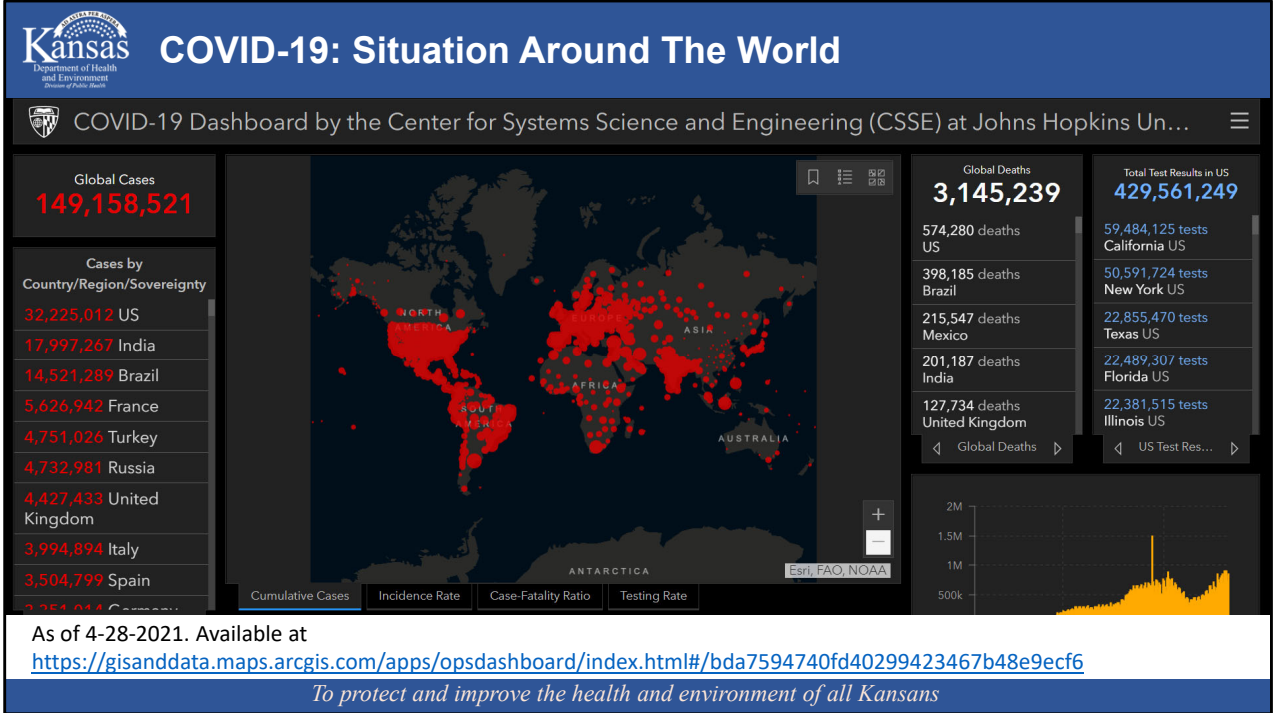




**Lee A. Norman, MD, MHS, MBA, Secretary**  
**COVID-19 Webinar Series Welcome**  
**April 29, 2021**



**Farah S. Ahmed, MPH, PhD, State Epidemiologist**  
**COVID-19 Situation Update**  
**April 29, 2021**

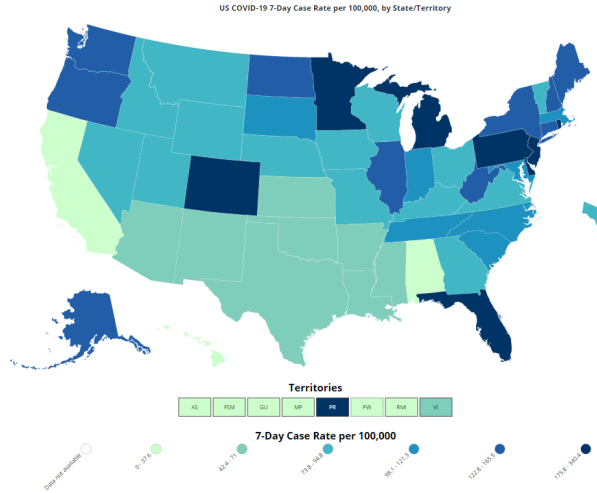


Global Map: <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>.

Last week, we had 143.3 million cases around the world and 3 million deaths.

This week, there are almost 149.2 million cases and we have 3,145,239 deaths around the world.

- Total cases: 31,976,888



As of 4-28-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total cases: 31,602,676 (31.6 million)

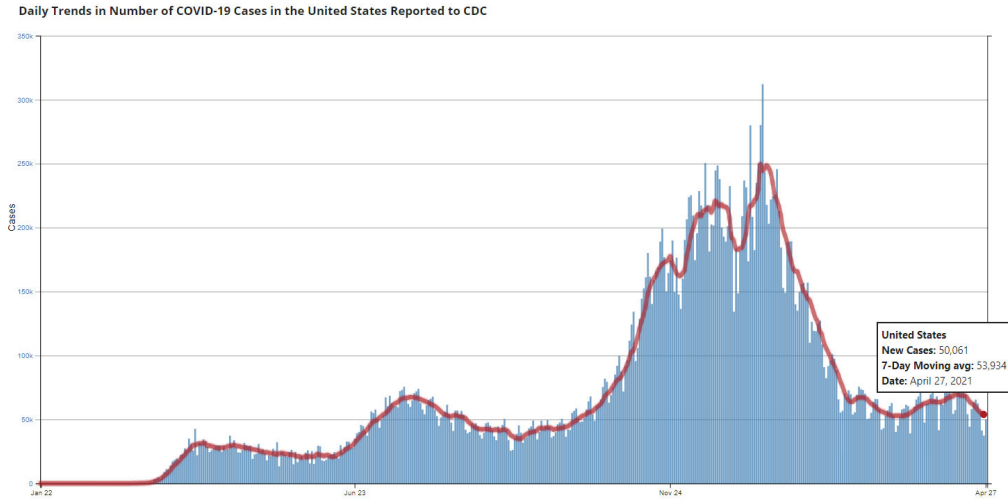
As of yesterday

This week:

Total cases: 31,976,888



## COVID-19: Situation in the US

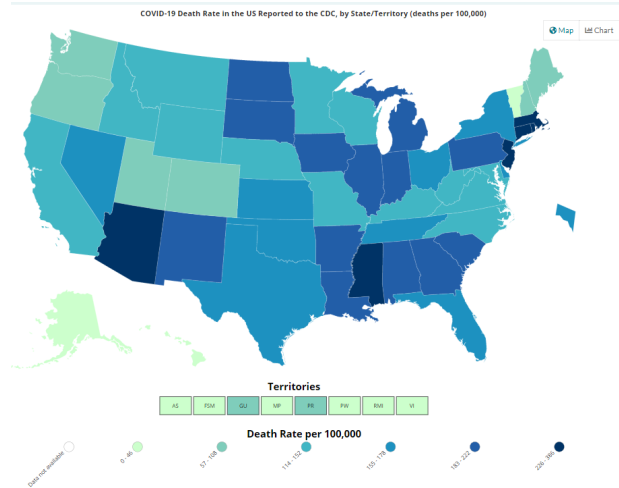


As of 4-28-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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In the US, you can see that we are averaging almost 54,000 new cases each day according to the 7-day average. That is down from 66,000 from the previous week.

- Total deaths: 570,421



As of 4-28-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total deaths: 565,613 (over 565,000)

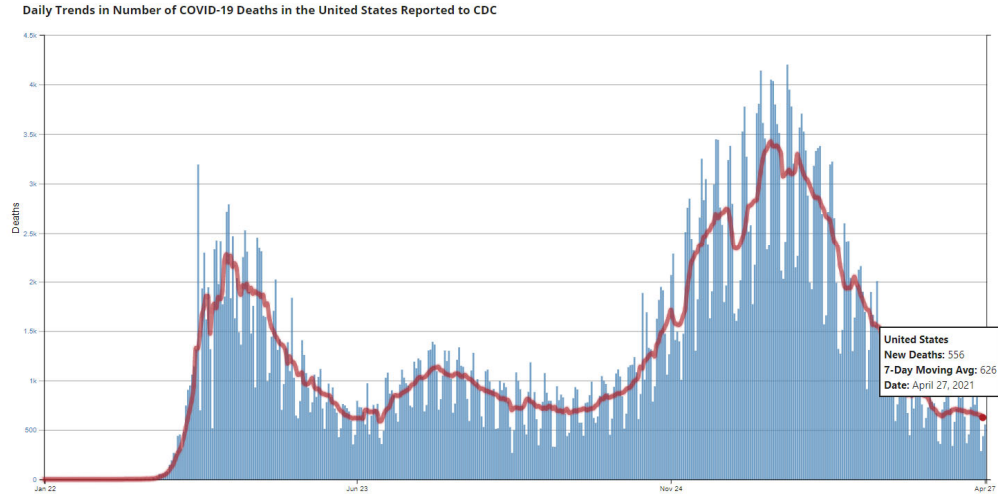
As of yesterday

This week:

Total deaths: 570,421



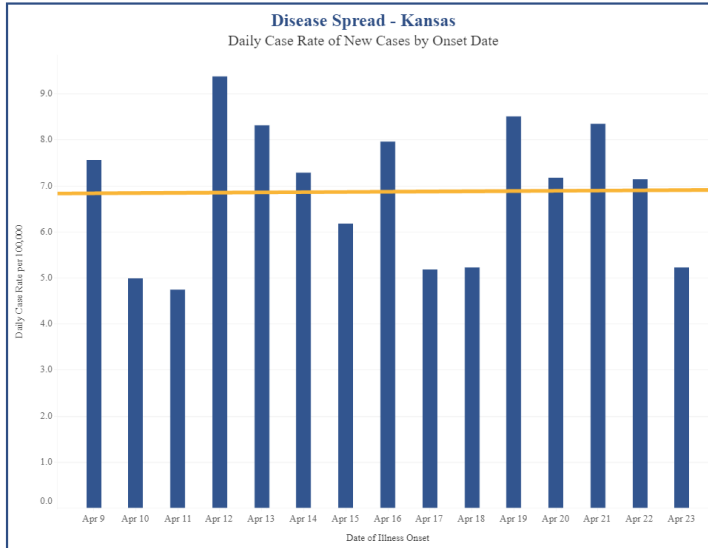
## COVID-19: Situation in the US



As of 4-28-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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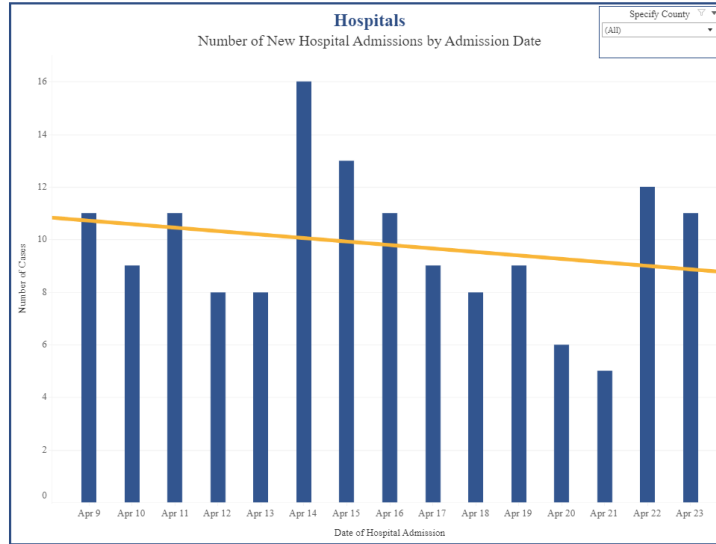
The 7-day moving average daily death trend in the United States is about 625 deaths per day.



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Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was pretty flat and looks similar this week.

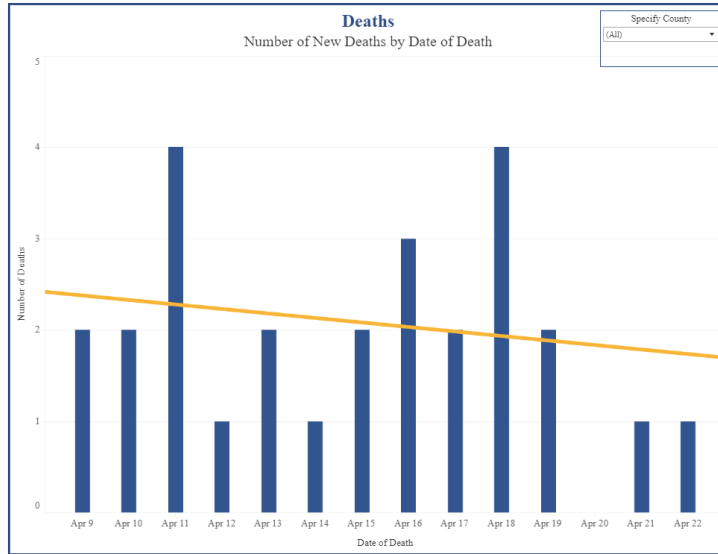




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For hospitalizations, the trend last week was flat and is decreasing slightly this week.

## COVID-19: Situation in Kansas



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And for deaths, last week the trend was flat and this week it is decreasing.



## COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	People Tested
308,510	10,151	4,978	1,370,861

Data are preliminary and subject to quality improvement and quality assurance validation.

Last updated: 4/28/2021 at 9:00 AM. There were 645 new cases, 8 new deaths, and 55 new hospitalizations reported since Monday, 4/26/2021.

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As of yesterday, we had 308,510 cases (which is an increase of 1,627 cases since last week) and 4,978 deaths statewide (that's an increase of 17 deaths since last week).

There were 645 new cases and 8 new deaths reported from Monday 4/26 to Wednesday 4/28.



## COVID-19: Situation in Kansas: Outbreaks

Last updated: 4/28/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
47	3,027	44	13

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,920	38,365	1,894	2,069

- 38,365 outbreak-related cases/308,510 cases (12.4%)
- 1,894 outbreak-related hospitalizations/10,151 total hospitalizations (18.7%)
- 2,069 outbreak-related deaths/4,978 total deaths (41.6%)

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Moving on to outbreaks:

As of late Tuesday night, we had 1,920 outbreaks across the state; This week we have 47 active clusters which is down from 48 last week.



Our percentage of outbreak related cases is 12.4%, outbreak-related hospitalizations is about 18.7% and outbreak-related deaths is about 41.6%.



## COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Assisted Living Facility	1	2	0	0
College or University	2	366	2	0
Corrections	2	1,138	10	3
Daycare	3	19	0	0
Government	3	14	0	0
Group Living	1	26	0	0
Healthcare	3	11	0	0
Long Term Care Facility	7	46	3	2
Meat Packing	1	838	17	6
Private Business	14	497	9	1
Private Event	4	32	2	1
Religious Gathering	3	19	1	0
School	2	16	0	0
Sports	1	3	0	0
<b>Total</b>	<b>47</b>	<b>3,027</b>	<b>44</b>	<b>13</b>

Sort by Cluster Type   
Active 

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We currently have 2 active clusters in colleges and universities, 2 in corrections, 7 in LTCFs (that's down from 9 last week), 14 in private businesses and 2 in schools.

Don't forget, if you are interested in seeing the list of named locations with 5 or more cases within the last 14 days, you can go to the dashboard.



# Effectiveness of Pfizer–BioNTech and Moderna Vaccines Against COVID-19 Among Hospitalized Adults Aged $\geq 65$ Years — United States, January–March 2021

Early Release / April 28, 2021 / 70

Mark W. Tenforde, MD, PhD<sup>1</sup>; Samantha M. Olson, MPH<sup>1</sup>; Wesley H. Self, MD<sup>2</sup>; H. Keipp Talbot, MD<sup>2</sup>; Christopher J. Lindsell, PhD<sup>2</sup>; Jay S. Steingrub, MD<sup>3</sup>; Nathan I. Shapiro, MD<sup>4</sup>; Adit A. Ginde, MD<sup>5</sup>; David J. Douin, MD<sup>5</sup>; Matthew E. Prekker, MD<sup>6</sup>; Samuel M. Brown, MD<sup>7</sup>; Ithan D. Peltan, MD<sup>7</sup>; Michelle N. Gong, MD<sup>8</sup>; Amira Mohamed, MD<sup>8</sup>; Akram Khan, MD<sup>9</sup>; Matthew C. Exline, MD<sup>10</sup>; D. Clark Files, MD<sup>11</sup>; Kevin W. Gibbs, MD<sup>11</sup>; William B. Stubblefield, MD<sup>2</sup>; Jonathan D. Casey, MD<sup>2</sup>; Todd W. Rice, MD<sup>2</sup>; Carlos G. Grijalva, MD<sup>2</sup>; David N. Hager, MD, PhD<sup>12</sup>; Arber Shehu, MD<sup>12</sup>; Nida Qadir, MD<sup>13</sup>; Steven Y. Chang, MD, PhD<sup>13</sup>; Jennifer G. Wilson, MD<sup>14</sup>; Manjusha Gaglani, MBBS<sup>15,16</sup>; Kempapura Murthy, MPH<sup>15</sup>; Nicole Calhoun, LMSW, MPA<sup>15</sup>; Arnold S. Monto, MD<sup>17</sup>; Emily T. Martin, PhD<sup>17</sup>; Anurag Malani, MD<sup>18</sup>; Richard K. Zimmerman, MD<sup>19</sup>; Fernanda P. Silveira, MD<sup>19</sup>; Donald B. Middleton, MD<sup>19</sup>; Yuwei Zhu, MD<sup>2</sup>; Dayna Wyatt<sup>2</sup>; Meagan Stephenson, MPH<sup>1</sup>; Adrienne Baughman<sup>2</sup>; Kelsey N. Womack, PhD<sup>2</sup>; Kimberly W. Hart<sup>2</sup>; Miwako Kobayashi, MD<sup>1</sup>; Jennifer R. Verani, MD<sup>1</sup>; Manish M. Patel, MD<sup>1</sup>; IVY Network; HAIVEN Investigators ([View author affiliations](#))

Available at:

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e1.htm?s\\_cid=mm7018e1\\_e&ACSTrackingID=usCDC\\_921-DM55819&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2028%2C%202021&deliveryName=usCDC\\_921-DM55819](https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e1.htm?s_cid=mm7018e1_e&ACSTrackingID=usCDC_921-DM55819&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2028%2C%202021&deliveryName=usCDC_921-DM55819)

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MMWR article:

Adjusted vaccine effectiveness (VE) against COVID-19–associated hospitalization among adults aged  $\geq 65$  years was estimated to be 94% (95% confidence interval [CI] = 49%–99%) for full vaccination and 64% (95% CI = 28%–82%) for partial vaccination.



# Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021

Early Release / April 27, 2021 / 70

Jessica R. MacNeil, MPH<sup>1</sup>; John R. Su, MD, PhD<sup>1</sup>; Karen R. Broder, MD<sup>1</sup>; Alice Y. Guh, MD<sup>1</sup>; Julia W. Gargano, PhD<sup>1</sup>; Megan Wallace, DrPH<sup>1</sup>; Stephen C. Hadler, MD<sup>1</sup>; Heather M. Scobie, PhD<sup>1</sup>; Amy E. Blain, MPH<sup>1</sup>; Danielle Moulia, MPH<sup>1</sup>; Matthew F. Daley, MD<sup>2</sup>; Veronica V. McNally, JD<sup>3</sup>; José R. Romero, MD<sup>4</sup>; H. Keipp Talbot, MD<sup>5</sup>; Grace M. Lee, MD<sup>6</sup>; Beth P. Bell, MD<sup>7</sup>; Sara E. Oliver, MD<sup>1</sup> ([View author affiliations](#))

[View suggested citation](#)

### Summary

Article Metrics

Available at:

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm?s\\_cid=mm7017e4\\_e&ACSTrackingID=USCDC\\_921-DM55766&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2027%2C%202021&deliveryName=USCDC\\_921-DM55766](https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm?s_cid=mm7017e4_e&ACSTrackingID=USCDC_921-DM55766&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2027%2C%202021&deliveryName=USCDC_921-DM55766)

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MMWR article:

On April 13, 2021, CDC and FDA recommended a pause in the use of the Janssen COVID-19 vaccine after reports of six U.S. cases of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, a rare thromboembolic syndrome, among Janssen COVID-19 vaccine recipients (3).

On April 23, 2021, after a discussion of the benefits and risks of resuming vaccination, ACIP reaffirmed its interim recommendation for use of the Janssen COVID-19 vaccine in all persons aged  $\geq 18$  years under the FDA's EUA, which now includes a warning that rare clotting events might occur after vaccination, primarily among women aged 18–49 years. Patient and provider education about the risk for TTS with the Janssen COVID-19 vaccine, especially among women aged  $< 50$  years, as well as the availability of alternative COVID-19 vaccines, is required to guide vaccine decision-making and ensure early recognition and clinical management of TTS.

As of April 21, 2021, approximately 7.98 million doses of the Janssen COVID-19 vaccine had been administered in the United States. During March 2–April 21, 2021, the Vaccine Adverse Event Reporting System (VAERS) (7), the national vaccine safety monitoring system, had received 15 reports of TTS after Janssen COVID-19 vaccination, with clots located in the cerebral venous sinuses and other unusual locations, including in the portal vein and splenic vein, and a combination of venous and arterial thromboses. These 15 reports were confirmed by physician reviewers at CDC and FDA and reviewed with Clinical Immunization Safety Assessment Project investigators,<sup>8</sup> including hematologists. Thirteen TTS cases occurred among women aged 18–49 years, and two occurred among women aged  $\geq 50$  years; no cases postauthorization were reported among men.<sup>1</sup> TTS reporting rates to VAERS were 7.0 cases per million Janssen COVID-19 vaccine doses administered to women aged 18–49 years and 0.9 per million to women aged  $\geq 50$  years. Among subgroups by age (18–29, 30–39, 40–49, 50–64, and  $\geq 65$  years), the reported rate was highest among women aged 30–39 years, with 11.8 TTS cases per 1 million Janssen COVID-19 doses administered. The median age was 37 years (range = 18–59 years), and the median interval from vaccination to symptom onset was 8 days (range = 6–15 days). Certain patients had underlying medical conditions or risk factors for hypercoagulability (e.g., obesity [seven patients], combined oral contraceptive use [two patients], hypothyroidism [two patients], and hypertension [two patients]); no cases occurred among women who were pregnant or had given birth in the previous 12 weeks, and none had a documented history of previous thrombotic events, a known diagnosis of an underlying clotting disorder, or a family or personal history of clotting disorders. None of the patients had any known previous exposure to heparin. All 15 patients were hospitalized, and 12 were admitted to an intensive care unit (ICU). As of the most recent follow-up,\*\* three patients had died, four remained in an ICU, three remained hospitalized (not in an ICU), and five had been discharged home.



## Health Care Utilization and Clinical Characteristics of Nonhospitalized Adults in an Integrated Health Care System 28–180 Days After COVID-19 Diagnosis — Georgia, May 2020–March 2021

Early Release / April 23, 2021 / 70

Alfonso C. Hernandez-Romieu, MD<sup>1,2</sup>; Serena Leung, MPH<sup>3</sup>; Armand Mbanya, MD<sup>3</sup>; Brendan R. Jackson, MD<sup>1</sup>; Jennifer R. Cope, MD<sup>1</sup>; Dena Bushman, MSN, MPH<sup>1,2</sup>; Meredith Dixon, MD<sup>1</sup>; Jessica Brown, PhD<sup>1</sup>; Tim McLeod, MPH<sup>1</sup>; Sharon Saydah, PhD<sup>1</sup>; Deblina Datta, MD<sup>1</sup>; Kate Koplan, MD<sup>3</sup>; Felipe Lobelo, MD, PhD<sup>3,4</sup> ([View author affiliations](#))

[View suggested citation](#)

### Summary

What is already known about this topic?

### Article Metrics

Altmetric:

Available at: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e3.htm?s\\_cid=mm7017e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e3.htm?s_cid=mm7017e3_w)

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### MMWR article:

Health care needs in the months after COVID-19 diagnosis among nonhospitalized adults have not been well studied. CDC and Kaiser Permanente Georgia (KPGA) analyzed electronic health record (EHR) data from health care visits in the 28–180 days after a diagnosis of COVID-19 at an integrated health care system. Among 3,171 nonhospitalized adults who had COVID-19, 69% had one or more outpatient visits during the follow-up period of 28–180-days. Among adults with outpatient visits, 68% had a visit for a new primary diagnosis, and 38% had a new specialist visit. The presence of diagnoses of COVID-19 and related symptoms in the 28–180 days following acute illness suggests that some nonhospitalized adults, including those with asymptomatic or mild acute illness, likely have continued health care needs months after diagnosis.





## COVID-19: New CDC Guidance

### Vaccines

Getting Your Vaccine +

Types of Vaccines Available +

Possible Side Effects

After You're Fully Vaccinated -

Guidance for Fully Vaccinated People

Safety & Monitoring +

Effectiveness +

# Interim Public Health Recommendations for Fully Vaccinated People

Updated Apr. 27, 2021 Languages Print

## Summary of Recent Changes

Updates as of April 27, 2021

- Guiding principles for fully vaccinated people are now provided.
- Underscores that immunocompromised people need to consult their healthcare provider about these recommendations, even if fully vaccinated.
- Fully vaccinated people no longer need to wear a mask outdoors, except in certain

Available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

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CDC updated their Interim Public Health Recommendations for Fully Vaccinated People on April 27<sup>th</sup>. The biggest change is the guidance that fully vaccinated people no longer need to wear a mask outdoors, except in certain crowded settings and venues. KDHE is working on updating our recommendations for fully vaccinated people to reflect this change.



## COVID-19: New Training

🏠 Clinician Outreach and Communication Activity (COCA)

About COCA

COCA Partners

Conference and Training Opportunities

COCA Calls/Webinars

Calls/Webinars - 2021

Johnson & Johnson/Janssen COVID-

### Johnson & Johnson/Janssen COVID-19 Vaccine and Thrombosis with Thrombocytopenia Syndrome (TTS): Update for Clinicians

Centers for Disease Control and Prevention  
Center for Preparedness and Response



#### Johnson & Johnson/Janssen COVID-19 Vaccine and Thrombosis with Thrombocytopenia Syndrome (TTS): Update for Clinicians

Available at: [https://emergency.cdc.gov/coca/calls/2021/callinfo\\_042721.asp?ACSTrackingID=USCDC\\_1052-DM55658&ACSTrackingLabel=Reminder%3A%20CDC%20COCA%20Call%20Tomorrow%3A%20Tuesday%2C%204%2F27%20-%20Johnson%20%26%20Johnson%2FJanssen%20COVID-19%20Vaccine%20and%20Thrombosis%20with%20Thrombocytopeni&deliveryName=USCDC\\_1052-DM55658](https://emergency.cdc.gov/coca/calls/2021/callinfo_042721.asp?ACSTrackingID=USCDC_1052-DM55658&ACSTrackingLabel=Reminder%3A%20CDC%20COCA%20Call%20Tomorrow%3A%20Tuesday%2C%204%2F27%20-%20Johnson%20%26%20Johnson%2FJanssen%20COVID-19%20Vaccine%20and%20Thrombosis%20with%20Thrombocytopeni&deliveryName=USCDC_1052-DM55658)

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There was a COCA call earlier this week about the J and J vaccine and TTS. I have included the link here where you can find the recording of the webinar.



**Jacob Goren, Boston Consulting Group**  
**COVID-19 Update**  
**April 29, 2021**



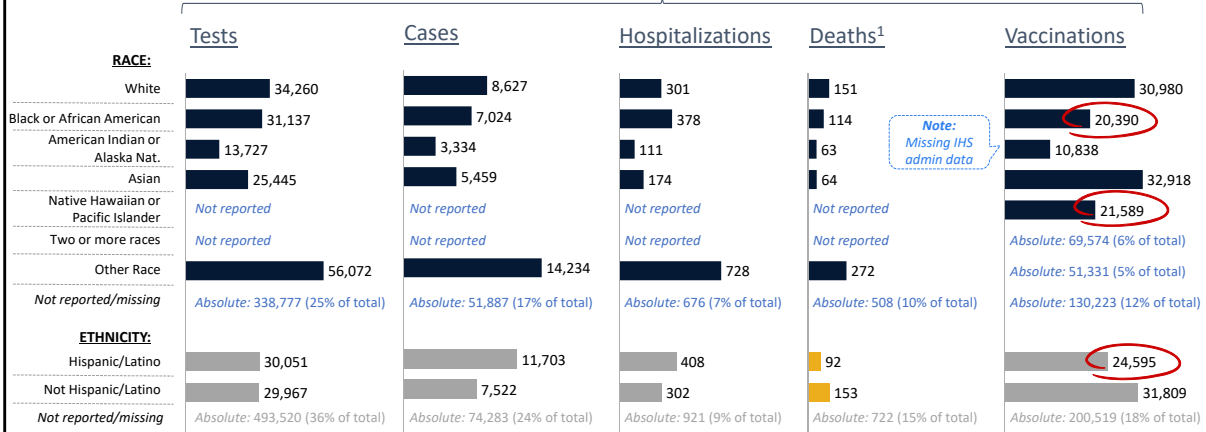
**LHD & Provider Webinars  
Equitable Vaccination Support**

April 2021

## Ongoing disparities in case and vaccination rates by racial & ethnic group

As of 4/26

Data shown per 100K



Note: Due to time lags in flow of information between multiple federal and state systems, exact numbers may not match at any one point in time; assuming KS population of 2.9M  
 Source: KDHE COVID-19 public data (<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>) as of 4/26  
 1. Death figures are not age-adjusted

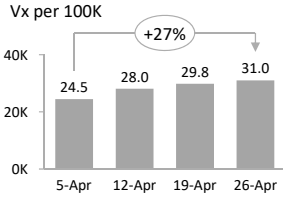
# Vaccine administration over past four weeks: Continued growth of vaccinations for racial & ethnic minorities, but disparities remain

As of 4/26

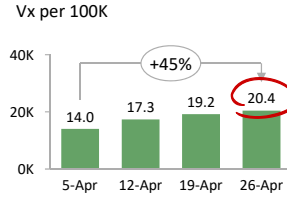
## Race

## Ethnicity

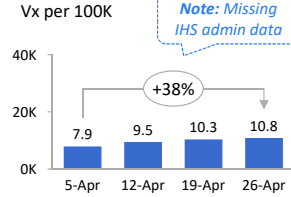
### White vaccinations



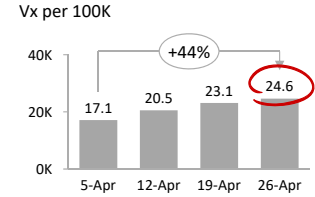
### Black vaccinations



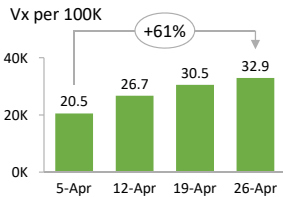
### American Indian vaccinations



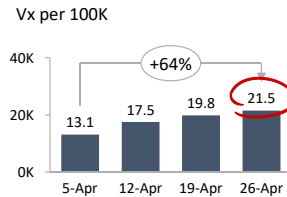
### Hispanic/Latino vaccinations



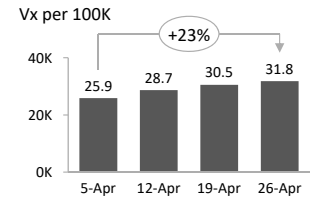
### Asian vaccinations



### Hawaiian/Pacific Islander vaccinations<sup>1</sup>



### Non-Hispanic/Latino vaccinations



Source: KDHE COVID-19 public vaccinations data (<https://www.kansasvaccine.gov/158/Data>)

## Two major drivers of inequitable vaccine uptake for Kansan communities of color



### Vaccine uncertainty

- Weak relationship with healthcare system
- Historically rooted mistrust
- Misinformation & disinformation



### Barriers to access

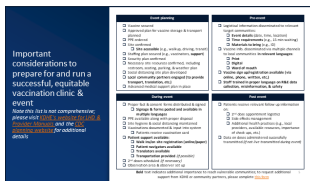
- Physical barriers:
  - Location of providers
  - Hours of operation
- Information access:
  - Internet access & technological comfort
  - Language
  - Literacy levels

Ongoing need to address barriers to ensure and support equitable vaccination in Kansas, with community partners well positioned & eager to support

## Three resources to support equitable vaccination efforts

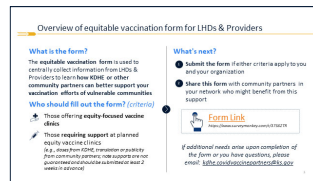
### Considerations for equity-focused vaccination events

Use the [list of considerations](#) to determine if a need to add equity-focused capabilities



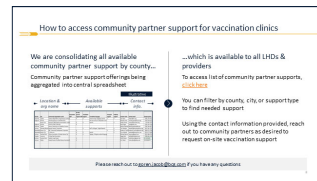
### Equity Form for additional resources & support

[Request additional resources](#) from KDHE or support from community partners



### Community partner support offerings

[View and/or request available support](#) from willing community partners





## Important considerations to prepare for and run a successful, equitable vaccination clinic & event

Note this list is not comprehensive; please visit [KDHE's website for LHD & Provider Manuals](#) and the [CDC planning website](#) for additional details

Event planning	Pre-event
<ul style="list-style-type: none"> <li><input type="checkbox"/> Vaccine secured</li> <li><input type="checkbox"/> Approved plan for vaccine storage &amp; transport planned</li> <li><input type="checkbox"/> PPE ordered</li> <li><input type="checkbox"/> Site confirmed               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Site accessible</b> (e.g., walkup, driving, transit)</li> </ul> </li> <li><input type="checkbox"/> Staffing plan secured (e.g., vaccinators, <b>support</b>)</li> <li><input type="checkbox"/> Security plan confirmed</li> <li><input type="checkbox"/> Necessary site resources confirmed, including restroom, seating, parking, &amp; weather plan</li> <li><input type="checkbox"/> Social distancing site plan developed</li> <li><input type="checkbox"/> <b>Local community partners engaged (to provide transport, translation, etc.)</b></li> <li><input type="checkbox"/> Advanced medical support plan in place</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Logistical information disseminated to relevant target communities:               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Event details</b> (date, time, location)</li> <li><input type="checkbox"/> <b>Time requirements</b> (e.g., 15 min waiting)</li> <li><input type="checkbox"/> <b>Materials to bring</b> (e.g., ID)</li> </ul> </li> <li><input type="checkbox"/> Vaccine info. disseminated via multiple channels to local communities in <b>relevant languages</b>:               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Print</b></li> <li><input type="checkbox"/> <b>Digital</b></li> <li><input type="checkbox"/> <b>Word of mouth</b></li> </ul> </li> <li><input type="checkbox"/> <b>Vaccine sign up/registration available (via online, phone, written, etc.)</b></li> <li><input type="checkbox"/> <b>Staff trained in proper language on R&amp;E data collection, misinformation, &amp; safety</b></li> </ul>
During event	Post event
<ul style="list-style-type: none"> <li><input type="checkbox"/> Proper fact &amp; consent forms distributed &amp; signed               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Signage &amp; forms posted and available in multiple languages</b></li> </ul> </li> <li><input type="checkbox"/> PPE available along with proper disposal</li> <li><input type="checkbox"/> Site hygiene &amp; social distancing maintained</li> <li><input type="checkbox"/> Vaccinations documented &amp; input into system               <ul style="list-style-type: none"> <li><input type="checkbox"/> Patients receive vaccination card</li> </ul> </li> <li><input type="checkbox"/> <b>Patient support available</b>:               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Walk ins/on site registration (online/paper)</b></li> <li><input type="checkbox"/> <b>Patient navigators available</b></li> <li><input type="checkbox"/> <b>Translators available</b></li> <li><input type="checkbox"/> <b>Transportation provided (if possible)</b></li> </ul> </li> <li><input type="checkbox"/> 2<sup>nd</sup> doses scheduled (if necessary)</li> <li><input type="checkbox"/> Observation area &amp; observer set up</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients receive relevant follow up information on:               <ul style="list-style-type: none"> <li><input type="checkbox"/> 2<sup>nd</sup> dose appointment logistics</li> <li><input type="checkbox"/> Side effects management</li> <li><input type="checkbox"/> Additional health practices (e.g., local providers, available resources, importance of check ups, etc.)</li> </ul> </li> <li><input type="checkbox"/> Data on doses administered successfully transmitted (if not live transmitted during event)</li> </ul>


**Bold** text indicates additional importance to reach vulnerable communities; to request additional support from KDHE or community partners, please complete [this form](#)


## Overview of equitable vaccination form for LHDs & Providers

### What is the form?

The **equitable vaccination form** is used to centrally collect information from LHDs & Providers to learn **how KDHE or other community partners can better support your vaccination efforts of vulnerable communities**

### Who should fill out the form? (*criteria*)

 Those offering **equity-focused vaccine clinics**

 Those **requiring support** at planned equity vaccine clinics  
*(e.g., doses from KDHE, translation or publicity from community partners; note supports are not guaranteed and should be submitted at least 2 weeks in advance)*

### What's next?

- 1 **Submit the form** if either criteria apply to you and your organization
- 2 **Share this form** with community partners in your network who might benefit from this support



#### Form Link

<https://www.surveymonkey.com/r/37S6ZTR>





*If additional needs arise upon completion of the form or you have questions, please email: [kdhe.covidvaccinepartners@ks.gov](mailto:kdhe.covidvaccinepartners@ks.gov)*

## Overview of equitable vaccination form for community partners

### What is the form?

The **equitable vaccination form** is used to centrally collect information from community partners to learn **how KDHE or other community partners can better support your vaccination efforts**

### Who should fill out the form? (*criteria*)

-  Those who can **offer support** at equity vaccine clinics
-  Those who **require support** at established equity vaccine clinics
-  Those who **need a provider partner** to arrange a vaccine equity clinic
-  Those with **additional needs** beyond equity vaccine clinics

### What's next?

- 1 **Submit the form** if any of the 4 criteria apply to you and your organization
- 2 **Share this form** with others in your network who might benefit from this support



#### Form Link

<https://www.surveymonkey.com/r/37S6ZTR>

*If additional needs arise upon completion of the form or you have questions, please email:*  
[kdhe.covidvaccinepartners@ks.gov](mailto:kdhe.covidvaccinepartners@ks.gov)

# How to access community partner support for vaccination clinics

We are consolidating all available community partner support by county...

Community partner support offerings being aggregated into central spreadsheet

Illustrative



County	City	Community Organization name	Vaccination staff	On-site support	Translation support	Transport support	Publicity support	Contact name	Contact email	Contact phone
Shawnee	Topeka	Topeka Independent Living Resources Center	X	X	American Sign language, Spanish	BY	BY	Doni Gyles	donigyles@ig.org	(785) 274-4477
Wichita	Wichita	International Rescue Committee (IRC)			We have access to interpreters that I			Michelle Green	michelle.green@ircus.org	(316) 254-8113
Wichita	Wichita	Wichita K-12 Cold America Immunization Clinic	X	X	Spanish		X	Christy Gorton	cgorton@wchic.edu	913-626-7522
Wichita	Wichita	POCING (POCING) Clinic	X					Devi Sagar	devi@pocing.com	(316) 362-2242
Shawnee	Topeka	Kansas Commission on Disability Concerns						Martina Lopez/Martina.gobelar@ks.gov		(785) 285-4922
Johnson	Shawnee Mission/Emerald America Corporation			X	Sign in Hindi/English, English/Spanish		X	Terri Andros	terriandros@americanameric.org	(913) 382-2222
Wyandotte	Kansas City	NKC Community Development Corporation	X			X	X	Broderick Crawford/broderick.crawford@kchic.org		(816) 872-2789
Wyandotte	Kansas City	21 Centro Inc.	X	X	Spanish		X	Erica Madala	emadala@21centro.com	(816) 417-0030
Johnson	Overland Park	Offices Association of Greater Kansas City	X	X	Tagalog - Philippine national language			Michael Moran	mmoran@oak.com	(913) 684-4767
Douglas	Lawrence	KS Head Start Association						Paige Kelly	pkelly@headstart.org	(785) 836-5132
Johnson	Overland Park	Healthy Living Project	X					Andy Strone	andystrone@gmail.com	(913) 688-8998
Johnson	Overland Park	Greater Kansas City Black Nurses Association	X					Tris Colbert	triscobler@gnba.com	(314) 388-0679

...which is available to all LHDs & providers

To access list of community partner supports, [click here](#)

You can filter by county, city, or support type to find needed support

Using the contact information provided, reach out to community partners as desired to request on-site vaccination support

Please reach out to [goren.jacob@bcg.com](mailto:goren.jacob@bcg.com) if you have any questions





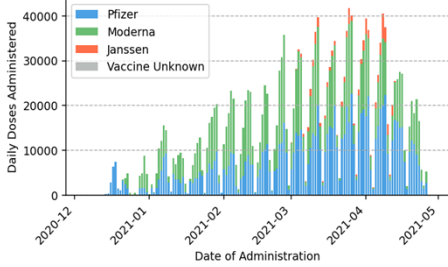
**Phil Griffin, Disease Control & Prevention**  
**COVID-19 Update**  
**April 29, 2021**



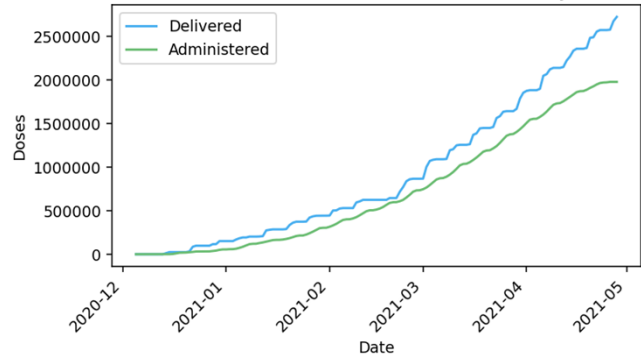
# Vaccine Allocations Next Week

- **Pfizer Prime 42,120 doses**
- **Moderna Prime 31,300 doses**
- **J&J 6,400 doses**

Total Number of Doses Administered, by Date of Administration and Vaccine Manufacturer



Cumulative Delivered Doses vs Administered by Week



Generated by Tiberius on 04/28/21

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## Change in Vaccine Distribution Process

- **Effective immediately**
- **COVID Vaccine Order Request – Action Required**
- **Email went out at 1:00 PM on Wednesday**
- **Reponses to order form due by 5:00 PM on Thursday**
- **Order delivery will depend on demand**
- **Pragya will demonstrate form and explain process**

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## Janssen (Johnson & Johnson) Vaccine

**On April 13<sup>th</sup> – FDA and CDC recommended a pause on Janssen vaccine out of an “abundance of caution” due to 6 reported cases of severe and rare blood clots within 2 weeks of vaccinations.**

- **Examine available data to assess risk of condition**
- **Conduct extensive outreach to providers**

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On April 13<sup>th</sup> the FDA and CDC recommended a pause on the use of Janssen vaccine out of an abundance of caution due to 6 reported cases of severe and rare blood clots within 2 weeks of vaccination. During the pause, the FDA and CDC examined available data to assess the risk of the condition as well as conducted extensive outreach to providers and clinicians to ensure they were made aware of the potential for these adverse events and could properly manage and recognize these events due to the unique treatment required for these blood clots and low platelets, also known as thrombosis-thrombocytopenia syndrome (TTS).

For clinicians – – – – Maintain a high index of suspicion for symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the Janssen COVID-19 vaccine, including severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, petechiae (tiny red spots on the skin), or new or easy bruising. Obtain platelet counts and screen for evidence of immune thrombotic thrombocytopenia. In patients with a thrombotic event and thrombocytopenia after the Janssen COVID-19 vaccine, evaluate initially with a screening PF4 enzyme-linked immunosorbent (ELISA) assay as would be performed for autoimmune HIT. Consultation with a hematologist is strongly recommended. Do not treat patients with thrombotic events and thrombocytopenia following receipt of Janssen COVID-19 vaccine with heparin, unless HIT testing is negative. If HIT testing is positive or unable to be performed in patient with thrombotic events and thrombocytopenia following receipt of Janssen COVID-19 vaccine, non-heparin anticoagulants and high-dose intravenous immune globulin should be strongly considered. Report adverse events to VAERS, including serious and life-threatening adverse events and deaths in patients following receipt of COVID-19 vaccines as required under the Emergency Use Authorizations for COVID-19 vaccines.



## Janssen (Johnson & Johnson) Vaccine

**On April 14<sup>th</sup> – The Advisory Committee on Immunization Practices (ACIP) met to review data on the 6 reported cases.**

- **All cases among white women between 18 and 48**
- **Symptoms occurred 6 to 13 days after vaccination**
- **Use of estrogen/progesterone with only 1 case**
- **No pregnant or postpartum cases**
- **Pre-existing conditions include obesity (3), hypothyroidism (1), hypertension (1), and asthma (1)**

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The Advisory Committee on Immunization Practices (ACIP) meet on two occasions – Wednesday, April 14<sup>th</sup> and Friday, April 23<sup>rd</sup>.

CDC and FDA reviewed data involving six reported U.S. cases of a rare and severe type of blood clot in individuals after receiving the J&J vaccine. In these cases, a type of blood clot called cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia).

Treatment of this specific type of blood clot is different from the treatment that might typically be administered. Usually, an anticoagulant drug called heparin is used to treat blood clots. In this setting, administration of heparin may be dangerous, and alternative treatments need to be given.

All six cases occurred among white women between the ages of 18 and 48

Symptoms occurred 6 to 13 days after vaccination

Use of estrogen/progesterone with only 1 case

No pregnant or postpartum cases

Pre-existing conditions include obesity (3), hypothyroidism (1), hypertension (1), and asthma (1)

ACIP Safety Team wanted time to review and gather more data so the pause remained in effect until they met again.



### On April 23<sup>rd</sup> – The ACIP met to review additional data using the Evidence to Recommendations (EtR) Framework

**Policy Question: Should vaccination with the Janssen COVID-19 vaccine (1 dose) be recommended for persons 18 years of age and older under an Emergency Use Authorization?**

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#### EtR Framework –

- Structure to describe information considered in moving from evidence to ACIP vaccine recommendations
- Provide transparency around the impact of additional factors on deliberations when considering a recommendation

Note: The Centers for Disease Control and Prevent (CDC) and FDA recommended a pause 10 days ago out of an “abundance of caution.” The joint recommendation came after six reported cases (a rate of less than 1 in 1 million) of vaccine recipients who developed “severe and rare” blood clots within two weeks of vaccination. **Since then there have been nine, new cases of the clotting disorder, bringing the total to 15 cases.**

Thrombosis-thrombocytopenia syndrome (TTS).



## Janssen (Johnson & Johnson) Vaccine

### **4/23 ACIP Vote –**

- **Janssen COVID-19 vaccine is recommended for persons 18 years of age and older in the U.S. population under the FDA’s Emergency Use Authorization.**
- **The EUA for providers and vaccine recipients will now be labeled to note a rare risk of blood clots with low platelets within two weeks of vaccination.**

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On Friday, April 23<sup>rd</sup>, the ACIP voted 10-4 with 1 abstention to recommend the Johnson and Johnson vaccine for persons 18 and over, ending the pause.

“The Janssen COVID-19 vaccine is recommended for persons 18 years of age and older in the U.S. population under the FDA’s Emergency Use Authorization.”

The vaccine will now be labeled to note a rare risk of blood clots with low platelets within two weeks of vaccination.



## Janssen (Johnson & Johnson) Vaccine

### **Providers in Kansas can resume vaccinating with Janssen vaccine immediately.**

- **Review updated Emergency Use Authorization for Providers**
- **Provide updated Emergency Use Authorization for Vaccine Recipients**

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#### **From FDA & CDC Press Release:**

#### **What should you expect next?**

There are tremendous potential benefits for the population to re-starting administration of the Johnson & Johnson vaccine, as more people will have access to vaccines. According to a model presented by Dr. Sara Oliver, a C.D.C. scientist, if Johnson & Johnson vaccinations resume for all adults, 26 to 45 cases of the clotting disorder would be expected over the next six months. In contrast, 600 to 1,400 fewer COVID-19 related deaths would be expected over the same time period.

While the cases are extremely rare, it is important to note that the pause helped inform clinicians how to identify and appropriately treat these uncommon clots, which can be appropriately treated if identified.

While we know concerns may linger, we are determined to increase vaccine confidence and access --- especially among the populations that have been hardest hit by the pandemic. We are standing strong in our role as an advocate for these communities to ensure they have access to the vaccines, and as an information hub that quickly shares concerns, ideas and promising practices, and guidance we hear from our trusted community partners.



## Janssen (Johnson & Johnson) Vaccine

### 4/23/2021 EUA for Providers:

- [Janssen COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers \(fda.gov\)](#)

### 4/23/2021 EUA for Vaccine Recipient:

- [Janssen COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers 04232021 \(fda.gov\)](#)

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# Johnson and Johnson Vaccine Standing Order

- All Updated on Website

<https://www.kansasvaccine.gov/194/Janssen-J-J-Vaccine>

Home • Providers • About the Vaccine • Janssen (J & J) Vaccine

## Janssen Vaccine

The Janssen vaccine may also be referred to as the Johnson & Johnson or J&J vaccine.

- [Janssen Preparation & Administration Summary \(PDF\)](#)
- [Janssen Storage & Handling Summary \(PDF\)](#)
- [Janssen Administration Resources & FAQs](#)
- [Janssen Standing Orders \(PDF\)](#)
- [Janssen Emergency Use Authorization Letter \(PDF\)](#)
- [Janssen Emergency Use Amendment Letter \(PDF\) - 4-23-21](#)
- [Advisory Committee on Immunization Practices' Interim Recommendation for Janssen \(PDF\)](#)
- [Janssen Fact Sheet \(PDF\) - 4-13-21](#)
- [Additional Provider Information \(PDF\) - 4-13-21](#)
- [J&J Fact Sheet for Recipients and Caregivers - 4-23-21](#)
- [Fact Sheet for Healthcare Providers Administering Vaccine - 4-23-21](#)

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# Johnson and Johnson Vaccine Standing Order

## • Updated Standing Orders

### Janssen COVID-19 Vaccine (Johnson & Johnson): Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older (cdc.gov)

#### Janssen COVID-19 Vaccine (Johnson & Johnson)

Standing Orders for Administering Vaccine  
to Persons 18 Years of Age and Older



**Note:** For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

**Purpose**

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

**Policy**

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**Procedure**

- Assess persons 18 years of age and older for vaccination with Janssen COVID-19 Vaccine based on the following criteria:
  - Has not completed a COVID-19 vaccination series, regardless of brand.
  - The Janssen COVID-19 Vaccine requires 1 dose. No additional doses are needed.
  - If the recipient has received 1 previous dose of an mRNA vaccine, the same brand should be administered for the second dose.
  - In situations where the first dose of an mRNA COVID-19 vaccine was received but the patient is unable to complete the series with either the same or different mRNA COVID-19 vaccine (e.g., due to contraindication) consideration may be given to vaccination with Janssen COVID-19 Vaccine at a minimum interval of 28 days from the mRNA COVID-19

Screen for contraindications and precautions.

