

COVID-19 Vaccine Distribution Guidance for Vaccine Providers for Phase 1D

Ohio is expanding eligibility for the COVID-19 vaccine as supply is increasing, and as vaccinations for previously defined [priority populations](#) continue. Phase 1D, beginning March 11, 2021, includes Ohioans at increased risk for serious illness from COVID-19 disease due to medical conditions. Phase 1D includes approximately 197,000 eligible Ohioans with certain medical conditions not addressed in previous phases.

Who may be vaccinated during Phase 1D?

This phase includes:

- Individuals who have specified medical conditions that may increase their risk of severe illness and death from COVID-19. The new qualifying conditions are not already covered through Ohio's age-based approach to vaccine eligibility.
- Eligible individuals can receive a vaccine from the provider of their choice. Individuals may be asked to confirm during the registration or screening process that they are eligible to receive the vaccine based on a qualifying medical condition.

MEDICAL CONDITIONS

- People with type 2 diabetes under the age of 50.
 - This opens eligibility to approximately **172,000 Ohioans**.
- People with end-stage renal disease (also known as end-stage kidney disease) under the age of 50.
 - This opens eligibility to approximately **25,000 Ohioans**.

Manufacturer specific vaccine eligibility requirements

Vaccine recipients must be age 16 or older to be eligible for the Pfizer vaccine, and age 18 or older to be eligible for the Moderna and Johnson & Johnson (Janssen) vaccines.

Who will be offering Phase 1D vaccinations?

Eligible vaccine recipients may receive a COVID-19 vaccination from a provider of their choice, including local health departments, hospitals, retail and independent pharmacies, and federally qualified health centers. Additional providers will continue to be added as vaccine supply increases.

The State of Ohio is not requiring any additional documentation for proof of eligibility; however, providers may develop their own screening and monitoring procedures to evaluate eligibility.

- Providers should confirm with the patient that they have one of the qualifying conditions verbally or on their screening or registration forms.
- Providers will not be required to collect or submit additional forms; however, patients/occupations falling into these groups will be identified by providers submitting target population and occupation ([TP/O checklist](#)) data to the state.

How to help Ohioans find vaccine providers, schedule appointments

Vaccine providers are asked to participate in two services to help Ohioans looking for a streamlined approach to finding a provider and scheduling an appointment.

- **Vaccine Management Solution (VMS)** – This one-stop solution for patients beginning the vaccination process allows Ohioans to determine eligibility, schedule appointments, submit health information, and receive updates and reminders. Public access to the web-based program began March 8, 2021.
 - All Ohioans can use the tool to determine eligibility and see existing allocated providers. During the initial phase, eligible Ohioans in several areas can book an appointment directly within the VMS tool.
 - Providers will be required to either report vaccines administered via the VMS scheduling system or an electronic health record (EHR) that interfaces with the state’s VMS system, no later than the week of March 22. The state anticipates this will enhance the customer service experience for Ohioans, reduce data lags, and provide real-time information on vaccination progress at the state and county level.
 - Full booking functionality will expand as more providers adopt the system or integrate with VMS. As vaccines become more widely available and providers conclude vaccinating patients who still need their second dose, the program will allow direct scheduling statewide.
 - VMS will be used for scheduling appointments at Ohio’s [mass vaccination sites](#).
 - Vaccine providers who are receiving allocations but have not received an invitation to join VMS are asked to call the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov.
 - [Training resources are available for providers using the Vaccine Management Solution \(VMS\)](#).
 - Learn more about Ohio’s Vaccine Management Solution (VMS) at an upcoming VMS 411 Session. These sessions will go over key questions and concerns, highlight best practices in capturing data within the VMS system, and capture provider feedback.
 - When: Every Wednesday and Friday, from 3-4 p.m.
 - How to join:
 - Online using Microsoft Teams: <http://bit.ly/OhioVMA411>
 - By phone: 872-215-2965
 - Phone conference ID: 739 278 746#
 - One-click dial by phone: +1 872-215-2965, 739278746#
- **New providers: Add your information to state’s searchable website:** The **COVID-19 Vaccine Provider Locations** directory at vaccine.coronavirus.ohio.gov is a resource that shows providers who are receiving shipments of COVID-19 vaccines. The COVID-19 Vaccine Provider Locations directory is searchable by county and ZIP code.
 - [Providers are responsible for providing their contact information](#), including phone numbers, administration addresses, and websites specific to COVID-19 vaccines, to assist the public in finding a provider. The directory will show all enrolled COVID-19 vaccination providers currently receiving shipments as part of Ohio’s Vaccination Program. This information can be submitted by [completing this brief form](#). Providers must [log in to OHID](#) to access the Vaccine Provider Locations form. [Detailed instructions for adding or updating information are available in on our website](#).

