

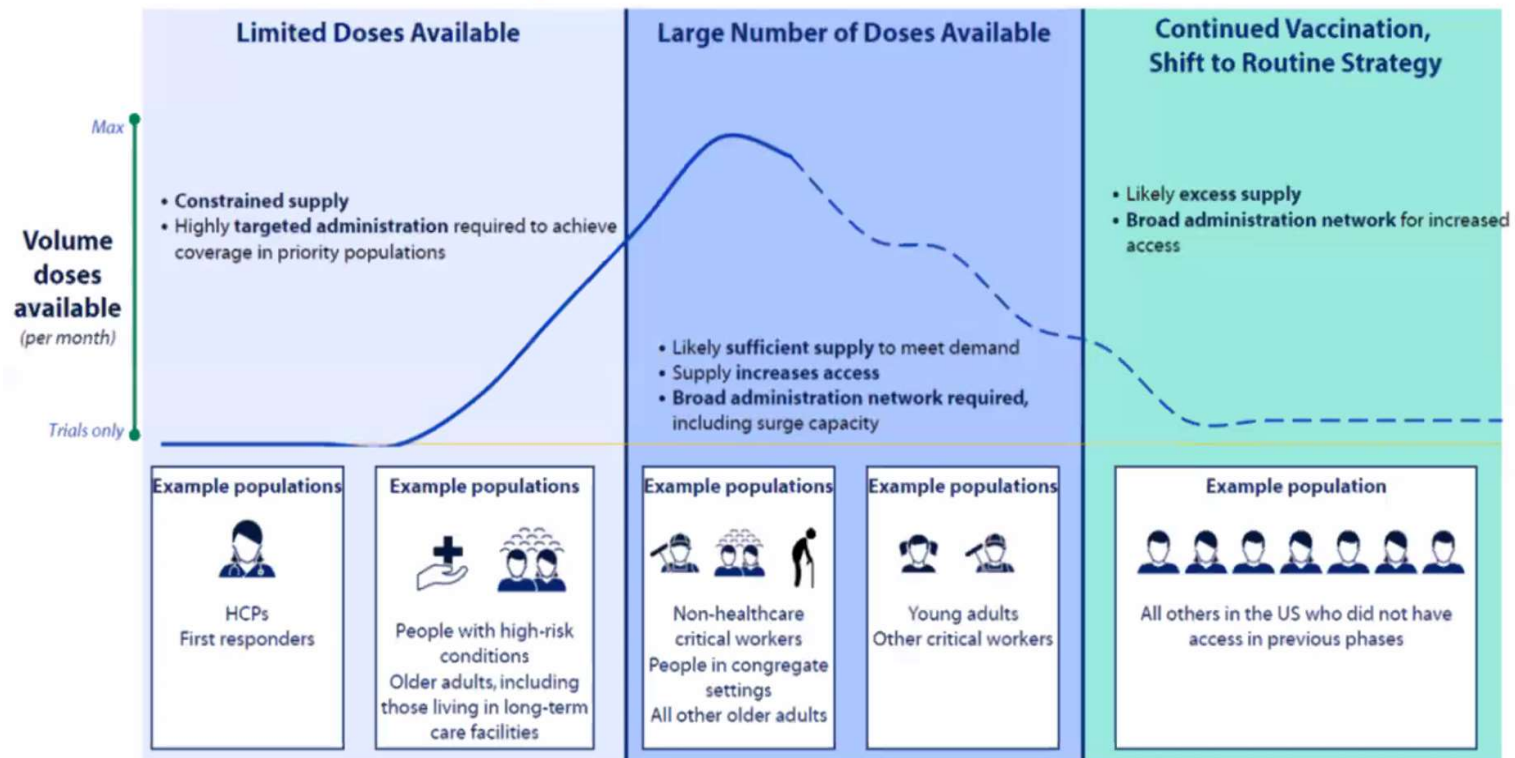
Vaccine Advisory Committee
January 14, 2020

COVID Vaccine Program Updates

SHEANNE ALLEN

Vaccine Supply

Distribution will adjust as volume of vaccine doses increases



WA Vaccine Allocations

Week #	Vaccine ships week of	# Pfizer 1st doses	# Pfizer 2nd doses	# Moderna 1st doses	# Moderna 2nd doses	# sites in counties*
1	December 14	62,400	--	--	--	41
2	December 21	44,850	--	128,000	--	222
3	December 28	57,525	--	44,300	--	86
4	January 4	57,525**	62,400	44,100	--	135
5	January 11	44,850	34,125	44,300	--	142
6	January 18	46,800	14,625	46,500	128,000	TBD

