



COVID-19 vaccine distribution

**House and Senate Public
Health Committees**

January 26, 2021

Where can I find the latest COVID-19 Vaccine Information?

www.kansasvaccine.gov

Select Language



Kansas COVID-19 Vaccine Information

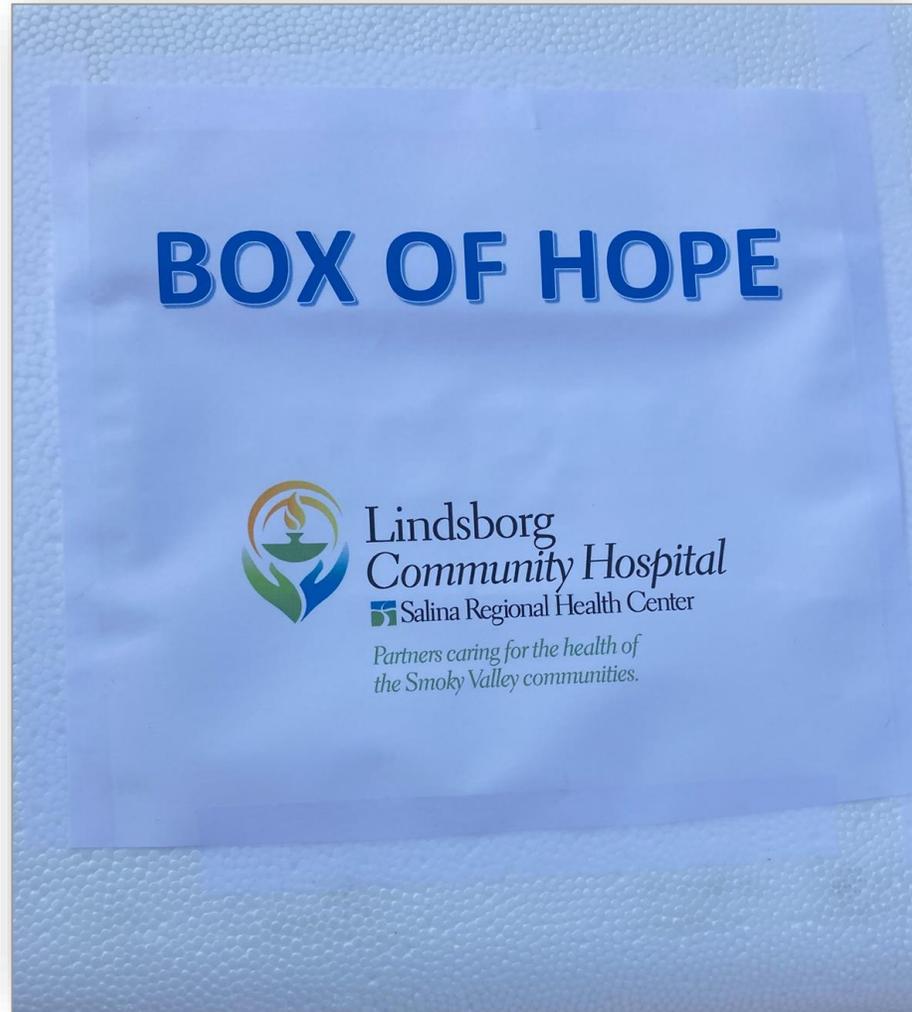
We provide the facts so you can make an informed choice.

LATEST UPDATES

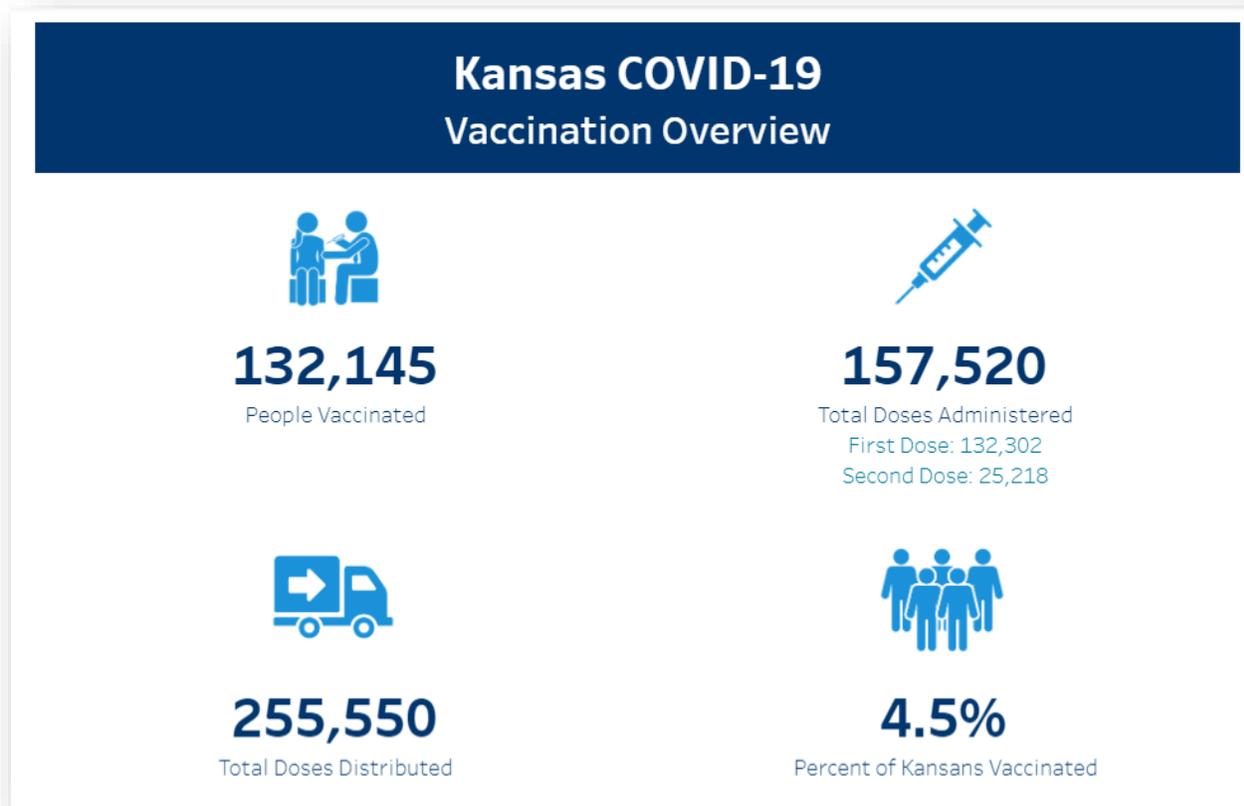
Doses Administered In Kansas - Kansas WebIZ is reporting 103,504 doses have been administered in Kansas as of 12 p.m. on January 15. This includes first and second doses. [Learn more...](#)

How are vaccinations going in Kansas?

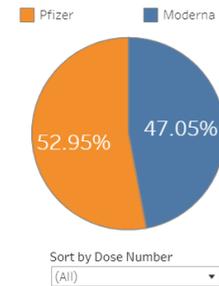
*Cooler storing vaccines
in Salina, KS*



How are vaccinations going in Kansas?



Vaccines Administered by Dose and Manufacturer as Reported in KS WebIZ



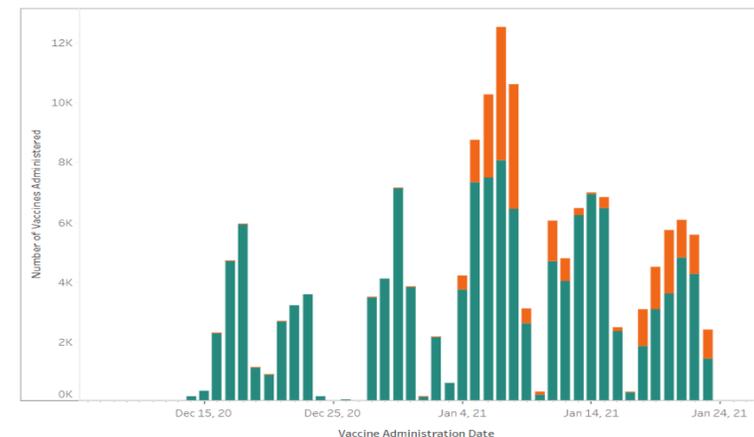
Vaccines Administered by Age Group

Younger than 18	317 (0.2%)
18 to 24	8,706 (6.6%)
25 to 34	21,794 (16.5%)
35 to 44	23,872 (18.1%)
45 to 54	20,847 (15.8%)
55 to 64	23,173 (17.5%)
65 to 74	13,311 (10.1%)
75 to 84	9,130 (6.9%)
85+	10,996 (8.3%)
Total	132,146 (100%)

Vaccines Administered by Sex

Female	92,527 (70.0%)
Male	39,334 (29.8%)
Unknown/Not Reported	285 (0.2%)
Total	132,146 (100%)

COVID-19 Vaccines Administered by First and Second Dose (as reported into KS WebIZ)



What are the types of COVID-19 vaccines available and are they safe?

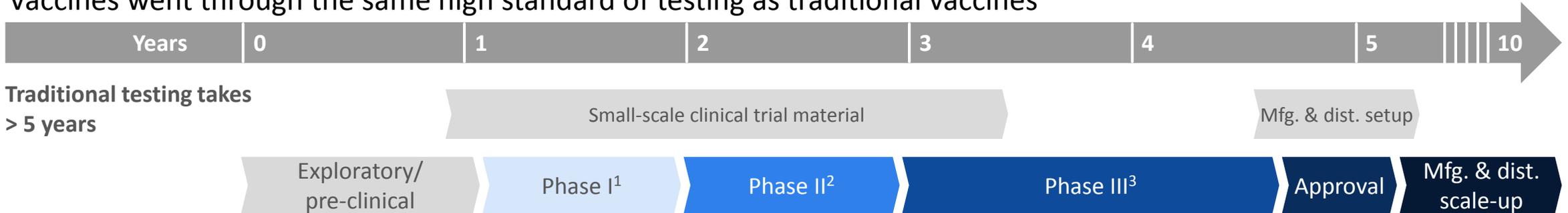
Two vaccines are currently being administered in Kansas

General information			
Platform	mRNA		mRNA
Phase III trial information			
Trial launch	July '20, expanded September '20		July '20
Target enrollment	44,000 US		30,000 US
Demographics	12–85 yrs. of age; 10% Black, 13% Hispanic, 45% 56+ y.o. ²		Age 18+; 20% Hispanic, 10% Black, 4% Asian, 25% 60+ y.o., 17% 18-65 y.o. and at risk of severe disease
Efficacy	95% efficacy (reported 18 Nov)		94.1% efficacy (reported 30 Nov)
Number of events	170 (162 placebo; 8 vaccine)		196 (185 placebo; 11 vaccine)
Safety results	No Grade 4 or 5 adverse events ³ ; Grade 3 events with ≥2% frequency were fatigue (3.8%) and headache (2.0%)		No Grade 4 or 5 adverse events ³ ; Grade 3 events with ≥2% frequency were injection site pain (2.7%), fatigue (9.7%), myalgia (8.9%), arthralgia (5.2%), headache (4.5%), pain (4.1%), and redness at the injection site (2.0%)
Vaccine Administration			
Doses (days apart)	2 (21)		2 (28)
On-site mixing? ¹	Yes, mix with diluent		No
Storage requirements	Long-term, must be stored at -70°C (+/- 10); use within 5 days of thawing to 2°-8°C		Store -20°C for up to 6 months; use within 30 days of thawing to 2°-8°C

1. Phase III protocol requirements; on-site mixing may emerge in broader administration protocol 2. As of 11/24/2020, per Pfizer COVID vaccine trial status tracker 3. Adverse events are graded on a scale of 1-5: 1 = mild, 2 = moderate, 3 = severe but not life threatening, 4 = serious and life threatening, 5 = death 4. Based on two adenoviruses (Ad5 and Ad26) 5. Based on 39 events; will have an interim readout when 78 events are reached 6. Gamaleya [press release](#) does not categorize adverse events by Grade

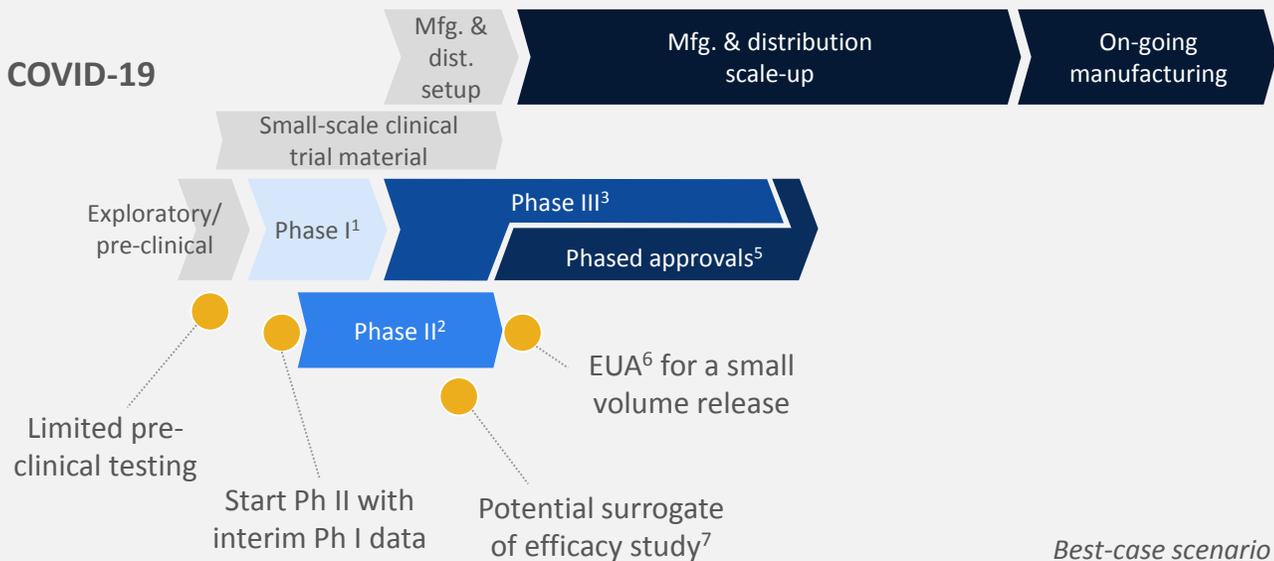
Did the “warp speed” of development jeopardize safety?

Vaccines went through the same high standard of testing as traditional vaccines



Traditional testing takes > 5 years

Accelerated pathway for COVID-19 vaccine⁴



We have seen unprecedented < 12 month timeline from exploratory to start of phased approvals

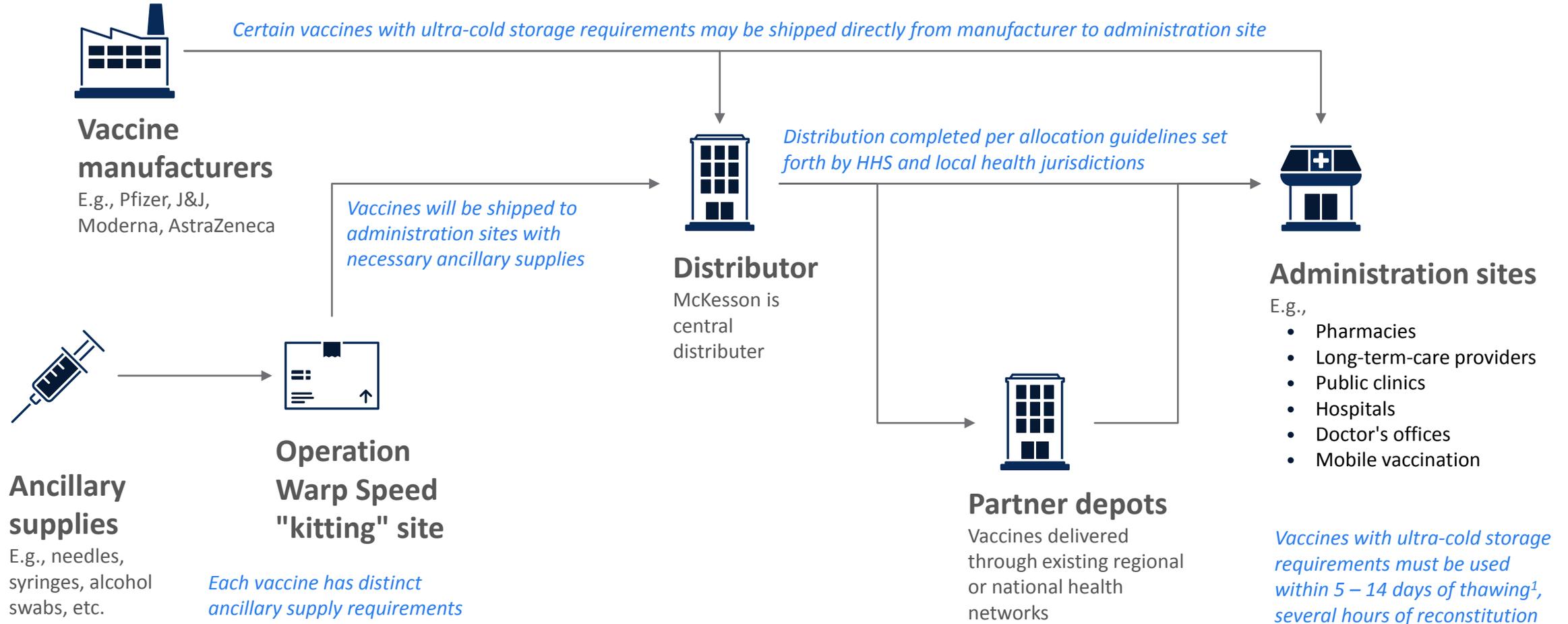
For early availability and access, **manufacturing was kick-started** even before granting of EUAs³

1. Ph III trials involve a large number of volunteers (e.g., 10s of 1000s) to test efficacy & safety of vaccine 2. Phase II studies involve small number of volunteers (e.g., 100-1000) & are intended to provide preliminary information about a vaccine’s ability to produce its desired effect 3. Phase I clinical studies involve initial testing in very small number of volunteers (e.g., 20-100) to test the safety profile 4. Estimated best-case scenario, with stages developed simultaneously 5. Phased approvals are sequential approvals for specific segments of population based on Phase III results 6. Emergency Use Authorization 7. There are no clear markers associated with long term protection against COVID-19; to support a surrogate endpoint, these markers would have to be defined

Source: FDA, CDC, Press search, BCG

How are vaccines getting to communities in Kansas?

Process to get vaccines from manufacturers to administration sites



1. Within 5 days for Pfizer, 14 days for Moderna.

Source: "From Factory to the Frontlines – the Operation Warp Speed Strategy for Distributing a COVID-19 vaccine," OWS.

Where has vaccine been distributed in Kansas now, and where in the future?

Vaccines distribution in Kansas has occurred in the following order :

1. Hospitals

- For vaccination of high-risk workers in ICU and COVID units
- Additional doses for remaining health care workers

2. Local Health Departments¹

- For vaccination of Health Department staff and EMS workers

3. Federally Qualified Health Centers

- For vaccination of FQHC staff and other medical providers in the community and surrounding areas

4. Long Term and Assisted Living Facilities

- For vaccination of facility staff and residents

1. In some counties, pharmacies and other providers have been mobilized to support LHDs and FQHCs in distributing and administering vaccines

KDHE adopted federal recommendations to assess exposure risks associated with workplaces and living arrangements



Federal guidelines¹ consider the number and nature of contacts required by different occupations

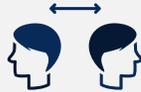
In addition to health risks associated with **clinical outcomes and death**, KDHE considered the following exposure-related risks in our approach



Proximity



Residents and staff are less than 6ft away from one another



Type of contact



Exposure to droplets, shared surfaces, common items



Contact duration



Average interactions last more than 10 min



Challenges to implement protective measures



Space is indoors, confined, or it is not possible to control with whom workers will interact

1. See DHS, [Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response](#) and CDC [guidelines for those living in close quarters, shelters, nursing homes](#) and on [how the coronavirus spreads](#)

When will Kansans be eligible to receive the vaccine?

Kansas Vaccination Phases | By Population

Current Phase

Phase

1



2



3



4



5

Population

- Healthcare workers
- Residents or patients in Long-term care (LTC), senior housing or LTC-supported independent living
- Workers critical to pandemic response continuity

- Persons Aged 65+
- Congregate settings
- High-contact critical workers
- All unvaccinated persons prioritized in previous phases

- Aged 16-64 with severe medical risks
- Other critical workers
- All unvaccinated persons prioritized in previous phases

- Aged 16-64 with other medical risks
- All unvaccinated persons prioritized in previous phases

- Rest of pop. 16+
- Children*
- All unvaccinated persons prioritized in previous phases

Late January

March

Late April
- Mid May

June

*Subject to further research on Vaccine risks and effectiveness for children; Note: Dates of phases are dependent upon vaccine supply.

How will Kansans know where to get the vaccine?

Kansas Vaccination Phases | By Population

Current Phase

Phase

1



2



3



4



5

Population

- Healthcare workers
- Residents or patients in Long-term care (LTC), senior housing or LTC-supported independent living
- Workers critical to pandemic response continuity

- Persons Aged 65+
- Congregate settings
- High-contact critical workers

- Aged 16-64 with severe medical risks
- Other critical workers

- Aged 16-64 with other medical risks

- Rest of pop. 16+
- Children*

- Once Kansans are prioritized for vaccination given the current phase, a map to show where they can get vaccinated will be available at www.kansasvaccine.gov
- National CDC vaccine finder in development

Late January

March

Late April
- Mid May

June

*Subject to further research on Vaccine risks and effectiveness for children; Note: Dates of phases are dependent upon vaccine supply.

What do Kansans need to do after they receive the vaccine?

3 steps citizens must take after receiving the vaccine



Monitor for **side effects** and report them

- In most cases, discomfort from fever or pain is **normal**



Get a **second dose** of the same vaccine type when indicated

- You will need two doses from the same manufacturer, spaced **21 (Pfizer) or 28 days (Moderna) apart**
- You will get full protection from the vaccine usually **1–2 weeks** after getting your second dose



Wear a **mask**, avoid **close contact** & get **tested**

- The vaccines do a good job of **preventing us from getting sick**. However, they may not **stop us from transmitting virus to others**
- **Testing is still important-** get tested, especially if you were exposed or have symptoms

How do we track and record vaccines?

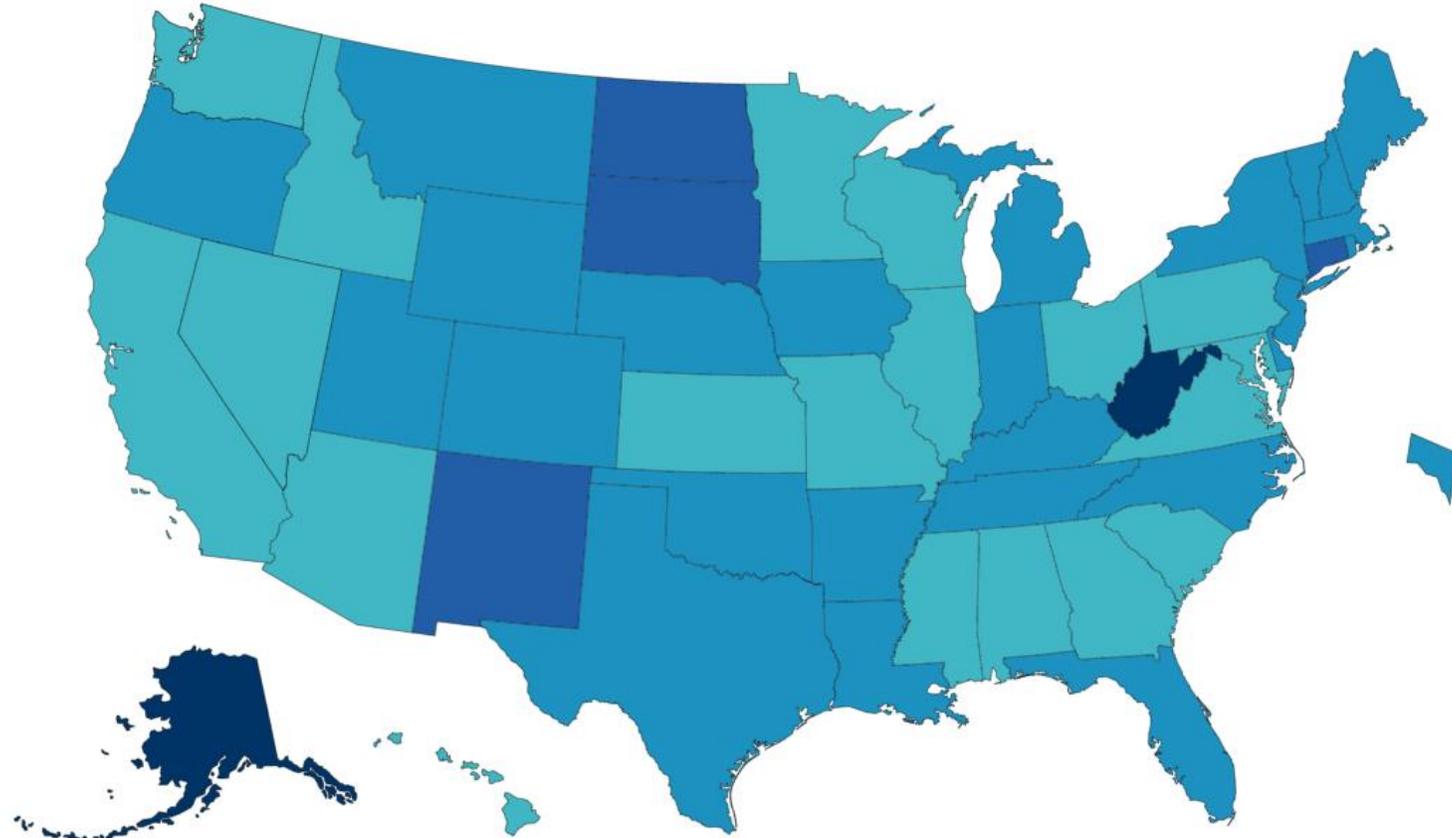
What are the data reporting system requirements to provide vaccines for COVID-19?

- COVID-19 vaccine providers must be able to use **KSWebIZ (state system)** and **Vaccine Finder (federal system)**.
- Staff can only be trained for KSWebIZ after they gain access due to the protected health information that is contained in the system.
- Confidentiality agreements must be on file for providers.
- All providers that vaccinate were statutorily required to be submitting vaccinations in KSWebIZ effective July 1, 2020.

How is Kansas doing compared to other states?

As of 24 Jan

Total Doses Administered Reported to the CDC by State/Territory per 100,000



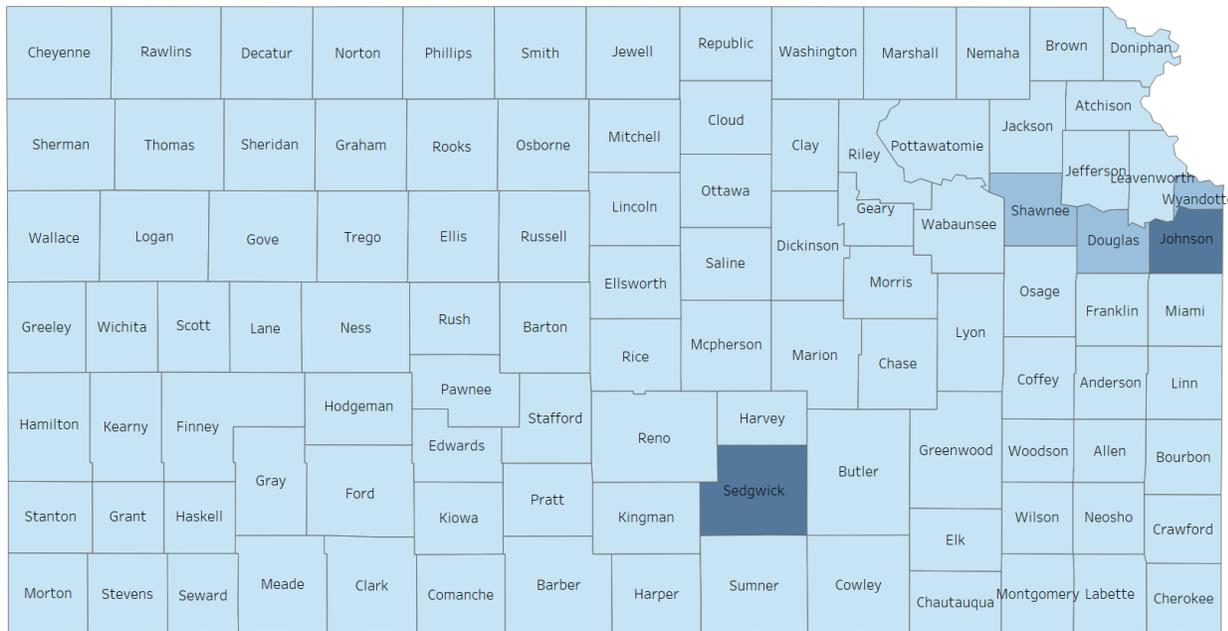
KS has administered 5,192 doses per 100k people, according to CDC COVID Data Tracker

○ No Data ● 0 ● 1 - 3,000 ● 3,001 - 6,000 ● 6,001 - 9,000 ● 9,001 - 11,000 ● 11,001+

How are vaccines being currently being allocated across counties?

As of 25 Jan

Weekly allocation by county for the week of January 25th



Allocated doses

■ Less than 1,000
 ■ 1,001-3,000
 ■ More than 3,000

Allocation criteria

- All 105 counties received doses
- Initial allocation was based on each county's population
- However, final allocation accounted for each location's storage and throughput capacity



FAQ

Questions about Vaccine Distribution (I/II)

1. How do I get the vaccine?
2. How many counties have set up some communication link or other form of notice to citizens that it can register to sign up for the vaccine when their phase opens up or be notified when they are eligible to receive it?
3. Who will be giving the vaccine? Can we just go to our local pharmacy to get it?
4. What will be the cost of the vaccine?
5. How will I have to prove that I meet the requirements of the phase?
6. How will people know when we have moved into a new phase?
7. Who is prioritized to be vaccinated in Phase 1?
8. Who is prioritized to be vaccinated in Phase 2?
9. Why are universities not included as a Phase 2 population?
10. Explain where K-12 staff and personnel are on the prioritization list and the reasoning behind why they are in their current phase and if they were ever considered to be moved up in the timeline.
11. What is the reasoning behind vaccinating those incarcerated in jails and/or prisons prior to other high-risk populations?
12. Why are individuals with Type 1 Diabetes set for Phase 3 and Type 2 is set for Phase 4 of the vaccination plan?
13. If a specific group or qualifier is not listed on the phases, how do we know where they fit?
14. If someone is sick, can they still get the vaccine?
15. Is it protocol to vaccinate individuals who have already recovered from COVID-19?
16. Does KDHE have any indication on when the AstraZenca vaccine would be approved and ready for distribution?
17. Will Kansas follow the Surgeon General's recommendation to administer all vaccinations and not hold back quantities for the second shot as further supplies will be sent to cover second shots?
18. Once residents and staff in adult care homes/nursing homes have been offered the vaccine and have gotten their full regime, are visitation limits changed/lifted? Has there been any guidance by Centers for Medicare & Medicaid Services (CMS) or other regulatory body on this issue?
19. Why does the vaccine rollout take so long?
20. Will KDHE be adding data to a dashboard about vaccine distribution?

Questions about Vaccine Distribution (II/II)

21. Can the Moderna vaccine sit out at room temperature after you have taken the first dose out of the vial?
22. Can the Pfizer vaccine sit out at room temperature once it has been mixed?
23. How will our allocation be affected if an individual needs to get their second dose off-schedule?
24. How do the phases work? Who makes decisions about the phases?
25. Can a county decide to move into the next phase if they have completed vaccinations for all people in the current phase?
26. What autonomy at the county and/or city levels do officials have to ensure the use of the vaccines? Do they have the authority to administer vaccines to individuals not in the current phase to ensure that the vaccine is being distributed before it expires?
27. What is the total number of both vaccines that Kansas currently has and has there been a timeline discussed with the federal government on when new batches of vaccines are distributed and how is it determined the number vaccines that Kansas receives?
28. When will the next doses be delivered? Will we be notified ahead of time? What does the schedule look like?
29. How much vaccine will we receive?
30. Will the second dose be marked as a second dose?
31. How are vaccines disseminated currently within the hospital structure? Does KDHE send them to the hospital or is that up to the county health department?
32. How can providers get access to KSWebIZ?
33. Are KDADS and KDHE tracking which long-term care facilities have been vaccinated by CVS & Walgreens and how many staff & residents have been vaccinated?
34. Does KDHE track on how many individuals have been offered the vaccine but have declined to take it? Does KDHE track the number of medical professionals that have been offered but declined the vaccine?
35. Who should providers and LHDs call at KDHE if we have questions about vaccinations? Is there an email address we can use to get questions answered?

Questions about Vaccine Distribution

1. How do I get the vaccine?

There are three steps to getting the vaccine:

- *Determine whether you are included in the current vaccination phase.* You can also identify which vaccination phase you qualify for here: [Vaccine Prioritization Plan](#). When the state recommends moving to a subsequent phase, announcements will be made through multiple channels ([KS COVID Vaccine website](#), [Governor's press releases](#), local media). Please note that because of severe supply shortages, local health departments will make a determination on prioritized populations within the Statewide Phase, so it is important to also check with your Local Health Department about their planned implementation of the current Phase.
- *Find a place that is offering vaccinations to the public.* Over time, the Federal Government will develop a "Vaccine Finder" tool which is not yet released. In the meantime, Kansas is developing a "Find my Vaccine" which will sit on the www.kansasvaccine.gov website. It is a map-based tool which will allow users to locate providers near them who are vaccinating the public with guidance on whether they have been recently allocated vaccine.
- *Schedule your appointment.* Providers who are offering vaccines to the public will manage scheduling locally. Overtime, as vaccine supply increases and retail pharmacies and other providers have greater supply, we may offer a central website with links to those scheduling tools, or otherwise create new tools and channels

2. How many counties have set up some communication link or other form of notice to citizens that it can register to sign up for the vaccine when their phase opens up or be notified when they are eligible to receive it?

KDHE does not have information on how many counties are setting up sign-ups for their community.

3. Who will be giving the vaccine? Can we just go to our local pharmacy to get it?

Not all healthcare providers are participating in vaccine administration but there are many different types of providers administering the vaccine, including:

- Public health clinics / your local public health department
- Federally Qualified Health Centers (FQHC)
- Pharmacies
- Doctor's offices
- Safety net clinics
- Hospitals
- Other health centers

As the vaccine becomes available to more Kansans, a map will be added [here](#) to help you find a provider. This resource will be updated regularly as more providers are enrolled. If you are currently eligible and need help finding a provider before this map is available, please check the website of your local public health department or contact them directly ([directory by county](#)).



Questions about Vaccine Distribution

4. What will be the cost of the vaccine?

The COVID-19 vaccine is free to all Kansans and no insurance is required. Healthcare facilities are permitted to charge an administration fee to administer the vaccine, but Kansans cannot be denied a vaccine if they cannot afford the administration fee or do not have insurance. If you are eligible for the vaccine in the current phase but are turned away because of your inability to pay, please contact KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). Alternatively, you may contact the Kansas Insurance Department's Consumer Assistance Division by phone (800-432-2484), by email (kid.webcomplaints@ks.gov), or file a complaint on their website (<https://insurance.kansas.gov>).

5. How will I have to prove that I meet the requirements of the phase?

Providers have been encouraged to implement some form of patient sub-group verification (e.g., employer letters, age checks wherever easy and accessible, self-reported surveys or screening online or on-site). Please check your provider's screening requirements before going to your appointment. If you foresee any challenges to providing this type of identification, please contact the provider, your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov).

6. How will people know when we have moved into a new phase?

The decision to move to a new phase at the state level will be announced to the public through multiple channels ([KS COVID Vaccine website](#), [Governor's press releases](#), local media). However, your local public health department does have the flexibility to move to the next phase based on vaccine administration, expected patient demand, and available supply. Please consult your local public health department's website or contact them directly ([directory by county](#)).

Questions about Vaccine Distribution

7. Who is prioritized to be vaccinated in Phase 1?

Phase 1 includes 1) healthcare workers, 2) residents or patients in long-term care (LTC), senior housing or LTC-supported independent living, and 3) workers critical to pandemic response continuity.

Healthcare workers include but are not limited to:

- Staff in long-term care facilities
- Workers in direct contact with patients, e.g., Medical Doctors (MD), Doctors of Osteopathy (DO), Doctors of Podiatric medicine (DPM), nurses, Emergency Medical Technicians (EMT), clinical students and trainees (does not include first responders and dispatch who are in Phase 2)
- Diagnostic labs, phlebotomists, pandemic health workers (e.g., individuals performing COVID tests)
- Mental healthcare providers, pharmacy staff, non-medical staff – if exposed to patients or infectious materials
- Healthcare-associated contractors, including food, waste management etc.
- Dentists, physical therapists, professionals performing elective procedures
- Home care workers, Centers for Medicare & Medicaid Services (CMS) designated caretakers
- Morticians, forensic and funeral service workers
- Staff in Federally Qualified Health Centers (FQHC), community health centers (CHC), safety-net/ free clinics, faith-based outreach clinics (inclusive of state-funded clinics)
- Home health aides, nursing assistants
- Veterinarians

Workers critical to pandemic response continuity are defined at the county level. Please consult your Local Health Department to understand if this applies to you.

If you have questions about your eligibility, please contact your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). For additional information on the phases, please refer to the [Vaccine Prioritization Plan](#).

Questions about Vaccine Distribution

8. Who is prioritized to be vaccinated in Phase 2?

Phase 2 includes 1) persons aged 65+, 2) high-contact critical workers, and 3) congregate settings.

High-contact critical workers include but are not limited to:

- Firefighters, police officers, first responders, emergency dispatchers, correction officers
- Grocery store workers and food services
- K-12 and childcare workers, including teachers, custodians, drivers and other staff
- Food processing, including meat processing plants
- Large-scale aviation manufacturing plants
- Transportation workers
- Workers in the following industries, if they regularly need to be in high-risk settings to perform their duties:
 - Retail, warehouses and sales outlets
 - Agriculture
 - Supply of critical services or materials for the COVID response (e.g. personal protective equipment (PPE))
 - The U.S. Postal Service
 - Department of Motor Vehicles

Congregate settings include but are not limited to:

- Homeless shelters and other homeless housing settings and dwelling places
- Congregate childcare institutions, adult and child protective services
- Emergency shelters or safe houses for victims of domestic violence
- Corrections facilities, including jails and juvenile justice facilities
- Behavioral Health institutions (including mental health institutions) and residential treatment centers
- Adult care homes, residents and staff in home plus facilities not covered in Phase 1
- Senior living homes
- Home care givers (paid or unpaid), personal care aides

If you have questions about your eligibility, please contact your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). For additional information on the phases, please refer to the [Vaccine Prioritization Plan](#).

Questions about Vaccine Distribution

9. Why are universities not included as a Phase 2 population?

Although universities are not specifically included in Kansas Phase 2 (or CDC phase 1b), local public health departments may determine that it is appropriate to include them under Phase 2. For example, some university faculty or staff that fit under the critical worker criteria (workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals) and who are not able to work remotely, may qualify for Phase 2 as determined by their local public health department.

10. Explain where K-12 staff and personnel are on the prioritization list and the reasoning behind why they are in their current phase and if they were ever considered to be moved up in the timeline.

Teachers fall under Phase 2 – high contact critical workers (see slide 6 of [Vaccine Prioritization Plan](#)). This is a definition that says: Workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals.

