



Community Questions and Answers: Collaborative Meeting Feb 3, 2021

Below are questions we have received during the Collaborative space held on February 3, 2021. We have compiled those questions and answers in this document. We will do this for every meeting held.

If you have any questions and/or would like to follow-up, please feel free to contact us at Collaborative@doh.wa.gov

Collaborative Structure

Q: Is the private chat public? I sent someone my phone number to reach me and didn't want it to be part of the public record.

A: No, your private chat is not public. And, we also do not store personal information such as your name, affiliation, or contact information in our meeting notes or records.

Q: In future meetings, will there be smaller breakout groups where our voices don't get drowned out? It's great there are so many people here but gets kind of hard to be heard.

A: Yes! We will be utilizing breakout rooms in our next meeting and plan to use them consistently for feedback sessions and workgroups.

Q: What is the most productive way to provide feedback in a way that DOH can realistically absorb given how busy you are doing the work?



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A: In the future we will structure "community feedback sessions" into these Collaborative meetings. That will be one space for providing feedback, recommendations and concerns.

You are also always welcome to reach out to us or the COVID engagement inbox: covid.engagement@doh.wa.gov

Vaccine Safety

Q: Side Effects – what is the percent of people reporting any side effects from vaccine? And if a vaccinated person has a reaction and need medical attention – Is there a charge for medical care?

A: Like other routine vaccines, the most common side effects are a sore arm, fatigue, headache, and muscle pain. These symptoms are a sign that the vaccine is prompting an immune response. For most people, these side effects occurred within two days of getting the vaccine and lasted about a day.

Side effects were more common after the second dose than the first dose, and people over 55 were less likely to report side effects than younger people. There is a 15-minute post vaccination observation required. So far, reactions are low; if reaction happens, there are providers on site to administer care and no charge should be made for that service or care.

Vaccine Adverse Event Reporting System (VAERS) is a system that accepts and analyses reports of adverse events and/or possible side effects after a person has received a vaccination. Reviewing safety data from last week shows very low incidence of any reported issues. The public database can be accessed here: <https://vaers.hhs.gov/data.html>.

You can also report any side affects to CDC via V-Safe, a smartphone-based tool that used text messaging and web surveys to provide personalized health check-ins after you receive a vaccine. Please see link here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

For an upcoming meeting – we can have a DOH clinical nurse share VAERS data for the COVID-19 vaccine if helpful.



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Data

Q: Will the data on vaccine distributions be disaggregated? Are you tracking race and ethnicity? Are all counties reporting race information?

A: Yes, we are collecting race and ethnicity data. We recently built a public data dashboard, adding in race and ethnicity data is the next step. All vaccine providers are required to report race/ethnicity information, but we do not have complete coverage. People always have the option of whether or not to provide that information.

We recently released a report on COVID-19 Vaccine Coverage by race and ethnicity and age. Please see link below. We hope to discuss further in our upcoming meeting on February 17th.

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/348-791-COVID19VaccinationCoverageRaceEthnicityAgeWASState.pdf>

Q: Is there a breakdown with the intersection of LGBTQ individuals?

A: Unfortunately, no. The current data system used does not include sexual orientation and gender identity questions. We recognize this is a data system inequity that also impacts people with disabilities.

Q: Following an immunization the patient information goes into the WA Immunization Information System (IIS). How can we assure patients this information won't be used against them? Specifically, how can we make sure those without documentation are confident their information won't be shared?

A: The Washington State Immunization Information System (IIS) is a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages. It is a secure, Web-based tool that helps healthcare providers keep track of patient's immunization.



DOH 820-157, March 2021

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Information reported will not be used against patient. Although the HIPAA privacy rule doesn't directly apply to the IIS, the Department of Health intends to comply with the spirit of the rule.

In accordance with RCW 70.02, Washington's Health Care Information Access and Disclosure Act, individually identified data will only be disclosed for the purpose of facilitating healthcare or conducting public health activities to prevent or control disease.