**Contraindications**

- Severe allergic reaction (e.g., anaphylaxis) to a component of Janssen COVID-19 Vaccine
- Immediate allergic reaction<sup>1</sup> of any severity or known (diagnosed) allergy to a component of the vaccine (see Table 1 in this document for a list of ingredients in COVID-19 vaccines)

**Note:** Persons who have a contraindication to Janssen COVID-19 Vaccine may be able to receive an mRNA COVID-19 vaccine (see footnote).<sup>2</sup>

**Precautions**

- History of an immediate allergic reaction<sup>1</sup> to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies)

<sup>1</sup> This includes persons with a reaction to a vaccine or

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# Johnson and Johnson Vaccine Standing Order

- All Updated on Website

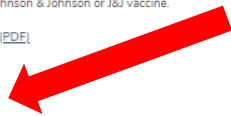
<https://www.kansasvaccine.gov/194/Janssen-J-J-Vaccine>

[Home](#) • [Providers](#) • [About the Vaccine](#) • [Janssen \(J & J\) Vaccine](#)

## Janssen Vaccine

The Janssen vaccine may also be referred to as the Johnson & Johnson or J&J vaccine.

- [Janssen Preparation & Administration Summary \(PDF\)](#)
- [Janssen Storage & Handling Summary \(PDF\)](#)
- [Janssen Administration Resources & FAQs](#)
- [Janssen Standing Orders \(PDF\)](#)
- [Janssen Emergency Use Authorization Letter \(PDF\)](#)
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- [Fact Sheet for Healthcare Providers Administering Vaccine - 4-23-21](#)



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## Moderna Vaccine Vial Size

- **With the FDA’s EUA revisions announced April 1, the Moderna vaccine will be available in two different vials by early May: the current Maximum 11 dose vial and a new Maximum 15 dose vial. The vial will remain the same size but will be filled to the higher volume.**
  - Moderna is planning to transition all manufacturing to the new vial during the month of May. During the month, awardees and partners will receive allocations that include quantities of both Moderna vaccine vials. The proportion of existing Moderna NDC/new Moderna NDC in each awardee’s and partner’s allocation will evolve over the course of the transition period.

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## Moderna Vaccine Vial Size

- **The Moderna larger volume vial may contain 15 0.5mL doses of vaccine. However, it will not always be possible to extract the 15th dose. This is based on the overfill in the vial and the type of syringes used to administer the vaccine. Therefore, vaccination providers should expect to withdraw 13-15 doses from each vial.**
  - Each dose must contain 0.5mL of vaccine.
  - When the amount of vaccine remaining in the vial is not a complete 0.5mL dose, discard the vial and the residual vaccine regardless of the number of doses withdrawn. **Do NOT** save vials to combine residual vaccine from more than one vial to get a complete dose. An unextracted 15th dose does NOT count as waste.
  - Vaccination sites should continue to reliably extract 10 doses from the current volume vial and plan to extract 14 doses from the new larger volume vial using the ancillary kit supplies provided.

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## Moderna Vaccine Vial Size

- **Ancillary kits will be reconfigured to extract a maximum of 14 doses per vial, plus a 5% surplus to account for damage or wastage.**
  - Moderna worked closely with CDC and United States Pharmacopeia (USP) to test combinations of available needle and syringe supplies to optimize the number of available doses.
  - Results demonstrate that a combination of low dead-volume and non-low dead-volume syringes and needles may be required to consistently extract 11 and 15 doses from both vials addressed in the EUA.
  - Ancillary kits for the Moderna large volume vials will be configured to support 14 doses per vial (minimum order: 140 doses).
  - USG cannot provide supplies to withdraw a 15th dose. If a provider chooses to withdraw a 15th dose from the vial, USG cannot replace the supplies used or provide additional syringes.

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# Moderna Vaccine Vial Size

Moderna Wastage Reporting Table



Manufacturer	Dose	Was the dose extracted in full?	Is it counted as waste?
Moderna 6.3mL vial	10 <sup>th</sup> dose	Yes	No
		No	Yes
	11 <sup>th</sup> dose	Yes	No
		No	No
Moderna 8mL vial	13 <sup>th</sup> dose	Yes	No
		No	Yes
	14 <sup>th</sup> dose	Yes	No
		No	Yes
	15 <sup>th</sup> dose	Yes	No
		No	No

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## Moderna Vaccine Vial Size

- **Frozen Vaccine**
  - Moderna vials can now be stored frozen between -50° to -15° C (-58° to 5°F). This is an increased range from the original temperatures. This new, wider temperature range is consistent with temperature requirements for other recommended vaccines stored in the freezer.
- **Refrigerated Vaccine/Unpunctured Vials**
  - Unchanged: Vials may be stored refrigerated between 2° to 8°C (36° to 46°F) for up to 30 days prior to first use.
  - Vials may be stored between 8° to 25°C (46° to 77°F) for a total of 24 hours. This is an increase from 12 hours.
- **Punctured Vials**
  - After the first dose has been withdrawn, the vial should be held between 2° to 25°C (36° to 77°F) for up to 12 hours. Vials should be discarded 12 hours after the first puncture. This is an increase from 6 hours.

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## Moderna Vaccine Vial Size

- All Updated on Website

[Moderna Vaccine | KDHE Vaccine KS \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

### Moderna Vaccine

- [Moderna Standing Orders \(PDF\)](#)
- [Moderna Fact Sheet for Healthcare Providers \(PDF\)](#) & [Moderna Fact Sheet for Recipients \(PDF\)](#)
- [MMWR Moderna \(PDF\)](#)
- [FDA Letter regarding Moderna EUA \(PDF\)](#)
- [Moderna COVID-19 Vaccine Preparation and Administration Summary \(PDF\)](#)
- [Moderna Storage and Handling Summary \(PDF\)](#)
- [Moderna Beyond Use Date/Time \(BUD\) Tracking Label for Vaccine During Refrigerator Storage \(PDF\)](#)
- [Moderna COVID-19 Vaccine Storage and Handling Label \(PDF\)](#)
- [Moderna Effect of Ionizing Radiation on COP Color](#)
- [Moderna EUA Amendments FAQs, Talking Points, Packaging Images and Wastage Reporting Table](#)




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# Moderna Vaccine Vial Size

- Updated Standing Orders

<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf>

**Moderna COVID-19 Vaccine**  
Standing Orders for Administering Vaccine  
to Persons 18 Years of Age and Older



**Note:** For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

**Purpose**

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

**Policy**

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**Procedure**

- Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:
  - Has not completed a COVID-19 vaccination series, regardless of brand. If 2 doses of an mRNA vaccine have been administered or a single dose of Janssen vaccine has been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, administer the second dose at an interval of least 28 days (not preferably before 42 days).
  - If the vaccine product given as the first dose cannot be determined or is no longer available, any mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose.
- Do not administer Moderna COVID-19 Vaccine at the same time as other vaccines. Separate Moderna COVID-19 Vaccine by 14 days before or after the administration of other vaccines.<sup>1</sup>

Screen for contraindications and precautions.

- Contraindications:
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech)
  - Immediate allergic reaction<sup>2</sup> of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (see Table 1 in this document for a list of vaccine components)
- Note:** Persons who have a contraindication to an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech) may be able to receive the Janssen COVID-19 Vaccine (see footnotes)<sup>1</sup>
- Precautions:
  - History of an immediate allergic reaction<sup>2</sup> to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies).

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## Moderna Vaccine Vial Size

- All Updated on Website

[Moderna Vaccine | KDHE Vaccine KS \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

### Moderna Vaccine

- [Moderna Standing Orders \(PDF\)](#)
- [Moderna Fact Sheet for Healthcare Providers \(PDF\)](#) & [Moderna Fact Sheet for Recipients \(PDF\)](#)
- [MMWR Moderna \(PDF\)](#)
- [FDA Letter regarding Moderna EUA \(PDF\)](#)
- [Moderna COVID-19 Vaccine Preparation and Administration Summary \(PDF\)](#)
- [Moderna Storage and Handling Summary \(PDF\)](#)
- [Moderna Beyond Use Date/Time \(BUD\) Tracking Label for Vaccine During Refrigerator Storage \(PDF\)](#)
- [Moderna COVID-19 Vaccine Storage and Handling Label \(PDF\)](#)
- [Moderna Effect of Ionizing Radiation on COP Color](#)
- [Moderna EUA Amendments FAQs, Talking Points, Packaging Images and Wastage Reporting Table](#)

*To protect and improve the health and environment of all Kansans*



**Pragya Malik, Boston Consulting Group**  
**COVID-19 Update**  
**April 29, 2021**

As vaccine supply exceeds demand, an ordering-based allocation system can help streamline the vaccine distribution process

### Where we were a month ago

- ✓ Provider **demand exceeded supply:** required prioritization and allocation
- ✓ **Demand was high, with mass vax clinics as main way** to rapidly vaccinate willing Kansans: possible to order federal minimum quantities without waste



#### "Centrally-pushed" allocations

KDHE uses bottoms-up approach to determine optimal provider-level allocations based on several public health parameters (e.g., county pop. & SVI, provider throughput or type)

### Where we are now

- ☆ **Available supply exceeds demand:** requires less dose management
- ☆ **Demand is stalling and administration moving to in-house settings:** requires decreases / fine-tuning in vaccine orders



#### "Order-and-authorize" allocations

Providers submit order requests, which KDHE reviews and fulfills for distribution



Starting today, KDHE will move away from an allocations-based system to an order-based system for COVID-19 vaccine distribution

*At this time, there is sufficient supply of Moderna and Pfizer vaccine across the state of Kansas to meet provider demand*



### What WILL change

**No allocations (including boost doses) will be automatically sent or proposed.** Any shipments require an order submission.

- If you do not submit the form, you will receive 0 doses.

**There are no minimum order requirements for vaccine.**

- Please indicate the exact number of doses you are interested in receiving. KDHE will aim to meet this either via manufacturer order or redistribution via courier.
- All shipments will come with ancillary supplies.

#### Provider deadlines

- All orders must be submitted by Thursday 5pm CT
- Orders after that deadline **cannot** be changed or adjusted



### What WILL NOT change

**All emails will be sent to each location's primary contact.**

**KDHE will provide order confirmation in advance of delivery**

**Please continue to work closely with your LHD.** You are not required to receive doses from KDHE.

**Only enrolled providers can receive vaccines**

- This is true for transferred doses as well: please register each location and report all transfers on WebIZ

#### Provider reporting obligations

- KSWebIZ: administration, inventory recommended
- VaccineFinder: inventory
- Weekly Snapshot: doses received, administered, on-hand, and transferred, daily and cumulatively

## Additional guidelines for completing the form

- ☆ Please submit the form for **each location** for which you wish to place an order.
  - Enter the *location name* and *VFC PIN* exactly as written on your email confirmation
  - If you wish to stop receiving emails for a specific location, please *opt-out* using the form

- ☆ Please enter the **Monday** of delivery week for which you are placing vaccine orders.
  - Any orders submitted **before Thursday 5pm CT** will be out for delivery the following week.
  - I.e., if you place an order between 4/28 – 4/29, it will be for deliveries the week of 5/3.

- ☆ You are responsible for placing all **boost orders**. They will **NOT** be automatically placed.
  - At the beginning of the week, you will receive a **reference email** indicating how many boost doses you are "due" for based on prior prime shipments. This is **not** an order guarantee.

- ☆ Orders are placed for **doses**. Orders for doses can be placed in increments of 1 vial. Please input all dose requests as **whole numbers**. Do not type "none" or put a range ("100-150")

- ☆ Please review the storage requirements and your own capabilities before placing orders.

- ! You may select specific vaccine types, but J&J orders are **not guaranteed** to be fulfilled.
  - We will put all J&J requests on a waitlist and fulfill them based on available supply.
  - If you have a compelling need for J&J (e.g., homebound visits), please let us know

Location Name: SEK Multi-CHD - Allen County  
VFC PIN: 0001  
Shipping Address: 411 N. Washington, Iola KS 66749

Location Name: Rawlins County Public Health  
VFC PIN: 0077  
Shipping Address: 216 South 4th, Atwood KS 67730

Please use Mondays at the start of the week. For any orders submitted before Thursday 5pm CT, we will aim for all vaccine to be delivered the following week.

Week of:  
Sun  
Wednesday

\*7. For each of the following vaccine types, please indicate your order request for **boost doses**.

Your order request email includes the number of boost doses we would expect your location to be due for based on prior weeks' prime shipments. Q1

Moderna   
Pfizer

! The request you entered is invalid/iforme.

\*8. For each of the following vaccine types, please indicate your order request for **prime doses**.

Moderna   
Pfizer   
Johnson and Johnson

You may order as much as can be properly stored and reasonably used before doses expire.  
- For Moderna, this is up to 30 days once refrigerated and roughly 6 months when frozen.  
- For Johnson and Johnson, this is up to 3 months in a refrigerator and up to two years in a freezer.  
- For Pfizer, this is up to 2 weeks once frozen and roughly 6 months in ultra-cold storage.  
This is directional guidance only. Please check your specific lot number once receiving the vaccine for specific expiration dates.

\*6. For each of the following vaccine types, please indicate your order request for **prime doses**.

Moderna   
Pfizer   
Johnson and Johnson



**N Myron Gunsalus, Jr, KHEL Director**  
**COVID-19 Laboratory Update**  
**April 29, 2021**



## COVID-19: Laboratory Update

### FDA Approved Tests as of 4/29/21

FDA has currently authorized 372 tests under EUAs:

- 241 molecular tests (excluding Lab Developed Tests)
- 76 antibody tests
- 23 antigen tests, 18 CLIA Waived + 6 At Home Tests

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>

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No major changes or updates in the authorized testing arena.



## COVID-19: Laboratory Update

### **Pooling and Serial Testing Amendment for Certain Molecular Diagnostic Tests for SARS-CoV-2**

On April 20, 2021, the FDA issued an amendment allowing certain authorized molecular diagnostic SARS-CoV-2 tests to be distributed and used to pool anterior nasal respiratory specimens from asymptomatic individuals as part of a serial testing program after developers submit a complete notification, including meeting required validation data, as set forth in the letter.

This means that tests with EUAs that are amended by this authorization may be used with pooled anterior nasal specimens from individuals without known or suspected COVID-19 when such individuals are tested as part of a testing program that includes testing at regular intervals, at least once per week.

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-molecular-diagnostic-tests-sars-cov-2#amendment>

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Update from FDA to formally approve certain molecular diagnostic tests to be used for pooled specimens from asymptomatic individuals.

This is for High complexity labs and requires the vendor to submit application and data to support the change.

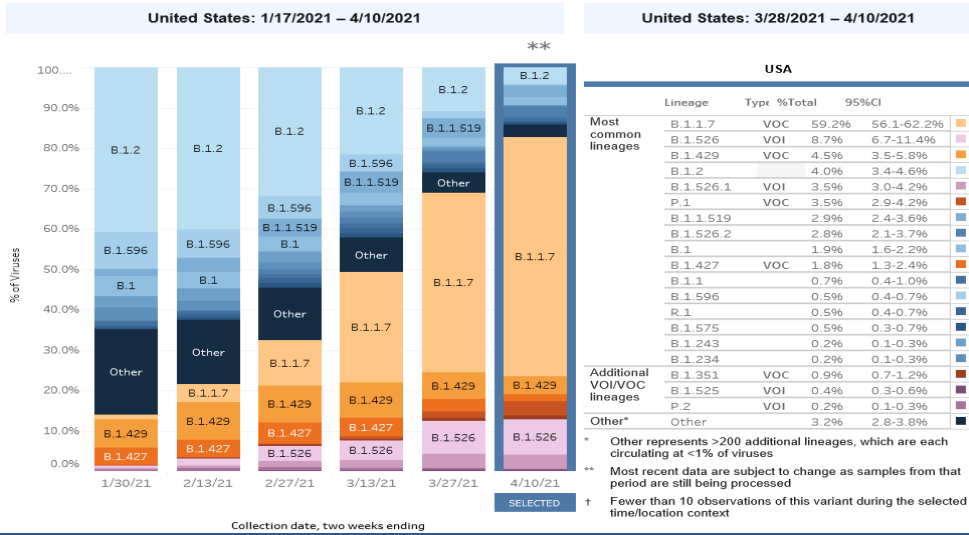
On this page will be an Exhibit that will list these, but nothing has been posted there yet.





# COVID-19: Laboratory Update

## COVID Variants and Testing



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[https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions)

3 different areas that have P.1 variants

2 areas in the state have had India strain identified. This is not even identified by CDC as a variant of interest or concern yet.

As of April 25<sup>th</sup> 335,887 sequences have been uploaded into the GISAID public database.



## COVID-19: Laboratory Update

### SARS-CoV-2 Viral Mutations Detection with COVID-19 Tests

- Variant Detection is not diagnostic
- Variants are usually a combination of various mutations.
- PCR techniques can detect some aspects of some variants
  - e.g. S-gene dropout
- PCR alone cannot positively identify a variant, only if a particular mutation is present.

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For example, what has been termed the India variant (B.1.617) is related to an additional mutation that we normally see in the California variants. So if you only had primers and probes for the S:L452R mutation (typical in the California strains) but were not looking for the additional mutation S:T478K, you would not know that you had a B.1.617 lineage/variant.

Both of these mutations are on the spike protein where the 452 mutation is associated with increased transmissibility (approximated around 20%). The 478 mutation may have a potential impact on immune response.



## COVID-19: Laboratory Update

### SARS-CoV-2 Viral Mutations Detection with COVID-19 Tests

- PCR alone cannot positively identify a variant, only if a particular mutation is present.
- Be aware of misleading claims by vendors to “identify variants”.
- These PCR mutation identifications can provide “indications” of a potential variant
- Good for screening which samples could be related to variants
- Should not report as having found a variant until whole genome sequencing is performed.

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For example, what has been termed the India variant (B.1.617) is related to an additional mutation that we normally see in the California variants. So if you only had primers and probes for the S:L452R mutation (typical in the California strains) but were not looking for the additional mutation S:T478K, you would not know that you had a B.1.617 lineage/variant.

Both of these mutations are on the spike protein where the 452 mutation is associated with increased transmissibility (approximated around 20%). The 478 mutation may have a potential impact on immune response.

If you are a lab that is running PCR for COVID detection, we are looking for ways to increase our statewide sequencing efforts

## KHEL is looking to partner with labs to increase sequencing



### Criteria

KHEL is asking labs to send **any positive samples**

**However, KHEL is particularly interested in the following cases if all samples are not available**

- **Examples:** Areas with high transmission (different age groups, geographic locations, severity), cases in areas with a significant increase of cases over a few weeks (not explained by relaxing public health measures), children in areas with increased incidence of pediatric disease, clusters of cases in people aged <60 without underlying conditions, cases in fully-vaccinated people or when re-infection is suspected

**Samples with a CT value <30 are preferred, but higher CT values are OK if samples are of interest**



### Next steps

- To sign up for the program, **Contact KDH.KHELINFO@KS.gov and include Subject Line: ATTENTION SEQUENCING**
  - Samples can be submitted through a form or lab online
  - For regular surveillance tell us how many PCR positives you typically have per week and could send.
- If there is a known case of reinfection or potential vaccine break through or "S-Deletion", then **contact KHEL for sequencing.**
- You **should not report PCR mutation screening to anyone as an identified variant.** Variants are only identified after confirmation whole genome sequencing
  - Send us extract if possible or a second sample in VTM

**Please note:** CMS has stated so far that sequencing results cannot be reported back to providers but only to Public Health. We will be working with Public Health staff regarding results of sequences but can only provide aggregate data back to any given laboratory



## COVID-19: Laboratory Update

### General Thoughts

- Rapid Antigen Kits Available from KDHE at no charge.
- Community Testing Partners for Antigen Tests
- CLIA Certification Questions: [KDHE.CLIA2@ks.gov](mailto:KDHE.CLIA2@ks.gov)
- Mobile Labs and Collection Vans available.