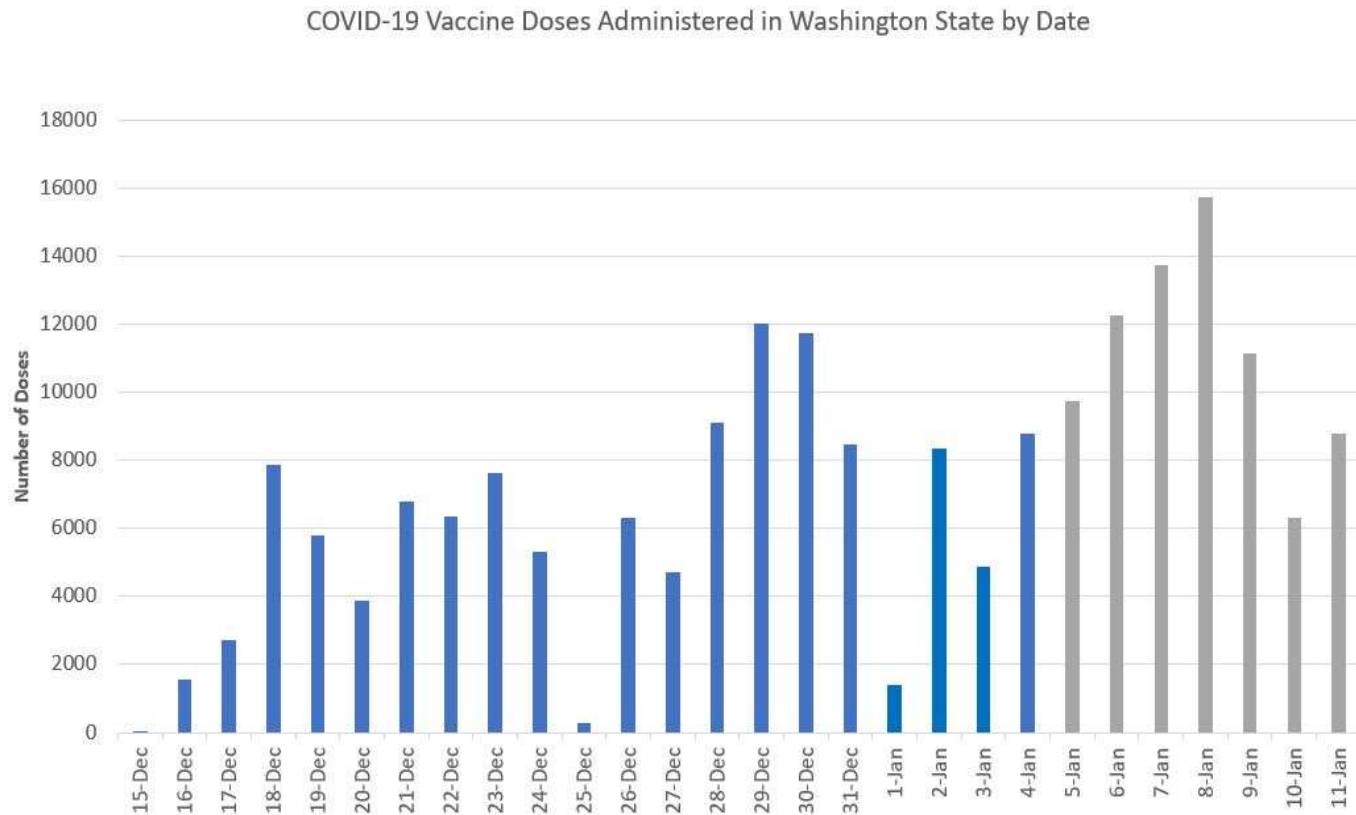
*LTCF Pharmacy, Tribes, and Urban Indian Health Program sites not included

**Includes 12,675 doses advanced from CDC/OWS reserve

Weeks 3-5, over 42,900+ Pfizer doses were set aside each week for LTCF commitments

- State receives weekly vaccine allocation on Tuesdays and places orders by Thursday.
- This week we placed 2nd dose vaccine orders for both Pfizer (week 3) and Moderna (week 2) by Wednesday for shipment next week.
- We will have more overall vaccine doses week 6. Vaccine requests remains much greater than supply.

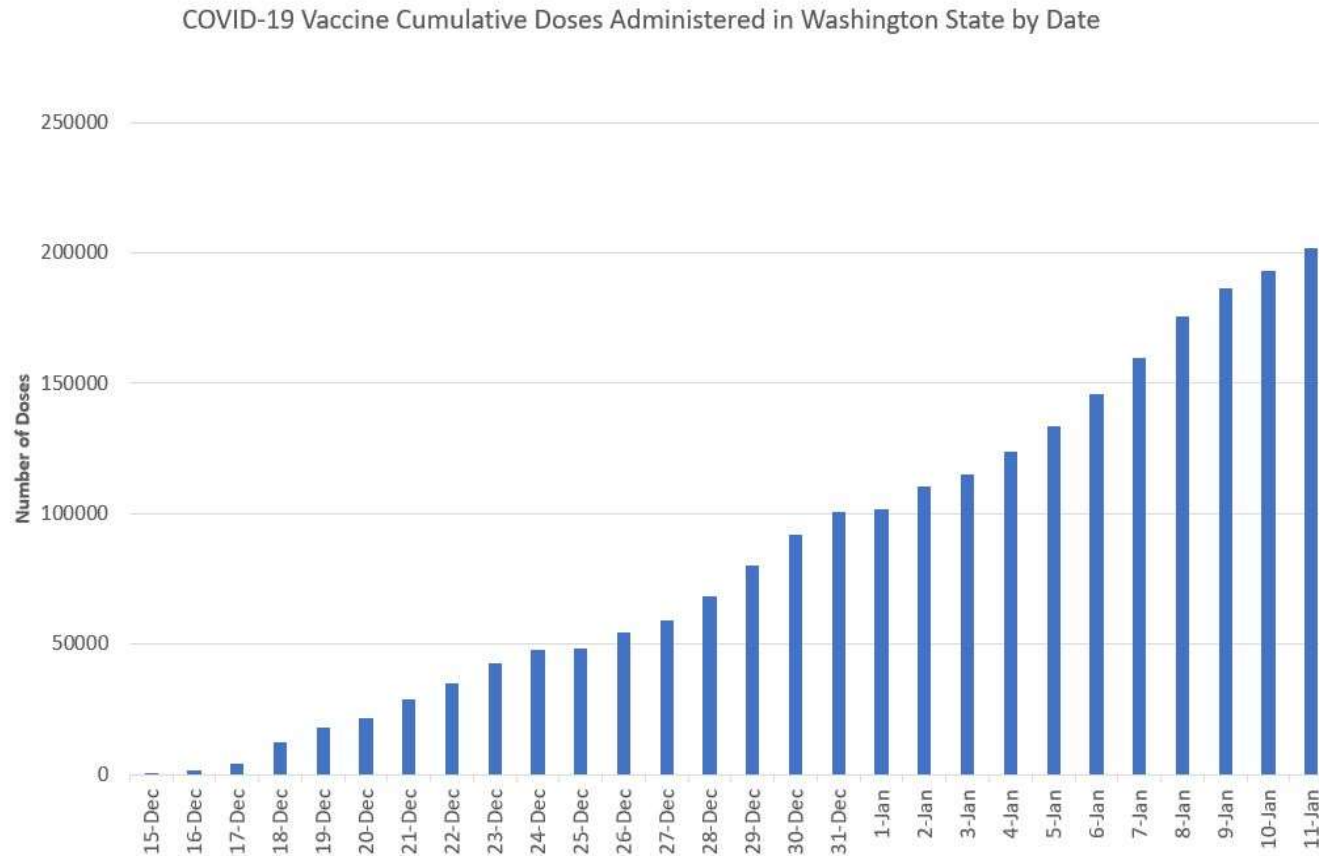
COVID-19 Vaccine Doses Administered by Date



Data source: Washington State Immunization System, reported as of 11:59pm 1/11/2021

*Light grey bars represent incomplete data due to reporting lag

COVID-19 Vaccine Cumulative Doses Administered



Data source: Washington State Immunization System, reported as of 11:59pm 1/11/2021

Provider Enrollment Snapshot

Total Facilities Approved

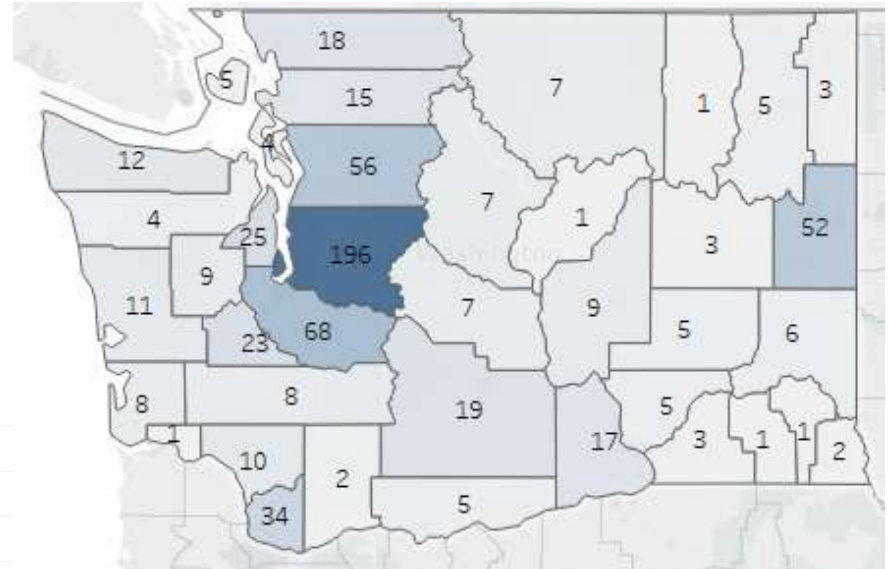
668

Application Status

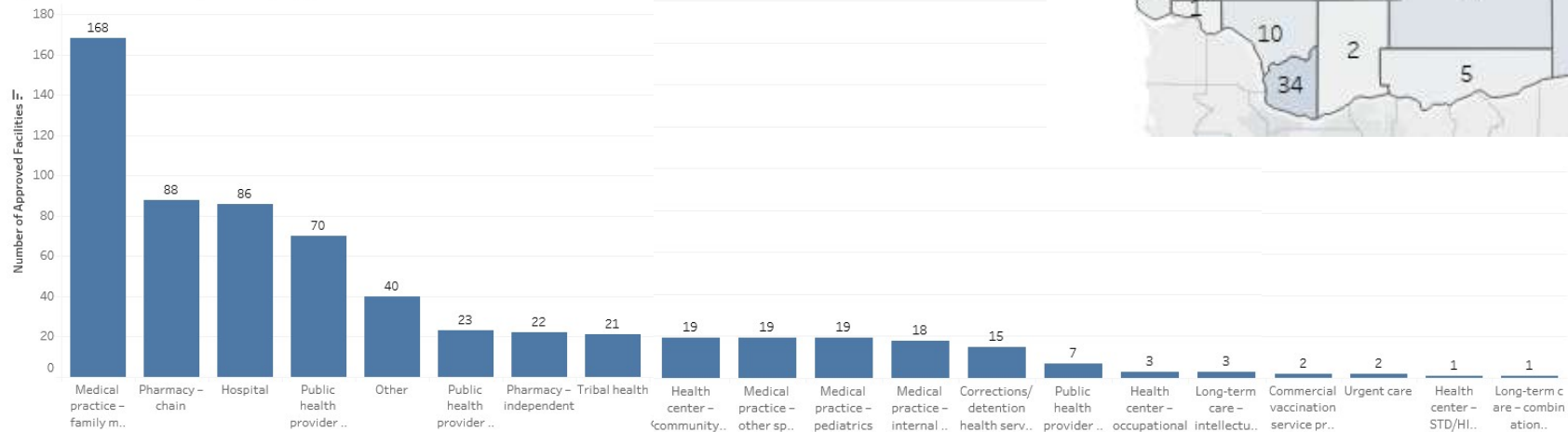
Application Approval Complete	Approved	668
Application Pending Approval	Undergoing DOH Review	367
	Undergoing Follow-up	146
Grand Total		1,181

Updated as of:

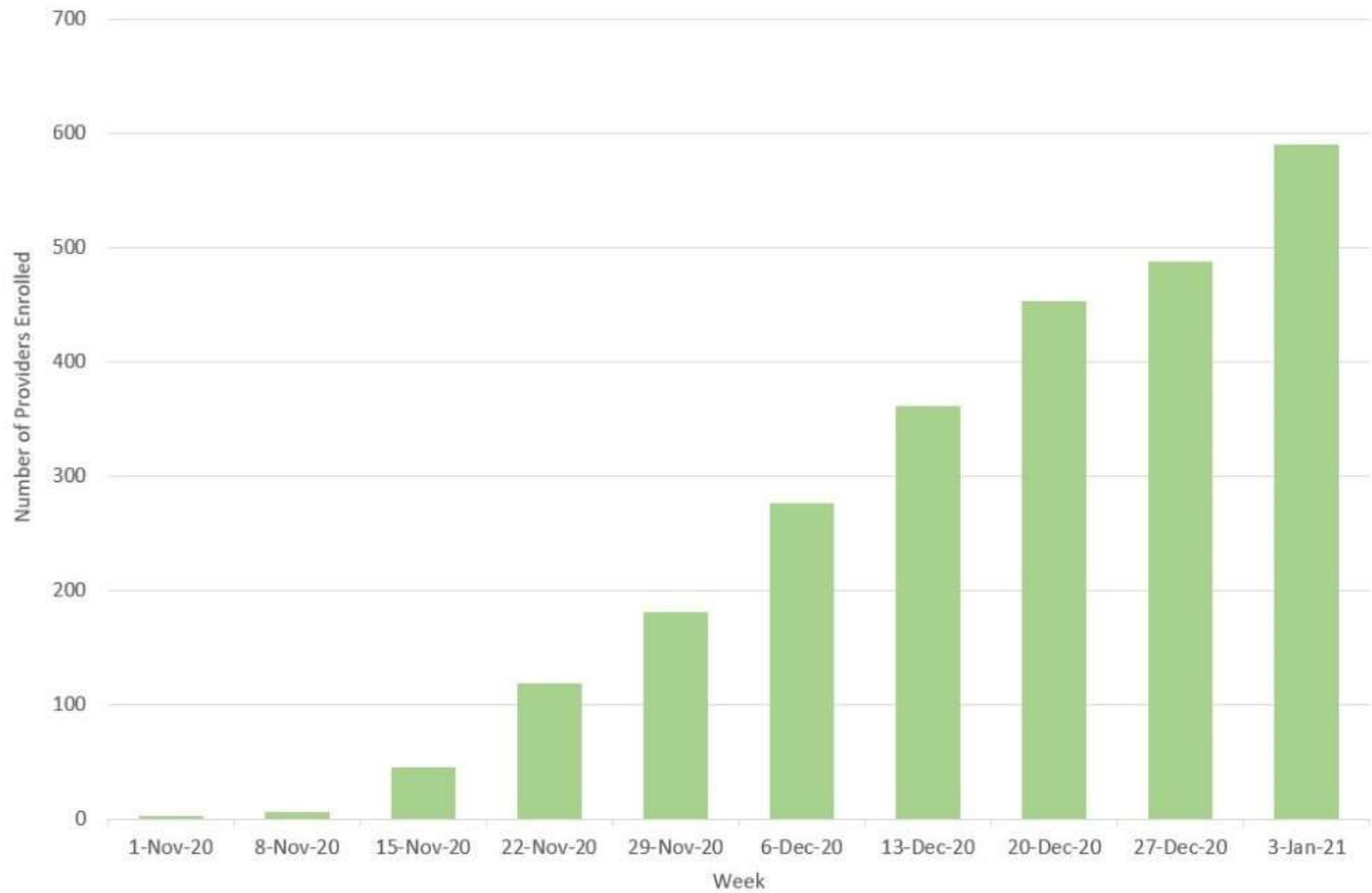
1/13/2021 5:25:29 PM



Approved Facilities by Facility Type




Cumulative Number of Providers Enrolled in the COVID-19 Vaccination Program through
1/9/2021





GOAL

COVID Vaccine Administration:
Currently 15,000/day, need to get
to 45,000/day to reach ~70% of
WA people aged 16 and older in
7 months



Vaccination Site Strategies – approaches to create access

1. Health care system (hospitals and clinics)
2. Pharmacies
3. Workplace clinics
4. Local jurisdiction operated high-volume community vaccination sites
5. Mobile vaccination teams
6. Community-based pop-up clinics
7. State operated high-volume community vaccination sites

Equity and Distribution

1. Need to proactively address common health care access barriers experienced regularly by vulnerable communities; same barriers will impact vaccine access.
2. Two dose series and ability to access to vaccination sites may create challenges for serving some communities.
3. Set up vaccine clinics in places that are safe, familiar, and accessible.

“I think the folks who have insurance and who have insurance that allows them to visit doctors regularly are the ones that are more likely to get vaccinated and have their families vaccinated, but disproportionately, that's not us.”

Getting people vaccinated

- Comparison: Yearly Flu Vaccine (7 months Sept – March most vaccine given)
 - 56.3% of WA population aged 6 months and older got a flu vaccine in 2019-2020 season
 - Places of vaccination (2014-2015 WA data for 18 years and older, N=4636)
 - Medical setting: 53.5%
 - ◆ Doctor's office is the most common medical setting
 - Nonmedical settings: 46.5%
 - ◆ Most Common non-medical settings
 - ◆ Pharmacy/store: 25.3%
 - ◆ Workplace: 17%
 - ◆ Other less common non-medical settings (senior centers, community events, school or college)

Who Can Vaccinate

Washington State Department of Health List of Providers Authorized to Administer and Order Vaccines December 2020

This chart provides information on licensed health care providers authorized under Washington law to order or administer vaccines. Providers should consult the information for their profession in the table below, governing laws and any policies or guidance issued by the regulatory program, board, or commission for their profession. Providers must comply with the standards of practice and any other legal requirements applicable to their profession when ordering or administering vaccines. Some professions may have limitations related to delegation, supervision, training, settings, etc. when ordering or administering vaccines. We encourage providers to contact their specific program, board or commission with any questions.

Profession	Can administer vaccine(s)?	Requires Supervision?	Are there any supervision or administration limitations (i.e., supervisor provider type, delegation, setting, training or competency requirements, vaccine type, etc.)?	Can order vaccine?	Are there any limitations on ordering?	Other notes
MD	Yes	No	No	Yes	No	Can write a standing order.
Physician Assistant (PA)	Yes	No	Must have a delegation agreement, but requirement is currently waived per Governor proclamation. The delegation agreement does NOT need to specify vaccine administration.	Yes	No	Can write a standing order.
Emergency Medical Services (EMS) Provider	Yes	Yes, though Medical Program Director (MPD) need not be physically present.	EMS personnel must be trained, competent and acting under the medical oversight and direction of the county MPD or an MPD delegate physician, such as the local health officer, and a department approved MPD protocol is in place.	No	N/A	EMS personnel may administer vaccines during a declared public health emergency. EMS personnel are not independent practitioners and must have EMS MPD approved training and protocols in place to conduct the activity.
Nursing Assistant-	Yes	Yes	Not allowed to inject vaccines. RN can delegate administration of vaccines via intranasal, topical,	No	N/A	Laws and rules do not allow delegation of tasks using a

Washington State Department of Health list available at:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001-ProvidersAuthorizedVaccineAdministration.pdf>; accessed 01-14-2021.

WASHINGTON'S COVID-19 VACCINE PHASES

Phase 1 Estimated Start Dates (Tiers A and B)

Find out if it's your turn at [FindYourPhaseWA.org](https://www.findyourphasewa.org)



FOCUS ON EQUITY: This approach prioritizes population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities.

The timelines represented here are estimates and subject to change.

Vaccinate WA 
[CovidVaccineWA.org](https://www.CovidVaccineWA.org)

INTERIM COVID-19 Vaccine Allocation Phase Quick Reference

PHASE 1A	PHASE 2*	PHASE 3*	PHASE 4*
TIER 1 <ul style="list-style-type: none">• High-risk workers in health care settings• High-risk first responders• Long-term care facility residents TIER 2 <ul style="list-style-type: none">• All other workers at risk in health care settings	<ul style="list-style-type: none">• Critical workers in other settings who are in industries essential to the functioning of society and are at risk of exposure not already covered in Phase 1• People 16 years and older with 1 comorbidity or underlying condition not already covered in Phase 1• People with disabilities that prevent them from adopting protective measures• All people 65 years and older who are not already covered in Phase 1	<ul style="list-style-type: none">• Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2• Young adults/children under 16 years (if vaccine is authorized for children under 16 years)	<ul style="list-style-type: none">• Everyone residing in Washington State who did not have access to vaccine in previous phases
PHASE 1B	*Future phases are still tentative and will be finalized based on clinical trial data, federal guidance, vaccine supply projections, and ongoing community input.		
TIER 1 <ul style="list-style-type: none">• All people 70 years and older• People 50 years and older living in multigenerational households TIER 2 <ul style="list-style-type: none">• High-risk critical workers 50 years and older who work in certain congregate settings:• Agriculture; food processing; grocery stores; K-12 educators and staff; childcare; corrections, prisons, jails, or detention facilities; public transit; fire; law enforcement TIER 3 <ul style="list-style-type: none">• People 16 years and older with 2 or more comorbidities or underlying conditions TIER 4 <ul style="list-style-type: none">• High-risk critical workers under 50 years who work in certain congregate settings (as noted above in Tier 2)• People, staff, and volunteers in congregate living settings:<ul style="list-style-type: none">• Correctional facilities; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings	<p>Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:</p> <ul style="list-style-type: none">• People of color• People with limited English proficiency• People in shared housing, crowded housing, and multi-generational homes• People in poverty and low-wage earners• People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19• People with access barriers to healthcare <p>Washington State has also developed a social vulnerability index which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.</p> <p>NOTE Immigration status and health insurance status do not impact an individual's eligibility.</p>		
EQUITY IS A CROSS-CUTTING FOCUS			
Updated January 5, 2020			

Recommendation: Equity as a cross-cutting factor

People with access barriers to health care: People with limited transportation, people with limited English proficiency, individuals with disabilities, people without health insurance, undocumented people

People at higher risk for exposure: Farm and factory workers, essential workers, people who live in congregate housing, people experiencing homelessness, people who are incarcerated or detained, people in workplaces with outbreaks

People essential to health and wellbeing of populations at higher risk: Doula, caregivers (both formal and informal), home care aides, health care interpreters, community and mutual aid volunteers, community health workers

People who live in areas with greater spread: Geographic hotspots and outbreaks, congregate housing with outbreaks

People who have been disproportionately impacted by COVID-19 because of systemic inequities: Communities of color, people with limited English proficiency, individuals with disabilities, low-income people

People at risk for severe illness: Older adults and elders, pregnant people, people with underlying medical conditions that put them at a higher risk for severe morbidity or mortality if infected with COVID-19

People who are at higher risk for spreading COVID-19 to high risk populations: Caregivers, people living in multi-generational households, children and youth, essential workers, people who must travel for work

Detailed Guidance

- Detailed documents on Phase 1B [posted](#)
 - [Summary guidance for Phases 1A and 1B \(PDF\)](#) Updated January 7, 2021
 - [Washington state's interim vaccine allocation and prioritization guidance \(PDF\)](#) Updated January 7, 2021
- More details and answers to frequently asked questions regarding vaccine distribution, planning, safety, efficacy, administration and tracking can be found on our website at:
 - <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- Questions from the public can be sent to our COVID-19 Vaccine Inbox:
 - COVID.Vaccine@doh.wa.gov

Communication Update



GREG ENDLER

Topics

- How we are communicating out
- Building trust with high-risk communities
- Addressing vaccine hesitancy
- PhaseFinder

