An Update for NYS Healthcare Providers on COVID-19

April 15, 2021
Agenda

• Global, National, New York State Update
• COVID-19 Variants Update
• COVID-19 Vaccine Update
• COVID-19 Vaccines and Children
• Other COVID-19 Updates
• Updated COVID-19 Guidance
• COVID-19 and Clinician Wellbeing
Recordings will be available immediately:

NYSDOH COVID-19 Healthcare Provider website

In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH
Disclaimer

• The situation is rapidly evolving.

• All of the information presented is based on our best knowledge as of today.
COVID-19 Global Update

Bryon Backenson
Acting Director
Division of Bureau of Communicable Diseases
Situation Summary: COVID-19 Global, 3/28/2021

[Link to the report on the WHO website]

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>135,057,587</td>
<td>2,919,932</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>2,077,516</td>
<td>33,474</td>
</tr>
<tr>
<td>Europe</td>
<td>47,547,449</td>
<td>1,008,251</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>16,177,826</td>
<td>228,385</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>8,057,550</td>
<td>165,010</td>
</tr>
<tr>
<td>Africa</td>
<td>3,171,006</td>
<td>79,545</td>
</tr>
<tr>
<td>Americas</td>
<td>58,025,495</td>
<td>1,405,254</td>
</tr>
</tbody>
</table>
Situation Summary: COVID-19 Global, 4/13/2021
www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 11 April 2021**
# NYSDOH COVID-19 Tracker (Apr 14, 2021)

Found at: [NYSDOH COVID-19 website](https://www17.health.ny.gov/doh/coronavirus/covid19tracker)

<table>
<thead>
<tr>
<th>Total Persons Tested</th>
<th>Total Tested Positive</th>
<th>% Positive Results</th>
<th>New Positives Today</th>
<th>Persons Tested Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>47,938,786</td>
<td>1,957,551</td>
<td>4.1%</td>
<td>6,192</td>
</tr>
<tr>
<td>ALL NYC</td>
<td>20,463,717</td>
<td>879,386</td>
<td>4.3%</td>
<td>2,894</td>
</tr>
<tr>
<td>NYS Excluding NYC</td>
<td>27,475,069</td>
<td>1,078,165</td>
<td>3.9%</td>
<td>3,298</td>
</tr>
</tbody>
</table>

## Test Results - Yesterday

<table>
<thead>
<tr>
<th>Total Persons Tested</th>
<th>Total Tested Positive</th>
<th>% Positive, Yesterday</th>
<th>% Positive, 7-day Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Region</td>
<td>7,538</td>
<td>186</td>
<td>2.5%</td>
</tr>
<tr>
<td>Central New York</td>
<td>9,041</td>
<td>162</td>
<td>1.8%</td>
</tr>
<tr>
<td>Finger Lakes</td>
<td>12,092</td>
<td>302</td>
<td>2.5%</td>
</tr>
<tr>
<td>Long Island</td>
<td>26,612</td>
<td>859</td>
<td>3.2%</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>20,283</td>
<td>698</td>
<td>3.4%</td>
</tr>
<tr>
<td>Mohawk Valley</td>
<td>5,038</td>
<td>132</td>
<td>2.6%</td>
</tr>
<tr>
<td>New York City</td>
<td>87,901</td>
<td>2,894</td>
<td>3.3%</td>
</tr>
<tr>
<td>North Country</td>
<td>4,859</td>
<td>49</td>
<td>1.0%</td>
</tr>
<tr>
<td>Southern Tier</td>
<td>19,238</td>
<td>137</td>
<td>0.7%</td>
</tr>
<tr>
<td>Western New York</td>
<td>15,561</td>
<td>773</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
COVID-19 Variants Update
**SARS-CoV-2 Variants Circulating in the United States**

*SARS-CoV-2 Variants Circulating in the United States, January 3 – March 27 2021*

<table>
<thead>
<tr>
<th>Lineage</th>
<th>% Total</th>
<th>95% CI</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>44.1%</td>
<td>41.2-47.1%</td>
<td>VOC</td>
</tr>
<tr>
<td>B.1.2</td>
<td>10.0%</td>
<td>8.9-11.2%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.526</td>
<td>9.2%</td>
<td>7.2-11.7%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.429</td>
<td>6.9%</td>
<td>5.1-9.4%</td>
<td>VOC</td>
</tr>
<tr>
<td>B.1.1.519</td>
<td>4.1%</td>
<td>3.4-5.0%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.526.1</td>
<td>3.9%</td>
<td>3.3-4.7%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.526.2</td>
<td>2.9%</td>
<td>2.3-3.8%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.427</td>
<td>2.9%</td>
<td>2.2-3.9%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1</td>
<td>2.4%</td>
<td>2.0-3.0%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.596</td>
<td>1.7%</td>
<td>1.3-2.1%</td>
<td>VOI</td>
</tr>
<tr>
<td>P.1</td>
<td>1.4%</td>
<td>1.0-1.8%</td>
<td>VOC</td>
</tr>
<tr>
<td>R.1</td>
<td>1.2%</td>
<td>0.8-1.6%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.575</td>
<td>1.1%</td>
<td>0.9-1.5%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.1</td>
<td>0.9%</td>
<td>0.6-1.5%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.243</td>
<td>0.6%</td>
<td>0.4-1.0%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.234</td>
<td>0.5%</td>
<td>0.3-0.7%</td>
<td>VOI</td>
</tr>
<tr>
<td>B.1.351</td>
<td>0.7%</td>
<td>0.5-1.0%</td>
<td>VOC</td>
</tr>
<tr>
<td>B.1.525</td>
<td>0.5%</td>
<td>0.3-0.7%</td>
<td>VOI</td>
</tr>
<tr>
<td>P.2</td>
<td>0.3%</td>
<td>0.2-0.4%</td>
<td>VOI</td>
</tr>
<tr>
<td>Other*</td>
<td>4.7%</td>
<td>4.1-5.4%</td>
<td>VOI</td>
</tr>
</tbody>
</table>

Summary data that appear in the table include specimen collection dates from March 14 through March 27, 2021.