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/ForProviders#ir>

Vaccine Supply & Allocation

Q: How many vaccines per day are you trying to distribute?

A: 45,000 is the goal we are working towards when there is sufficient supply. Currently we are averaging about 27,000 a day.

Q: Is the state of Washington getting equal numbers of both vaccines that are currently available? How is the allocation between the two determined?

A: Supply from the federal government continues to be our greatest challenge. This week our providers requested more than 440,000 doses of COVID-19 vaccine, including 281,100 first doses and 165,750 second doses. In all, we received just over 200,000 doses from the federal government, which is less than half.

Although doses are not where we would like them to be right now, we are optimistic about the future. We have been told by the federal government that allocations for both Pfizer and Moderna will increase in the coming weeks and months.



DOH 820-157, March 2021

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For the first time, DOH received a 3-week allocation forecast from the federal government. Up until last week, we did not receive weekly allocation numbers, making it difficult for our staff, providers, and the public. The allocation forecast is a blend of first and second doses and is subject to change as vaccine availability from the federal government may change.

- **Week of February 14:** 206,125 total doses (113,800 first doses, 92,325 second doses)
- **Week of February 21:** 240,620 total doses (123,160 first doses, 117,460 second doses)
- **Week of February 28:** 242,360 total doses (128,560 first doses, 113,800 second doses)

Each week, the state allocates vaccine from our limited supply to enrolled providers through a multi-step process that starts Saturday and is completed by Thursday night to meet the CDC's Friday morning ordering deadline.

Enrolled providers place their requests through the state's Immunization Information System (WAIIS) and DOH gathers information from Local Health Jurisdictions to help determine their priorities of where vaccine should go.

Decisions are made based on several factors:

- Proportional population of those eligible in the county,
- Data from providers,
- Provider's current inventory and documented throughput,
- equity,
- Access at all provider types (hospitals, pharmacies, mass vaccination sites, and clinics).

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Q: When will the federal supply be higher to meet the demand?

A: We hopefully received 16,000 more doses the previous week and more this week; and we anticipate the week of 21st of February will be up more doses.



DOH 820-157, March 2021

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Q: How many of phase 1a have been vaccinated to date?

A: We do not have an exact way to calculate this at the moment. For some eligible groups within 1a, we are able to identify the exact number of people who are eligible (for example: we can calculate the number of residents and staff members in Long Term Care Facilities within Washington State).

However, some eligible groups (e.g. community health workers, caregivers, etc.) are not as easy to calculate. In addition, we don't track the exact eligibility criteria for people at the point of vaccination and last, not all people eligible are choosing to get vaccinated.

Q: Can they deny the vaccine if somebody gets on the list and they're not in the group prioritized? How would you track that?

A: We are using a trust-based system. But if someone does show up for a vaccine and clearly does not qualify, that would make them ineligible (for example: a 30-year-old who does not currently qualify under 1b, tier 1).

Q: When collaborating with our community partners to plan pop up clinics for vulnerable populations, how can we ensure the vaccine is allocated? Or rather how should we be requesting as it seems the LHJs have as many barriers as the CHCs.

A: The best recommendation is to work with your Local Health Jurisdictions (LHJ). We work with the LHJs to determine allocation for each county. However, we are currently only able to fill about 1/3 of total vaccine requests across the state because of limited supply. Both LHJs and CHCs (among other providers) are experiencing the barrier of low supply.

Q: Mobile and community clinics at the local level and recommendations for folks for where to learn more at local level for vaccine access?

A: Local Health Jurisdictions are responsible for planning vaccine distribution efforts in their own areas. Some are already starting mobile and community-



DOH 820-157, March 2021

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based pop-up clinics. To learn about what is happening in your area, we recommend you connect with your LHJ.

Q: Who decides what and how much vaccine is allocated to local health jurisdictions and sites within communities?

