



# Interim Provider Guidance for Vaccinating North Carolinians

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This guidance provides administrative guidance on vaccinating eligible North Carolinians (Groups 1 and 2 effective January 14, 2021). This guidance is applicable for vaccine providers in North Carolina, including hospitals, health systems, local health departments, federally qualified health centers and primary care providers who are critical early vaccine providers for eligible North Carolinians in Groups 1 and 2. As North Carolina moves into future groups and phases and additional vaccine becomes available, this guidance will be updated to add information for specific populations.

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## Revision Log

The most recent version of the document will be posted on the [NCDHHS Immunization Branch website](#). Updated section headers are highlighted in yellow.

Change Number	Date of Change	Description of Change
Version 2.0	January 14, 2021	<ul style="list-style-type: none"><li>• Section 2: Overview of NC’s COVID-19 Vaccination Plan [updated]</li><li>• Section 3: Group 1 [updated]</li><li>• Section 4: Group 2 [updated]</li><li>• Section 5: Planning and Running Vaccination Clinics and Events [updated]; Vaccinating Outside Jurisdiction [new section], Modifications to the Pfizer/Moderna Standing Order template [new section]</li><li>• Section 7: Vaccine Transfer Guidance [updated]</li><li>• Appendix 1 [updated to reference Group 1]</li><li>• Appendix 2 [updated to include new talking points]</li><li>• Appendix 3 [updated to reference Group 2]</li><li>• Appendix 4 [updated to reference Group 2]</li><li>• Appendix 5 [updated to include new content]</li></ul>



## 1. Guiding Principles

[North Carolina's COVID-19 Vaccine Plan](#) is guided by a set of core principles rooted in equity, inclusivity, transparency, data-driven decision-making, and responsibility. Below, we outline how those principles inform the North Carolina Department of Health and Human Service's guidance for vaccinating North Carolinians.

- **Equity:** All North Carolinians have equitable access to vaccines based on risk of exposure and risk of severe illness.
- **Inclusivity:** Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations.
  - *Coordination is facilitated by state and local entities to ensure all priority populations can be reached. Vaccine and health care providers have a responsibility to take intentional action to reach and engage historically marginalized communities.*
- **Transparency:** Transparent, accurate, and frequent public communications is essential to building trust
  - *All North Carolinians, including vaccine providers and the public, understand what to expect in the vaccination campaign.*
- **Data-Driven Decision-Making:** Data is used to promote equity, track progress and guide decision-making
  - *Data will be used to prioritize vaccine allocations to reach populations at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19.*
- **Responsibility:** Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation
  - *Vaccinations will be administered in a way that protects the safety of all North Carolinians. All North Carolinians are able to receive their vaccine in as timely a manner as possible, recognizing the limited vaccine supply and that limited vaccine supply does not go unused.*

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## 2. Overview of North Carolina's COVID-19 Vaccine Plan

After months of planning, North Carolina began providing COVID-19 vaccinations on December 14, 2020.

A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. To save lives and slow the spread of COVID-19, independent state and federal public health advisory committees made recommendations for who to vaccinate first based on limited supplies of vaccine being available. In North Carolina, the NC Institute of Medicine (NCIOM) convened a Vaccine Advisory Committee of more than 65 people representing diverse constituencies across the state. These committees recommend first protecting health care workers caring for patients with COVID-19, people



who are at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19.

Our goal is to vaccinate as many people as quickly as possible given the limited supply of vaccines. North Carolina will move through vaccination phases by aligning with recommended priorities while empowering local health departments and hospitals with flexibility to move to the next priority group as they complete groups and have vaccines available. Because excess vaccine today means less vaccine for North Carolina tomorrow, vaccine providers should aim to use all allocated vaccine within 7 days. No vaccine doses should be wasted.

North Carolina has prioritized vaccination in the following broader and simplified groups to remove barriers to identifying eligible individuals (see [infographic](#)). This guidance document provides additional details on vaccinations for eligible individuals in Groups 1 and 2 (current active groups). All vaccine providers are expected to ensure that the vaccine is administered equitably within each group. This will mean taking intentional actions to reach and engage historically marginalized communities. North Carolina will communicate with vaccine providers about the recommended timeline for moving to additional groups, while allowing local flexibility to adjust based on vaccine supply and local demand for vaccination. As North Carolina moves into future groups, this guidance will be updated to add information for specific populations.

**COVID-19 Vaccinations:**  
Your best shot at stopping COVID-19.

YOU HAVE A SPOT. TAKE YOUR SHOT.

You have a spot, take your shot. A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. To save lives and slow the spread of COVID-19, independent state and federal public health advisory committees recommend first protecting health care workers, people who are at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19. Keep practicing the 3 Ws—wear a mask, wait six feet apart, wash your hands—until everyone has a chance to get vaccinated.

- 1 Health Care Workers and Long-term Care Staff and Residents **ACTIVE GROUP**
- 2 Older Adults **ACTIVE GROUP**
- 3 Frontline Essential Workers
- 4 Adults at High Risk for Exposure and Increased Risk of Severe Illness
- 5 Everyone

Our goal is to vaccinate as many people as quickly as possible given the limited supply of vaccines. North Carolina moves through vaccination groups by aligning to federal priorities while empowering local health departments and hospitals with flexibility to move to the next priority group as they complete groups and have vaccines available.

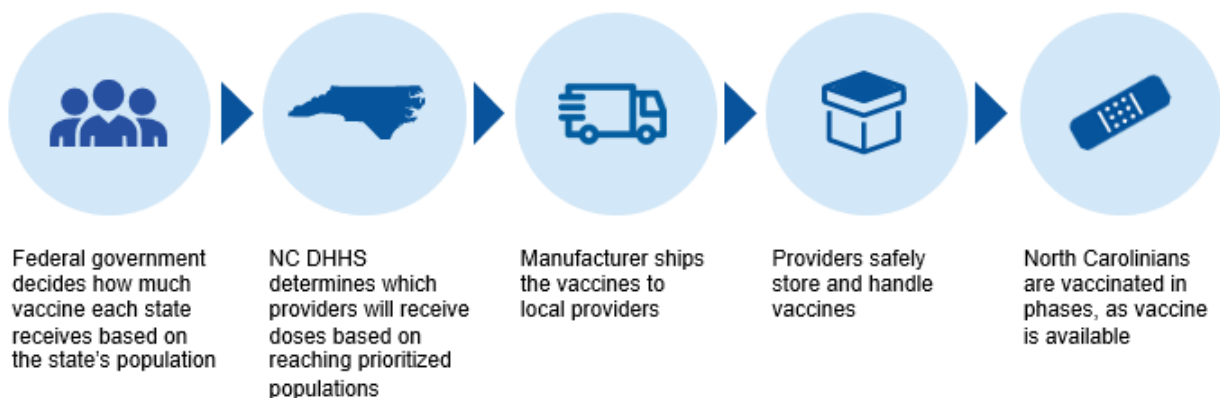
For more information: [YourSpotYourShot.nc.gov](https://YourSpotYourShot.nc.gov)

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Currently, the federal government allocates vaccines to North Carolina on a weekly basis. In order to administer the COVID-19 vaccine in North Carolina, a provider must be enrolled and onboarded in the state's COVID-19 Vaccine Management System (CVMS) as an **enrolled vaccine provider**. Initial provider enrollment has focused on local health departments, hospitals, and health systems. Enrollment for other providers is now open; training and instructions to start the enrollment process is available at <https://immunize.nc.gov/providers/covid-19training.htm>. Approval and onboarding of providers will be prioritized based on factors such as a request from Local Health Department or hospital as a needed community partner, ability to reach target population, size of practice, and ability to do large volume of vaccinations. NCDHHS then determines how many vaccines each enrolled vaccine provider will receive initially based on county population density and their ability to reach prioritized populations. Subsequent allocations will take into account the vaccine provider's ability to administer the vaccine supply they have received. Enrolled vaccine providers will either receive vaccine 1) directly shipped from the manufacturer or distributor (i.e., Pfizer or Moderna), or 2) through vaccine transfers from another enrolled vaccine provider.

NCDHHS notifies enrolled vaccine providers with as much advance notice as possible on vaccine allocations, including vaccine manufacturer (i.e., Pfizer or Moderna), number of doses, and date of anticipated shipment receipt. In the early weeks of opening to Group 1 and 2, vaccines will be in very limited supply and will primarily be allocated to local health departments and enrolled hospitals and health systems. As more providers are enrolled and vaccine supply increases, local health departments and health systems are and can transfer vaccine to other enrolled providers and direct allocation to other providers can begin. Vaccine providers are encouraged to schedule appointments into the future beyond their current allocation and supply. It will be important to message and set expectations that ability to vaccinate will be dependent on available supply and that an appointment does not guarantee vaccine will be available at that time.



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## 3. Group 1

### 3.1 Who is eligible for vaccination in Group 1

1

Health Care Workers and Long-term Care Staff and Residents

ACTIVE GROUP

The goal of vaccinations in Group 1 is to protect health care workers who are a critical workforce during the COVID-19 pandemic and at risk for exposure to COVID-19 and North Carolinians who are at the highest risk of being hospitalized or dying from COVID-19.

Health care workers in Group 1 are those with in-person patient contact. Health care workers in this group are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients, bodies, or infectious materials. This group also includes individuals who are involved in COVID-19 vaccination efforts, including health care personnel and volunteers supporting vaccination efforts.

Health care settings include, but are not limited to, settings such as:

- Hospitals
- Long-term care facilities
- Outpatient clinics
- Vaccination sites
- Home health care
- Public health clinical services
- Emergency medical services
- Mortuaries
- Pharmacies

Health care worker comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services) and pharmacies.

Health care workers with in-person patient contact can include, but are not limited to:

- Behavioral health providers
- Blood banks workers
- Chiropractors
- Community health workers
- Dental hygienists
- Dentists
- Dialysis centers
- Diagnostic and therapeutic technicians
- EMTs/paramedics
- Environmental services staff
- Food services staff
- Front desk administrative staff
- Health care trainees (e.g., medical students, pharmacy students, nursing students)
- Home health aides or workers
- Hospice homes
- Laboratory staff



- Morticians/funeral home staff
- Medical Interpreters
- Nurses
- Nursing aides, techs, and assistants
- Nurse Practitioners
- Optometrists
- Personal care aides
- Pharmacists
- Pharmacy techs
- Phlebotomists
- Physicians
- Physicians Assistants
- Physical, occupational, and speech therapists
- Podiatrists
- Public health and emergency s workers
- Public health nurses
- Respiratory techs
- Syringe Exchange Providers

Long-term care staff and residents include people living or working in the following settings:

- Adult care homes/assisted living
- Family care homes
- Group homes
- Skilled nursing facilities
- Mental health group homes
- Continuing care retirements communities
- In-patient hospice facilities

For more information, read [Deeper Dive Group 1](#).

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### **3.2 Who is responsible for vaccinating in Group 1**

Local Health Departments, health care employers, hospitals and health systems, long-term care pharmacies, clinics and other enrolled vaccinating providers all play a role in vaccinating health care workers in Group 1. Eventually, any vaccine provider enrolled in CVMS and who is administering vaccines may vaccinate Group 1 since eligible individuals can continue to be vaccinated as North Carolina moves to additional vaccination groups.

Local health departments, hospitals, health systems, long-term care pharmacies, clinics and other enrolled vaccinating providers also play an important role in vaccinating healthcare workers who are not affiliated with a hospital or health system that is an enrolled provider. **Local health departments and hospitals should continue to do outreach to health care employers who may have staff eligible for vaccination in Group 1** (see [Appendix 1](#) for a letter template that Local Health Departments can use to send to health care employers). **Hospitals, health systems, and other enrolled vaccinating providers should provide access to vaccine for health care workers regardless of hospital affiliation.**

The federal government manages vaccinations for most staff and residents of long-term care facilities through the newly created Pharmacy Partnership for Long-Term Care Program with CVS and Walgreens. Staff and residents will be vaccinated at the same time. Other long-term care staff and residents will receive vaccinations through their Local Health Departments and other long-term care pharmacies if not





participating in the federal program. North Carolina is working to enroll other vaccinating providers who may also reach this population.

For more information, read [Deeper Dive Group 1](#).

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### 3.3 Timeline for Group 1 vaccinations

Vaccination for Group 1 began on December 14, 2020, including expansion to all Health care workers with in-person patient contact regardless of risk of exposure to COVID-19 on January 14, 2021. Individuals who meet criteria for Group 1 are eligible to get the COVID-19 vaccine at any time, even as we move into other groups.

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## 4. [Group 2](#)

### 4.1 Who is eligible for vaccination in Group 2?

2 Older Adults

ACTIVE GROUP

The goal of vaccination in Group 2 is to save lives by protecting North Carolinians who are at high risk of being hospitalized or dying from COVID-19. **NCDHHS recognizes that flexibility as vaccine roll-out continues will be necessary to ensure the demand meets supply efficiently and effectively.**

**Group 2** includes anyone 65 years and older. All people 65 and older will be eligible to be vaccinated first in this group. There is no requirement to have certain qualifying chronic conditions.

We strongly recommend that vaccine providers prioritize people 75 years or older if local demand for vaccination is greater than vaccine supply. Vaccinating vulnerable populations, including those age 75 years and older, should remain at the forefront.

Additional details on Group 2 can be found in the [Deeper Dive Group 2](#).

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## 4.2 How do North Carolinians who are 65 and older get vaccinated?

### Key Messages:

**COVID-19 vaccinations are now available to people 65 and older.** Because vaccine supplies are still limited, those 65 and over may have to wait. If you are 65 or over—or assisting someone who is—here is how to take your shot against COVID-19:

- **Supplies are very limited.** Right now, very few vaccine doses are available.
- **You may need an appointment to get vaccinated** and you may have to wait to schedule your appointment to get your vaccine.
- **Your local health department or hospital can help you get your shot.** Because supplies are very limited right now, most doctors cannot provide vaccinations in their offices.
- **Find your local health department or hospital.** NCDHHS has launched Find Your Spot (<https://covid19.ncdhhs.gov/findyourspot>) which includes contact information for local health departments and hospitals giving vaccinations locally. People can search by county or organization name to find contact information (phone number, website, or email address).
- **You can also call the COVID-19 Line 1-877-490-6642.** It's a free call. The COVID-19 Line is managed by Community Care of North Carolina.

Available COVID-19 vaccines require 2 shots to provide the best protection against COVID-19 given several weeks apart. Remember to schedule your second dose when you receive your first dose. Do not miss your appointment.

**Local Health Departments, Local Hospitals, and Other Enrolled Vaccine Providers that are receiving requests from individuals to get vaccinated should:**

- Ensure that the vaccine provider's contact information (i.e., phone number, website, email address) is up to date on the NCDHHS Find Your Spot website listing of enrolled vaccine providers who are currently vaccinating (<https://covid19.ncdhhs.gov/findyourspot>). If you need to update your organization's contact information on the NCDHHS Find Your Spot website, please notifyCarolynn Hemric ([carolynn.hemric@dhhs.nc.gov](mailto:carolynn.hemric@dhhs.nc.gov)) about the change that is needed.
- Offer vaccination through scheduled appointments during vaccination clinics or through vaccination events that are structured to ensure that individuals are not required to wait in long lines for extended periods of time or congregate in a way that risks viral spread. Drive through vaccination clinics offer enhanced safety.
- Vaccine providers are encouraged to schedule appointments into the future beyond their current allocation and supply. It will be important to message and set expectations that ability to vaccinate will be dependent on available supply and that an appointment does not guarantee vaccine will be available at that time and may need to be rescheduled.
- Consider providing vaccine doses to other enrolled vaccine providers (e.g., FQHCs or community health centers and primary care offices that are enrolled and activated in CVMS) in their local



area to expand timely access to vaccinations via the transfer process (see [Section 7](#)), while ensuring that vaccine storage and handling requirements are met.

- Refer patients to another local enrolled vaccine provider (e.g., local hospital, FQHC) with available vaccine and earlier vaccine appointment availability (e.g., if the local hospital has greater vaccine availability than a local health department and can accommodate earlier appointments).
- Provide staff members who are responding to incoming vaccination requests with talking points to provide consistent information about COVID-19 vaccination (see [Appendix 2](#) for sample talking points and automated responses that providers can use).
- Conduct proactive outreach to patients who are 65 years or older to recommend they get the vaccine and provide instructions on how they can do so (sample language is provided in [Appendix 3](#)).
- Consider establishing a COVID-19 hotline for your organization to handle COVID-19 vaccine specific questions and make sure your web site is updated with future events.
- Per CDC guidance, the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration with any other vaccine.

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### 4.3 Timeline for Vaccinations in Group 2

North Carolina opened vaccinations for people age 75 years or older on the week of January 4, 2021 and expanded to all health care workers with in-person patient contact and people age 65 years or older on January 14, 2021. Each county and vaccinating provider may move through the groups at a different pace.

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## 5. Guidance for Vaccine Providers

### 5.1 Coordination among local vaccine and primary care providers

Vaccine providers will need to partner locally to effectively and efficiently vaccinate North Carolinians. Local health departments, hospitals, and primary care providers all have a role to play, and they will need to work together to determine the best approach based on resources and strengths.

#### Local Health Departments should:

- **Coordinate with local hospitals, health systems, and other health care providers that are enrolled vaccine providers:** The local health department will serve as the coordinating entity across local



enrolled vaccine providers in the county. Therefore, LHDs and enrolled providers need a shared plan on:

- Ensuring equity in vaccine program implementation.
- Managing vaccine supplies, including the number of doses able to offer each week, feasibility of vaccine transfer from LHDs to other enrolled local providers (e.g., community health center, primary care practice), or other providers to LHDs (e.g., health system), and how that transfer will occur within vaccine-specific storage and handling requirements.
- Hosting vaccination clinics and events, including planned sites, schedules, and staffing.
- Communicating regularly to assess vaccine demand, including readiness to move through groups depending on uptake and vaccine supply, vaccine hesitancy levels and approaches to mitigate.
- Engaging other partners to address vaccine hesitancy (e.g., community-based organizations, local public officials).

We strongly encourage local health departments to establish standing meetings with hospitals, health systems, and clinics to ensure effective coordination and immediately address challenges with all partners.

- **Coordinate with local primary care providers (PCPs)** LHDs should build upon existing and new relationships with PCP practices in their county. LHDs should coordinate with PCPs on vaccinating the PCP's staff as well as their patients who are 65 years or older while these practices do not have vaccine. See [Appendix 4](#) for sample letter templates that LHDs can use for this coordination.

Potential areas of partnership and coordination include:

- **Determining which local enrolled vaccine provider is available to help vaccinate patients in a primary care practice.** For example, local health departments may assign some PCP practices for vaccination at the local health department and others at a local enrolled hospital also providing vaccines. If a PCP is assigned to local vaccine provider, the assignment should be communicated in writing locally to assure connection and visibility across the local vaccine providers. An email with key points of contact copied is sufficient.
- **Sharing information about how a PCP's patients can get vaccinated,** such as when and where to get vaccinated, and how to schedule a vaccine appointment (e.g., who is going to reach out to patients about an appointment or provide a phone number).
- Here are some **example scenarios of how LHDs and PCPs could partner** on vaccinating patients age 65 and older while PCPs are awaiting enrollment as vaccine providers and vaccine allocations:
  - **Scenario 1:** PCP is the main point of contact with patients for identification, outreach, scheduling, and communication. The PCP completes a spreadsheet provided by the vaccine provider that includes information for all eligible patients. The assigned vaccine provider will provide a scheduling spreadsheet with available dates/times for vaccine appointments, along with other patient logistics. PCP then fills available appointment slots and sends patient reminders and other needed patient communication. The PCP and vaccine provider may share vaccine clinic staffing responsibilities.
  - **Scenario 2:** Vaccine provider is the primary point of contact with patients. PCP supports patient identification and outreach and provides any necessary patient contact information



- in a spreadsheet provided by the vaccine provider. The assigned vaccine provider communicates directly with eligible patients, manages scheduling, and provides necessary logistics for vaccination.
- **Scenario 3:** Assigned vaccine provider groups PCP practices to offer vaccination clinic opportunities for groups of smaller practices or a single large practice. PCP and vaccine provider may share vaccine clinic staffing responsibilities.
    - \*\*NOTE: Any PHI being transmitted must be done in a HIPAA-compliant manner.

**Enrolled hospitals, health systems, and other vaccinating providers receiving vaccine should:**

- **Coordinate with local health department(s):** The local health department will serve as the coordinating entity across local enrolled vaccine providers. In addition to the topics for coordination that are detailed above (i.e., vaccine supply management, vaccination clinic and event plans, vaccine demand updates, partners engaged, and approaches to ensure equity in the vaccine program implementation), coordination is also required for vaccinating patients that are not part of the health system, such as patients of non-affiliated primary care providers.
  - LHDs may assign non-affiliated practices to hospitals and health systems for vaccination depending on available vaccine supply. Frequent communication will allow the most timely access to vaccines for eligible individuals.
- **Coordinate with local primary care providers (PCPs):** Enrolled hospitals, health systems, and other enrolled vaccinating providers receiving vaccine are encouraged to work directly with local PCPs who have been partnered with them for vaccination of eligible patients. To facilitate vaccination, PCPs may assist in patient outreach and provide specific instructions to their patients, including when and where to get vaccinated and how to schedule a vaccine appointment (e.g., who is going to reach out to them about an appointment or provide a phone number) (see [Appendix 3](#) for sample language PCPs can use to conduct outreach to patients).

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## 5.2 Planning and Running Vaccination Clinics and Events

In order to vaccinate increasing numbers of people, enrolled vaccinating providers should set up vaccination clinics and events. These will initially be restricted to those currently eligible to receive vaccine (e.g., patient-facing health care workers, long-term care facility staff and residents, and persons 65 years and older) and will expand as North Carolina moves through vaccination groups. Experience from planning testing events across the state has shown that pre-planning and publicizing (e.g., through Facebook, on your website, through community listservs) these events promote more widespread access and efficiently connects residents to services.

Outlined below are key considerations in planning and executing these events:



1. **Consider vaccine allocation.** Currently, the state is allocated vaccines on a weekly basis from the federal government. NCDHHS determines how much each enrolled vaccine provider will receive initially based on county population density and their ability to reach prioritized populations, then incorporating vaccine administration rate. NCDHHS is notifying enrolled vaccine providers with as much advance notice as possible on vaccine allocations, including vaccine manufacturer (i.e., Moderna or Pfizer), number of doses, and date of anticipated shipment receipt.

In the early weeks of opening to Group 2, vaccines are primarily allocated to local health departments and enrolled hospitals and health systems. Enrolled and onboarded vaccine providers will expand as vaccination efforts progress. Enrolled providers receiving vaccine may transfer vaccine in accordance with vaccine-specific storage/handling requirements to other enrolled, onboarded providers who are ready to administer vaccines, such as Federally Qualified Health Center (FQHCs). Further details on vaccine transfer can be found in [Section 6](#) (Scenario Planning). The list of enrolled providers will be sent out via email periodically to enrolled providers receiving vaccine allocations to assist with coordination of local efforts.

2. **Identify sites.** Marginalized communities often lack access to transportation. Selecting an accessible site (e.g., on a common bus route, centrally located within the town) and/or one that is well-known to the population needing to be vaccinated (e.g., a senior center for the 65+ population) can improve the likelihood that more North Carolinians can access vaccination services. Partnerships with large public venues, such as sports arenas, parks, or convention centers, should be explored to allow for large volume vaccine distribution centers. Given the storage, handling, and administration requirements of currently authorized vaccines, vaccination sites should also be selected to maximize throughput of prioritized populations while minimizing transport, and without compromising vaccine stability. Sites must be equipped to respond to rare but potentially life-threatening reactions that may occur following vaccine administration, including the availability of epi pens (epinephrine) and clear protocols for managing severe reactions. Site planning should include logistics for maintaining social distancing and considering traffic or crowd control.
3. **Consecutive days at an offsite clinic.** If satellite clinics/PODS are temporary administration sites, then per CDC, providers do not need to register these locations as a site. More specifically, if providers set up a clinic, take it down and take all the vaccine back to the site to which it was shipped and where it is located in inventory the same day, that site does not need to be registered. However, if storage will occur overnight at a site, providers do need to register the site. Important elements to ensure for off-site clinics include:
  - a. Protecting the cold-chain storage and abiding by manufacturing transport limits
  - b. Documenting each dose
  - c. Reporting inventory from the hub and keeping it up to date at the end of the clinic
4. **Identify date and times.** Well-publicized dates and times, particularly when consistent week over week, allows the public to know exactly when and where to get vaccinated. This clarity can decrease confusion and build trust in the vaccination process. To increase access to



vaccinations, hosting extended hours (e.g., early mornings, evenings, and weekends) is recommended. This expanded access is important for those unable to get to a vaccination site during normal weekday business hours.

5. **Registration and documentation in CVMS.** In order to administer COVID-19 vaccine in North Carolina, providers must be enrolled in the COVID-19 Vaccine Management System (CVMS). Enrollment for providers is now open. Training and instructions to start the enrollment process is available at <https://immunize.nc.gov/providers/covid-19training.htm>. Approval and onboarding of providers will be prioritized based on factors such as a request from Local Health Department or hospital as a needed community partner, ability to reach target population, size of practice, and ability to do large volume of vaccinations. Recipients must be registered in CVMS prior to receiving any vaccine doses. As of January 14, 2021, CVMS registration can be accomplished in two ways:
  - a. **Pre-registration:** Refers to uploading a group of individuals in CVMS using the bulk upload template. Note that patient pre-registration currently requires a functional email address and completion of registration steps online prior to vaccination appointment. Any non-enrolled provider wishing to register patients (e.g., community primary care provider) must work with the enrolled provider to compile and send the necessary information to pre-register individuals in CVMS prior to scheduling an appointment. Pre-registration is not required for vaccination since all vaccine providers have the option for point-of-care registration.
  - b. **Point-of-care registration:** Refers to registering an eligible individual on-site at the time vaccination in CVMS or by phone prior to vaccination encounter. Sites can also use paper registration forms and record vaccination information in CVMS within 72 hours.

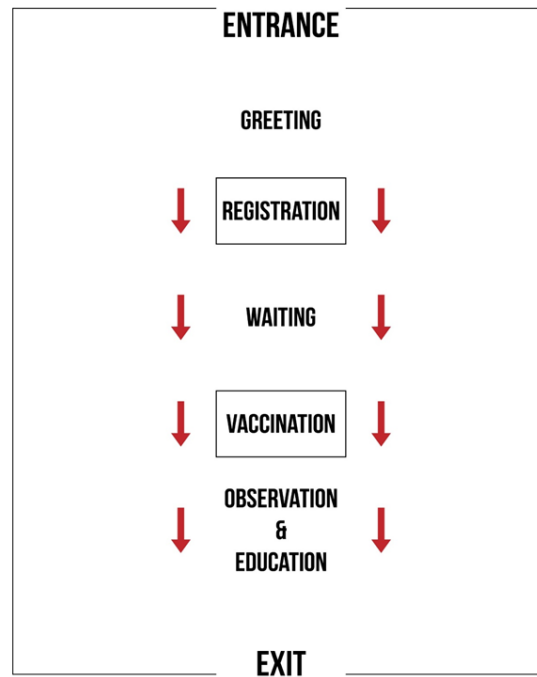
All vaccine doses administered in North Carolina must be documented in CVMS within 72 hours of administration. As of January 14, 2021, CVMS does not have an EHR integration, so providers wishing to capture vaccination records for the purposes of clinical documentation, billing, or other data capture, must do so separately in the EHR. Of note, there should be no out-of-pocket cost to vaccination for any patient, regardless of insurance coverage. NCDHHS is also working towards integration with the NC Immunization Registry (NCIR) to have a complete vaccination records for individuals in NC. Please see [Appendix 7](#) for additional information on CVMS.

6. **Scheduling Appointments.** Unlike traditional vaccination clinics, individuals waiting to be vaccinated against COVID-19 should not congregate in waiting areas due to the risk of viral transmission. Scheduling vaccine appointments allows individuals to safely socially distance and allows vaccine providers to manage limited supply of vaccine and variable demand across the vaccine groups. As of January 14, 2021, CVMS does not have a scheduling functionality, although this is planned for a future release.
  - **Best Practices for Scheduling:**
    - Vaccine providers are encouraged to schedule appointments into the future (e.g., 1-2 months out) beyond their current allocation and supply to reassure the population that their appointment is coming.



- Vaccine providers can use their own existing software solutions for scheduling or look into no-cost, online scheduling solutions (e.g., Calendly, Setmore, Picktime).
  - Use emergency alert systems that email, text, or call to reach out to the public to indicate current vaccine group and instructions on securing a vaccine appointment.
  - Schedule individual or groupings of appointments. If not using EHR for scheduling, consider an application that can be embedded in your website.
  - Create Vaccine Interest portals/forms where people can input information, and the LHD can contact individuals when vaccine availability allows.
7. **Utilize all allocated vaccine within 7 days.** Future allocations at the state and provider level will be reflective of utilization rates. Vaccinating providers should plan to use all their allocated vaccine supply within 7 days of receipt and factor in no more than 24 hours of buffer for delayed shipment.
8. **Drive Through Clinics.** Vaccine providers should consider using the following strategies for drive-through clinics:
- Coordinate with community organizations (e.g., faith-based organizations, local agencies) that can provide transportation to help get people to vaccine appointments and events.
  - Consider an “Express” lane or carpool lane for those patients waiting in group transit (such as vans or mini-buses).
  - Include the transit drivers working in drive through clinics as part of the vaccination team and ensure access to vaccine for these healthcare workers.
  - Educate your community about the importance of having patients who are taking group transit wear masks and be spaced 6 feet apart while they are on group transit.
9. **Training.** In addition to specific CVMS training, provide a staff training program that includes vaccination station operations, vaccine handling techniques, proper administration, hazard awareness, safety orientation, state and federal regulations, and documentation. A list of training materials can be found at <https://immunize.nc.gov/providers/covid-19training.htm> and below in [Section 5.5](#) (Staffing Plan).
10. **Identify local partners.** Local community partners are strongly encouraged to work together to plan and host vaccination events. Experience from large-scale testing events has shown that collaboration among health care providers, local health departments, emergency management, law enforcement, municipal government, community-based organizations, schools, large venues, local businesses, and others can lead to smoother, more successful operations. It is also important to work with trusted partners, particularly in communities with high levels of vaccine hesitancy and/or distrust.





11. **Vaccination Clinic Flow.** All operations within an indoor vaccinations site should be set up using social distancing best practices to protect patients and vaccine clinic staff. Vaccination clinics should adhere to the mask requirements as issued in Governor Cooper’s [executive orders](#), which includes wearing a mask in any public indoor space even when maintaining 6 feet of distance or whenever a person is with someone who is not from the same household.

Experience to-date is that the process from on-site registration to vaccination takes approximately 15 minutes. Time can be reduced as vaccinators gain experience. The CDC recommends that people who have a history of anaphylaxis (due to any cause) should be observed for 30 minutes following vaccination. All other people should be observed for 15 minutes following vaccination.

Clear and frequently repeated messaging is crucial for compliance at vaccination sites. (For example, repeat instructions to stay inside vehicles or maintain 6 feet of social distancing in lines as appropriate).

12. **Second dose.** Vaccine providers should not hold back any of the initial shipments for second doses. Second dose allocations are being planned by NCDHHS and federal partners. Sites will be notified of the 2<sup>nd</sup> dose shipments at the appropriate time.
13. **Extra doses at the end of a vaccination event.** If there are extra doses in a vial at the end of a vaccination event, no doses should be wasted. If you have extra doses in a vial but no one in the current or prior eligibility group to vaccinate, you should vaccinate someone who is not



currently prioritized instead of wasting the doses. It is also recommended to have an “on call” list of people who can be contacted to come in for vaccination if there are extra doses.

14. **No charge to patients/vaccine recipients** - To receive free supplies of the COVID-19 vaccine(s), vaccine providers must sign the provider agreement with the U.S. Government. Under the agreement, all providers must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have, and all providers are prohibited from balance billing or otherwise charging vaccine recipients.

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### 5.3 Identification and Outreach to Patients 65 Years or Older (Group 2)

Persons aged 65 years and older are prioritized for vaccination in Group 2. Effectively reaching this population requires identifying them in the community and coordinating direct outreach to ensure that anyone in this age group who is interested in being vaccinated has access to vaccine. Note that many individuals aged 65 years and older who reside in long-term care facilities will be vaccinated as part of Group 1 in a program managed by the federal government.

- **Patient Identification**
  - **Health care providers can leverage electronic health records’ demographic data** to generate exportable lists of patients within hospitals, health systems, and clinics that are age 65 or older. Lists should include name, date of birth, and contact information (phone and email if available); health care providers may choose to include additional information, such as patient identifier (e.g., medical record number) or address, if applicable. Any transmittal of lists containing PHI/PII must be sent via secure, HIPAA-compliant means.
  - **Vaccine providers are encouraged to partner with PCPs** for identification and vaccine coordination among eligible patients, while PCPs are awaiting to be on-boarded as vaccine providers. As noted above, PCPs can leverage their electronic health record systems for identification of all patients 65 years and older. When working with vaccination partners (e.g., local health department or local hospital), the vaccination partners may request that patient lists be provided on a specific template to facilitate patient contact, scheduling, and/or registration in CVMS. Any transmittal of lists containing PHI/PII must be sent via secure, HIPAA-compliant means.
- **Outreach Strategies**
  - For patient groups identified through their health care provider, the provider can use multiple methods of patient outreach, including messaging through the EHR (e.g., MyChart



- message), email, text, and phone calls. See [Appendix 3](#) and [Appendix 5](#) for sample content to use for patient outreach.
- There are many opportunities for outreach specifically to North Carolinians age 65 years and older, particularly since approximately 20% of adults 60 years and older receive [community-based supports and services](#).
    - NCDHHS will be working to help reach the 65+ population by recognizing the need to use non-web-based forms of communication including television, radio, and newspapers. Include translations into other languages (including Spanish) whenever possible. Local media outlets where this population recognizes the speaker's face or voice can promote trust in the messaging.
    - Identify trusted resources for seniors and help them find their vaccination site.
    - The [Area Agencies on Aging](#) can help identify community-based supports and services as well as existing partnerships with senior-serving organizations.
    - In-home caregivers are an important resource to consider for connecting to the 65+ population.
    - Consider partnering with the area's Meals on Wheels program to distribute vaccine information as [thousands of seniors](#) are served each year with congregate and home-delivered meals.
    - Establish points of contact with faith leaders, parish nurses, and faith community nurses to provide vaccine registration instructions to church members, particularly those serving historically marginalized populations as well as Spanish-speaking congregations.
    - Additional communications materials about the vaccine can be found in [Appendix 5](#)). This list will be updated with additional content developed specifically for the 65+ population. Broadly distribute information on where seniors can find the vaccination site.

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## 5.4 Fielding Incoming Requests from the Public

North Carolinians are eager for information about COVID-19 vaccination. With the principle of “no wrong door” for public education, it is imperative that health care providers, local health departments, other enrolled providers, and trusted messengers in the community are equipped with clear, fact-based information and talking points to respond to inquiries. Organizations can consider creating email signatures or auto-responses containing key vaccine messages. Inquiries may come in via phone, email, social media, webinars, live Q&A, and many other channels. To date, inquiries have largely fallen into three categories, outlined below.

Key messages and talking points across these categories are available in [Appendix 2](#).

- **General information about the vaccine.** Common questions in this category include: What vaccines are available? How were vaccines developed? What are the side effects? NCDHHS is exploring additional options for individuals to get general vaccine information, including via 211 and CCNC.



- **Information about how to get vaccinated.** Common questions in this category include: When will vaccine be available and for whom? What are the group of vaccination in North Carolina, and when will it be my turn? Where can I go to get vaccinated?
- **Customer relations.** Common questions and concerns in this category include: Responding to dissatisfaction about the prioritization groups, responding to mistrust and vaccine hesitancy, and setting expectations about vaccine availability. Local leadership should aim to provide clear, local guidance to first-line staff to quickly identify individuals with concerns or complaints, de-escalate as able, and follow local policy to document complaints and follow-up by identified staff within their organization.

Any vaccine provider's leadership and staff potentially responding to inquiries should be familiar with and stay up to date on the following topics:

- Current vaccination groups
- Vaccine provider's current scheduling availability and processes for COVID-19 vaccinations
- Current NCDHHS and/or agency Deeper Dive materials for each group
- COVID-19 Vaccine Frequently Asked Questions (FAQs) on [NCDHHS webpage](#) (updated regularly) and any internal FAQ lists

Below are resources that all staff should read and bookmark for easy, current reference on vaccination:

- NCDHHS COVID-19 vaccination webpage: [yourspotyourshot.nc.gov](https://yourspotyourshot.nc.gov)
- Infographic of Vaccine Groups ([English](#) / [Spanish](#))
- Deeper Dive: Group 1 ([English](#) / Spanish coming soon)
- Deeper Dive: Group 2 ([English](#) / Spanish coming soon)
- Frequently Asked Questions ([English](#) / [Spanish](#))
- Presentation COVID-Vaccination 101 ([English](#) / Spanish coming soon)
- Flyer on Vaccines ([English](#) / [Spanish](#))
- CDC's COVID-19 [Vaccination Communication Toolkit](#)
- Videos on COVID-19 Vaccine ([YouTube](#))

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## 5.5 Staffing Plan

- **Planning for staffing vaccination clinics**
  - Refine staffing plans to allow for improved staff and patient experiences as increasing numbers of North Carolinians are eligible for COVID-19 vaccination
  - Identify roles and responsibilities for vaccination and any required trainings or certifications required for staff fulfilling these roles
  - The [CDC COVID-19 Vaccination Training Programs and Reference Materials](#) has a list of immunization training and education materials for vaccine providers, including basic and COVID-19-vaccine specific information.



Role/ Responsibility	Requirements and Considerations
Vaccine coordination	<p>Primary and back-up vaccine coordinators, who have completed required trainings and ensure appropriate staff trained for vaccine receipt, storage, transport and handling of COVID-19 vaccine. Vaccine coordinators must complete the following trainings:</p> <ul style="list-style-type: none"> <li>• Review the <a href="#">CDC Storage and Handling Toolkit</a>, including the COVID-19 vaccine addendum</li> <li>• Complete the You Call The Shots: <a href="#">Storage and Handling module</a></li> <li>• Complete the <a href="#">Pfizer-BioNTech</a> and <a href="#">Moderna</a> COVID-19 Vaccine training and other specific trainings as they become available</li> <li>• Complete the COVID-19 Vaccine Training: <a href="#">General Overview of Immunization Best Practices for Healthcare Providers</a>.</li> </ul>
Check-in and registration	Must be enrolled and trained in using CVMS unless using paper forms for later data entry (must be completed within 72 hours)
Screen patients for eligibility	See sample <a href="#">pre-vaccination screening form from CDC</a>
Vaccinate	Vaccinators must be health care providers whose scope of practice includes vaccinations. Provides completed vaccination card to document vaccine receipt.
Monitor patient post-vaccination	Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of an mRNA COVID-19 vaccine. Vaccine providers should observe patients with a history of anaphylaxis (due to any cause) for 30 minutes after vaccination. All other persons should be observed for 15 minutes after vaccination to monitor for the occurrence of immediate adverse reactions. It is very important to report all adverse reactions after the receipt of a COVID-19 vaccine. Providers should use <b>Vaccine Adverse Event Reporting System (VAERS)</b> and also provide <b>v-safe</b> information to the recipient so that recipients can self-enroll for a post-vaccination health check-in, as well as a 2 <sup>nd</sup> dose reminder.
Schedule 2nd dose	Patients should be counseled on the importance of completing the 2-dose series in order to optimize protection. Individuals should receive an appointment for their second dose per the vaccine-specific dosing interval ideally at the time of the first dose and employ 2 <sup>nd</sup> dose reminders, if possible.
Field incoming requests from individuals	Build upon existing call center functions, if available. See <a href="#">Section 5.4</a> (Fielding Incoming Requests From the Public) and scripts in <a href="#">Appendix 2</a> for additional considerations.

- **Prioritization of COVID Response Efforts**
  - **Meeting increased staffing needs for vaccination**



**Local Health Departments may have to shift staffing:**

- **Continuity of Operations Plan:** LHDs should refer to their respective Continuity of Operations Plan for county-specific guidance and update according to the current group of the pandemic as necessary.
- **LHD Clinical Services during initial COVID Vaccine Roll-out:** The critical need to focus on COVID prevention and the top priority for handling COVID vaccination will require LHDs to prioritize staff capacity and work assignments. This may impact personal health care/clinical services during this time period. These decisions should be communicated in multiple platforms, such as website, phone messages, and social media. LHDs should work with the medical director/provider to establish a triage plan to address urgent clinical issues with patients. These urgent issues could include: tuberculosis, sexually transmitted disease or other communicable disease exam, immunization or school health assessment for school-aged children, critical prenatal visits, and others.
- **Prioritization of Case Investigation/Contact Tracing could also help with staffing challenges:** An additional opportunity to prioritize the work in order to free-up staff is around case investigation and contact tracing. Automatic notification of cases is now happening via the state systems: NC COVID and CCTO. Consider pivoting to single notification of contacts via CCTO. For questions about how to implement this prioritization, refer to the regional Communicable Disease Technical Assistance and Training Branch consultant (<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/tat/TATPMap.pdf>).
- **Consider shifting local COVID data dashboards to point to NCDHHS dashboard:** With the addition of county level epidemiological data to the NCDHHS COVID [Dashboard](#) and now the plan to post weekly [Vaccination Data](#), LHDs are encouraged to work with leadership and governing boards to consider pointing local dashboards to the NCDHHS COVID dashboard, rather than duplicating those efforts locally. These data-trained staff could be redirected to other critical priorities within the department such as Case Investigation or working with the COVID Vaccine Management System (CVMS). With LHDs urgently making the critical and heavy lift for COVID vaccine administration, this may be the time to act upon this recommendation.
- **Supplemental surge staff for vaccination clinics:** Consider engaging Emergency Medical Services (EMS) for surge staffing. Additionally, LHDs may call upon those universities and colleges that educate health services students where LHDs already have agreements in place.

**Enrolled hospitals and health systems and other vaccinating providers receiving vaccine should:**



- Hospitals and health **systems and other vaccinating providers may consider** similar redeployments to meet vaccination needs.
- **Expanding capacity:** NCDHHS is working to increase surge staff options for vaccine providers.
  - **North Carolina chapters of Rotary International** are volunteering to support their local health departments. Local health departments may receive offers to help from Rotary leads in their area. NCDHHS encourages local health departments or proactively reach out to the Rotary leaders in your county if you need additional volunteer support. Please see the following link that contains a document with the Rotary points of contact by county:  
<https://docs.google.com/spreadsheets/d/1LzKL6ssFi87VdT-hIEbVtiTJBy1CTgKSUJq249I64jU/edit#gid=0>
- Additional details and guidance will be forthcoming.

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## 5.6 Promoting Equity

COVID-19 has disproportionately impacted historically marginalized populations. The pandemic didn't create these disparities, it made them more acutely visible for all to see. Understandably, historically marginalized communities who have faced longstanding and continuing racial and ethnic injustices in our health care system may feel greater distrust towards vaccines.

One of the guiding principles for North Carolina's COVID-19 Vaccine Plan is that transparent, accurate, and frequent public communications is essential to building trust. NCDHHS is undertaking a comprehensive effort to make sure that North Carolinians can make an informed decision about getting a COVID-19 vaccine. We have completed statewide research with a focus on historically marginalized populations that is informing our outreach and engagement efforts. Resources are available in English and Spanish at [YourSpotYourShot.nc.gov](https://YourSpotYourShot.nc.gov).

It is the responsibility of all vaccine providers to ensure equitable access to vaccines. This will mean taking intentional actions to reach and engage historically marginalized communities. Examples include:

**Engage trusted leaders as vaccine ambassadors.** For example:

- Virtually convene faith leaders, local media personalities, health care providers, and other local influencers to serve as vaccine ambassadors. Share the [Vaccine 101 presentation](#) and provide time to answer questions. Ask the group how you can support them in being ambassadors to their communities. Share resources that they can use with their networks, including this [flyer](#).
- Regularly communicate with this group, sharing information about upcoming vaccination clinics and information on who is currently eligible for vaccination.
- Ask trusted leaders to record and share a video about why they plan to get vaccinated when it is their turn (see [Appendix 6](#) for tips on how to make a video).



- Partner with community health workers to provide accurate information about vaccines and how to get vaccinated.

**Meet people where they are.** For example:

- Offer vaccine events in settings trusted and easily accessed by historically marginalized communities.
- Provide transportation. Transportation can be a significant barrier in many communities. Coordinate with trusted partners such as places of worship or community centers to arrange for people to safely get people to and from vaccination appointments.
- Allow people to register onsite. Not everyone has access to email or the internet. Use point-of-care registration to enroll people in CVMS onsite. It does not require an email address.

**Partner with providers serving historically marginalized communities.** For example:

- First call health care providers serving historically marginalized communities to coordinate outreach to their patients who are 65 years and older
- Ensure that federally qualified health centers, rural health centers, and free and charitable clinics are at the table planning and coordinating vaccinations in your community. Note that many of these entities are enrolled vaccine providers and are eligible for vaccine transfer (see [Section 7](#)).

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## 5.7 Vaccinating Outside Jurisdiction

COVID-19 is a global, national, and statewide pandemic. SARS-CoV-2 (the virus that causes COVID-19) is a highly contagious respiratory virus that is widespread in North Carolina and easily crosses jurisdictional boundaries as people move across and in and out of North Carolina.

To protect the health of North Carolinians and control the spread of the virus, State Health Director Dr. Elizabeth Tilson, MD MPH advises that people who spend time in North Carolina and are able to spread the virus in North Carolina should be vaccinated when and where they have access to vaccine.

The Centers for Disease Control and Prevention has instructed states that this is a federal vaccine bought with federal funding. **Hence, jurisdictions should not put restrictions on administering vaccinations to non-residents, as long as those persons meet the current eligibility criteria. This applies to both county and state residency.**

NCDHHS will work with state and local government stakeholders and the general public to share this broadly.

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## 5.8 Modifications to the Pfizer/Moderna Standing Order Templates

*This guidance was issued by NC DPH to Local Health Departments on Friday, January 8, 2021.*





- The licensed provider signing the standing order for COVID-19 vaccine administration has the authority and autonomy to modify it as they see fit regarding the particular medical decision-making components of the order.
- NC DPH has heard concerns regarding the section that requires that the nurse obtain documentation from the patient’s medical provider if the patient is on blood thinners. This is a local decision based on the provider’s discretion.
- NC DPH has heard concerns regarding the section that outlines documentation in the Electronic Health Record (EHR) and also in CVMS. As of January 8, 2021, CVMS does not have an EHR integration, so providers wishing to capture vaccination records for the purposes of clinical documentation, billing, or other data capture, must do so separately in the EHR. Otherwise, CVMS documentation stands alone. If the LHD determines not to use the EHR, the COVID-19 Administration Procedures section addressing documentation of vaccine administration in the standing order should also be modified.
- Please note that the CVMS documentation standard has changed from requiring documentation within 24 hours after administration to within 72 hours after administration.
- The nurse should partner with the licensed medical provider signing the standing order to work out any issues so that 1) the provider is comfortable with the order and 2) the nurses are given clear instructions on how to carry out the order. For more information, please refer to the CDC General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices <https://wonder.cdc.gov/wonder/prevguid/p0000348/p0000348.asp>, the vaccine EUA, and other vaccine healthcare provider resources, such as the NC Board of Nursing [Position Statement on Standing Orders](#).

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## 6. Scenario Planning

The size and scale of North Carolina’s vaccine distribution, allocation, and administration is massive, and challenges in the process are inevitable. Rooted in the guiding principles outlined in [Section 1](#), vaccine providers are encouraged to proactively plan for the following potential challenges:

- **Supply management**
  - Allocation challenges: Allocation will change week-over-week depending on federal distribution, local vaccines administered to-date, and other factors. At this time, NCDHHS is notified on the Tuesday prior to the next week’s allocation, about the upcoming allocation. NCDHHS strives to give vaccine providers advance notice of expected allocations, including vaccine types (i.e., Moderna or Pfizer), number of doses, and date of anticipated shipment receipt; however, any estimated allocations are subject to change. Therefore, vaccine providers are encouraged to create contingency plans and local sub-prioritization to implement in the event of lower-than-expected allocations.



- **Transfer challenges:** As outlined below, CDC recommends that each site administering vaccine receive a direct shipment. Transfers may be necessary to reach priority populations in a timely fashion and minimize waste of vaccine. Transfers can be used to achieve the goal of using all allocated vaccine within 7 days. Health departments and enrolled providers should work collaboratively to ensure vaccine is reaching people equitably, particularly for historically marginalized populations. In planning for transfer scenarios, transferring and receiving sites should account for volume (given limited supply), storage and handling requirements, and proper documentation in CVMS. Additional details are found in [Section 7](#).
- **Demand management**
  - **High demand:** In some areas, more people may want the vaccine than there is vaccine available. The vaccine prioritization groups have been designed to save lives and slow the spread of COVID-19. All vaccine providers in North Carolina must follow the state's guidance on phased prioritization, but may have local flexibility to adjust move to different groups based on vaccine supply and local demand for vaccination. Per the vaccine provider agreement they sign with the state, vaccine providers are responsible for verifying eligibility of anyone that they vaccinate. As North Carolina proceeds through the prioritized vaccination groups and more people become eligible to receive vaccination, it is unclear if supply from manufacturers will keep pace with the demand. Enrolled vaccine providers are encouraged to develop plans to manage high demand in the face of limited supply (e.g., develop waiting lists, further sub-prioritize locally). Additionally, enrolled vaccine providers are encouraged to develop plans to recruit or cross-train staff to assist with vaccine operations so that staffing is adequate to meet local demand.
  - **Low demand:** In other areas, vaccine hesitancy may be high, and vaccine may go unused by those eligible to receive it in the grouped prioritization. NCDHHS and its partners are committed to sharing clear, fact-based information about the vaccine to overcome hesitancy and to proactively engaging communities that may be hesitant. In cases of unused vaccine, transfer from one site to another enrolled provider may be considered (see [Section 7](#)), and unused vaccine will be a factor in determining allocation in subsequent weeks.
- **Missed second doses.** The two-dose regimen of the current vaccines creates an inherent challenge to full immunization and protection against COVID-19 illness. Vaccine providers are encouraged to prevent missed second doses by providing vaccine recipients with a shot card upon administration of the vaccine, scheduling the second appointment at the time of the first dose, and employing reminder services. CDC has created [VaxText](#), a free text messaging platform that providers can offer to their patients, in which patients can opt in to receive text message reminders to get their second dose of COVID-19 vaccine. Patients can also be reminded to sign up for **v-safe**, a CDC tool that recipients can use to self-enroll for a post-vaccination health check-in as well as a 2<sup>nd</sup> dose reminder.



NCDHHS is also asking vaccine providers to use their internal reminder systems to remind recipients about their second dose. For individuals who lack access to a mobile phone for text message reminders and/or for whom a second dose appointment cannot be scheduled at the time of first dose, providers are encouraged to collect other available contact information (address, landline, email) and send advance reminders via other channels (mail, phone calls, emails).

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## **7. Vaccine Transfer Guidance**

- CDC recommends that each site administering vaccine receive a direct shipment. However, CDC and NCDHHS recognize that redistribution or transfer of vaccine may be necessary in some instances.
  - **Redistribution** is the planned and scheduled movement of inventory between two enrolled sites within the same organization with an approved redistribution agreement.
  - **Transfer** is the unplanned and unscheduled movement of inventory between two enrolled sites (move inventory between those who have vaccine to the those who do not)
- Given the limited availability of vaccine, local health departments and hospitals should coordinate with each other and other COVID-19 vaccine enrolled community providers to determine if transfer of vaccine is necessary to reach priority population and to minimize waste of vaccine.
- Vaccine-specific **storage and handling guidance must be followed. All transfers must be documented and approved in CVMS. CVMS inventory will be adjusted appropriately following transfers.**
- Vaccine should only be transported and redistributed /transferred one time and should not be transported back again to the point of origin or to a new location.
- A current list of enrolled providers will be updated and shared regularly with all enrolled vaccine providers based on new enrollees in CVMS. The list should be used to assist with coordination of local efforts.
- Redistribution/Transfer requests for COVID-19 Vaccines require NCDHHS Immunization Branch approval to ensure proper storage capabilities and tracking of COVID-19 vaccine inventory.
- Please see below overview of redistribution and transfer process **for COVID-19 vaccine only**:
  - Go to the CVMS Help Desk Portal: [https://ncgov.servicenow.com/csm\\_vaccine](https://ncgov.servicenow.com/csm_vaccine). From the home page, click the **Vaccine Redistribution/Transfer** button.
  - Complete the Transfer/Redistribution form within the portal and submit. Transferring provider will be asked to confirm the following:
    - Sending Provider and Receiving Provider location names listed above match exactly how they appear in the COVID-19 Vaccine Management System (CVMS) Provider Enrollment Portal
    - Receiving Provider has a fully completed and submitted CDC COVID-19 Vaccine Program Provider Agreement and Profile in CVMS Provider Enrollment Portal



- Sending Provider has confirmed with Receiving Provider that they have the appropriate capability and capacity to store the transferred COVID-19 Vaccines
- Sending Provider is not requesting transfer of open or partial vials
- If the transfer is approved, the NC DHHS Immunization Branch team will create a transfer order record and your inventory will automatically reduce by the amount transferred.

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## **8. For Additional Help**

- **COVID-19 Vaccine Management System (CVMS) Questions:**
  - COVID-19 vaccine providers should contact NCDHHS through the ServiceNow platform here or reach out to COVID-19 Vaccine Helpdesk at [cvms-help@dhhs.nc.gov](mailto:cvms-help@dhhs.nc.gov).
    - Current helpdesk hours of operations Monday – Friday, 8am – 5pm ET; Saturday – Sunday, 10am – 6pm ET
  - NCDHHS will hold various CVMS trainings and can be found on the Immunization Branch [training website](#).
- **Storage and handling questions:**
  - Please contact our storage and handling staff at (919) 707-5574. Please leave a message if you do not reach anyone and someone will return your call as soon as possible. You may also find additional storage and handling resources on our website ([Storage Resources](#)).
- **Clinical questions:**
  - Please call our clinical nurse on-call number at (919) 707-5575. Please leave a message if you do not reach anyone and someone will return your call as soon as possible.
  - You may also contact your regional nurse ([RIN map](#)) or regional immunization consultant ([RIC map](#)) if you need assistance.
- **Pfizer and Moderna Vaccine questions:**
  - Direct product related questions to the following Customer Service centers:



### Pfizer US Customer Service Information



General Product Inquiries  
(877) 829-2619

Open:  
8am – 11pm ET, 7 days/week

- Basic administration FAQs (dosing schedule, what syringes should be used for diluting and/or administration)
- Storage & Handling FAQs
- Diluent FAQs (what type, how do I dilute, how can I order more, how should it be stored, etc)
- Dry ice / Shipping Container FAQs
- How many doses will be available and when?



Medical Information  
[www.PfizerMedInfo.com](http://www.PfizerMedInfo.com)  
(800) 438-1985

Open (Covid Vx Only):  
8am – 11pm ET, 7 days/week

- Questions related to efficacy, safety, stability, dosage and administration
- Questions related to mechanism of action
- Information on vaccine ingredients



US Shipment Support / Trade  
Customer Service  
(800) 666-7248

Open:  
8am – 8pm ET, 5 days/week (M-F)

- Where and how can I get more dry ice?
- How can I / my institute return shipment boxes?
- How can I order the Pfizer-BioNTech Covid-19 Vaccine for my practice, office, or hospital?
- I have yet to receive the vaccine quantities that I ordered. What is the status? What can I do?
- I cannot locate the diluent for the vaccine. What should I do?

### Moderna US Customer Service Information



General Product Inquiries  
1-866-MODERNA  
(1-866-663-3762)

Open:  
8am – 8pm ET, 7 days/week

- Will be routed to:
  - General Moderna Questions
  - Healthcare Provider Questions (Clinical)
  - Product Quality or Technical Questions
  - Pregnancy Registry
- Basic administration FAQs (dosing schedule, what syringes should be used for diluting and/or administration)
- Storage & Handling FAQs
- Shipping Container FAQs
- How many doses will be available and when?



Medical Information  
<https://www.modernatx.com/covid19vaccine-eua>

(1-866-663-3762)  
Open (Covid Vx Only):  
8am – 8pm ET, 7 days/week

- Questions related to efficacy, safety, stability, dosage and administration
- Questions related to mechanism of action
- Information on vaccine ingredients
- Will be able to speak with a clinical specialist



FAQs

FDA will also have a Frequently Asked Questions page for the Moderna COVID-19 vaccine.

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine>

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## **9. Appendix Tools and Templates**

### List of Appendices

- 1. Appendix 1. Letter template to conduct outreach to health care employers for vaccinations in Group 1 (for Local Health Departments).**
- 2. Appendix 2. Sample talking points and scripts for fielding incoming requests to local health departments, hospitals, and health systems.**
- 3. Appendix 3. Vaccine patient outreach template.**
- 4. Appendix 4. Letter template to conduct outreach to primary care providers for vaccinations for Older Adults in Group 2 (for Local Health Departments).**
- 5. Appendix 5. Sample content for communicating with patients about COVID-19 vaccines (for LHDs, hospitals/health systems, or PCPs).**
- 6. Appendix 6. Tip Sheet for Selfie Video on COVID-19 Vaccination**
- 7. Appendix 7. Additional information on the COVID-19 Vaccine Management System (CVMS)**

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## **Appendix 1. Letter template to conduct outreach to health care employers for vaccinations in Group 1 (for Local Health Departments).**

*Local Health Departments can use this email or letter template below for outreach to health care employers who have staff eligible for vaccination in Group 1.*

In Group 1, local health departments are vaccinating health care workers with in-person patient contact who are not affiliated with a hospital or health system that currently has vaccine

Health care workers in this group are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients, bodies, or infectious materials. Health Care settings include, but are not limited to, settings such as hospitals, Long Term Care Facilities, outpatient clinics, vaccination sites, home health care, public health clinical services, emergency medical services, mortuaries, and pharmacies. Health care worker comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services)

Long-term care staff and residents—people in skilled nursing facilities and in adult, family and group homes – are also included in Group 1

Most hospitals and health systems are receiving their own vaccine supply to administer to their eligible Group 1 recipients. If you haven't heard from your hospital system yet, we encourage you to reach out to see if you are included in their vaccine plan.

Additionally, local health departments are assisting long-term care facilities (e.g., assisted living facilities, family care homes, group homes, intermediate care facilities for individuals with intellectual disabilities) with vaccination of their staff and residents if the facilities are not participating in the federal government's Pharmacy Partnership for Long-term Care (LTC) Program.

**If you are a non-hospital-affiliated healthcare employer in <insert County>, please complete the following steps to let us know who in your clinic/agency is eligible and interested in getting vaccinated by <insert LHD name>:**

- 1. Complete the attached spreadsheet for your clinic/agency, listing everyone on your staff who is a health care worker interested in getting the vaccine.**
  - a. Only 1 spreadsheet per clinic/agency, please, so coordinate with everyone in your clinic on this effort.
  - b. All columns must be filled out for each individual.
    - i. For TYPE (column ):
      - Enter "Employee" if the person works for the organization.
      - Enter "Individual" if the person is a resident of the organization (e.g., resident of an assisted living facility)



- c. These individuals need to be healthcare workers in your clinic/agency, but do not have to live in **<insert county>**, or even NC.
- 2. Send the email with completed spreadsheet attached to <insert LHD specific email>**
  - a. In the body of the email, include the following information:
    - i. Name of your clinic
    - ii. The following information for the best point of contact and alternate point of contact (so a total of 2 points of contact) for your clinic. These are the individuals we will contact to get or provide further information for your clinic/agency.
      - Names
      - Phone numbers
      - Email addresses
- 3. After our staff upload your clinic’s spreadsheet into the COVID Vaccine Management System (CVMS), CVMS will send each individual on the spreadsheet an email that is addressed from Vaccine Management System <nccvms@dhhs.nc.gov> with the Subject “Thank you for Signing up!”**
  - a. **PLEASE MAKE SURE YOUR STAFF ROUTINELY CHECK THEIR EMAIL FOR THIS INVITE FROM [NCCVMS@DHHS.NC.GOV](mailto:NCCVMS@DHHS.NC.GOV).** Each individual must click on the link in their email from CVMS to reset their password and complete the enrollment process for them to receive the vaccine.
- 4. Then wait for further instruction from <insert LHD name> on how to get scheduled for the actual vaccine appointment.**
  - a. While waiting, we recommend creating a staggered schedule in which different staff get vaccinated different weeks. As people have reported temporary reactions like sore arms, fevers and tiredness 24-48 hours after receiving the vaccine, the CDC has stated that it is a “consideration” to stagger delivery of vaccine to healthcare workers in a facility so that all the workers in a single unit or discipline aren’t getting vaccinated at the same time and potentially impacting service delivery if post-vaccination signs and symptoms keep them out of work. We are leaving this decision on staggered vaccination scheduling up to each individual clinic/agency and will not be requiring it in any way.

*<Closing: LHD edit as appropriate for audience.>*

*We expect there to be bumps and hiccups along the way (as there has been with most everything this pandemic), and we thank you for your patience and understanding as we enter this new phase in COVID-19 pandemic response.*

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## Appendix 2. Sample talking points and scripts for fielding incoming requests to local health departments, hospitals, and health systems.

### (1) General information about the vaccine

- Tested, safe and effective vaccines will be available to all who want to get vaccinated, but supplies are currently limited and will continue to be for the next few months.
- To save lives and slow the spread of COVID-19, independent state and federal public health advisory committees recommend first protecting health care workers caring for patients with COVID-19, people who are at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19
- The following regularly updated resources should be used to respond to general information inquiries about the vaccine:
  - NCDHHS COVID-19 Vaccine Frequently Asked Questions ([English](#) / [Spanish](#))
  - NCDHHS Presentation COVID-Vaccination 101 ([English](#) / [Spanish](#))
  - NCDHHS Flyer on COVID-19 Vaccines ([English](#) / [Spanish](#))

### (2) Information about how to get vaccinated

- North Carolina's updated groups are as follows:
  - Group 1: Health care workers and Long-Term Care staff and residents
  - Group 2: Older Adults
  - Group 3: Front-line essential workers
  - Group 4: Adults at high risk for exposure and at increased risk of severe illness
  - Group 5: Everyone who wants a safe and effective COVID-19 vaccination
- The following resources should be used to respond to inquiries about NCDHHS vaccination phases
  - Infographic of Vaccine Phases ([English](#) / [Spanish](#))
  - Deeper Dive: Group 1 ([English](#) / Spanish coming soon)
  - Deeper Dive: Group 2 ([English](#) / Spanish coming soon)
- Key vaccine messages for 65+ population
  - Anyone 65 years or older may now get their first COVID-19 shot.
  - Vaccine supplies are limited, and you may have to wait, but you have one of the first spots to take your shot.
  - Most doctors can't provide COVID-19 shots in their offices, so work with local health department or hospital to get your shot.
  - Take your shot to get life back to when we could be with family and friends and come together at events and celebrations.
  - Take your shot to gain the peace of mind that you're protected and you're protecting others from getting sick from COVID-19



### **(3) Customer relations.**

The following talking points can be used when fielding questions or concerns from the public on various topics related to the vaccine.

- *Talking points to set expectations about vaccine availability*
  - A vaccine will be available to all who want it, but right now vaccine supply is very limited. There is not enough vaccine supply for everyone to get vaccinated right away.
  - The federal government decides how many COVID-19 vaccine doses each state gets based on the state's population of people ages 18 and up and notifies our state each week of how much vaccine we will receive.
  
- *Talking points to respond to dissatisfaction about the phases of vaccine prioritization*
  - Independent state and federal public health advisory groups have determined that the best way to fight COVID-19 is to start first with vaccinations for those most at risk, and then reach more people as vaccine supply increases throughout 2021.
  - North Carolina, like many other states, aligned its vaccine prioritization with federal recommendations and had input from an external Advisory Committee.
  
- *Talking points to respond to mistrust and vaccine hesitancy*
  - The vaccines are tested, safe, and effective.
    - More than 70,000 people volunteered in clinical trials for two vaccines (Pfizer and Moderna) to see if they are safe and work to prevent COVID illness. Volunteers included Black/African Americans, Hispanic LatinX, Asians and others.
    - To date, the vaccines are 95% effective in preventing COVID-19 with no serious safety concerns noted in the clinical trials.
    - The U.S. Food and Drug Administration (FDA) makes sure the vaccines are safe and can prevent people from getting COVID-19. Like all drugs, vaccine safety continues to be monitored after they are authorized for use.
  - You cannot get COVID-19 from the vaccine.
    - You may have temporary reactions like a sore arm, headache or feeling tired and achy for a day or two after receiving the vaccine.

### **(4) Example auto-response message:**

Thank you for your inquiry about COVID-19 vaccination. For up-to-date information about vaccination in North Carolina, please visit [yourspotyourshot.nc.gov](https://yourspotyourshot.nc.gov).

As of **<insert date>**, we are currently vaccinating the following groups:

- Health care workers with in-person patient contact
- Health care workers administering vaccine in initial vaccine groups
- Long-term care staff and residents—people in skilled nursing facilities and in adult, family and group homes
- Anyone 65 years or older, regardless of health status or living situation



If you fall into one of these categories, please contact **<insert local vaccine number>** to schedule an appointment for your spot in line -OR- **<insert local vaccination schedule details here>**.

Remember: you have a spot, take your shot!

**(5) Example automated phone messages\*:**

**Automated Message, part 1:**

Thank you for calling **<insert organization name>**. *Para español, oprima <insert number for Spanish-version of message>*. For questions related to the COVID-19 vaccine, please press **<insert number>**. **<Insert remainder of typical outgoing automated message here>**.

**Automated Message, part 2:**

For **<insert date/the week of \_\_\_\_\_>**, we are actively vaccinating for COVID-19 according to the North Carolina Department of Health and Human Services guidelines, which are available at [YourSpotYourShot.nc.gov](https://www.nc.gov/your-spot-your-shot).

Anyone who is 65 years or older may now get vaccinated. Supplies are very limited, so people may have to wait. If you are 65 or older, **<insert instructions here>**.

We are also still vaccinating all health care workers with in-person patient contact. If you are a member of this group, **<insert instructions here>**. We are also still vaccinating residents and staff in nursing homes and other long term care facilities.

\*Local health departments would need to use part 1 in their opening outgoing message and then have an extension for part 2. The message in Part 2 would need to be updated weekly.

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### Appendix 3. Vaccine patient outreach template for providers.

Health care providers can use the following email/letter template to share important information about COVID-19 vaccines with patients, especially patients 65 years or older who are eligible to receive the vaccine as part of Group 2. The template is intended to inform patients about vaccines and how they can get a vaccine. It can be customized to fit your community and can be used in multiple formats, such as electronic health record messages, your website, patient e-newsletters, etc.

#### **Template For Health Care Provider Outreach to Patients:**

Dear patients,

Vaccines are your best protection against COVID-19. Beginning on **<insert date on or after January 14<sup>th</sup>>**, anyone age 65 years or older can receive a safe vaccine to protect you from getting COVID-19.

Vaccine supplies are limited, and you may have to wait, but you have one of the first spots to take your shot.

**We strongly recommend you get the vaccine.** The COVID-19 vaccine is our best shot to help us all get back control of our lives and back to the people and places we love. The vaccines have been shown to be 95% effective in preventing COVID-19 with no serious safety concerns in the clinical trials. You cannot get COVID-19 from the vaccine. You may have temporary reactions like a sore arm, headache or feeling tired and achy for a day or two after receiving the vaccine. You will need a second shot, at least 3 to 4 weeks after the first shot, to build up your immunity. You can get your shot at no cost.

**Vaccines are being offered at <insert name of hospital/health system that is an enrolled vaccine provider>. Here are your next steps for getting vaccinated:**

#### ***[Insert all options that are available to your patients]:***

- Go to <insert website> and call one of the local vaccine providers on the list; OR
- Respond to this message indicating your interest in being vaccinated against COVID-19. The COVID-19 vaccination team will contact you about when and where you can get vaccinated; OR
- Schedule a vaccination appointment by calling <insert phone number>; OR
- Schedule a vaccination appointment by taking the following steps in your electronic chart <insert instructions>; OR
- Attend walk-in hours at the following times and locations: <insert information>
  - *Note: Exercise caution when using this option due to the potential for crowded vaccination events or prolonged wait time for elderly patients*
- Get your vaccine through drive-through or curbside events at the following times and locations: <insert information>; OR



- Visit our website for upcoming vaccine events we will be hosting in the community at <insert link>; OR
- **<Insert any other ways people can get the vaccine>**

If you have questions about the vaccine, you can take the following steps:

- Visit the NCDHHS website for more information about the vaccine: [YourSpotYourShot.nc.gov](https://www.ncdhhs.gov/your-spot-your-shot)
- Call our office at <insert phone number> during <insert hours>
- Send us a message in your electronic chart
- **<Insert any other ways your patients can learn about the vaccine or ask questions>**

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## **Appendix 4. Letter template to conduct outreach to primary care providers for vaccinations for Older Adults in Group 2 (for Local Health Departments).**

*Local Health Departments can use this email/letter template below for outreach to primary care providers who may have patients 65 years or older eligible for vaccination in Group 2. Local Health Departments should focus their outreach efforts with primary care providers who serve historically marginalized populations and who are not affiliated with a hospital or health system that is an enrolled vaccine provider. The letter template can be customized to fit your community.*

Dear providers,

Beginning on <insert date on or after January 14<sup>th</sup>>, your patients 65 years or older will be eligible to take a safe vaccine to protect them from getting COVID-19.

Vaccines are currently being offered for the following populations:

- Group 1: Health care workers and Long-Term Care staff and residents.
- Group 2: Older Adults

If your practice is not yet an enrolled vaccine provider that has received a vaccine allocation, our agency is prepared to help support vaccinations for your staff and your patients 65 and older. One strategy for this partnership is for you to identify your eligible staff and your patients of record age 65 and older who are eligible for the COVID-19 vaccine in Group 1 and Group 2. We can then work with you to provide your staff and patients with instructions to get vaccinated in as timely a manner as possible.

Some potential scenarios for how primary care providers are working with vaccine providers to get their staff and patients vaccinated are described below:

- **Scenario 1:** PCP is the main point of contact with patients for identification, outreach, scheduling, and communication. The PCP completes a spreadsheet provided by the vaccine provider that includes information for all eligible patients. The assigned vaccine provider will provide a scheduling spreadsheet with available dates/times for vaccine appointments, along with other patient logistics. PCP then fills available appointment slots and sends patient reminders and other needed patient communication. The PCP and vaccine provider may share vaccine clinic staffing responsibilities.
- **Scenario 2:** Vaccine provider is the primary point of contact with patients. PCP supports patient identification and outreach and provides any necessary patient contact information in a spreadsheet provided by the vaccine provider. The assigned vaccine provider communicates directly with eligible patients, manages scheduling, and provides necessary logistics for vaccination.
- **Scenario 3:** Vaccine provider works with PCP practices to offer vaccination clinic opportunities for groups of smaller practices or a single large practice. PCP and vaccine provider may share vaccine clinic staffing responsibilities.

<Insert local details as needed>



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## Appendix 5. Sample content for communicating with patients about COVID-19 vaccines (for LHDs, hospitals/health systems, or PCPs).

A COVID-19 Vaccination Communications Toolkit is available and regularly updated at [yourspotyourshot.nc.gov](https://yourspotyourshot.nc.gov). The page is also available in Spanish: [covid19.ncdhhs.gov/vacuna](https://covid19.ncdhhs.gov/vacuna).