* Other represents >200 additional lineages, which are each circulating at <1% of viruses

** Most recent data (shaded) are subject to change as samples from that period are still being processed.

* B.1.526, the “NY variant”

** VOC: Variant of Concern

** VOI: Variant of Interest

COVID-Associated Hospitalizations in NY

- Hospitalizations down more than 50% from 1/12, but age distribution has changed
  - Vaccine
  - Behavior
  - Variants
COVID-19 Vaccine Updates

Elizabeth Rausch-Phung, M.D., M.P.H.
NYSDOH Bureau of Immunization
Information contained in this presentation is current as of April 15, 2021
Cases of Cerebral Venous Sinus Thrombosis with Thrombocytopenia after Receipt of the Johnson & Johnson COVID-19 Vaccine

- [https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-00442.pdf](https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-00442.pdf)
- 6 reported cases of cerebral venous sinus thrombosis (CVST) in combination with thrombocytopenia in young women age 18-48 years with onset 6-13 days after receipt of the Johnson & Johnson (J&J) COVID-19 vaccine
- Similar adverse events have been reported in Europe following receipt of AstraZeneca COVID-19 vaccine
- May be associated with platelet-activating antibodies against platelet factor-4 (PF4)
- Recommend to pause use of the J&J COVID-19 vaccine
CDC Recommendations 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 Jansen 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 Jansen 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 Jansen 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.

https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-00442.pdf
How to report an adverse event to VAERS

- Go to vaers.hhs.gov
- Submit a report online
- For help:
  Call 1-800-822-7967
  Email info@VAERS.org
  video instructions
  https://youtu.be/sbCWhcQADFE

- Please send records to VAERS ASAP if contacted and asked

  - HIPAA permits reporting of protected health information to public health authorities including CDC and FDA
Post-Vaccination Information—v-safe

Provide recipients with CDC v-safe information sheet and encourage them to participate in v-safe for active safety monitoring

• V-safe is a new voluntary, smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins for COVID-19 vaccine recipients

• V-safe allows participants to report any side effects after COVID-19 vaccination to CDC in almost real time

• It also gives them a convenient reminder to get their 2nd COVID-19 vaccine dose

• CDC is requesting healthcare providers give patients a **v-safe information sheet** at the time of vaccination and encourage them to enroll and fill out the surveys when prompted to do so
Important Topics for COVID-19 Vaccine Management

1. Requesting COVID-19 Vaccine
2. Allocations, shipments, and receipt of vaccine
3. NYSIIS Inventory and Reporting
4. Storage and Handling
5. Redistribution and Vaccine Transport
CDC Data and Reporting Requirements

• Within 24 hours of administering a dose of COVID-19 vaccine, must submit administration data through NYSIIS (providers located outside NYC) or CIR (providers located in NYC)

• Must report COVID-19 vaccine inventory daily into VaccineFinder
  – In New York State (outside NYC) providers must report vaccine inventory in NYSIIS and NYSDOH will upload to VaccineFinder daily

https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html
Reporting Doses Administered

- Executive Order 202.82, and your CDC COVID-19 Vaccination Program Provider Agreement, require providers to **submit all COVID-19 vaccination information fields within 24 hours of vaccine administration** to NYSIIS or, in New York City, CIR.

- Pursuant to Executive Order 202.82, at this time, an adult patient’s consent is not required when submitting vaccination information to NYSIIS or CIR.

- Vaccine administration may be reported 3 ways in NYSIIS:
  - Through Mass Vaccination module upload. See training at: [https://www.health.ny.gov/prevention/immunization/information_system/status.htm](https://www.health.ny.gov/prevention/immunization/information_system/status.htm)
  - Data Exchange from electronic medical record. For more information visit: [https://www.health.ny.gov/prevention/immunization/information_system/providers/data_exchange_information/](https://www.health.ny.gov/prevention/immunization/information_system/providers/data_exchange_information/)
Accept Transfer in NYSIIS*

When a shipment is received from McKesson or manufacturer, immediately after storing vaccine log into NYSIIS to accept the order into inventory

- Manage Transfers will only show for orders placed with CDC, not redistributions from other providers
- Important to accept into inventory PRIOR to administering vaccine
- **Instructions called “Accepting Vaccine Shipments into NYSIIS Inventory”** are attached with all email notifications of an allocation from the NYS Vaccine Program

*All slides regarding inventory in NYSIIS are applicable to only providers located outside New York City. Providers located within NYC must maintain inventory in CIR as required by NYCDOHMH
How to Accept Transfer in NYSIIS

- Click Manage Transfers on left menu panel under Inventory

- Click the blue hyperlink that appears under Transfer ID in the Inbound Transfer section with the ship date listed.

<table>
<thead>
<tr>
<th>Transfer List</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outbound Transfer</strong></td>
</tr>
<tr>
<td>Create Date</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>No Outbound Transfer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inbound Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Date</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>04/11/2021</td>
</tr>
</tbody>
</table>
How to Accept Transfer in NYSIIS

• Vaccine info (quantity, trade name, NDC, lot number, and expiration date*) will display

• Click **Accept Transfer** button in the upper right.

• A popup message will ask for confirmation, click OK

• Will populate inventory information in NYSIIS automatically
Updating NYSIIS Inventory for Redistributions

• When a redistribution occurs, both the releasing provider and receiving provider must update their inventory
• Releasing provider must subtract doses from inventory
  – Go to Manage Inventory and click Show Inventory
  – Check the box next to the lot that was redistributed and click Modify Quantity
  – Choose Subtract, enter quantity and choose Reason “Doses Transferred to another provider” then click Save
• Receiving provider must add doses to inventory
  – Check whether the lot number is already in inventory – be sure to check both active and inactive inventory
    • If same lot is already in inventory you may add through the Modify Quantity, choose Add, enter quantify and choose Reason “Receipt of Inventory” and click Save
    • If this lot is not yet in inventory, it must be manually added (see next slide)
Updating NYSIIS Inventory for Redistributions: Adding Inventory

- Receiving provider must manually add inventory received that is new (no existing lot)
- Go to Manage Inventory and then click Add Inventory
- Add vaccine inventory information, including trade name, funding type (public), NDC, lot number, expiration date, and doses and then click Save

*All COVID-19 vaccine is Funding Type ‘Public’*
Adding inventory in NYSIIS for “extra” doses from vial

- The Pfizer vaccine contains 6 doses per vial, Moderna vaccine contains 10 doses per vial, Janssen contains 5 doses per vial.
- If an additional full dose can be drawn from a vial (no pooling from multiple vials), this should be added to inventory, so the doses administered have a lot to deduct from.
- To add a “extra” drawn doses to inventory:
  - Go to Manage Inventory, and click Show Inventory button on top right
  - Click the box next to the appropriate vaccine lot, and then click Modify Quantity
  - In the bottom section labeled Modify Quantity on Hand, choose Add, enter number of “extra doses” for that lot, and select the reason “Receipt of Inventory”
- Detailed instructions can be found here:
Reporting Wastage

• Any doses of vaccine that are unused, spoiled, damaged, or expired are considered waste.
• The COVID-19 vaccination provider agreement states that the provider must dispose of wasted COVID-19 vaccines according to the jurisdiction’s procedures.
• Sites should dispose of COVID-19 vaccine waste in accordance with local regulations and processes they are currently using to dispose of regulated medical waste.
• In addition, COVID-19 vaccine program requirements include providers reporting wastage (e.g., unused, spoiled, or expired) information to NYSDOH. For providers located outside NYC, this is done in NYSIIS.
Reporting Wastage in NYSIIS

- Click Manage Returns and Wastage
- Click on Create Request

The bottom portion of the **Create Returns/Wastage** screen, or the **Public Lots Available** section, displays a table to record the quantity of each lot of COVID-19 vaccine that is to be reported as wastage, along with the reason.
Reporting Wastage in NYSIIS

- Identify the Lot that had wasted doses.
- Select a Wastage Reason. **Do not choose any reason listed under ‘Returns’, only use ‘Wastage’ reasons.**

  - If you have more than one reason for a given lot, click Add Line (will add same vaccine information below). Two duplicate lots cannot be listed with the same Returns/Wastage Reasons for both.
    - Enter the number of wasted doses in the “Quantity” box. You cannot enter a quantity that exceeds the number of Doses on Hand.