In addition, vaccine supply is also available through the [Federal Retail Pharmacy Program for COVID-19 Vaccination](#). Eligible Ohioans who want to find a participating pharmacy should visit the Centers for Disease Control and Prevention’s [VaccineFinder](#). This is a free, online service.

Vaccine allocations and baseline planning assumptions

The Ohio Department of Health (ODH) will determine allocations weekly and send notifications on Wednesday each week. Planned allocations are determined based upon factors including each county’s share of eligible populations and the Centers for Disease Control and Prevention (CDC) [social vulnerability index](#). Equitable access and throughput are also determining factors.

Providers can schedule appointments for **100% of their allocation** upon notification each Wednesday (for the following week’s shipments). To help plan appointments several weeks in advance, providers can calculate **75% of**

that same allocation and use that number as a preliminary estimate to schedule appointments for the two weeks that will follow. Additional appointments could be added once final allocations are received for those weeks.

- Right now, this planning process should only apply to allocations for the Pfizer and Moderna vaccines, as Janssen shipments will vary for a few weeks as production ramps up.
- ODH expects this planning baseline to continue moving forward as vaccine supply becomes more abundant. Upon receiving updated information from the federal government, ODH will continue or update planning assumptions for future weeks.

Expectations for vaccine providers

To ensure rapid administration of the vaccine to eligible Ohioans, providers must meet the following expectations:

- **Vaccinations should begin immediately** – Vaccine administration must begin within 24 hours of receipt of a shipment, and all doses should be given within seven days. If you are unable to fulfill this commitment, contact the Ohio Department of Health immediately at 1-844-963-4829 or email COVIDVACCINE@odh.ohio.gov so allocations can be adjusted promptly.
- **Providing vaccine to any eligible Ohioans** – By participating in Ohio's Vaccination Program, you must agree to provide vaccine to any eligible patients, and you are not permitted to limit your distribution to existing patients and/or customers.
- **Timely reporting of vaccine administration** – All providers must report vaccine administration within 24 hours. This includes the direct entry of the [target population/occupation \(TP/O\) data](#) in ImpactSIIS.
 - **Updated Target Population/Occupation Checklists** – Please share the updated [TP/O Checklist](#) and [TP/O Codes](#) documents with your Information Technology (IT) department if system modifications are necessary.
- **Ongoing vaccinations for previous phases** – As new phases begin, vaccine providers should continue to vaccinate those eligible under previous phases.
 - Limited vaccinations continue for Phase 1A through local health departments, the federal long-term care pharmacy program, and hospitals.
 - Hospitals should follow [updated guidance for ongoing vaccinations for Phase 1A hospital-based healthcare workers](#) who are in frequent or episodic contact with COVID-19 patients or those who care for immunocompromised patients.
 - Local health departments should continue to follow [guidance for vaccinating 1A populations](#) in congregate care settings and non-hospital affiliated healthcare workers.
- **No vaccine should ever be wasted** – If vaccine remains unused, such as at the end of a vaccination clinic, the primary goal should be to provide that vaccine quickly to eligible vaccine recipients. When that is not possible, please administer vaccine to any available individuals who meet the FDA's requirements for that product. Providers should have a plan ready for what to do if extra doses that need to be administered urgently remain after a clinic.
- **Notifying the public of how to be vaccinated** – Providers need to clearly and publicly state how they will administer the vaccine and make the information easily accessible. Providers should use all possible communication methods, including website and social media, and ensure information is frequently updated. Specifically, please inform eligible recipients:
 - Will appointments be available/required?
 - Is it a first-come, first-served clinic?
 - Hours, including extended hours (evenings and weekends).
 - Location and contact information.
 - Any documentation required at appointment.
- **Vaccinating the vaccinators** – Protecting our healthcare workers is important, and vaccinating the vaccinators is appropriate. Please limit use of allocated vaccine to no more than 5% to vaccinate your staff who are administering vaccine (e.g., five out of 100 doses may be used for vaccinators).