11. What is the reasoning behind vaccinating those incarcerated in jails and/or prisons prior to other high-risk populations?

Anyone living or working in a licensed congregate setting is included in Phase 2. This is because the risk of transmission is increased because of proximity, type of contact, duration, and the potential for a high number of contacts. The health of our prisons is directly linked to community health. 39 states total addressed incarcerated people as a priority group for the COVID-19 vaccine.

12. Why are individuals with Type 1 Diabetes set for Phase 3 and Type 2 is set for Phase 4 of the vaccination plan?

The agency is following [CDC guidance](#). Type 1 is an autoimmune disease where people make antibodies to the islet cells of the pancreas that produce insulin. People need to take insulin to replace the insulin their pancreas doesn't produce. It isn't an immunocompromising condition, however. Type 2 is insulin resistance, due to metabolic factors, which prevent the body from using the insulin it makes. It places people at very high risk for hypertension, heart disease, kidney disease, stroke, and also for severe illness or death from COVID.

13. If a specific group or qualifier is not listed on the phases, how do we know where they fit?

For the latest information on vaccination phases and the prioritization plan, please refer to the [Vaccine Prioritization Plan](#). This page will be updated as additional information becomes available. The prioritization plan accounts for all Kansans so if you do not qualify for an earlier phase based on your profession or medical condition, you would qualify for a later phase based on your age.

Questions about Vaccine Distribution

14. If someone is sick, can they still get the vaccine?

Patient care is very nuanced, so it is difficult to provide clinical guidance online. The FDA advises telling your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

For further information, please refer to the [Pfizer EUA Factsheet](#), [Moderna EUA Factsheet](#), and [CDC COVID-19 Vaccination FAQ](#).

15. Is it protocol to vaccinate individuals who have already recovered from COVID-19?

Yes, reinfection is possible. If a person has previously been infected with COVID-19, vaccination is recommended but the CDC advises waiting 90 days after treatment for COVID-19 symptoms with monoclonal antibodies or convalescent plasma. If a person is currently in quarantine due to potential exposure to COVID-19, it is advised to wait 14 days after exposure to get vaccinated to ensure that they do not have COVID-19.

16. Does KDHE have any indication on when the AstraZenca vaccine would be approved and ready for distribution?

AstraZeneca has not yet submitted their paperwork to the FDA, which is the starting point to gain Emergency Use Authorization in the U.S.

17. Will Kansas follow the Surgeon General's recommendation to administer all vaccinations and not hold back quantities for the second shot as further supplies will be sent to cover second shots?

The agency has not received direction from the federal government on this plan yet. The agency is preparing to execute any changes in vaccine distribution that are directed by the federal government. This is not a change in current process and is grossly misunderstood. We continue to receive and not hold back first doses. Second doses are scheduled and sent three or four weeks later based on the same number and location of the first dose.

Questions about Vaccine Distribution

18. Once residents and staff in adult care homes/nursing homes have been offered the vaccine and have gotten their full regime, are visitation limits changed/lifted? Has there been any guidance by Centers for Medicare & Medicaid Services (CMS) or other regulatory body on this issue?

There has been no updated guidance from the CDC or CMS about visitation after vaccines are more widely administered in adult care homes. The Kansas visitation guidance mirrors the CMS limits on visitation in nursing facilities that have been in place since April.

19. Why does the vaccine rollout take so long?

National rollout of the vaccine has been slower than anticipated and the federal government has not delivered as many doses as originally stated across the country. There was also a lag in reporting between state and federal systems that made Kansas' early vaccine administration numbers appear lower than they actually were. Current vaccine distribution data shows Kansas performing in line with most of the other states. Kansas is continuously improving the vaccine distribution process and expects to achieve the Governor's goal of vaccinating all Kansans this year. To check the current status of the vaccine program in Kansas, there is a dashboard on the [KS COVID Vaccine website](#).

20. Will KDHE be adding data to a dashboard about vaccine distribution?

Yes, there is a dashboard on the [KS COVID Vaccine website](#) with data on vaccine doses distributed and administered in Kansas. It is updated on Mondays, Wednesdays and Fridays at 12:30pm CT.

21. Can the Moderna vaccine sit out at room temperature after you have taken the first dose out of the vial?

Once the first dose is withdrawn from a vial of the Moderna vaccine, the vial should be refrigerated or held at room temperature (36 to 77 degrees Fahrenheit) for up to six hours. Unpunctured vials can be stored unrefrigerated (between 46 and 77 degrees Fahrenheit) for up to 12 hours. Do not refreeze thawed vaccine. ([Source](#))

22. Can the Pfizer vaccine sit out at room temperature once it has been mixed?

Once the Pfizer vaccine has been mixed with the diluent, the mixed vaccine should be refrigerated or held at room temperature (36 to 77 degrees Fahrenheit) for up to six hours. Unopened vials can be stored unrefrigerated (up to 77 degrees Fahrenheit) for up to 2 hours. Vials at room temperature should be mixed within 2 hours or returned to the refrigerator. Do not refreeze thawed vaccine. ([Source](#))

Questions about Vaccine Distribution

23. How will our allocation be affected if an individual needs to get their second dose off-schedule?

Vaccine administrators do not need to reserve portions of their weekly vaccine shipment for future second doses. Providers should aim to administer their full weekly allocation without reserving any excess vaccine week-to-week. To help KDHE ensure that enough vaccine is shipped and delivered for second doses, please ensure that you are confirming incoming vaccine shipments with KDHE and are tracking administration data in a timely manner.

In situations where administration of the second dose must be delayed, providers should not save the dose originally intended for that person but instead, continue vaccinating other eligible people. When that person in question is eventually able to be vaccinated, you should administer their second dose as soon as possible from your current allocation at the time. If additional second dose vaccines are needed, send detailed information to kdhe.covidvaccinepartners@ks.gov.

Questions about Vaccine Distribution

24. How do the phases work? Who makes decisions about the phases?

This process is outlined in detail in the Provider Manual. For reference, information is included below. The Kansas government has set forth the [following guidelines](#) to define population priorities and sequencing.

- The phases are guidelines for population prioritization to ensure that the most at-risk populations receive the vaccine first and that the vaccine is equitably administered, especially with limited vaccine supply.
- Gov. L Kelly and Dr. L Norman provide guidance on which phase the state is currently in but LHDs have flexibility to prioritize within the sub-populations of a phase
- If a county has finished vaccinating a given phase, LHDs can decide to move to the next phase, if available supply permits
- The phases should not be rigid roadblocks to administering the vaccine and should not tie providers hands.

Providers should administer doses to the stated prioritized populations as far as reasonably possible – however, they should not stringently "police" administration (minimizing waste is more important than ensuring compliance with prioritized populations)

- Within reason (i.e., no bribery/coercion, no egregious line-cutting), providers are discouraged from turning patients from the door
- The state does not require that providers conduct stringent medical record or occupational checks, but providers are encouraged to conduct validation (e.g., age checks if possible, employer identification, self-reported surveys, patient screenings)

Providers should aim to exhaust their full weekly supply of vaccine, even if it requires administering to next phase

- If there is sufficient expected demand from this population to use the weekly shipment, administer to this group only
- But rather than storing or wasting vaccine, if demand is insufficient from the current priority group in a given week, providers are permitted and encouraged to open appointments to the next priority sub-group based on their LHD's sub-prioritization guidance
- Providers should not hold vaccine back for priority population second doses - the CDC will supply vaccine closer to administration date. Providers will be administering first and second doses to different groups at the same time.

Providers should expect and be comfortable with variation in phases across counties and providers

- Population sub-groups will vary inevitably in size from geography-to-geography and provider-to-provider
- Providers can help KDHE re-balance across providers/counties by accurately reporting provider data each week

Questions about Vaccine Distribution

25. Can a county decide to move into the next phase if they have completed vaccinations for all people in the current phase?

Local Health Departments should follow central state guidelines on defining patient population prioritization phases, rather than developing independent guidelines and decisions. However, Local Health Departments have flexibility to decide relative sub-prioritization within phases and can guide your county to the next phase based on vaccine administration, expected patient demand, and available supply.

Local Health Departments should support public-facing communications that communicate the current priority populations in your county but ensure that providers are aware that instead of storing or wasting any excess vaccine supply, they can begin vaccination on subsequent groups if needed.

26. What autonomy at the county and/or city levels do officials have to ensure the use of the vaccines? Do they have the authority to administer vaccines to individuals not in the current phase to ensure that the vaccine is being distributed before it expires?

LHDs should follow state guidelines on defining patient population groups and their phases and should not develop their independent guidelines. However, LHDs have the flexibility to provide guidelines on sub-prioritizing populations within phase groups. Should there be available vaccine to do so, LHDs can also provide input on when they are ready to move to the next phase based on county-specific needs.

27. What is the total number of both vaccines that Kansas currently has and has there been a timeline discussed with the federal government on when new batches of vaccines are distributed and how is it determined the number vaccines that Kansas receives?

This information changes daily. Currently prime (first dose) vaccine allocation Kansas is to receive is projected on Tuesday and final allocation is made available to order on Thursday evening each week. Orders are then placed for the following week to account for all allocated vaccine. Boost (second dose) vaccine is made available and ordered three weeks after Prime (for Pfizer) and four weeks after Prime (for Moderna). Currently Kansas is allocated approximately 1% of the total available national vaccine each week which is based on percent of national population. To date, approximately 348,000 doses have been allocated and distributed to Kansas which includes those which have been allocated and transferred to the Pharmacy Partnership for Long-Term Care Program.

28. When will the next doses be delivered? Will we be notified ahead of time? What does the schedule look like?

Vaccine doses will be delivered weekly. Each Wednesday, providers will be notified by email of their allocation for the upcoming week and will be asked to confirm that they can receive that amount. KDHE will place orders for all providers on Fridays and the doses will then be delivered directly to the provider by the federal government.

Questions about Vaccine Distribution

29. How much vaccine will we receive?

The quantity of vaccine doses you receive will vary each week based on the quantity allocated to the State by Operation Warp Speed. Kansas' total allotment will be distributed to providers across the state using a system that takes numerous parameters into account, including but not limited to:

Provider requirements for second dose administration

Estimated number of the current priority population groups in county, with proportional distribution to counties by population

Provider vaccine administration capabilities (e.g., storage, weekly throughput)

Social vulnerability and health equity of surrounding populations

Minimum tray shipping sizes for vaccines, including any hub-and-spoke distribution set-ups

KDHE will make necessary adjustments based on population coverage (equity, weekly predictability) and operations (distribution logistics) constraints.

Once the final allocation has been determined, KDHE will order for all providers in the state through and communicate the number of incoming vaccines to providers. The methodology will be refined over time as any additional critical factors are identified.

30. Will the second dose be marked as a second dose?

No, second doses will not be marked or packaged separately. Providers should administer both first and second doses from their weekly allocations without reserving any excess vaccine week-to-week.

31. How are vaccines disseminated currently within the hospital structure? Does KDHE send them to the hospital or is that up to the county health department?

As of January 25, 2021, having moved into Phase 2 with limited vaccine allocations, all vaccine is directed to the LHDs or those who the LHD designates to receive vaccine in the minimum number order size requirements (100 doses for Moderna and 975 doses for Pfizer). All providers have been asked to work together within the counties to develop and implement plans to vaccinate the populations as quickly and efficiently as possible using the appropriate vaccinators. Vaccine can be transferred between providers at the county level in smaller quantities than the minimum order allowable if the providers are enrolled as COVID vaccine providers and they have redistribution agreements in place. State allocations are being distributed to counties each week based on population share with the minimum order adjustments having to be made.

Questions about Vaccine Distribution

32. How can providers get access to KSWebIZ?

Providers are responsible for enrolling into KSWebIZ and ensuring proper classification as a COVID-19 vaccine provider. How to find your KSWebIZ identifier:

- If you currently have access to KSWebIZ, you can log into your account and find the number in the blue bar at the top of your screen



- If you are a Vaccines for Children (VFC) provider, it is your VFC pin which will be in the same spot. EX: 3000 or NV3000.
- If you have a NV in your identifier, please include it on the enrollment form.
- If you don't have access or are unsure of what to put, please call the KSWebIZ Helpdesk at 785-559-4227 or email kdhe.ImmunizationRegistry@ks.gov.

33. Are KDADS and KDHE tracking which long-term care facilities have been vaccinated by CVS & Walgreens and how many staff & residents have been vaccinated?

Vaccinations administered through the Pharmacy Partnership for Long-Term Care Program are tracked using KSWebIZ so this information is included in the statewide vaccination data. As of January 25, 2021, 25,344 doses have been administered to residents and 16,648 doses have been administered to staff through this program. The partnership is responsible for 654 facilities. There is no data point collected that will provide for number of residents or staff vaccinated outside of that program.

34. Does KDHE track on how many individuals have been offered the vaccine but have declined to take it? Does KDHE track the number of medical professionals that have been offered but declined the vaccine?

No

35. Who should providers and LHDs call at KDHE if we have questions about vaccinations? Is there an email address we can use to get questions answered?

Yes, providers can call the Kansas Immunization Program at 877-296-0464. If you are a provider, you can email kdhe.covidvaccinepartners@ks.gov and if you are a Local Health Department you can email lhd@ks.gov. Additionally, you can submit questions during the KDHE webinars (MWF 3-4pm CT for LHDs and Th 10-11am CT for providers and local partners).