A: This is complicated and changes weekly; currently there are 5 areas: mass vaccinations sites, local health jurisdictions and private practitioners, hospitals, pharmacies, tribes and Urban Indian Health Programs, community health centers and federally qualified health centers.

State allocations of vaccines go to sites that are locally run, as well as the mass vaccination sites. There is a percent/ratio we allocate to these five providers types each week. We get input from local health jurisdictions through a portal.

Because of the lack of supply, DOH has had to cut the doses allocated to these types by 50% to 75%. For example: 480,000 doses were requested this week and DOH had only 107,000 doses to allocate. A lot more providers request but not able to deliver.

Q: Will DOH and Local Health Jurisdictions (LHJs) consider county based appointment systems such as those in CA and NC? They have had hiccups but seem to be working well overall and prevents providers being overwhelmed by phone calls/emails.

A: This has not been actively discussed, but we will get more information.

Q: Under B3, what are some of the relevant underlying co-morbidities?

A: Please see all conditions here:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Q: What if you are over 50 and you have adult children - does that count as multigenerational?



DOH 820-157, March 2021

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A: You would qualify if you are being cared for by your adult children. If you share a household with your adult children but you could live independently, then no.

Q: How will we address folks using parents to incorrectly claim multigenerational housing?

A: We are using a trust-based system. We trust and hope people in Washington to accurately self-report the individual factors that determine their vaccine distribution phase.

Q: Are the phases set in stone or will we be able to advocate for populations we represent to be adjusted upwards.

A: This is a group we hope to engage when we get to that place in planning phases 2-4. 1a and 1b were influenced heavily by community engagement efforts.

Q: Are Tiers 2 to 4 going to be combined? So that younger teachers can get their shots after 50% of Tier 1A?

A: Yes, Tiers 2 & 4 can be combined for feasibility, but we ask that the combining of any tiers align with and support equitable access. It should only be done to avoid wastage of doses. If school staff are combined, focus should be on prioritizing school staff in schools with higher free/reduced lunch, a social vulnerability index of 7+, and staff who support children with special health care needs.

Q: What's the current plan for vaccinating teachers, of all ages?

A: Office of Superintendent of Public Instruction, school districts, local schools, and Local Health Jurisdictions are working on these plans.

Q: How were 4 mass vaccination sites chosen?



DOH 820-157, March 2021

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A: More information about mass vaccination sites can be found here: <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/MassVaccinationSites>

Q: Is DOH planning real time updated vaccine finder so that we can see which providers actually have vaccine?

A: Yes!

Q: Are second dose orders being denied at all? We are a provider and our recent orders have been denied.

A: We are currently experiencing an imbalance of 2nd dose and 1st dose needs. To remedy this, for the week of February 15th, DOH will be prioritizing 2nd dose orders. This means that it may be difficult to get a 1st dose appointment this week. We should be back to normal and in balance the week of Feb 22.

Prioritization & Access

Q: I would like to discuss why WA is not prioritizing people with disabilities, per CDC recommendations. It is known that people with Down syndrome who develop COVID-19 are four times more likely to be hospitalized and 10 times more likely to die from the disease.

A: We will have a focused session to center the needs and experiences of people with disabilities. This space will provide opportunity to prioritize recommendations regarding access. We also have sent out a follow-up survey to gauge community feedback on topics



DOH 820-157, March 2021

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and/or questions individuals would like to prepare ahead of time for the focused session.

Please feel free to email us for other additional topics/concerns related to eligibility and access for people with disabilities you would like us to prioritize for that upcoming session.

Q: Why are they asking for a Mychart and asking for insurance information for vaccine?

A: COVID-19 vaccine is free! Provider may charge a vaccine administration cost which is the cost provider charges to give you the vaccine. Your insurance will cover this cost!

However, if you do not have insurance **you** should not be charged out-of-pocket costs or receive a bill from your provider or from the vaccination site. This applies to people who have private insurance, Medicaid, Medicare, or are uninsured.