- Click **Save and Submit**. The following morning the inventory will decrement the doses wasted.
# NYSSIIS Wastage Reasons and Definitions

<table>
<thead>
<tr>
<th>Reason</th>
<th>Definition/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken vial/syringe</td>
<td>- Vaccine vial or syringe that was damaged. Example: If an entire Pfizer vial is broken, report 6 doses wasted.</td>
</tr>
<tr>
<td></td>
<td>- Syringe dropped on floor.</td>
</tr>
<tr>
<td>Lost or unaccounted for vaccine</td>
<td>- Unable to draw standard dose count from a vial. For wastage reporting this is 6 doses from Pfizer vial and 10 doses from Moderna vial.</td>
</tr>
<tr>
<td></td>
<td>- Examples: If staff are only able to draw 5 doses from a Pfizer vial, report 1 dose wasted. If staff are only able to draw 9 doses from a Moderna vial, report 1 dose wasted.</td>
</tr>
<tr>
<td></td>
<td>- Vaccine that was lost or unaccounted for (such as a shipping shortage).</td>
</tr>
<tr>
<td>Open vial but all doses not administered</td>
<td>- An open multi-dose vial of vaccine, with doses remaining that is past the beyond use time. (Reminder: Doses must be used within specified time frame after mixing or puncturing vial.)</td>
</tr>
<tr>
<td>Vaccine drawn into syringe but not administered</td>
<td>- Vaccine that was drawn into a syringe but was not administered.</td>
</tr>
<tr>
<td>Wasted: Other</td>
<td>- Vaccine that became non-viable due to a temperature excursion (too cold or too warm).</td>
</tr>
<tr>
<td></td>
<td>- Vaccine that has passed the expiration date or the refrigerated beyond-use date (BUD).</td>
</tr>
<tr>
<td></td>
<td>- Vaccine that is contaminated (discolored, contains particulates, etc.)</td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> If there is no example listed that covers the wastage reason, categorize as “Wasted: Other” and enter a Request Note with explanation for all wastage categorized as “Other”.</td>
</tr>
</tbody>
</table>
COVID-19 Vaccines and Children

Henry (Hank) Bernstein, DO, MHCM, FAAP
Professor of Pediatrics
Zucker School of Medicine
Cohen Children’s Medical Center
COVID-19 Vaccines and Children

Henry (Hank) Bernstein, DO, MHCM, FAAP
Professor of Pediatrics
Zucker School of Medicine at Hofstra/Northwell
Take Home Points

- >175 million COVID-19 vaccine doses have been administered in the US
- During this time, the U.S. government has implemented the most intense and comprehensive vaccine safety monitoring program in history
- Overall, the safety profiles of COVID-19 vaccines are reassuring and consistent with that observed from the pre-EUA clinical trials
- Millions of children have been infected, thousands have been hospitalized, and hundreds have died from COVID-19
Take Home Points

• Children make up more than 22% of the US population
• Children are not little adults, so it’s imperative that we have studies showing vaccines are safe and effective in children
• Viruses constantly change via mutation; hence variants develop
• Increased viral spread is more permissive for mutations and the development of variants
• $R_0$ value for SARS-CoV-2 is 2-5
• Herd immunity threshold is $1 - 1/R_0$ and approaches about 80%
## COVID-19 Pediatric Mortality vs Selected VPDs

**COVID-19 pediatric deaths = 268 from March 2020 to March 2021**  

<table>
<thead>
<tr>
<th>VPD</th>
<th>Annual Deaths</th>
<th>Citation</th>
</tr>
</thead>
</table>
| Meningococcus (all serogroups) | 16            | MacNeil et al Clinical Infectious Diseases 2018;66(8):1276-81  
| Pneumococcus (all serotypes)   | 32            | CDC Manual Surveillance VPD  
| Influenza                  | 1 - 196       | [https://gis.cdc.gov/grasp/fluview/pedfludeath.html](https://gis.cdc.gov/grasp/fluview/pedfludeath.html) |
| Rotavirus                  | 20 - 60       | [https://cdc.gov/rotavirus/surveillance.gov](https://cdc.gov/rotavirus/surveillance.gov) |
COVID-19 Pediatric Mortality vs Selected VPDs

**COVID-19 pediatric deaths = 268 from March 2020 to March 2021**

<table>
<thead>
<tr>
<th>VPD</th>
<th>Annual Deaths</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>~1000</td>
<td><a href="https://www.historyofvaccines.org/content/articles/haemophilus-influenzae-type-b-hib">https://www.historyofvaccines.org/content/articles/haemophilus-influenzae-type-b-hib</a></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>3145</td>
<td>&quot;History of Vaccines Website - Polio cases Surge&quot;. College of Physicians of Philadelphia. 3 November 2010.</td>
</tr>
</tbody>
</table>
“Waiting too long to enroll minors could unjustly deny minors and their families the benefit of a vaccine and has the potential to delay an effective response to the pandemic by a year or longer.”

“At the same time, enrolling minors too soon runs the risk of exposing them to excessive risks.”

“Enrolling minors, beginning with older, healthy adolescents, after there is sufficient evidence of safety in adults, addresses concerns over exposing children to excessive research risks.”
COVID mRNA Vaccines

**Pfizer BioNTech**
- 2 doses: 0 and 21 days
- Efficacy: 95% (7 d after dose 2)
  - 90% vs severe disease
- Reactions after vaccine
- No serious adverse events

**Moderna**
- 2 doses: 0 and 28 days
- Efficacy: 94% (7 d after dose 2)
  - 100% vs severe disease
- Reactions after vaccine
- No serious adverse events
COVID Replication-incompetent Virus Vector Vaccine
Janssen/J+J