- **Maximize available doses** – The Food and Drug Administration (FDA) says vaccinators can pull every full dose obtainable from a vial, but excess vaccine from multiple vials should never be combined to create one dose.
 - Pfizer-BioNTech: [Vaccinators may obtain six doses](#) from a single vial. Pfizer recently updated its doses per vial from five to six and now bases allocations on six-dose vials. Ancillary kits for Pfizer vaccine provide enough supplies to allow for six doses from each vial. Read guidance on [how to maximize doses using different syringes](#).
 - Moderna: Vaccinators may obtain 10 doses from a single 10-dose vial (and in some cases, 11 doses). Some providers have reported, depending on the syringes used, that they are only able to draw up nine doses.
 - Johnson & Johnson (Janssen): Vaccinators may obtain five doses from a single vial.
 - Vaccine to discard: These vaccines do not contain preservative. If the amount of vaccine remaining in the vial cannot provide a full dose, the vial and its contents should be discarded.
- **Ensure second doses are administered** – All providers are reminded to ensure second doses are administered for those receiving the two-dose Pfizer or Moderna vaccines. A reminder about the appropriate second-dose timing:
 - Pfizer-BioNTech vaccine second doses are to be administered three weeks (21 days) following the first dose.
 - Moderna vaccine second doses are to be administered four weeks (28 days) following the first dose.
 - Second doses administered within a grace period of four days before the recommended date for the second dose are still considered valid.
 - Individuals should not be scheduled to receive the second dose earlier than recommended. However, second doses administered within a grace period of four days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.
 - The second dose should be administered as close to the recommended interval as possible. However, if that is not feasible, the second dose of a COVID-19 vaccine may be scheduled for administration up to six weeks (42 days) after the first dose. There is currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series, according to updated CDC guidance.
 - Vaccine products are not interchangeable. Second doses for products requiring two doses should be from the same product as the first dose.
- **Properly store, handle, and administer vaccines** – All providers must be prepared to safely store, handle, and administer any of the available vaccines. Purchasing ultra-cold storage units is not required for any vaccine product. Ensure staff are trained on the different storage and handling requirements for each vaccine product. Read the Emergency Use Authorization fact sheets for each vaccine manufacturer below to learn about the requirements:
 - [Pfizer-BioNTech](#)
 - [Moderna](#)
 - [Johnson & Johnson \(Janssen\)](#)

Strategies to consider when vaccinating vulnerable populations

Some Ohioans are at increased risk for exposure to COVID-19 or developing serious complications from COVID-19, including severe illness and death. These vulnerable populations may have pre-existing underlying medical conditions or may live or work in settings that elevate their risk. Vaccine providers should consider focused strategies to make vaccine options available to members of these vulnerable populations.

- Eliminate barriers to healthcare access for vulnerable populations. These barriers can include lack of adequate transportation, handicap inaccessible locations, lack of computer literacy or access, and employment that does not offer paid time off for medical appointments. When planning appointments or clinics, vaccine providers should consider strategies to negate potential barriers to access and help ensure vaccine availability for members of vulnerable populations. Examples include offering flexibility in scheduling appointments; advertising clinic information on print materials to display at libraries, grocery stores, or faith-based organizations; partnering with libraries, community centers, or faith-based organizations for clinics;

partnering with ethnic media and trusted leaders to share information; and offering after-hours or weekend services, mobile vaccination services, or clinics that offer walk-in options.

- Ensure that identification requirements are used to verify name and date of birth, not residence or immigration status.

Read ODH's complete guidance on [Health Equity Considerations for COVID-19 Vaccine Distribution](#) for more strategies to eliminate barriers and help ensure equitable access.

Updated March 8, 2021.

For additional information, visit coronavirus.ohio.gov.

The [Ohio Department of Health COVID-19 Provider website](#) is a hub for a variety of resources for vaccine providers. Vaccine providers with questions may call the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov.