

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
January 26, 2021
3:00 pm ET

- Operator: Greetings and welcome to the CMCS All-State Medicaid and CHIP call webinar. During the presentation all participants will be in the listen-only mode. Afterwards, we will conduct a question and answer session. If you have a question please press the 1 followed by the 4 on your telephone at any time during the presentation.
- Operator: If, at any time during the webinar you need to reach an operator, please press *0. As a reminder, this webinar is being recorded on Tuesday, January 26, 2021. I would now like to turn the webinar over to Jackie Glaze. Please, go ahead.
- Jackie Glaze: Thank you and good afternoon and welcome everyone, to today's all-state call and webinar. I will now turn to Anne Marie Costello, our Acting Center Director and she will share highlights for today's discussion. Annie Marie?
- Anne Marie Costello: Thanks, Jackie and welcome and thanks to everyone for joining us today. This afternoon we're very excited to be joined by two special guests from the Centers for Disease Control and Prevention, Dr. Amanda Cohn and Dr. Melinda Wharton will talk about vaccinations.
- Anne Marie Costello: Dr. Cohn will share information on the status of COVID-19 vaccine approvals and distribution, as well as vaccine safety, and best practices for countering vaccine hesitancy and reaching at-risk communities. Dr. Cohn is the Chief Medical Officer of the CDC's National Center for Immunization and Respiratory Diseases. She also serves as the Chief Medical Officer of the COVID-19 Vaccine Task Force and Executive Secretary of the Advisory Committee on Immunization Practices (ACIP).
- Anne Marie Costello: After Dr. Cohn's presentation, we'll open the lines for your questions. Then we'll hear from Dr. Melinda Wharton, the Director of Immunization Services Division at CDC. Dr. Wharton will discuss CDC's call to action, the catching up on missed pediatric immunizations that have occurred during the COVID-19 public health emergency. After Dr. Wharton's presentation, we'll open the lines for your questions. On the topic of pediatric immunizations, CMS released their second data release earlier this month showing that vaccination rates among children enrolled in Medicaid and CHIP have declined during the COVID-19 public health emergency.
- Anne Marie Costello: The data show that beneficiaries under age two, vaccination rates started to decline in March 2020, right at the beginning of the pandemic. Although vaccination rates have started to rebound in many states, with some states

returning to pre-pandemic levels by July, millions of services still need to be delivered to make up for those missed immunizations between March and July, 2020. For vaccination rates for children under age two, this translates to approximately 1.5 million missing vaccinations or about a 12% decline when compared to the same period in 2019.

Anne Marie Costello: Before we move to today's presentation, I'd like to share an update regarding the COVID-19 public health emergency. This past Friday, the Acting Secretary of the Department of Health and Human Services sent a letter to governors indicating that the COVID-19 public health emergency is likely to remain in place for the entirety of 2021. And when a decision is made to terminate the declaration, or let it expire, HHS will provide states with 60-days notice prior to termination. We hope that the extension and the additional advance notice will provide you with increased budgetary stability and predictability during this challenging time. I will note that we will use slides in today's presentation, so if you've not yet logged into the webinar platform, I suggest that you do so now.

Anne Marie Costello: With that, I'll turn the call over to Dr. Cohn to start her presentation.

Amanda Cohn: Good afternoon, everyone and thank you so much for inviting me to speak to you all today. And thank you so much for everything you've done over the last year. I'm going to provide a short update on COVID-19 vaccine implementation and then we'll have time for questions.

Amanda Cohn: There are two guiding principles that we have used since the beginning in terms of thinking about how to have the most impact with the COVID-19 vaccine program. The first is efficient distribution during a pandemic. Efficient, expeditious, and equitable distribution and administration of authorized vaccines are critical, but additionally, we need to let states have all flexibility within national guidelines. Then we also know that there's local epidemiology and demand, and every jurisdiction and local area is different. And so, we want to make sure that there's national equity but local flexibility, as well.

Amanda Cohn: This is data as of yesterday. We've had a total of 41 million doses of COVID vaccines distributed, 22 million, almost 23 million administered, with over 19 million have received one dose or more and over three million people have received a complete series. We anticipate that these numbers will continue to increase. We are cumulatively seeing over a million doses a day being administered, at least Monday through Fridays. We're not quite there yet on Saturdays, and we're still far to go on Sundays, but we need to be vaccinating more than a million people a day to reach the target of 100 million vaccines in 100 days.

Amanda Cohn: This is a slide that outlines the various bases of vaccinations that have been recommended by ACIP. The first phase, 1A, is older adults living in long-term care facilities, as well as frontline health care personnel. Phase 1B includes 75 plus, although many states have moved to 65 plus for phase 1B, along with

frontline essential workers. And phase 1C extends to 16 to 64-year-olds with high risk medical conditions and all essential workers.

Amanda Cohn: I'm going to focus for a minute on the 16 to 64-year-olds with high risk medical conditions. As you can see, over 110 million people will fall into this category. We have a list of CDC high risk medical conditions that are referred to in terms of defining what these conditions are. But ACIP and CDC also have been pretty clear, that this list is not exhaustive. The list of high risk medical conditions that CDC maintains is based on evidence. And so, in order to have enough evidence to show that a particular health condition increases your risk for morbidity or mortality from COVID, you need to have enough people with that high risk medical condition. And so we know that there are rare diseases and lots of low incidence diseases that are not captured in this high risk medical condition group when you look at the list, which is why there's language saying really anyone that a clinician or identifies as being high risk, so pretty much anyone with a disability or rare disease, would likely qualify in this group.

Amanda Cohn: There's some population-specific recommendations that are focused on how to get vaccines into people's arms. For example, in long-term care facilities residents, there's a focus to consider enlisting mobile clinics to visit facilities to vaccinate residents. We have the CDC vaccination pharmacy partnership program in long-term care facilities to specifically target those groups, as well.

Amanda Cohn: Essential workers is actually a very hard population to reach. Included in that definition of frontline essential workers includes, people who are grocery store workers, people who are public transportation workers, teachers and people who work in schools. In addition to the typical public health and safety categories like police workers, firemen, and other types of groups that may be more organized and able to access vaccination as a whole group, there are lots of groups that are more challenging and also likely from low socioeconomic communities and challenging to reach in terms of their lack of insurance and other factors.

Amanda Cohn: We've talked a little bit about older adults, but particular challenges may be in older adults, as well as younger adults with disabilities who may be home bound or have other access issues. And so the recommendation is to engage health agencies and community nurses to serve these populations. And then, 16 to 64-year-olds may also be home bound or have other access issues. An example of a way to reach 16 to 64-year-olds might be through specialty treatment centers, such as dialysis centers.

Amanda Cohn: But there's a lot of special challenges and considerations to both vaccination of older adults as well as younger adults with long-term or chronic medical conditions. These individuals need to be able to access information about when they're eligible for vaccination and where they can obtain vaccine. And I am sure all of you have been personally impacted in your own state where you're living, by relatives or friends who are eligible for vaccines that are really having trouble figuring out this system. And so, CDC is working on ways to support people

being able to find vaccine. However, as you know, we're in a setting of extremely limited doses of vaccine. Until we have more doses available, it is going to be hard to make an appointment for vaccination. And individuals who may be less connected, either through the community or through communication and text messaging and access to, or ability to be tech-savvy, may have a reduced ability to get an appointment and may actually be in the most vulnerable group that need to get appointments.

Amanda Cohn: Vaccine access to persons living in congregate settings and adult family homes and rural areas, is another challenge that jurisdictions are working on. And then, finally, vaccine access for persons with cognitive decline or cognitive disabilities, limited family or community support, mobility and disability challenges and limited or no transportation. And I'll just add one more to that group, also persons who don't speak English or other common languages such as Spanish, in which a lot of vaccine materials are translated into.

Amanda Cohn: Beyond access issues, we also have a major challenge in instilling vaccine confidence in the community. At this time, we are seeing in surveys that overall acceptability of COVID-19 vaccine is moderate. We do see a lot of people still saying they want to wait and see what happens. But we're also seeing increased or more vaccine hesitancy in communities of color and other groups, who may be at most risk for increased morbidity and mortality from COVID. And we know that factors weighing on acceptance include concern about side effects, concerns about whether or not it works, people's risk perception, and associated costs. We are hearing that people still are hearing from people or believe that you have to pay to get COVID vaccine. That is a major issue and we have to overcome and make sure that people know that they should be able to access COVID vaccine free of charge.

Amanda Cohn: We also know that COVID vaccines are more acceptable if their healthcare provider says it's safe, if it's at no cost to the individual. If we can help people get back to school and work and obviously if people can get it easily, I like to say this is similar to voting. You can do all you can to get out the vote, but if it's hard to vote, you're still going to have reduced amounts of voting. So we have to do everything we can to get vaccine to communities and to people.

Amanda Cohn: So early on, CDC developed the vaccine confidence strategy to reinforce confidence in COVID-19 vaccine. There are three pillars to this, that I'll go through quickly, that are all really important to ensure that people have trust in the COVID vaccination program and have the access to information that they need in order to make the decision to vaccinate. The first is to reinforce trust. We need to be regularly sharing clear and accurate COVID-19 vaccine information, and take visible actions to build trust in the vaccine, the vaccinator, and the system. In the next few slides, I'll share with you some communication materials that we all believe reflect this aspect of the Vaccinate with Confidence Program, that are available for communities and programs to adapt and use in their local settings.

Amanda Cohn: The second, is to empower healthcare providers. We know that people look to their healthcare providers, and not just doctors and nurses, but people in any part of the healthcare sphere, for advice about what to do related to vaccination. And so, we want healthcare providers to not only be getting vaccinated, but also to be recommending it to their patients. And frankly, to their family members. We have millions of healthcare workers and if each of them convince 10 people to get vaccinated, we would be a long way towards overcoming vaccine hesitancy.

Amanda Cohn: Finally, in communicating with individuals. We need to do this in a sustainable, affordable and inclusive way, using two-way communication to listen and increase in collaboration and building confidence in the vaccine. CDC can help support this effort, but we need communities, both health departments, programs, we need this to be an all-society approach. We need people to do this in all aspects of people's lives. One of the clear things we heard during listening sessions focused on this, was that people don't want to be told information or told to get vaccinated. They want to have a conversation. And especially in the settings, not being able to visit people in community settings, to talk to people about getting vaccinated, this is even a bigger challenge. But we need to use our virtual communities and our local communities, to find ways to expand people's access to information and to make COVID vaccines more visible and more trusted in the community.

Amanda Cohn: During health crises, communication, community engagement, and cultural competence are critical. We know that CDC messages alone are not enough to promote vaccine confidence, and to make sure that we're reaching the people that we need to reach. All messages need to be tailored by local communities, and I don't necessarily mean a physical community. This could be a social community. This could be a community of people with different types of underlying conditions. But in all of these types of settings, we need to have tailored messages, we need to have engagement, and we need to provide culturally competent messaging in pair, including racial and ethnic minority groups in planning and encouraging equitable engagement.

Amanda Cohn: One of the key ways we can do that, is to continue to make sure that we are not only monitoring vaccine safety incredibly carefully, but we're also communicating about our vaccine safety strategy. These vaccines were licensed very quickly, but they underwent rigorous clinical trials before they were authorized for use in the United States. And we need to communicate that safety data, but additionally, we are monitoring vaccine safety as it's been implemented incredibly carefully. And we want people to be engaged in that process.

Amanda Cohn: One of the ways which we're doing this is through V-safe, which is an after-vaccination health checker. When people get vaccinated, they have the opportunity to enroll in V-safe, where they will get text message check-ins from CDC daily for the first week, then weekly then at certain time points. And where we ask them to complete a web survey. So if an individual who got vaccinated reports missing work, being unable to do normal activity, or receiving medical

care, that information is reported and individuals will receive a follow up call on clinically important events and take a full report on it. This is a way for us to more actively conduct vaccine safety surveillance than our vaccine adverse events reporting system. And we had hundreds of thousands, likely over a million people enroll in this program. And we continue to get incredible information on vaccine safety.

Amanda Cohn: We do also, it's really important that people know that there are likely to be side effects after vaccination, including potentially fever, being tired, having a headache, sore arm, muscle aches, that can last one to two days after vaccination, and is normal. And educating people about this when they get vaccinated and how to manage it, will also help increase confidence in these vaccines and help support follow-up and making sure people get back for their second dose.

Amanda Cohn: Finally, I just want to make sure that everyone is aware of and has access to the many CDC resources that are available. This is around COVID vaccine administration, storage, reporting, but really also around patient education, and we have those for the public as well as for healthcare professionals. In addition, we have vaccine communication toolkits available on our websites for medical clinics and clinicians, long-term care facilities, community-based organizations, and essential workers.

Amanda Cohn: And I'll stop there and I know we have some time for questions. And I apologize for the very loud dogs barking in the background.

Anne Marie Costello: Jackie, can we transition to questions?

Jackie Glaze: Yes. Thank you, Dr. Cohn. We appreciate your presentation and we're ready to take questions now through the chat line, and then we'll follow over the phone line. So please begin submitting your questions at this time. Thank you.

Barbara Richards: Great, thanks, Dr. Cohn. We have a couple of questions coming in. The first question is, can you discuss how equity factored into the ACIP recommendations for the phasing of the vaccines?

Amanda Cohn: Sure. Equity factored in at every part and in every discussion that the ACIP had. This was a clearly visible and important component of the program. ACIP is an ethical framework, which included aspects of equity when making decisions. The issues around the differences in social vulnerability and groups. There were two groups that ACIP was focused on insuring received doses early for protection. And one was individuals who are at increased risk for exposure because of their jobs or their inability to protect themselves by staying at home and socially distancing. And that, from an equity perspective, incorporates many of the underpaid frontline types of essential services, where they're interacting with the public on a regular basis in more of an out-of-controlled setting. And so that was one issue of equity that the group was very focused on.

- Amanda Cohn: The second issue was related to people who are at risk for severe morbidity or mortality from COVID and that focuses both on older age groups as well as the large number of people with underlying conditions. That's where the balance of trying to increase, expand vaccine early to both these essential workers, which many of those populations come from racial and ethnic minority communities, as well as in older individuals first and then expanding to persons with high-risk medical conditions.
- Amanda Cohn: Equity has to be thought of at every step, not only in the prioritization but also in the allocation and in the implementation. And it is a lot of work to both increase a demand and increase access for persons living in socially vulnerable communities, in communities of color, in communities that have less access. And so, it will just have to remain on the forefront of the entire program's mind. As we continue to expand vaccination, we want to get as many people vaccinated as quick as possible, but we also don't want to leave anybody behind. We need to continually come back and offer vaccines to individuals who may not have accepted vaccine early, but still are in those high-risk groups prioritized by ACIP.
- Ashley Setala: Great. Thank you. The next question that we have is are efforts to address vaccine hesitancy being tailored to factor in the longstanding vaccine hesitancy concerns of particular racial and ethnic groups?
- Amanda Cohn: Yes, is the short answer. We are engaging partners from these racial and ethnic minority groups and asking them how we can impact vaccine confidence. And so there are several large organizations that we're working with, blackdoctors.org and other groups that are helping to do everything we can to build trust in these communities of color that clearly have long-term mistrust in public health and in the healthcare system. And frankly, increased mistrust over the last year.
- Amanda Cohn: As many of you know, we also have a health equity lead now that's advising the whole COVID program, Dr. Marcella Nunez-Smith and there's going to be a lot of visibility around continuing to engage these communities and work through those challenges together.
- Barbara Richards: Terrific. Thank you. That's very helpful. We have another question, recognizing that nearly half of Medicaid and CHIP beneficiaries are children, do you have an estimate on the timing for when the FDA will approve and ACIP will recommend a pediatric vaccine?
- Amanda Cohn: That's a great question. As I was looking at my slides, I thought I should've put a slide in. This is going to be a major topic of focus tomorrow at the ACIP meeting. There will be an update from NIH on the status of pediatric clinical trials. What we can anticipate in how companies are moving forward with this, is by age de-escalation. We know that there are already clinical trials underway for children ages 12 and up and we anticipate as soon as they collect enough evidence to support moving down in age groups, that that will continue to happen in these clinical trials.

- Amanda Cohn: I anticipate, in the next couple of months, there will be enough evidence to support using vaccines down to age 12 and up. I don't anticipate it going lower in age until sometime over the summer or before next year in terms of school starting. I don't know what the timeline is for infants and toddlers. I'm thinking about school age plus over the next several months. What I will say is that, the companies don't have to do these same. Well, they're still doing very large clinical trials to look at safety, and they're able to use immunologic bridging. And so we don't have to accrue patients in the pediatric age group in order to demonstrate effectiveness. We can look at the immune response in adults and then look at the immune response that we're seeing in these clinical trials. And FDA will consider that data to authorize vaccines and ACIP will consider that data to recommend them in children.
- Jackie Glaze: Thank you. Let's move to the phone lines and operator, could you provide instructions and then we'll take one or two questions? And then we'll move onto the next speaker.
- Operator: Thank you. If you would like to register a question, please press the 1-4 on your telephone. You will hear a three-tone prompt to acknowledge your request. Your line will then be accessed from the conference to obtain information. If your question has been answered and you'd like to withdraw your registration, please press the 1 followed by the 3. Once again, to register a question, please press the 1-4 on your telephone. One moment please, for the first question.
- Operator: There are no questions at this time.
- Jackie Glaze: Thank you very much. We'll move on now to Dr. Wharton and she will provide a presentation on the call to action on catching up on the missed pediatric immunizations. So Dr. Wharton, I'll turn it to you.
- Melinda Wharton: Great. Thank you so much. I really appreciate the invitation to present this afternoon, as with all of the things that have happened in conjunction with the COVID-19 pandemic, I think one of the things that at least I hadn't anticipated, was the impact it would have on routine childhood immunization coverage.
- Melinda Wharton: I think you all know that and it was mentioned at the beginning of this call, that there was a big impact on utilization of ambulatory health care services in March, when the public health emergency was declared, and there was stay-at-home orders initiated in so many places. These data just show the very large reduction in ambulatory visits during that period of time.
- Melinda Wharton: In May, we published an article in Morbidity and Mortality Weekly Report, that showed that around the same time, there was that drop off in ambulatory medical visits, there also was a very dramatic drop in pediatric vaccine orders. This graph, the two lines show cumulative orders for five-week, comparing the early months of the pandemic to the comparable period the year before, and looking at the cumulative difference in orders for the year to date. And what we saw was, drops

of millions of doses in routine vaccination for children associated with that drop in ambulatory medical visits.

Melinda Wharton: Now, of course, there has been a good deal of recovery in outpatient medical visits, although it's been more complete for some age groups than others. And at least in these data, which were shared by the Commonwealth Fund, it suggests that the recovery has been most complete for children than for some of the older age groups.

Melinda Wharton: What we've seen in our public sector vaccine orders, which is the way that states order vaccines for children through the Vaccines for Children program, which provides vaccines for children in Medicaid, is that if we look at more recent weeks, to the right side of the graph, what we see is on a week-by-week basis. In some weeks, the orders this year in the orange bars are actually greater than they were for the same week last year. But if we go back and look at that period early in the year, there still was that period of time where there was a big deficit that was accumulated.

Melinda Wharton: And if we go back to looking at things cumulatively, which is a little harder to interpret on a week-by-week basis, we can see that we're still down by many millions of doses. As of January 17th, the overall VFC provider orders, other than flu vaccine, were down by more than two million doses. And of that, more than 1.3 million doses was measles-containing vaccine, either measles/mumps/rubella, or measles/mumps/rubella/varicella vaccine. And of course, we all remember the large measles outbreaks we had and missing more than a million dose of measles vaccine is actually a very frightening thing. Although I'm not showing the data in this presentation, we've seen other data that show that the gap is larger on the public sector side compared with the private sector, which is also concerning.

Melinda Wharton: We published our data from the National Immunization Survey, that reported on vaccine coverage by 24 months of age among children who were born in 2016 and 2017. And that survey showed that coverage was high for most pediatric vaccines by 24 months of age, but of course this survey was before the pandemic and didn't reflect the impacts that we've just been talking about. But, our survey is in the field now, or the survey that was done during 2020 we'll be receiving data for later this year. And honestly, I'm very concerned about what we're going to see. And if we don't address this now, we're still going to have impact into 2021 and later. So it's really very important that we get vaccine coverage caught up.

Melinda Wharton: Now, we don't have a lot of real-time monitoring going on, where I can show you actual coverage data supposed to vaccine ordering. But one area where we do have more timely survey data for children, is for influenza vaccine coverage through the National Immunization Survey. And we do get cumulative estimates for the season on a weekly basis. And so, I have data to compare where we are with this flu season at this point in the year, compared to where we were at this

point in the year during the 2019/2020 season, which for the most part, which was not impacted by the pandemic at that point. And although coverage is similar overall for vaccine coverage among children, it is a little lower so far this year. The estimate overall is 55%, compared with 57.2% at this point last year.

Melinda Wharton: But particularly concerning are, if we look at coverage for each season by race, ethnicity, that the reductions are disproportionately seen among Black non-Hispanic and Hispanic children, with widening gaps as illustrated on this slide. So, we're not only concerned that coverage overall is impacted, that the public sector is impacted more than the private sector, but also some of the disparities, which historically have not been great, have not been as large in childhood vaccination as they are for adults, that those have worsened and deepened.

Melinda Wharton: We know there's some things that will help if we can get them done and so these are the points that we've been sharing and really appreciate the opportunity to share this with you today. In order to catch up for the doses that have missed, there are things that we know will be effective. Healthcare systems and healthcare providers can use their registries and their electronic health records to identify families to children who have missed doses, contact those families and get them to schedule appointments. Can provide prompts to clinicians that when those children are seen for any reason in the office, to deliver vaccines that are due or overdue, so not to miss an opportunity for vaccination. And address the concerns that parents may have about the safety of coming into the office for healthcare by letting them know what precautions are in place for safe delivery of in-person services. And, healthcare provider organizations can encourage their members to identify and follow up with families of children who have missed doses to get appointments scheduled.

Melinda Wharton: State government agencies can send out reminders to families about school immunization requirements. And seeing some interesting data from states that do this routinely, that it has been impactful on getting a lot of doses administered, implementing follow-up for children who are not in compliance with requirements to encourage compliance, and using the state's immunization information systems reminder recall capacity to notify families whose children who've fallen on behind so that they can get caught up. And of course, we all can communicate directly to families on the importance of well child visits, and getting caught up on any recommended vaccines that were missed.

Melinda Wharton: CDC has developed a number of communication materials that are available online, and other partners have as well. And I know CMS has done some work in this area, as well. I do have on the slide a screenshot of one of the American Academy of Pediatrics' social media posts for their Call Your Pediatrician campaign, which was funny and clever and very sharable. But CDC has information as well, that can be used to help raise awareness about this.

Melinda Wharton: And finally, given the context of this with the COVID vaccine program rolling out, I did just want to make a couple of points about the relationship between the

COVID-19 vaccine program and the Vaccines for Children program. That these really are separate and there's really not any overlap between them in terms of how they work. They're separate provider enrollment processes for the two programs. Providers don't need to be enrolled in the VFC program to participate in the COVID-19 vaccine program and vice versa. Providers who see adolescents, 16 to 18 years of age, can use an age authorized COVID-19 vaccine consistent with their state's prioritization for vaccination of that age group, including vaccination of VFC-eligible adolescents. And VFC program enrollment is not required.

Melinda Wharton: And finally, VFC-eligible children should continue to receive routine pediatric non COVID-19 vaccines through the VFC program. With that, I'll conclude and I'd be happy to take questions.

Jackie Glaze: Thank you very much, Dr. Wharton. We're ready to take questions now from the audience. We'll begin by taking questions again, through the chat function first and then we'll follow with the phone line. I already see a few questions already, so we'll start there. Perfect. Thank you, doctor.

Ashley Setala: The first question that came in is for Dr. Cohn and it says, "Investing in engagement is important but doesn't address the inequity we've seen in the impacts of COVID-19, particularly among communities served by Medicaid. Has there been conversation of using Medicaid enrollment as a category of sub-prioritization to get those hardest hit the vaccine sooner? If not, how can we better address the equitable allocation of shots while they remain a scarce resource?"

Amanda Cohn: Thanks. Dr. Wharton may also have something to add, but we have absolutely discussed how we can identify and help make sure that persons who are on Medicaid are notified that they should get vaccinated, and follow-up and get their second dose. There's a lot of data in Medicaid that can help support high uptake in the Medicaid population.

Amanda Cohn: That being said, in the setting of limited supply, we haven't made any guidance to specifically sub-prioritize persons who are on Medicaid, beyond the prioritization around persons with high risk medical conditions. We're trying in our guidance to be all-inclusive, and then really focus at the implementation level on ensuring that vaccines are being focused and delivered and administered to communities where a higher proportion of persons, for example, may be on Medicaid.

Amanda Cohn: And one example of that is, by increasing enrollment and working with jurisdictions to make sure FHQCs are getting vaccine. We're also working on ways that we can more directly use FHQCs and other types of programs that are similar to support vaccination efforts in certain populations, like the homeless or populations that may not have English as their first language. And other types of programs that are already existing in many ways, but we just need to have some of those programs support COVID vaccination efforts.

- Amanda Cohn: I think in short, using Medicaid to identify and promote COVID vaccination and support to COVID vaccination, is a really important opportunity we want to support jurisdictions doing. But, from a sub-prioritization perspective, it's really about driving vaccine clinics and vaccine access and awareness and demand in those populations at the local jurisdictional level, rather than making broad recommendations to sub-prioritize Medicaid populations over other vulnerable populations. Oh and including uninsured populations, honestly.
- Amanda Cohn: Melinda, do you have anything else to ask?
- Melinda Wharton: I don't think so. Thanks.
- Barbara Richards: Thanks, Dr. Cohn. This next question is for Dr. Wharton. Does the CDC expect to have a back-to-school immunization campaign this year as you've done in the past?
- Melinda Wharton: So thanks so much for that question. And, I'm really glad you've asked that. As we're looking forward to what it's going to take to get us caught up, it does seem like back-to-school is going to be terribly important. We know for school-age kids, school immunization requirements and the back-to-school vaccination efforts that typically take place during the summer and early part of the fall, are really important opportunities for getting kids vaccinated. So we do see this as being particularly important this year.
- Melinda Wharton: Hopefully, schools will be back in person, more securely than they've been this year. Hopefully we'll have a good part of this very heavy lift vaccination effort, the COVID program in the past and that we'll really be able to put some focus on this because we definitely need to do it. So, yes, CDC will be supporting back-to-school vaccination and we're really looking forward to working with partners on how to make this the most effective effort it can be to get the most out of it. So I really appreciate that question.
- Ashley Setala: Great. So we have another question for Dr. Wharton, and it says, "Do you have any data on adolescent immunization during the PHE?"
- Melinda Wharton: Thanks for that, too. And this is an interesting and challenging part of all this. I talked about the cumulative deficit and public sector vaccine orders being more than 10 million doses. But it's very uneven among the different vaccines. Overall, that's about a 14% reduction, but among different vaccines given to different age groups, it's actually very uneven. So if we look at pneumococcal conjugate vaccine, which is largely given to infants and toddlers and preschool-aged children, that was down by about 8%, compared to the 14% overall. And if we look at the vaccines typically given to adolescents, those are down 18%, 20%, 21%.