Stages of outreach strategy

Education



Intent



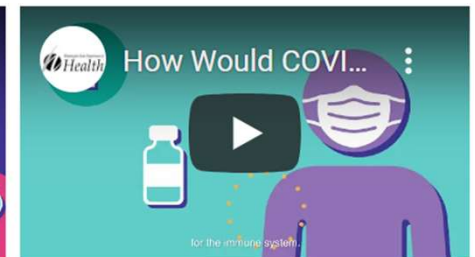
Action

Timeline

- Launched November 9
- Will run through Q1 2021

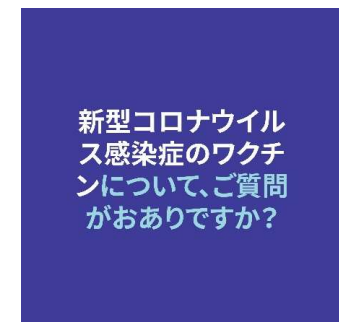
Key messages

- How vaccines are made
- How vaccines work in your body
- How to spot credible information online



Audiences

- All ads in English/Spanish.
- Running ads in 16 additional languages that drive to website.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)



COVID Vaccine Social Marketing Plan Snapshot

Goal	Most Washingtonians get a COVID-19 vaccine
Desired behaviors	Education: Audience becomes receptive to getting the COVID-19 vaccine Intent: Audience plans to get the vaccine and knows how the process works Action: Audience gets the recommended doses of a COVID-19 vaccine
Priority audiences	<ul style="list-style-type: none">• Adults 18+ with special emphasis on 9 demographic groups• Audiences by phase eligibility• 36 languages• Influencers

COVID Vaccine Social Marketing Plan Snapshot

Message strategy	<ul style="list-style-type: none">• Use messengers trusted by audience (focus on healthcare providers)• Fill gaps in knowledge and understanding• Address barriers; proactively address misconceptions• Be transparent, inclusive and accessible
Partners	Trusted messengers, systems and institutions, advertising, earned media
Marketing plan	<ul style="list-style-type: none">• Outreach toolkit• Advertising• Web• Organic social• Influencers• Earned media• *All with cross-cutting multi-cultural focus

Stages of outreach strategy



Timeline

- Will align with vaccine distribution

Key messages

- Assure safety and efficacy
 - Describe side effects
 - Describe how/where administered (doses)
- Explain phases—find your phase
- Maintain masks, 6ft, small gatherings

Audiences

- Ads in 36 languages.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)

Key partners

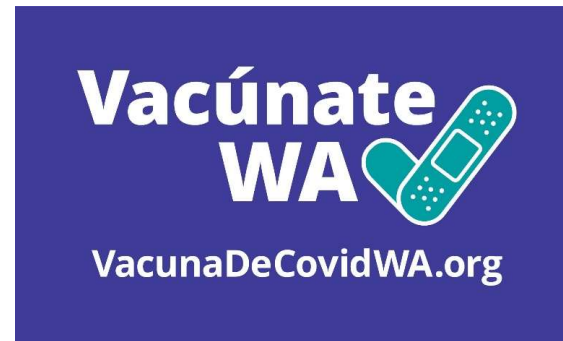
- Healthcare providers
- Hospital and managed care systems
- Large employers
- Local Health Jurisdictions

Key strategies

- Proactive PR/media engagement
- “Find your phase” tool
- Panel Series with Experts

Upcoming Materials

- PhaseFinder tool
- Partner toolkit
- Redesigned CovidVaccineWA.org webpage



Getting Vaccinated for COVID-19



Fighting the pandemic has been hard, but now we have two vaccines to protect us from COVID-19.



Both vaccines are provided at no cost.

The federal government will cover the cost of your vaccine. Providers may charge you a fee to give the vaccine, but health insurance will likely cover it. Providers will waive the fee if you can't afford it.



You will need to get two doses.

You will get two doses of vaccine, three to four weeks apart.



Both vaccines are safe and effective.

The vaccines are 94 to 95 percent effective. The U.S. Food and Drug Administration (FDA) authorized the vaccines for emergency use and found no serious safety concerns. Independent experts confirmed it met high safety and efficacy standards.



People at highest risk will get the vaccine first.

We do not currently have enough vaccine for everyone. As a result, the Department of Health had to make choices about who will get the vaccine first. The first doses will go to high-risk workers in health care settings and residents and staff of long-term care facilities. Everyone will be able to get vaccinated when we have enough doses.



You may feel side effects.

Like other routine vaccines, you may get a sore arm, fever, headaches, or fatigue after getting vaccinated. These are signs the vaccine is working.

Getting Vaccinated for COVID-19

What vaccines are available?

There are two vaccines available:

1. Pfizer-BioNTech
2. Moderna

Both were approved by the FDA for emergency use. Medical experts on the Advisory Committee for Immunization Practices and the Western States Scientific Safety Review Workgroup confirmed the vaccines met our standards for safety.

Who should get a COVID-19 vaccine?

It is your choice to get the vaccine. If you decide to get it, you should tell your vaccine provider if you:

- Have a history of severe allergic reactions
- Have a fever
- Have a bleeding disorder or take blood thinners
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant, plan to become pregnant, or are lactating
- Have received another COVID-19 vaccine

You should not get the vaccine if you have had a serious allergic reaction to a previous dose of the COVID-19 vaccine or to any ingredient in the vaccine.

The vaccines contain the active ingredient, messenger RNA (mRNA), along with fat, salts, and sugars to protect the mRNA and help it work better in the body.

You must be at least 16 years old to get the Pfizer-BioNTech vaccine and 18 years old to get the Moderna vaccine.

What are the side effects?

It is common to have side effects one or three days after getting the vaccine. Common side effects are tiredness, muscle pain, pain in your arm where you got your shot, fever, headache, joint pain, chills, nausea, or vomiting. If your symptoms don't go away, contact your doctor or clinic.

You should wait 15 to 30 minutes before leaving the vaccine site so your vaccine provider can help you if you do have an allergic reaction or other side effects. While you wait, you can sign up for v-safe to report any side effects and get a reminder for your second dose: vsafe.cdc.gov.

You or your vaccine provider can also report side effects to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/reportevent.html.

Call 911 if you have an allergic reaction after leaving the clinic. Signs of an allergic reaction include: difficulty breathing, swelling of your face and throat, fast heartbeat, a bad rash all over your body, dizziness, and weakness.