- 1 dose
- Vaccine effectiveness against deaths due to COVID-19: 100% (>14 d)
- Efficacy for hospitalization: 100% (>28 d)
- Efficacy for severe disease: 83.5% (>28 d)
- Reactions after vaccine
- No serious adverse events
<table>
<thead>
<tr>
<th>Platform/Design</th>
<th>mRNA: encodes stabilized spike; lipid NP</th>
<th>mRNA: encodes stabilized spike; lipid NP</th>
<th>Replication incompetent Ad26; stabilized spike</th>
<th>Replication incompetent ChAdOx1 chimp Ad; wild type spike</th>
<th>Baculovirus expressed trimeric stabilized spike + Matrix M</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose/Schedule Adults</strong></td>
<td>IM 2 doses at 30 µg, 21 days</td>
<td>IM 2 doses at 100 µg, 28 days</td>
<td>IM 1 dose at $5 \times 10^{10}$ (also testing 2 doses (56 days))</td>
<td>IM 2 doses at $5 \times 10^{10}$ vp, 28 days</td>
<td>IM 2 doses at 5 µg, 21 days</td>
</tr>
<tr>
<td><strong>Current Status</strong></td>
<td>EUA ages 16 and up</td>
<td>EUA ages 18 and up</td>
<td>EUA ages 18 and up</td>
<td>Phase 3 adults, EUA under review</td>
<td>Phase 3 adults, expected interim in April</td>
</tr>
<tr>
<td><strong>Teens</strong></td>
<td>Ages 12-15 yr: 2,250 participants, 1:1, 30µg, 2 doses, all enrolled, possible submission for BLA Apr 2021</td>
<td>Adolescent trial 12-17 yr (TeenCove – fully enrolled) 2,250 participants, 2:1, 100µg 2 dose, possible submission EUA – May 2021</td>
<td>Ages 12-15 not yet started (330 ppts, 1 or 2 dose, 5:1) Ages 16-17 enrolling Europe Plan to include adolescent data with EUA submission Q12021</td>
<td>Teens trial started in UK</td>
<td>Nested in Phase 3, ages 12-17 not yet started (3000 ppts, 2:1 2 dose); expected start May</td>
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<tr>
<td><strong>Younger Children</strong></td>
<td>Dose-ranging 5-11 yo 2021 – 1st subject vaccinated 3/2021 &lt;5: November 2021 Age de-escalation</td>
<td>Ages 6m-11y KidCove; started 3/2021 (6750 ppts, 3:1, 2 dose); 25, 50, 100 mcg testing</td>
<td>Ages 3-11 not started yet (900 ppts, 8:1, 2 dose) FSFD: planned for April 2021</td>
<td>Ages 6 and over trial started in UK</td>
<td>Nested in Phase 3, Ages 6-11y, not started yet (3000 ppts, 2:1, 2 dose) expected start May</td>
</tr>
</tbody>
</table>
1. Text message check-ins from CDC (daily 1st week; weekly through 6 weeks; then 3, 6, and 12 mo)

Vaccine recipient completes web survey.

2. Clinically important event(s) reported

✓ Received medical care

Call center

3. A Vaccine Adverse Event Reporting System (VAERS) customer service representative conducts active telephone follow-up on a medically attended health impact event and takes a report if appropriate.
COVID-19 Vaccine Safety Monitoring

VAERS is the nation’s early warning system for vaccine safety

co-managed by CDC and FDA

http://vaers.hhs.gov

Have you had a reaction following a vaccination?
1. Contact your healthcare provider.
2. Report an Adverse Event using the VAERS online form or the new downloadable PDF. New!

Important: If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment advice or diagnosis. If you need individual medical or healthcare advice, consult a qualified healthcare provider.

¿Ha tenido una reacción después de recibir una vacuna?
1. Contacte a su proveedor de salud.
2. Reporte una reacción adversa utilizando el formulario de VAERS en línea o la nueva versión PDF descargable. Nuevo!

What is VAERS?

REPORT AN ADVERSE EVENT
Report significant adverse events after vaccination.

SEARCH VAERS DATA
Download VAERS Data and search the CDC WONDER database.

REVIEW RESOURCES
Find materials, publications, learning tools, and other resources.

SUBMIT FOLLOW-UP INFORMATION
Upload additional information related to VAERS reports.
COVID-19 Vaccine Safety Monitoring

Vaccine Adverse Event Reporting System (VAERS)

Strengths

- National data
- Rapidly detects safety signals
- Can detect rare adverse events
- Data available to public

Limitations

- Reporting bias
- Inconsistent data quality and completeness of information
- Lack of unvaccinated comparison group
- Not designed to assess causality

- VAERS accepts all reports from everyone regardless of the plausibility of the vaccine causing the event or the clinical seriousness of the event.

- As a hypothesis generating system, VAERS identifies potential vaccine safety concerns that can be studied in more robust data systems.
COVID-19 Vaccine Safety Monitoring

CISA
Clinical Immunization Safety Assessment (CISA) Project

7 participating medical research centers with vaccine safety experts

- clinical consult services†
- clinical research

†More information about clinical consults available at http://www.cdc.gov/vaccinesafety/Activities/CISA.html
VSD
Vaccine Safety Datalink

9 participating integrated healthcare organizations data on over 12 million persons per year

COVID-19 Vaccine Safety Monitoring

CDC

Kaiser Permanente Washington
Kaiser Permanente Northwest
Kaiser Permanente Northern California
Kaiser Permanente Southern California
Kaiser Permanente Colorado
Denver Health
CDC Atlanta, GA
HealthPartners
Marshfield Clinic Research Institute
Harvard Pilgrim
COVID-19 Vaccine Safety Monitoring

Types of information in VSD

- Enrollment and demographics
- Birth and death certificate information & family linkage
- Immunization records
- Procedure codes
- Hospital discharge diagnosis codes
- Outpatient and clinic visits
- Emergency room visits
- Charts and electronic health records

Images created by Wilson Joseph, Megan Mitchell, Ananth, and Iga from the noun project
# Recommended Child and Adolescent Immunization Schedule

## Vaccines in the Child and Adolescent Immunization Schedule*

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Abbreviations</th>
<th>Trade names</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTP</td>
<td>Daptacel® Infanrix®</td>
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<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No trade name</td>
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<tr>
<td>Haemophilus influenzae type b vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHIB® Hib-xT® PedvaxHIB®</td>
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<td></td>
<td>Hib (PRP-OMP)</td>
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<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix® Varivax®</td>
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<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Recombivax® Hib-Bepartan®</td>
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<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil® Gardasil® 90</td>
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<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
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<tr>
<td>Influenza vaccine (live, attenuated)</td>
<td>LAIV</td>
<td>FluMist® Quadrivalent</td>
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<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II®</td>
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<td>Meningooccal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menevax®</td>
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<td>MenACWY-CRM</td>
<td>Memocad®</td>
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<td>MenACWY-TT</td>
<td>MenQuad®</td>
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<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Baxil®</td>
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<td>MenB-Hib</td>
<td>Immuprev®</td>
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<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevart 13®</td>
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<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PCV23</td>
<td>Pneumovax 23®</td>
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<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>OPV®</td>
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<td>Rotavirus vaccine</td>
<td>RV1</td>
<td>Rotarix®</td>
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<td>RV5</td>
<td>Rotarix®</td>
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<td>Rabies vaccine</td>
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<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel® Bexign®</td>
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<td>Tetanus and diphtheria vaccine</td>
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<td>Tdipvac®</td>
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<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax®</td>
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<td>Combination vaccines (use combination vaccines instead of separate injections when appropriate)</td>
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<tr>
<td>DTap, hepatitis B, and inactivated poliovirus vaccine</td>
<td>DTap-HibIPV</td>
<td>Pedvax®</td>
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<tr>
<td>DTap, inactivated poliovirus, and Haemophilus influenzae type b vaccine</td>
<td>DTap-IPV/Hib</td>
<td>Pentacel®</td>
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<td>DTap and inactivated poliovirus</td>
<td>DTap-IPV</td>
<td>Kompavel®</td>
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<tr>
<td>DTap, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine</td>
<td>DTap-IPV-Hib-HepB</td>
<td>VaR®</td>
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<tr>
<td>Mumps, mumps, rubella, and varicella vaccine</td>
<td>MMRV</td>
<td>ProQuad®</td>
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</tbody>
</table>

*Adverse reactions and immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## Instructions on how to use

1. Determine recommended vaccine by age (Table 1)
2. Determine recommended interval for catch-up vaccination (Table 2)
3. Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
4. Review vaccine types, frequencies, intervals, and contraindications for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (ACIP) in consultation with the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American College of Physicians - American Society of Internal Medicine (ACP-ASIM), and American Academy of Allergy, Asthma & Immunology (AAAAI).

Report
- Suspected cases of vaccine-related illnesses or outbreaks to state or local health departments.
- Clinically significant side effects to the Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful Information
- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS180294
Table 1: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

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<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
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<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
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<th>15 yrs</th>
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<td>Hepatitis B (HepB)</td>
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<td>Rotavirus (RV): RV1 (2-dose series), RV3 (3-dose series)</td>
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<td>Diphtheria, tetanus, acellular pertussis (DTaP&lt;7 yrs)</td>
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<td>Haemophilus Influenza type b (Hib)</td>
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<td>3rd dose (or 4th dose, See Notes)</td>
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<td>Pneumococcal conjugate (PCV13)</td>
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<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
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<td>Measles, mumps, rubella (MMR)</td>
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- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Recommended based on shared clinical decision-making or *can be used in this age group
- No recommendation/ not applicable
For vaccination recommendations for persons ages 18 years or older, see the Recommended Adult Immunization Schedule, 2021.

Additional information

Diphtheria, tetanus, and pertussis (DTP) vaccination (minimum age: 6 weeks; 4 years for Kinrix or Quadracel)

**Routine vaccination**
- 5 doses at 2, 4, 6, 15–18 months; 4–6 years
- 1 dose at 4 years

**Catch-up vaccination**
- 1 dose at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

**Special situations**

- **Hematopoietic stem cell transplant (HSCT)**: 3- to 4-year series every 6 months after transplantation.
- **Anatomic or functional asplenia** (including sickle cell disease): 12–50 months
  - Unvaccinated, 1 dose before age 12 months: 2 doses, 8 weeks apart
  - Unvaccinated, 1 dose before age 12 months: 1 dose at least 8 weeks after previous dose
  - Do not administer within 14 days of starting therapy or during therapy.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

**Routine vaccination**
- ActHIB, Hibrix, or Pentacel: 4–6 doses at 2, 4, 6, 12–18 months
- PedvaxHib: 8 doses at 2, 4, 6, 12–18 months

**Catch-up vaccination**
- Dose 1 at age 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later)
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) 4 weeks after dose 2
- 2 doses of PedvaxHib before age 12 months: Administer dose 3 (final dose) at age 12–15 months at least 8 weeks after dose 2
- 1 dose administered at age 15 months or older: No further doses needed
- Unimmunized at age 15–50 months: Administer dose 1
- Previously unvaccinated children age 60 months or older who are not considered high risk: Do not require catch-up vaccination

For other catch-up guidance, see Table 2.
FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020

The Vaccine Demand Continuum

Increasing confidence in vaccine, vaccinator, and health system

May have questions, take “wait and see” approach, want more information

Refusal

Passive Acceptance

Demand
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2020-2021 and Selected Previous Seasons

*These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.

https://www.cdc.gov/flu/weekly/index.htm
2021-2022 US Egg-based Influenza Vaccine Strains

**Trivalent**
- A/Victoria/2570/2019 (H1N1)pdm09-virus
- A/Cambodia/e0826360/2020 (H3N2)-like virus
- B/Washington/02/2019 (Victoria lineage)-like virus

**Quadrivalent**
- Adds B/Phuket/3073/2013 (Yamagata lineage)-like virus

2 strain changes from last season
Some children under the age of 9 may require 2 doses of the flu vaccine.

* The 2 doses need not have been received during the same season or consecutive seasons.
Take Home Points

• >175 million COVID-19 vaccine doses have been administered in the US

• During this time, the U.S. government has implemented the most intense and comprehensive vaccine safety monitoring program in history

• Overall, the safety profiles of COVID-19 vaccines are reassuring and consistent with that observed from the pre-EUA clinical trials

• Millions of children have been infected, thousands have been hospitalized, and hundreds have died from COVID-19
Take Home Points

• Children make up more than 22% of the US population
• Children are not little adults, so it’s imperative that we have studies showing vaccines are safe and effective in children
• Viruses constantly change via mutation; hence variants develop
• Increased viral spread is more permissive for mutations and the development of variants
• $R_0$ value for SARS-CoV-2 is 2-5
• Herd immunity threshold is $1-1/R_0$ and approaches about 80%
COVID-19 Updates

Jessica Kumar MPH, DO
Medical Director
Division of Bureau of Communicable Diseases
Agenda

• COVID updates
• School/Education guidance
• CDC updates
• COVID vaccine resources
• Questions
Pre-K to Grade 12 Schools During the COVID-19

- Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency:
  - Approved April 9, 2021
  - https://www.governor.ny.gov/sites/default/files/atoms/files/Pre-K_to_Grade_12_Schools_MasterGuidance.pdf

- Priority to get kids back into in-person learning
- Particularly students with disabilities, special education and those at risk for learning loss
- Changing social distance requirements
- Ultimately, the school/district’s decision to move to shorter physical distances will come down to a local community’s risk tolerance based on its unique circumstances as stated in the guidance
Social Distance changes per county risk

- Physical distancing requirements may be altered to a minimum of three feet between students in classroom settings, subject to adherence to certain mitigation measures.
- In counties with **low and moderate risk of transmission**, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms.
- In counties with **substantial risk of transmission**, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible.
- In counties with **high risk of transmission**, elementary schools can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible.
- BUT **middle and high schools** three feet between students in classrooms is recommended only when schools can use cohorting.
- Without cohorting, middle and high schools must maintain physical distancing of at least six feet between students in classrooms.
Physical Barriers and face shields

- The CDC **no** longer recommends physical barriers for mitigation where physical distancing cannot be maintained
- Support enhanced ventilation and air filtration to dilute and remove any SARS-CoV-2 particles from the air

### Children

- Find a mask that is made for children to help ensure proper fit
- Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides
- Do NOT put on children younger than 2 years old
Masks

• Masks should have at least two layers of material (e.g. 2-ply)
• Students can remove their mask during meals
• Acceptable masks include but are not limited to cloth-based masks (e.g., homemade sewn, quickcut,) and surgical masks that cover both the mouth and nose
• Accommodations for early grades, students with disabilities, English language learners), given requirements for equity, capacity, physical distancing, PPE, feasibility, and learning considerations.
Exceptions requiring 6 feet of physical distancing

• Always the required distancing between adults (teachers, staff, visitors) and between students and adults

• Required when eating meals or snacks, or drinking, or other times masks must be removed

• Activities that require projecting the voice (e.g., singing) or playing a wind instrument must be six feet apart and there must be six feet of distance between the performers and the audience during performances and concerts

• Must be maintained in common areas and outside of classrooms (e.g. lobbies, auditoriums, gymnasiums, cafeterias, and hallways), where possible.

• Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency (March 25, 2021)
Disinfection

- Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical
- Wait 24 hours before you clean and disinfect or as long as possible
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19
- Restrict access to any area
- Individuals without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the area and resume school activities immediately after cleaning and disinfection
- If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary

To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- Touching your eyes, nose, or mouth
- Touching your mask
- Entering and leaving a public place
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens
Screening

- Daily screening
- Temperature of greater than 100.0°F
- Responsibility for partnering for testing
- New York State, P-12 Teachers and staff have been eligible to receive the COVID19 vaccine since January 11, 2021. Asymptomatic fully vaccinated individuals do not need to quarantine if exposed to COVID-19
Screening positive for COVID Exposure of Symptoms

- If screened at the school, must be immediately sent home with instructions to contact their health care provider for assessment and testing.
- Students who are being sent home because of a positive screen must be immediately separated from other students and supervised until picked up.
- Provide such individuals with information on health care and testing resources, if applicable.
- Notify the state and local health department about the case if diagnostic test results are positive for COVID-19.
- **Asymptomatic individuals** who are fully vaccinated or have recovered from laboratory confirmed COVID-19 in the previous 3 months who screen positive for COVID-19 exposure may remain at school.
- **Anyone with symptoms** must be immediately sent home with instructions to contact their health care provider for assessment and testing irrespective of vaccination status or previous COVID-19 infection.
People with Moderate to Severe Asthma

- People with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19. Take steps to protect yourself
- Emphasize community mitigation
- Asthma action plan and flu/COVID immunizations
Agenda for the 2 days [HERE](#)

Link for Registration [HERE](#)

Independent Scientific Committee of world-leading vaccine experts, with sessions available both live and on-demand

Register today for Vaccine Virtual Days 2021
Don’t miss out; reserve your virtual seat at the table with vaccine experts

Register Now for Vaccine Virtual Days! 27–28 April 2021
COVID Resources

Finding vaccine in your state
• [https://www.npr.org/sections/health-shots/2021/02/18/967448680/how-to-sign-up-for-a-covid-19-vaccine-in-your-state](https://www.npr.org/sections/health-shots/2021/02/18/967448680/how-to-sign-up-for-a-covid-19-vaccine-in-your-state)

VuMed
• [Https://www.vumedi.com/](https://www.vumedi.com/)
COVID Remembrance Project

- 225 stories about >550,000 people who have died
- https://apps.npr.org/memorial-interactive/
Other Updates

Marcus Friedrich, MD, MHCM, FACP
Chief Medical Officer
Office of Quality and Patient Safety
Excelsior Pass
Excelsior Pass

Excelsior Pass provides a voluntary, free, secure, digital proof of COVID-19 vaccination or negative test results. It is set in place to accelerate the return to pre-pandemic activities.

There are currently three types of Passes:

• COVID-19 Vaccination Pass (valid for 30 days after the Pass is retrieved, at which time a new Pass may be retrieved)
• COVID-19 PCR Test Pass (valid until midnight on the third day after a test)
• COVID-19 Antigen Test Pass (valid for 6 hours from the time of a test)

https://covid19vaccine.health.ny.gov/excelsior-pass-frequently-asked-questions
Download from Apple App Store or Google Play Store. Alternatively, you may retrieve your Pass from the Excelsior Pass website at https://epass.ny.gov
Excelsior Pass cont.

How do I present my Pass?

You can present your Pass on your smartphone via a screenshot or the Excelsior Pass Wallet application. You can print a paper Pass from the Excelsior Pass website and present the printed version.

Can I use one Pass in multiple places?

Yes. Your Pass can be used for as long as it remains active, at as many places as you would like. Once a Pass expires, however, it will no longer be accepted at participating businesses or venues.

After a Pass expires, you will need to follow the requirements for retrieving a new Pass, which may include additional testing.

FAQ: https://covid19vaccine.health.ny.gov/excelsior-pass-frequently-asked-questions
FDA Update

• The FDA issued an Emergency Use Authorization (EUA) to Symbiotica, Inc., for the COVID-19 Self-Collected Antibody Test System, making it the first serology test authorized for use with a blood sample self-collected at-home.

• Required a prescription from a health care provider. The test system is intended to aid in identifying if a person has had an adaptive immune response to SARS-CoV-2, indicating that the person may have had a recent or previous COVID-19 infection.

Guidance Updates
Guidance Update

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

All travelers must complete the NYS Travel Form unless the traveler had left New York for less than 24 hours or is coming to New York from a contiguous state (i.e., Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont).

Guidance on:

- Domestic Travel
- International Travel
- Recommendations for non-mandated self-quarantine

Guidance Update

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

**Domestic:**
There are generally no quarantine, work furlough, or testing requirements for asymptomatic domestic travelers.

**Exceptions:**
- Unvaccinated health care personnel who have not recovered from COVID-19 in the past 3 months and who work in nursing homes, enhanced assisted living residences (EALRs) or assisted living programs (ALPs) must furlough for 14 days after arrival in New York, consistent with CDC recommendations.
- **All unvaccinated domestic travelers** who have not recovered from COVID-19 in the past 3 months are **recommended** to get tested 3-5 days after arrival in New York, consider non-mandated self-quarantine (7 days if tested on day 3-5, otherwise 10 days), and avoid contact with people at higher risk for severe disease for 14 days, regardless of test result.

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

**International:**
All international travelers must comply with all CDC requirements, which currently include proof of negative test or recent COVID recovery in order to board airplanes headed to the US.

- Currently CDC does **not require quarantine, work furlough, or testing requirements for asymptomatic** international travelers.
- New York follows that recommendation with exceptions*
  - Unvaccinated health care personnel
  - **Fully vaccinated** individuals who have not recovered from COVID-19 in the past 3 months are **recommended** to get tested 3-5 days
  - **All unvaccinated international travelers** are **recommended** to get tested 3-5 days, consider non-mandated self-quarantine and avoid contact with people at higher risk for severe disease for 14 days, regardless of test result.