- Melinda Wharton: The vaccines that we routinely give to older kids, like tetanus, diphtheria, acellular pertussis vaccine, HPV vaccine, and meningococcal conjugate vaccine have been impacted more than the infant vaccines. And that's part of the reason why the back-to-school effort will be so important this coming year.
- Barbara Richards: Great. Thank you. We have another question for Dr. Cohn. How can state Medicaid agencies and other state agencies work with state immunization programs to ensure vaccine distribution takes into account the needs of individuals with disabilities across a spectrum of settings?
- Amanda Cohn: I think that is something that is really critical. There are other disability groups that are asking similar questions in the jurisdictions. And there is a lot more in terms of connecting all of these pieces together to support access and support for persons with disabilities getting vaccinated.
- Amanda Cohn: Part of the challenge is that, this past month has been such a huge, actually the past year for everyone, for immunizations programs in particular. There is such a highly focused effort on getting these first vaccines out the door on the challenges from a storage and handling perspective that while all these considerations around various challenges and different populations was always in their planning, there was such a focus on this first phase that we now need to focus on not just who's getting vaccinated today, but who's getting vaccinated next month and the next month, so that we can prepare and put things in place such as transportation services and home care vaccination and things like that. For as soon as, when doses are shifting to those groups.
- Amanda Cohn: One of the things that I'm hoping helps is we're planning over the next couple of weeks and there'll be more information, to support a series, for CDC to sponsor an event that will help bring various aspects of health departments and programs and partner organizations together to do a little bit of a deep dive through virtual small groups on some of these issues. Because it's working with the immunization program, it's working with community based organizations, it's working with disability groups. We have to bring together in all aspects of community, all of public health and really all of government approach. And so, I know that in some jurisdictions, this seems like a lot of work needs to still be done. I know in other jurisdictions, there's a lot of good work that's already been done and more to be done, but I am hopeful that as jurisdictions are a little bit more on a regular rhythm of getting vaccine and getting it out. Not that they're still not working nonstop on the daily challenges, but that we can start to focus a little bit ahead.
- Amanda Cohn: So I really encourage at the jurisdictional level that Medicaid programs reach out to the immunization program and see how you can help support that effort.
- Jackie Glaze: Okay, operator, would you please provide instructions to the audience so that they can ask questions to the phone line if we have any?

Operator: Sure. As a reminder to register a question, please press the 1-4 on your telephone key pad. There are no questions at this time.

Jackie Glaze: Thank you. I'll turn it back to Ashley and Barbara.

Barbara Richards: Great, thanks Jackie. We have another question for Dr. Cohn. What mechanisms are in place for monitoring the delivery of the second dose of the vaccine?

Amanda Cohn: I'd like to say there are very high tech systems in place to capture and monitor receipt of the second dose and there's also very low tech ways to do it. So first of all, when individuals do get vaccinated, they get a vaccination card and some programs but not all and it's highly variable, are actually going ahead and scheduling that second visit at the time. But it's really important that people know the date that they got their first dose and what that product is. There are much higher tech systems that vary across the jurisdictions, but all involve administration data being input into either EHRs or pharmacy databases or straight into the immunization information registries. And CDC, over the last several months has been building a system that is capturing all of this data and then making sure that it's all connected, so that if your provider's seeing somebody who doesn't have the information about when or where they got the last dose, they can look up the information in the immunization registry. But all of these systems also have things like text message reminder systems and other ways to make sure that people are reminded to come back in.

Amanda Cohn: We also are hoping in the future that we can look at some of our claims data as that comes in more rapidly and be able to identify people who haven't completed that second dose and send out additional reminders. So there's multiple systems in place. I know that we're in a challenging situation with limited doses and I know some people are having trouble getting an appointment right at that time when they're due for that second dose. But we are trying, as much as possible, we have allocated those second doses so that they are available to the jurisdiction then and assigned for individuals who have already gotten that first dose. I also want to look forward a little bit. I do anticipate in the next month or weeks after to have a product that is a single dose and while the effectiveness of that vaccine, this is the Johnson and Johnson product, we haven't seen data on that. We anticipate that there will be some populations that would really benefit from a single dose. And so all of those issues around efficacy and implementation will be looked at when we think about how to best focus that new product.

Barbara Richards: Great. Jackie, should we wrap it up?

Jackie Glaze: I was thinking so. I was thinking we might have time for another question, but it looks like we're getting close, so I think at this time we'll now turn to Anne Marie Costello for the closing remarks. Anne Marie?

Anne Marie Costello: Great, thanks Jackie. And thanks again to both Dr. Cohn and Dr. Wharton for your excellent presentations today. I think the COVID vaccine has been top of

mind for Medicaid and CHIP agencies and our stakeholder partners so I think the information you shared today was incredibly helpful. We really appreciate the time that you spent with us today. Looking forward, we will meet again with you all in the space next week. The topic and invitation are forthcoming, but of course as questions come up between calls, please reach out to us or we are here to assist you and you could just submit the questions for discussion next week's call. Thanks again for joining us today and have a great afternoon. Thank you.

Operator:

That does conclude the webinar for today. We thank you for your participation and ask that you please disconnect your line. Have a great day everyone.