We encourage vaccine and health care providers to use and share the following vaccine resources with your patients and networks:

- Infographic of COVID-19 Vaccine Phases ([English](#) / [Spanish](#))
- Deeper Dive: Group 1 ([English](#) / Spanish coming soon)
- Deeper Dive: Group 2 ([English](#) / Spanish coming soon)
- Flyer on COVID-19 Vaccines ([English](#) / [Spanish](#))
- Flyer on COVID-19 Vaccines – 65 years or older ([English](#) / Spanish Coming Soon)
- Postcard (4x6, two sided) ([English](#) / Spanish Coming)
- Handout (8x11) ([English](#) / Spanish Coming)
- Presentation COVID-Vaccination 101 ([English](#) / [Spanish](#))
- COVID-19 Vaccine Frequently Asked Questions ([English](#) / [Spanish](#))
- Videos on COVID-19 Vaccine Rollout
  - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan ([30-second](#))
  - NCDHHS Deputy Secretary Ben Money shares information on the COVID-19 vaccine rollout plan ([link](#))
- Videos for Long-Term Care
  - North Carolina long-term care workers share their reason for taking the newly developed COVID-19 vaccine ([90-second](#), [60-second](#), [30-second](#))
  - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan long-term care facility workers ([60-second](#))
  - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan for families of long-term care residents ([link](#))
  - NCDHHS Deputy Secretary Ben Money shares information on the COVID-19 vaccine rollout plan for long-term care facilities ([60-second](#), [30-second](#))
- NC Vaccine Selfie Video Tip Sheet ([English](#) / Spanish Coming)

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## Appendix 6. Tip Sheet For Selfie Video on COVID-19 Vaccination

Available at this link: <https://files.nc.gov/covid/documents/vaccines/NC-Vaccine-Selfie-Video-Tip-Sheet.pdf>

**Tested, safe and effective COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love.**

### Share your own video to promote vaccination.

Whether you are a nurse, teacher or essential worker—soon, you will have a spot to take your shot. Share why you're ready to get your vaccine while you're waiting for your spot. When it is your turn to receive your COVID-19 vaccine, you can share your experience and encourage others to join you in taking their shot.



**Hear long-term care workers [share their feelings](#) on being early recipients of the vaccine.**

### Why share your decision to take the vaccine or your positive experience with the vaccine?

People want to hear from others—their decision to get the vaccine and experiences receiving the vaccine, in their own words. You can help your friends, family, and community members understand how it feels to take this important step—and why you are excited to get back to the people and places you love.

### How do I make the best possible video?

- Ask a masked friend or family member to take your video for you with your smartphone
- If recording a “selfie”, try to use a mini tripod or hand help for more stability
- Frame from your chest up, if possible
- Keep your mask on to remind people that they still need to wear a mask after vaccination

### What do I say?

Here are a few questions to help guide you:

*If you're waiting for your spot:*

- How has the pandemic affected you, your work and your family?
- Why should North Carolinians take a COVID-19 vaccine? Some folks are hesitant, why are you confident in a vaccine?
- How do you feel taking the vaccine will give you more control in your life and allow you to be closer to your loved ones?

*If you took your shot:*

- What does it feel like to know you now have the vaccine?
- Do you feel like this is a step closer to being with your loved ones?
- How will this help you get back to work or make work easier?



- What was the process like? Were you excited? Anxious? Ready to move on?
- Consider using North Carolina’s vaccine slogan: “You have a spot. Take your shot.”

### **Where do I share my video?**

You can share your video on Facebook, Instagram, LinkedIn—anywhere you share important information and updates with your family, friends and coworkers.

Be sure to use one of our hashtags in your post:

#COVID19Vaccine  
#VaccinesSaveLives  
#StayStrongNC

#FindYourSpotNC  
#COVID19NC  
#ThisIsOurShot

#TakeYourShotNC  
#StopCOVID19  
#BestShot

### **Send your video to NCDHHS**

We also want to start compiling as many stories as possible and need your help to do so. We’ve created a [Google Form](#) where you can upload your video promoting why you took your shot in North Carolina. Our team wants to share across the state to get even more people to take their shot. Once you’ve completed the form with your name, email and location you can upload your video and we’ll reach out as we start building more PSA’s across the state.

Contact: [socialmedia@dhhs.nc.gov](mailto:socialmedia@dhhs.nc.gov)

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## Appendix 7. Additional Information on the COVID-19 Vaccine Management System

### COVID-19 Vaccine Management System (CVMS) Questions:

- COVID-19 vaccine providers should reach out to COVID-19 Vaccine Helpdesk at [cvms-help@dhs.nc.gov](mailto:cvms-help@dhs.nc.gov) or contact NCDHHS through the ServiceNow platform [here](#).
  - Current helpdesk hours of operations Monday – Friday, 8am – 5pm ET; Saturday – Sunday, 10am – 6pm ET
- NCDHHS will hold various CVMS trainings. Full training schedules will be emailed every week.

### CVMS Overview

#### What is CVMS?

CVMS, COVID-19 Vaccine Management System, is a secure, cloud-based vaccine management solution for COVID-19 that enables vaccine management and data sharing across NC providers, hospitals, agencies, and local, state, and federal governments on one common platform. NC providers enrolled in the CDC COVID-19 Vaccination Program will need to self-register for an NCID user account and password in order to log in to CVMS.

With the first release of CVMS launched on 12/10/2020, providers are currently able to:

- Enroll in the COVID-19 Vaccination Program and upload individuals so they can pre-register for COVID-19 vaccination
- Manage COVID-19 vaccine inventory
- Track COVID-19 vaccine administration
- Point-of-care registration without the need for pre-registration

Scheduling, order management, Spanish language translation, and integration with the NC Immunization Registry (NCIR) for one complete vaccine record are planned for subsequent CVMS releases.

#### Who uses CVMS?

- State of NC Administrators will enroll providers and verify provider eligibility and site readiness.
- Providers will verify patient eligibility, log dosage administration, and track frequency and timing of second doses.

#### Who does NOT use CVMS?

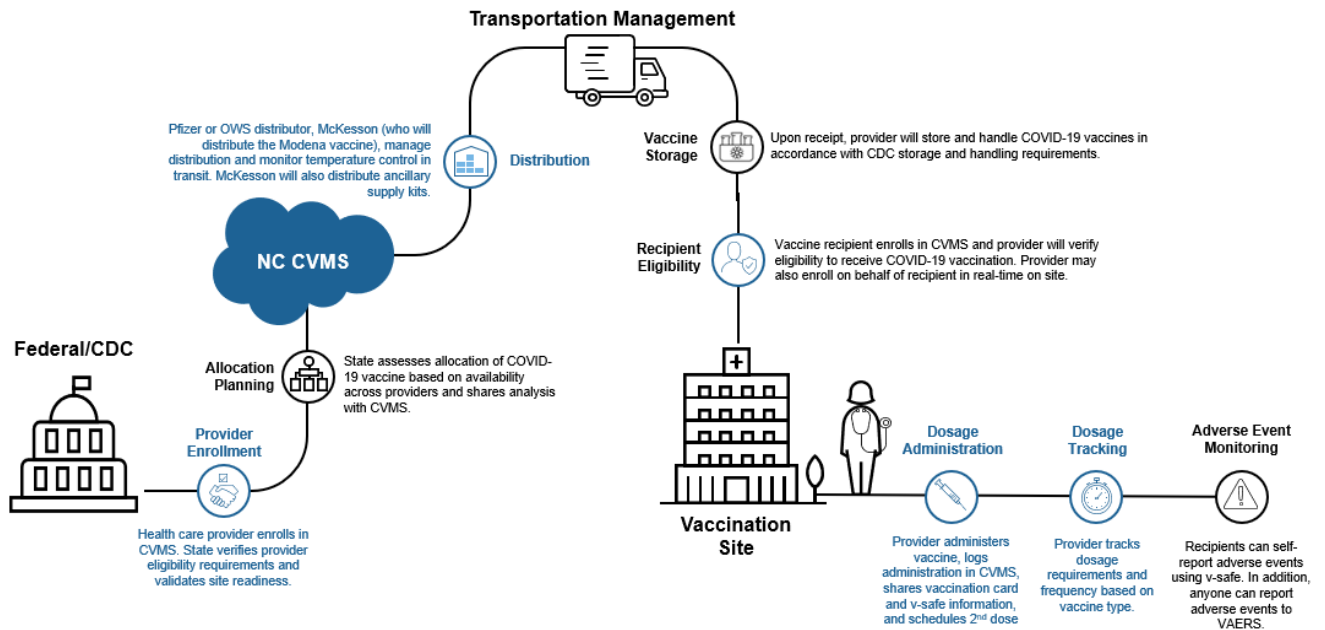
- Pharmacies (e.g., Walgreens and CVS) and providers enrolled through the Federal Government.



### Why CVMS?

CVMS provides a flexible approach for managing, delivering, and administering vaccine programs. It is a scalable, integrated platform with configurable modules. This will allow for quicker updates to the system in order to meet business needs. In addition, built-in automation features mean less time spent on routine tasks and more time for high-value activities.

### CVMS in the COVID-19 Vaccine Journey



Below you will find the direct links and details on the username to use for each CVMS Portal.

- **CVMS Provider Enrollment Portal:** <https://covid-enroll.ncdhhs.gov> – Use your Provider Enrollment username, which is the email address you registered with, and password you created.
- **CVMS Provider Portal:** <https://covid-vaccine-provider-portal.ncdhhs.gov> – Use your NCID username and password you created when registering for your NCID.
- **CVMS Recipient Portal:** <https://covid-vaccine-portal.ncdhhs.gov/> – Use your Recipient Portal username, which is the email address that was used to register you with plus.covid19vaccine (e.g., emailaddress.covid19vaccine), and password you created. For additional information, you may also reference Finding your CVMS Recipient Portal Username (Appendix 22) and CVMS Recipient Portal Reset Password Job Aid (Appendix 23).



## Online Resources on CVMS

CVMS Help Desk: [cvms-help@dhhs.nc.gov](mailto:cvms-help@dhhs.nc.gov)

A complete listing of CVMS training materials are found on the [NC Immunization Branch website](#).

Training Program / Reference Material	Description
<a href="#">CVMS FAQ</a>	Frequently asked questions for CVMS.
<a href="#">CVMS Introduction</a>	Prepare for the new COVID-19 Vaccine Management System (CVMS) by learning what it is, who will be using it, and why.
<a href="#">CVMS Provider Enrollment Demo</a>	A recorded walk-through of the steps needed for Providers to complete enrollment in CVMS.
<a href="#">CVMS Readiness Training</a>	This readiness training will cover key actions you can do right now to prepare for CVMS and administering the COVID-19 vaccine. We will also review important upcoming dates to keep in mind as we prepare for CVMS go-live.
<a href="#">CVMS Readiness Checklist</a>	A comprehensive list of action items for Providers to complete before enrolling in CVMS. The action items are grouped by topic (Onboarding, Training, Communications and Vaccine Administration Preparation) and listed in recommended sequence to address.
<a href="#">CVMS Orientation Training</a>	In this training session, we will explain what CVMS is, who will be using it, and why we are using it as our statewide platform. We will also cover functionalities of the tool, including: Provider Enrollment, Recipient Registration, Recipient Vaccine Administration, and Inventory Management.

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