Guidance Update

Updated Interim Guidance for End of Academic Year Celebrations During the COVID-19 State of Emergency 4/12/21:

Celebrations must Maximize Social Distancing:

- Adhere to maximal attendance capacity rules from DOH
- At all events regardless of location or scale, the organizers must ensure that attendees follow precautions (contact information for tracing, health screening, social distancing, face covering, controlled movement)

Monoclonal AB Update
Monoclonal Antibody update

• Subcutaneous Injected REGEN-COV™ (casirivimab with imdevimab), FDA expansion submitted

• The Office of the Assistant Secretary for Preparedness and Response (ASPR) recent updates to the National Institutes of Health (NIH) COVID-19 Treatment Guidelines published on April 8, 2021, on all three authorized COVID-19 monoclonal antibodies. The guidelines now include the following recommendations:
  • for use of Bamlanivimab 700 mg plus etesevimab 1,400 mg (AIIa) and Casirivimab 1,200 mg plus imdevimab 1,200 mg (AIIa)
  • against use of bamlanivimab monotherapy (AIII)

• ASPR recommends that sites that only have bamlanivimab, and are administering monoclonal antibodies, order either etesevimab to pair with the current supply of bamlanivimab that the site has available or REGEN-COV from the authorized distributor using the direct ordering process.

COVID19Therapeutics@hhs.gov

Monoclonal Antibody update cont.

- Monoclonal antibody treatments for Covid19 are no longer being distributed through a state allocation system.

- Therapies are now available through direct ordering only. All treatment sites meeting EUA requirements must now order Covid-19 monoclonal antibody therapies directly from AmerisourceBergen Corporation (ABC), the drugs’ sole distributor. The products remain free of charge to requesting sites.

- HHS will continue to monitor all direct orders and retains the capacity to resume allocation of these and future therapies if needed. Treatment sites should review the direct ordering process guide and place orders directly with ABC at this site.

Link to: Direct Order Process
Monoclonal Antibody Update cont.

- Treatment sites wishing to place direct orders will be required to provide ABC with a board of pharmacy license or physician letter of authorization, attest to their designated class of trade, and ensure that product administration will be conducted according to the drugs’ EUAs.

- Should you have any questions or concerns regarding the direct order process for COVID-19 monoclonal antibodies, you may contact HHS/ASPR at COVID19Therapeutics@hhs.gov or ABC at C19therapies@amerisourcebergen.com.
COVID-19 and Clinician Well-being: Are We There Yet?

Louis S. Snitkoff, MD, MACP
Immediate Past-President
American College of Physicians, NY Chapter
Faculty, Staff, and Trainees’ Experiences During COVID Institutional Opportunities

Telehealth/telecommuting policies
Flexibility in scheduling
Expanded support options to address employee stress, direct educational needs of children
Enhanced communication of available resources and services
Need for affordable and accessible childcare

On 4/10/2021 Kat BSN, RN (@SaltyLikeSaline) Tweeted:

“How will we as healthcare providers ever be the same after Covid? I constantly think about my patients who have died from it. Would they be getting ready to plant spring flowers? Attend graduations? Travel? See the birth of a grandchild?

I can’t keep doing this.”
How to Start Healing During a Season of Grief

We are all grieving, and every loss deserves to be acknowledged.

No single strategy is universally effective.

Source: NYTimes, https://nyti.ms/3dd62Ku
How to Start Healing During a Season of Grief

Lean on your virtual community and resources like Grieving.com

Coming this spring: https://www.covidgriefresources.com

Learn/do something new

Find inspiration in books, podcasts

Speak with a grief counselor, clergy, or MH professional

Get active/exercise/spend time in nature

Source: NYTimes, https://nyti.ms/3dd62Ku
Movement and Well-being

Variety in everyday movements linked to better well-being
We tend to underestimate the importance of spontaneous outings

Swiss study of patients with psychiatric disorders used GPS tracking as a measure of spontaneous activity

Merely getting outside may help

Am I OK?
Are you OK?
It’s ok to ask for help
It’s ok to start again
   It’s ok to say no
   It’s ok to rest
It’s ok to let go
It’s ok not to be ok

Seek help for yourself or a colleague if needed

Source: @MindBodySole (UK)
“The greatest gift we can give someone is being present with them, to be a container for their emotions.”

- Rana Awdish, MD
Normalize simply offering support and not assuming everyone wants unsolicited advice.
I.M. Emotional Support Hub

It’s common right now to feel overwhelmed, stressed, or depressed.

Taking care of ourselves and encouraging others to practice self-care sustains our ability to care for those in need.

Protect your health and well-being by connecting with easily-accessible peer support through the Physician Support Line, and affordable, confidential counseling is available through The Emotional PPE Project and The Therapy Aid Coalition.

https://bit.ly/3rTC3w8
Crisis Intervention

1-800-273-TALK (8255)
SuicidePreventionLifeline.org
As always, I thank you for all you do every day, and welcome feedback on the content of these presentations.

Stay safe!
COVID-19 Healthcare Provider Compilation

What is the Provider Compilation Document?

• Contains links to the most recently available COVID-19 guidance for healthcare providers

• Includes links and guidance for:
  • Vaccinations, testing, quarantine, infection control and other relevant information for outpatient healthcare providers

• Updated weekly or as new guidance is released
COVID-19 Healthcare Provider Compilation

- Link on NYSDOH web page: [https://coronavirus.health.ny.gov/information-healthcare-providers](https://coronavirus.health.ny.gov/information-healthcare-providers)

Information for Healthcare Providers

Providing up-to-date information about the COVID-19 outbreak for NYS healthcare providers, including:

- COVID-19 Vaccine Information for Providers
- Weekly health care provider updates
- COVID-19 webinars, health advisories, printable materials and guidance
- COVID-19 Testing Information
- Joining the NYS health care provider reserve workforce
- Creating a Health Commerce Account

For questions, contact [covidproviderinfo@health.ny.gov](mailto:covidproviderinfo@health.ny.gov)
NYSDOH COVID-19 Healthcare Provider Compilation
As of February 4, 2021, 9:00 AM

The information in this compilation is current only as of the above date and time.

Purpose: The purpose of this publication is to provide healthcare providers in New York State with a consolidated reference document of guidance released by the New York State Department of Health (NYSDOH) related to the COVID-19 pandemic response. This document displays hyperlinks to the current guidance documents. Additional COVID-19 resources may be found on the NYSDOH Information for Healthcare Providers webpage. Recordings of COVID-19 Weekly Healthcare Provider Updates are also available on the NYSDOH webpage.

### COVID-19 Vaccine Information for Providers

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### Testing and Specimen Collection

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### Quarantine, Travel and Exposure

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Additional guidance can be found on the NYSDOH Information for Healthcare Providers webpage.
NY State DOH COVID-19 Hotline

Call the Hotline: 1-888-364-3065 or Ask a Question

New Yorkers Can Now Report Vaccine-Related Fraud by Calling 833-VAX-SCAM (833-829-7226) or Emailing STOPVAXFRAUD@health.ny.gov
COVID Alert NY is a voluntary, anonymous, exposure-notification smartphone app.