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If you have a need or an idea on using rapid antigen tests for a particular purpose, please let us know and we may be able to supply the kits at no charge. Go through your County EM.

We are looking for partners to ensure that testing is available across the state and there are still some gaps. If you are doing testing or can do antigen testing for public use (no charge to patient) we may have an opportunity to engage you as a community testing partner in order to fill a gap in current service. You would need to be accessible to the public and we can provide supplies but you would either collect specimens for PCR testing or perform an onsite rapid antigen test.

If you need help with certification to use these Waived Tests, then contact our CLIA office.

If you have an idea on how a mobile laboratory or collection event would support your community or situation, please reach out and let us know.



**Lacey Kennett, Preparedness & Communications**  
**COVID-19 Situation Update**  
**April 29, 2021**



## Upcoming Webinar

A graphic for a webinar. It features a person wearing a full protective suit and mask. Overlaid on the image is the NETEC logo, which consists of a stylized blue shield with a white cross, followed by the text "NETEC" in blue. Below the logo, the text "WEBINAR SERIES" is written in blue. The main title of the webinar, "Overcoming Challenges to Supporting Your Workforce: Let's Talk", is displayed in a large, bold, blue font. At the bottom of the graphic, a dark blue banner contains the text "FRIDAY, APRIL 30, 2021 at NOON CST/ 1 PM EST" in white.

**NETEC**  
WEBINAR SERIES

**Overcoming Challenges to Supporting  
Your Workforce: Let's Talk**

**FRIDAY, APRIL 30, 2021 at NOON CST/ 1 PM EST**

Click [HERE](#) to register

*To protect and improve the health and environment of all Kansans*

The next webinar from the National Emerging Special Pathogens Training and Education Center (NETEC) will take place Friday, April 30<sup>th</sup> at noon CST. This webinar's topic is "Overcoming Challenges to Supporting Your Workforce: Let's Talk." This webinar will: identify three sources of stress for healthcare workers; discuss three obstacles to providing psychological support to healthcare workers; distinguish between healthcare worker and leader responsibility for providing psychological support; and summarize key messages leadership can send to the workforce to encourage help-seeking. To register for the webinar, click the link on the screen or visit: <https://netec.org/education-and-training/>.



## Upcoming Webinar



### Community-led COVID-19 Messaging That Supports Vaccine Confidence

Webinars: April 29 • May 13 • May 27  
1-1:50 EDT

Click [HERE](#) to register

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The National Resource Center for Refugees, Immigrants and Migrants (NRC-RIM) worked with IDEO.org, a nonprofit design studio, to [build vaccination campaigns](#) in genuine partnership with specific RIM communities. They will be presenting three different sessions of this webinar to discuss their resources obtained by working alongside community leaders to lead the creation and dissemination of their messaging campaigns.

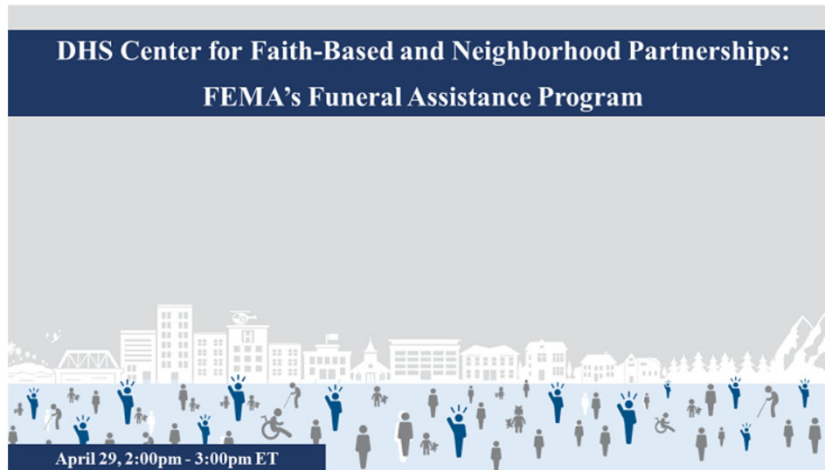
Join this webinar to hear from experts from NRC-RIM and IDEO.org on how they approached this community-led, hyperlocal communications strategy. You'll also learn how you can use [templates and tools](#) to make a customized vaccine campaign that resonates with your community, and about other resources NRC-RIM offers that support your work.

As you can see, webinar sessions are available today at 12:00pm CST, and again on May 13 and May 27. To register for the webinar, click on the link on the slide or visit <https://nrcrim.org/webinar-community-led-covid-19-messaging-supports-vaccine-confidence>.





## Upcoming Webinar



Click [HERE](#) to register

*To protect and improve the health and environment of all Kansans*

On April 12, FEMA began implementing Funeral Assistance nationwide to provide financial support for funeral costs specifically related to Coronavirus Disease (COVID-19). The DHS Center for Faith Based and Neighborhood Partnerships invites you to join their Funeral Assistance Program webinar. This webinar will provide information regarding the implementation of this new policy and guidance on applicability, conditions of eligibility, required documentation, how can you support, and other important topics.

To register for the webinar, click the link on the slide or visit [https://femacqpub1.connectsolutions.com/content/connect/c1/7/en/events/event/private/110765447/182752975/event\\_landing.html?connect-session=breezbreez3gg3zwcwvx2v9mc9&sco-id=187513599&\\_charset\\_=utf-8](https://femacqpub1.connectsolutions.com/content/connect/c1/7/en/events/event/private/110765447/182752975/event_landing.html?connect-session=breezbreez3gg3zwcwvx2v9mc9&sco-id=187513599&_charset_=utf-8).



## Upcoming ECHO Webinar

**EMORY UNIVERSITY  
COVID-19 ECHO PROGRAM**

Upcoming Session:

**THE COVID-19 VACCINE FOR  
ADULT GENETICS PATIENTS**

**Thursday, May 6, 2021  
11:00 AM - 12:00 PM (EST)**

**DIDACTIC PRESENTER**

**Zantha Wiley, MD**  
Emory University School of Medicine, Division of Infectious Disease

**EXPERT PANELISTS**

**Sonja A. Rasmussen, MD, MS**  
University of Florida, College of Medicine and College of Public Health and Health Professions

**Rossana Sanchez Russo, MD**  
Emory University School of Medicine, Department of Human Genetics

**CASE PRESENTERS**

**Chad Haldeman-Englert, MD, FACMG**  
Fullerton Genetics Center, Mission Health

**Stephanie Hacker, MS, RD/N, LD/N, CNSC, CSSD**  
University of Miami School of Medicine

EMORY UNIVERSITY SCHOOL OF MEDICINE  
SERIOUS COMMUNICABLE DISEASES PROGRAM  
SERN SOUTHEAST REGIONAL GENETICS NETWORK

Click [HERE](#) to register

*To protect and improve the health and environment of all Kansans*

The May ECHO COVID-19 Program webinar will take place Thursday, May 6 and cover “The COVID-19 Vaccine for Adult Genetics Patients.” This webinar will aim: to improve understanding of COVID-19 vaccine physiology and reactogenicity among genetics practitioners; to address providers’ concerns around recommending the COVID-19 vaccine to adult genetics patients; to utilize case studies to exemplify how practitioners approach and manage the COVID-19 vaccines with their patients; and to empower genetics practitioners to answer patients’ questions about the COVID-19 vaccine. TO register, use the link on the screen or visit: <https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/echo-upcoming-session.html>.



## “Just Because” TikTok Campaign

**JUST BECAUSE TIKTOK CHALLENGE**  
visit [JustBecauseKS.com](http://JustBecauseKS.com) for other ways to enter

**Get a FREE Tee!**  
Plus chances to win other prizes

**Entries must be school-appropriate**  
No profanity, inappropriate actions, or provocative clothing - keep it clean!

**Must say "Just Because" in your video**  
For example, "I'm getting tested, just because I want to go to prom," or "I'm getting tested, just because I want to hang out with my friends."

**Entries must include:**

- #JustBecauseKS
- tag us @JustBecauseKS

Entries may also be submitted through the website. All submissions may be used for promotional purposes.

**All entries must be received by Wednesday, May 12.**

Questions can be sent through [JustBecauseKS.com](http://JustBecauseKS.com)

- Open to Kansas students in middle school and high school
- Free t-shirt for all participants who enter
- Entries must include:
  - #JustBecauseKS
  - Must say “just because” in the video
  - Tag @JustBecauseKS on TikTok or submit through website
- Winners will be announced after it closes May 12
- We can send an email to you with all of the details – just let us know.

Click [HERE](#) for more information

*To protect and improve the health and environment of all Kansans*

KDHE has been working to get the message out that getting a COVID test to keep family and friends safe is still of the utmost importance. This week we launched a TikTok “Just Because” campaign encouraging Kansas middle and high schoolers (and their teachers or classrooms) to submit a video outlining why getting a COVID test is important.

While the campaign is primarily being conducted on TikTok, there are other ways to enter. Visit [JustBecauseKS.com](http://JustBecauseKS.com) for a full list of contest rules, or to enter. We've also included a TikTok video (<https://youtu.be/EG3ITdMMCWg>) from Christian Trotter (@thetrotterlife) to help us get started. All entries will receive a t-shirt, and possibly be entered for other prizes. Below are a few more details.

### **Just Because Contest Guidelines:**

- Entries must be school-appropriate - no profanity, inappropriate actions, or provocative clothing - keep it clean!
- Must say "Just Because" in your video, and explain why you think it’s important to get a test. ex- I'm getting tested, *just because* I want to go to prom, or “I’m getting tested, *just because* I want to see my grandparents.”

For the entry to be official, **you must use:**

#JustBecauseKS AND tag the TikTok account with @JustBecauseKS

(Note: If students enter through the website, the entry is official, but may be utilized on other campaign social media)

**All entries will receive a t-shirt, but they must be in by Wednesday, May 12. Questions can be sent through [JustBecauseKS.com](http://JustBecauseKS.com)**



Questions?