LTC facilities not covered by CVS/Walgreens

*Information is current as of 11.16.2020*
mRNA-1273 distribution to and storage at immunization locations using existing infrastructure

Modern applying for 30 days in the refrigerator

- **Freezer**: -25 to -15°C/-13 to 5°F for 6 months
- **Refrigerator**: 2-8°C/ ~36-46°F for up to 7 days. Do not refreeze
- **Room temperature**: up to 12 hours

Flexible and adaptable supply chain
Uses standard existing vaccination infrastructure
No dilution required
Discard any punctured vial after 6 hours

*Shelf life is expected based on current data available; Product characteristics subject to regulatory review and authorization
mRNA-1273 packaging during EUA

- Pre-conditioned at -25 to -15°C/-13 to -5°F shipper
- -25 to -15°C Temp controlled truck for full loads

Multi-dose vial
(10 preservative free, 0.5 mL doses per vial)

10-vial cartons
(100 doses)

Full cases
(1,200 doses)

Full or partial pallets
(up to 230,400 doses)

EUA: Emergency Use Authorization
Vaccine and administration

Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual’s ability to pay and regardless of their coverage status, and also may not seek any reimbursement, including through balance billing, from a vaccine recipient. Providers who have questions about billing or reimbursement of vaccine administration for patients covered by private insurance or Medicaid should contact the respective health plan or state Medicaid agency. People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Provider Relief Fund.

https://www.hrsa.gov/CovidUninsuredClaim
Data Reporting Elements – Weekly Updates by Phase 1 Providers

Due on Friday by COB

- Number of vaccines given at each vaccination site (by site number)
- Current inventory (number of vials on hand)
- Number of sites covered during the week
- Plan for next week
Training and Education

Health Provider Platforms

- Vaccine Finder
- Health Provider Portal
Roles of Health Provider Platforms

- Inventory reporting to CDC (not made public initially)
- Increase access to COVID19 vaccines (optional for providers) when vaccine widely available
Vaccine Finder Process

- COVID-19 Vaccine providers are registered at CDC’s Vaccine Tracking System (VTrckS).
- Jurisdictions provide e-mail of provider from enrollment process.
- Providers will receive e-mail from COVID Locating Health Provider Portal with instructions for V.F. enrollment. Must respond within 7 days. Check Spam mail.
- Individual providers must create new account VaccineFinder for COVID-19 vaccine - can’t use existing account.
- Each Provider must report on-hand COVID-19 inventory daily (minimum) by 4am CDT following day.
- If location is open 5 days/week still must report inventory daily.

CDC will have V.F. Helpline and other training available.
South Dakota Immunization Information System (SDIIS)

System User Access Account Application

Please complete this form to request a user account for each staff member that has access to the SDIIS. Upon completion and return of this form, a USER ID and temporary PASSWORD will be assigned. Once the credentials have been assigned, Users will be REQUIRED to change their password after they log in for the first time. PLEASE DO NOT SHARE PASSWORDS AND USER ACCOUNTS. If you have questions please contact Brett Oakland at (605) 367-4902 or Radha Soinpall at (605) 773-7473. Retain a copy of this form in your files and email it completed from to brett.oakland@state.sd.us or fax to (605) 367-5357.

SDIIS System User Access Account Information

VFC PIN: User’s Phone Number: (____) _______ Ext. _______
Name of Clinic/Facility: ________________________________
Clinic/Facility Address: _______________________________
Individual Email Address: (Shared email accounts are not acceptable)
First Name: ___________________ Last Name: __________
(List your name as you’d like to see it displayed in the Immunization Information System)
Access required:
☐ View only - view and print record, but cannot add immunizations or edit record
☐ Full Access - enter immunizations and edit patient records, but no access to inventory
☐ Inventory Management - enter immunizations, edit patient records, access to facility inventory
Does user float between clinic sites? (Check one): ☐ Yes ☐ No
(If yes, a separate application must be completed for each clinic)
☐ New User ☐ Existing User

Password: Passwords must be AT LEAST 6 characters and should be a combination of letters (must be lower case), numbers and a special character.

Phone Number: Please make sure to enter your phone number, either a direct number to you or a clinic main number. If you have an extension please include on the form. Please print or type clearly and fax this form to (605) 367-5357. When the form has been returned we will email or call you with your USER ID and a temporary PASSWORD. It is very important that you DO NOT change your USER ID once it has been assigned.
South Dakota Immunization Information System (SDIIS)

- **Options**
  - Search Patients
  - Print Reports
  - Inventory
  - My Settings – changing password
  - Log Out

- **Links**
  - Terms and Conditions of Use
  - VAERS Reporting Site
South Dakota Immunization Information System (SDIIS)

**Changing your Password**

- Click **MY SETTINGS**
- Create and confirm new password
  - At least 6 characters
  - Letters, numbers, special character
- Click **UPDATE**
South Dakota Immunization Information System (SDIIS)

**Search Patients**

- Click **SEARCH PATIENTS**
- Enter search parameters
  - Avoid typing entire last name and first name to search for a patient
  - Recommend limited specificity to capture multiple possibilities and avoid creating a duplicate record
    - First initial + DOB, or
    - First 3 letters of first and last name
- Click **SUBMIT**
- Choose the name of the desired record
- If no record, Click **ADD NEW PATIENT**
South Dakota Immunization Information System (SDIIS)

• **Add New Patient**
  - If no record found through search attempts
  - Enter Last Name, First Name, Date of Birth
  - Ensure correct spelling
  - Enter accurate date of birth
  - Click **SUBMIT**