You will get an alert if you were in close contact with someone who tests positive for COVID-19.

Knowing about a potential exposure allows you to self-quarantine immediately, get tested and reduce the potential exposure risk to your family, friends, neighbors, co-workers and others.

The more people who download COVID Alert NY, the more effective it will be.

Help protect your community while maintaining your privacy.

The free mobile apps—available to anyone 18 or older who lives, works, or attends college in New York or New Jersey—are available for download from the Google Play Store or Apple App Store. COVID Alert NY is available in English, Spanish, Chinese, Bengali, Korean, Russian and Haitian Creole.

Download the free app to your smartphone to receive an alert if you have been in close contact with someone who has tested positive for COVID-19.
Healthcare Provider Well-Being
Healthcare Provider/Physician Wellness

Supporting Healthcare Provider Well-Being in COVID & Beyond

July 9, 2020

Howard Zucker, MD, JD
Commissioner of Health, New York State

https://www.youtube.com/watch?v=B9PRLV-_XQE
Mental Health Resources

• NYS Mental Health Helpline
  1-844-863-9314

• The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling.
Healthcare Provider/Physician Wellness

• The state is partnering with the Kate Spade New York Foundation and Crisis Text Line to provide a 24/7 emotional support service for frontline healthcare workers.

  Text NYFRONTLINE to 741-741 to access these emotional support services.

• New York State-regulated health insurers will be required to waive cost-sharing, including deductibles, copayments and coinsurance, for in-network mental health services for frontline essential workers during COVID-19.
Mental Health Resources

COVID-19 Resources

The COVID-19 pandemic has left many New Yorkers feeling anxious and stressed.

Learn more about:

- The COVID-19 Vaccine
- Managing anxiety in difficult times
- Coronavirus-related guidance for healthcare providers
- How you can help

VACCINATION INFORMATION

New York State COVID-19 Vaccine webpage
Learn more about the State’s distribution plan and if you’re eligible for the vaccine.

OMH COVID-19 Vaccine Fact Sheet
Get answers to common questions about the COVID-19 Vaccine.

PUBLIC RESOURCES

NY Project Hope Emotional Support Helpline: 1-844-863-9314
New York has a free, confidential helpline as part of the FEMA response to COVID-19. Call 1-844-863-9314 or visit nyprojecthope.org.

Tips for Mental Wellness (Español | नेपाली | 中文 | བོད་ཡིག | Pусский | Kreyòl Ayisyen | 한국어) | Hungarian | How to manage COVID-related stress and anxiety

Mental Health in the Next Phase of Coronavirus (Español | नेपाली | 中文 | བོད་ཡིག | Pусский | Kreyòl Ayisyen | བོད་ཡིག) | A guide of coping tips and resources to help with the ongoing mental health impact of the pandemic.

Mental Health Resources During an Emergency
People often experience anxiety, fear, and helplessness during an emergency. Know the signs and get help.

https://omh.ny.gov/omhweb/covid-19-resources.html
Are you struggling with everyday life stressors?  
**MSSNY’s P2P Supporters are here to help**

Any physician, resident or medical student who wishes to relate to a peer supporter may contact the Medical Society of the State of New York in the following ways:

- Email: [P2P@mssny.org](mailto:P2P@mssny.org)
- Phone **1-844-P2P-PEER** (1-844-727-7337)

**Support, Empathy & Perspective**
CDC COVID-19 Website

Additional COVID-19 Resources
NYS resources

- https://forward.ny.gov/early-warning-monitoring-dashboard
- Testing/tracing
- New infections/severity based on hospitalization
- Hospital capacity

1/28/21
Helpful Links

- HERO Together: COVID vaccine effects study
- New York State vaccine tracker
- NY Times vaccine tracker
Highlighted CDC resources

- Update to COVID-19 clinical considerations: [www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)


- Estimated Disease Burden of COVID-19: estimates of COVID-19 infections, symptomatic illnesses, and hospitalizations using a statistical model to adjust for cases that national surveillance networks are unable to capture for a number of reasons.

- These estimates and methodology used to calculate them are published in *Clinical Infectious Diseases* and available online. To learn more, please visit: [Estimated COVID-19 Burden](http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)
CDC Upcoming Pending Topics

• **2/08/2021**: Tools for Essential Workers

• **2/22/2021**: Finding the Silver Lining: Advancing Smoke-Free Protections During the COVID-19 Pandemic
NYS Medicaid Telehealth Updates and Guidance

NYSDOH COVID-19 Guidance for Medicaid Providers website

- **Webinar**: New York State Medicaid Guidance Regarding Telehealth, Including Telephonic, Services During the COVID-19 Emergency - **5.5.2020**
  - Slides (PDF)
  - Recording *Coming Soon*

Telehealth Guidance

- American College of Physicians Telehealth Resource:
  www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth

- CDC Outpatient and Ambulatory Care Setting Guidance:

- Medicaid:
  www.health.ny.gov/health_care/medicaid/program/update/2020/
NYSDOH COVID-19 Website

WHAT YOU NEED TO KNOW

- Visit ny.gov/vaccine to get the facts on the COVID-19 Vaccine in New York.
- The COVID-19 Emergency Eviction and Foreclosure Prevention Act places a moratorium on residential evictions until May 1, 2021 for tenants who have endured COVID-related hardship.
- A new Micro-Cluster Strategy is addressing COVID-19 hot spots that have cropped up across the state.
  - Look up an address to see if falls into a Red, Orange, or Yellow Zone
  - See the restrictions that correspond to each color-coded level of cluster zone
- Indoor and outdoor gatherings at private residences are limited to no more than 10 people.
- Read New York's COVID-19 Winter Plan to mitigate the spread of the virus and bolster New York's hospital's preparedness.
- New travel guidelines are in effect that allow out-of-state travelers to "test out" of the mandatory 10-day quarantine.
- To report violations of health and safety restrictions and requirements for businesses, gatherings and individuals, please choose the appropriate link below:
  - File a complaint about a business, location or incident in your community.
  - File a complaint against your employer or place of work.
- Health care workers can text NYFRONTLINE to 741-741 to access 24/7 emotional support services. Any New Yorker can call the COVID-19 Emotional Support Hotline at 1-844-863-9314 for mental health counseling.

https://coronavirus.health.ny.gov/home
# NYSDOH COVID-19 Website

PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS

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https://coronavirus.health.ny.gov/home
NYSDOH COVID-19 Testing Website

[Image: NYSDOH COVID-19 Testing Website]

https://coronavirus.health.ny.gov/covid-19-testing
Mirror Clings

To order mirror clings for public use email the NYSDOH:

bmcc@health.ny.gov
QUESTIONS?

TO NYS HEALTHCARE PROVIDERS

THANK YOU!