What happens after I get vaccinated?

Make an appointment for your second dose. You'll need to come back in three to four weeks to get your second dose. It will take up to two weeks after your second dose for full protection.

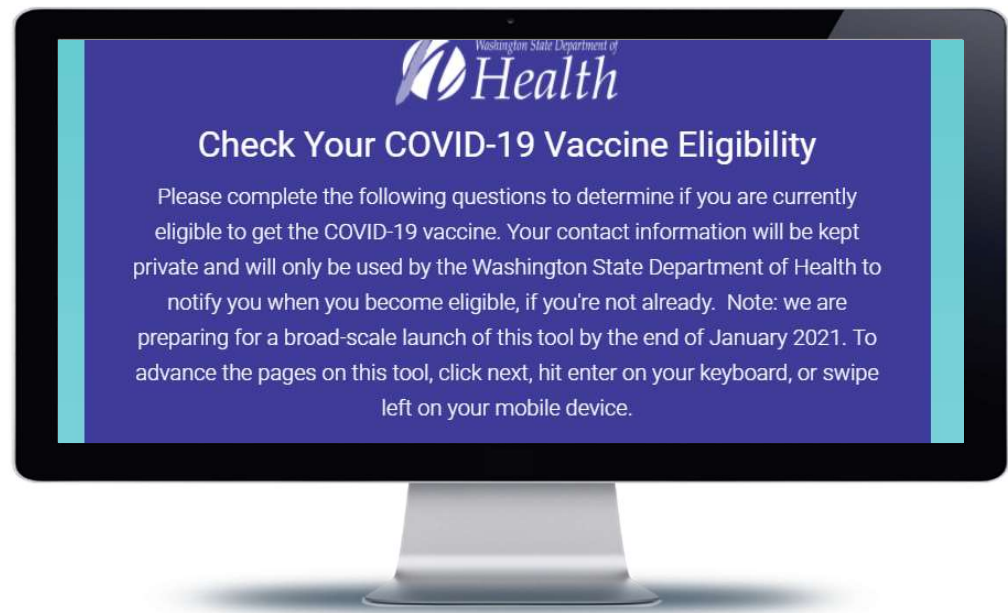
Many people will have to wait months to get vaccinated. After you get the vaccine, keep wearing your mask, stay six feet (two meters) apart, and keep gatherings small to protect those who are not yet vaccinated.

- [Getting Vaccinated \(PDF\)](#)  [Additional languages](#)

Amharic	Hmong	Portuguese (Brazil)	Tamil
Arabic	Japanese	Punjabi	Telugu
Burmese	Karen	Romanian	Thai
Chinese (Simplified)	Khmer (Cambodian)	Russian	Tigrinya
Chinese (Traditional)	Korean	Samoan	Ukrainian
Farsi	Laotian	Somali	Urdu
French	Marshallese	Spanish	Vietnames
German	Nepali	Swahili	
Hindi	Oromo	Tagalog	

Phase Finder

- Find Your Phase
- Broad Launch 1/18/21
- Vaccination provider list for those who are eligible
- Those not eligible– text or email when phase opens



FindYourPhaseWA.org

Stages of outreach strategy



Timeline

- Will align with vaccine distribution

Key messages

- (By phase) Get your vaccine now. Here's how.
- Know the phases
- Encourage your friends and family to get the vaccine
- Maintain masks, 6ft, small gatherings (even if vaccinated)

Audiences

- Ads in 36 languages.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)

Key partners

- Healthcare providers
- Hospital systems
- Large employers
- Local Health Jurisdictions

Key strategies

- Proactive PR/media engagement
- "Find your phase" tool
- Notification push for each phase
- Reminder recalls for 2nd dose

Stage	1--Education	2--Intent	3--Action
Goal:	Audience is receptive to getting the COVID Vaccine	Audience plans to get the vaccine Audience knows how the process works	Audience gets 2 doses of the COVID-19 vaccine
Audiences:	<ul style="list-style-type: none"> Adults 18+ in Washington 18 languages 	<ul style="list-style-type: none"> Adults 18+ in Washington 36 languages Special emphasis on: <ul style="list-style-type: none"> Phase 1 & 2 audiences Segments with greater trust concerns: African American, Hispanic/Latinx, Asian, Pacific Islander/Native Hawaiian, LGBTQ+ 	<ul style="list-style-type: none"> Adults 18+ in Washington 36 languages Special emphasis on: <ul style="list-style-type: none"> Phase 1, 2, and 3 audiences Segments with greater trust concerns: African American, Hispanic/Latinx, Asian, Pacific Islander/Native Hawaiian, LGBTQ+
Messages/ Behavior Change:	<ul style="list-style-type: none"> How Vaccines work How COVID vaccines are being made How to know what info to trust Further info about WARP Speed Maintain masks, 6ft, small gatherings 	<ul style="list-style-type: none"> Assure safety and efficacy <ul style="list-style-type: none"> Describe side effects Describe how/where administered (doses) Explain phases Maintain masks, 6ft, small gatherings 	<ul style="list-style-type: none"> (By phase) Get your vaccine now. Here's how. Know the phases Encourage your friends and family to get the vaccine Maintain masks, 6ft, small gatherings (even if vaccinated)
Strategies:	<ul style="list-style-type: none"> Traditional and community media buys <ul style="list-style-type: none"> Reaching 90% audience 36x Use longer format videos to explain vaccines 	<ul style="list-style-type: none"> Use healthcare providers as messengers Public commitment to vaccinate (norms) Promote materials describing phases (web, handouts, social content, PR, etc.) Partner with community media and CBOs Maintain strong traditional and community media buys 	<ul style="list-style-type: none"> Use healthcare providers as messengers Social norms – Publicly report progress by phase and overall Web-tool: How do I know my phase? (self assessment) Maintain strong traditional and community media buys; serve ads to relevant audiences during each phase Partner with community media and CBOs

FUTURE ENGAGEMENT



COVID-19 VACCINE IMPLEMENTATION COLLABORATIVE

Communications, Engagement and Outreach Activities

1. Community engagement needs to start early and be done with trusted members in the community.
2. People want culturally and linguistically appropriate information.
3. Communities trust people and organizations that look like them and have a reputation of community care.
4. Communities also rely on public leaders, scientists and institutions when they speak directly, clearly, and apolitically
5. Consider access needs and formats for all COVID-19 communications.
6. Ensure all public health, healthcare, and vaccine providers have the same communications resources.
7. Communication efforts should focus on transparency and building trust as a central goal.

The Collaborative Space

- Support COVID-19 vaccine planning and implementation efforts as guided by state and federal guidance.
- Provide feedback on COVID-19 vaccine outreach efforts to ensure messaging is community-driven and builds vaccine confidence and trust within Washington communities.
- Share COVID-19 vaccine updates and materials with their respective communities/sectors and other Collaborative members.

Who should join?

- Leaders, partners, and representatives from communities and sectors disproportionately impacted by COVID-19
- Vaccination partners

How to get involved

Learn more about the collaborative and submit an interest form:

<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement/Collaborative>

We aim to launch the collaborative by January 20

Vaccine Science Advisory Workgroup

KATHY BAY DNP, RN, CENP

Vaccine Science Advisory Workgroup

1. Input tools for healthcare providers and community for education and vaccination planning
2. Review of information to inform regarding SARS-CoV-2 mutations and the effectiveness of mRNA vaccines currently available
3. Supporting presentations for healthcare providers representing specialty areas
4. Discussion of posting raw data from VAERS

Follow Ups

1. Needles supplied in kits
2. CDC guidance on vaccination after infection:

“COVID-19 vaccination should be offered to you regardless of whether you already had COVID-19 infection. You should not be required to have an antibody test before you are vaccinated.

However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the [criteria](#) to discontinue isolation.

Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired.”

Source: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>; accessed 01-14-2021.

Information/Education for Healthcare Providers

1. Clinician Outreach and Communication (COCA):
<https://emergency.cdc.gov/coca/calls/index.asp>.
2. Provider toolkits: <https://www.cdc.gov/vaccines/covid-19/toolkits/index.html>.
3. Training and Education: <https://www.cdc.gov/vaccines/covid-19/training.html>.
4. Washington State Department of Health information and toolkit:
<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders>.

Discussion Questions

- What are you hearing from providers about COVID vaccination?
- What are provider educational needs?
- What would be helpful to support provider needs?

Communication & Updates

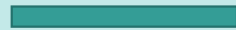
- COVID Vaccine Email

- COVID.Vaccine@doh.wa.gov



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Additional Resources



How to report an adverse event to VAERS

- Go to vaers.hhs.gov
- Submit a report online

For help:

call
1-800-822-7967

email
info@VAERS.org

video instructions
<https://youtu.be/sbCWhecQADFE>



- For COVID-19, FDA will issue VAERS reporting requirements under EUA; in addition, CDC encourages reporting of any clinically important adverse event following immunization

How to report an adverse event to VAERS

- Go to vaers.hhs.gov and submit a report online
- For help: call 1-800-822-7967, email info@VAERS.org
- Video instructions <https://www.youtube.com/watch?v=sbCWhcQADFE>

How to contact CDC at CDC-INFO

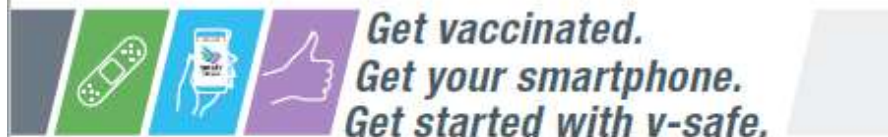
- Go to <https://www.cdc.gov/cdc-info/index.html>
- Call 1-800-CDC-INFO (800-232-4636)



CDC's national contact center and publications fulfillment system

Safety information resources

- <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>



What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent v-safe uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.

12/01/20



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code





Resources

cdc.gov/vsafe

cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting

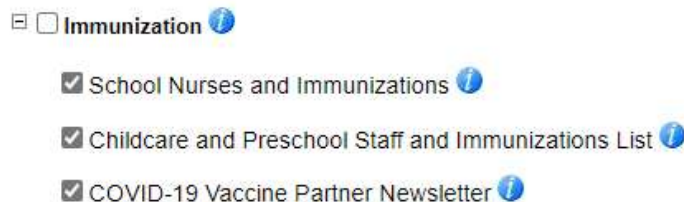
cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq

COVID-19 Vaccine Newsletter

- The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.
- People can manage their subscriptions by going to the following [link](#).
 - From there, click on 'add subscriptions' at the bottom of the page.

Add Subscriptions

- On the next page, expand the 'Immunizations' tab and check the box for "COVID-19 Vaccine Partner Newsletter."



- Next edition is planned for December 31.

CDC Provider Education Resources

New

[Different COVID-19 Vaccines | CDC](#)

[Understanding COVID-19 mRNA Vaccines](#)

Updated

[Ensuring COVID-19 Vaccines Work | CDC](#)

[Facts about COVID-19 Vaccines](#)

[How CDC Is Making COVID-19 Vaccine Recommendations | CDC](#)

[Vaccine Education and Training for Healthcare Professionals | CDC](#)

[COVID-19 Vaccination Resources](#)

Resources

- CDC toolkit for healthcare organizations: <https://www.cdc.gov/vaccines/covid-19/health0systems-communication-toolkit.html>.
- FDA COVID-19 Information: <https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19>.
- FDA EUA Guidance: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-covid-19euas>.
- Pfizer BioNTech Emergency Use Authorization: <https://www.fda.gov/media/144414/download>.
- Washington State Department of Health ordering and administering provider list: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001-ProvidersAuthorizedVaccineAdministration.pdf>.