- Click **EDIT PATIENT RECORD**
South Dakota Immunization Information System (SDIIS)

• **Edit Patient Information**
  - Click **EDIT** under PATIENT INFORMATION section
  - The **EDIT PATIENT INFORMATION** screen will appear
Edit Patient Information

- Please enter the following, which are **REQUIRED** for COVID-19 Vaccination Plan,
  - Confirm name, date of birth
  - Gender
  - Race – click **EDIT** and choose
    - Choose non-Hispanic, if so
    - Choose Unknown Hispanic, if origin unknown
  - VFC Eligibility – choose NOT ELIGIBLE for all adults; choose best option for 18 and under
- Click **UPDATE**
South Dakota Immunization Information System (SDIIS)

- **Edit Contact Information**
  - Click **EDIT** under CONTACT INFORMATION section
  - The **EDIT CONTACT & GENERAL INFORMATION** screen will appear
**Edit Contact Information**

- Please enter the following:
  - Parent & Guardian Information for clients under age 18 (SSN’s not necessary)
  - Patient Address – click EDIT
  - **EDIT PATIENT ADDRESS** screen will appear
  - Complete ADDRESS and ZIP CODE fields
  - Click **SUBMIT** next to the ZIP CODE field. The proper state, county, and city should be highlighted. If not, please correct
  - Click **UPDATE** when address is complete

- Enter phone numbers – no dashes – XXXXXXXXXXX
- Click **UPDATE**
• **Entering Immunizations**
  • via manual entry

- Once you have confirmed that patient is properly indicated for the intended vaccine...
- Click **GIVE VACCINE**
### Entering Immunizations via manual entry

- Your clinic inventory will appear
- Click check box of vaccine to be administered
- Click **NEXT**
- The **GIVE VACCINE DETAILS** screen will appear

![SDIIS Image](image-url)

<table>
<thead>
<tr>
<th>SELECT</th>
<th>VACCINE</th>
<th>FUNDING SOURCE</th>
<th>LOT NUMBER</th>
<th>EXPIRATION DATE</th>
<th>CURRENT VOLUME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flu High Dose</td>
<td>Private</td>
<td>230375</td>
<td>05/28/2022</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Tdap</td>
<td>Private</td>
<td>55437</td>
<td>03/05/2022</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>VeroCell</td>
<td>VFC</td>
<td>1687291</td>
<td>06/11/2022</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Zoster-Shingrix</td>
<td>Private</td>
<td>1621934</td>
<td>01/29/2022</td>
<td>17</td>
</tr>
</tbody>
</table>
- **NOTE:** **PROVIDER NAME** list only includes names of vaccinators who have been added to the list by Immunization Program. If you have staff who are not on this, you may request to have them added. The alternative is to choose OTHER, and SDIIS will ask you to provide the name of the person who administered the vaccine.

- **Entering Immunizations**
  - **via manual entry**
  - Some vaccine details will be pre-populated
    - Vaccination Date
    - Signature Date
    - Clinic
    - Lot #
    - Manufacturer
  - Complete other fields for complete documentation, if possible
    - Provider Name, Title – the person who gave the vaccine, if included in the list
    - Injection Site (Deltoid – right or left)
  - Click **UPDATE**
  - The **PATIENT SUMMARY** will appear
**Entering Immunizations via manual entry**

- Updated **PATIENT SUMMARY**
  - New vaccine appears as a hyperlink
    - Click on hyperlink if necessary to edit vaccine details
  - May add **ADVERSE REACTION** if necessary
    - Click **VAERS** button if needed

- NOTE: when entering by **GIVE VACCINE**, a dose of vaccine will be automatically decremented from the clinic inventory in SDIIS
  - Click **DONE**

- NOTE: if your facility is connected to SDIIS via HL7 interface, you will not need to manually enter immunizations. However, your vaccine inventory will not decrement. Look for this instruction in a separate presentation.
• **Entering Immunizations**
  • via manual entry
  - If entering historical immunizations...
  - Click **ADD HISTORY**
  - Click check box(es) of vaccine(s) to be added
  - Click **NEXT**
• **Entering Immunizations**
  • via manual entry
  - Enter dates of historical immunizations
  - Click **ADD DETAILS** if known, or
  - Click **UPDATE**
• **Print immunization record**

- For full patient-specific immunization record if needed, Click **PRINT REPORTS** while Patient Summary is still open.
- A new window will open.
South Dakota Immunization Information System (SDIIS)

- **Print immunization record**
  - Click **Patient Long Form** or **Patient Short Form**
  - View each and choose which works best for your situation
  - Click **GENERATE**
Print immunization record

- This is an example of a Patient Short Form
- Print as needed
  - **NOTE:** An issue currently exists with printing reports using certain web browsers that prevents convenient printing of reports, i.e. reports print in landscape layout when portrait is the best option. The option to switch layouts is unavailable.
- We recommend using Internet Explorer or Microsoft Edge for optimum printing.
• **Immunization Home**

- You may commonly see this POP-UP box anytime you click and **UPDATE** or **EDIT** button.
- If the patient is not (going to be) a regular immunization patient at your facility, do NOT accept to be the Immunization Home of the patient...
  - Click **CANCEL**
- If the patient IS or will be a regular immunization patient at your facility, accept to be the Immunization Home of the patient...
  - Click **OK**
- The box directly correlates to various reports such as Immunization Coverage and Missing Immunizations.
Contact Information

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