If you are charged and have insurance, contact your insurance plan first. If this doesn't address the issue, you can also [file a complaint](#) with the Office of the Insurance Commissioner.

If you do not have health insurance, providers are not allowed to charge you for the vaccine and therefore may be violating the requirements of the COVID-19 vaccine program.

Please email covid.vaccine@doh.wa.gov if you get charged.

Q: There is racial disproportionality in incarceration. The number of BIPOC elders who are incarcerated is highly radicalized. How will you address this?

A: BIPOC elders 65 years+ who are incarcerated are eligible for vaccine now. All other people who are incarcerated—who are not otherwise eligible because of age or underlying conditions—will be eligible in Phase 1b, Tier 4.



DOH 820-157, March 2021

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Q: Would incarcerated people who are elders and medically vulnerable be able to access the vaccine before phase 1B?

A: We are currently in Phase 1b, Tier 1. All people 65 years+ are eligible for vaccine regardless of whether they are incarcerated or not. People with 2+ comorbidities/underlying conditions are eligible in Phase 1B, Tier 3.

Q: I do want to ask why those incarcerated are not in the same priority group as jail/prison staff?

A: Jail/prison staff are in Tier 2, which currently is an occupation-specific grouping for people who work in congregate settings where COVID-19 risk is high (e.g. agricultural workers, childcare centers, schools).

Q: We know what the inequities are, people of BIPOC communities are being impacted disproportionately. How are we prioritizing those communities for giving them the vaccines? How do you plan to ensure equity?

A: We have adopted eight strategies to ensure we are leading with equity in vaccine distribution:

1. Engage communities to inform vaccine prioritization and planning;
2. Integrate a pro-equity approach into vaccine allocation and distribution;
3. Prioritize allocation and support to providers who effectively serve disproportionately impacted communities;
4. Invest in trusted community leaders, messengers and organizations;
5. Ensure all communications, education and outreach efforts are culturally and linguistically appropriate and accessible;
6. Strengthen the public health system's ability to center communities in vaccine outreach and access;



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7. Foster opportunities for collaboration;
8. Support a trauma-informed approach to vaccine conversations.

Please visit our Vaccine Engagement page to learn about the details of each strategy and engagement efforts:
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement>

Q: What is the communications planning rolling out to the different communities?

A: DOH is developing community specific outreach plans right now as we move out into the new phases; we are ensuring these plans resonate and are inclusive of community feedback.

DOH has been prioritizing funding community based organizations (CBO's); we have started contracts with over 40 community organization, funded 27 community media outlets, funding 21 CBO's to share community driven messaging.

DOH has requested additional funding as needed to support community.

A list of community partners can be found here:
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement>

Q: How will hemodialysis patients who are largely BIPOC access vaccine? We cannot social distance.

A: We are working with dialysis providers to be able to offer the vaccine onsite, so dialysis patients don't need to go elsewhere other than regular appointments to get the vaccine.



DOH 820-157, March 2021

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Q: An 80 plus year old neighbor was told she must get vaccinated in the COUNTY in which she lives. Is that true? I have seen NOTHING in the rules to support that.

A: This is not true. We are encouraging people to get vaccinated in the general area that they live (to help with estimates and planning), but we recognize that people can work and seek healthcare outside of their county lines.

Q: How can we ensure accessibility, especially for older adults? How will the seniors who don't have anyone who is tech savvy be reached out to? What is your strategy to assure the elderly without computers can get vaccinated?

A: The 211 call center staff can help you see if you are eligible for the vaccine and find a vaccine location. The 211 call center is open from 6:00am – 10:00pm Monday-Friday and 8:00am – 6:00pm Saturday, Sunday, and holidays.

Interpretation services are available. When they answer your call, say your language. It will take a minute to connect to an interpreter.

We recognize that there are many technology barriers. We are currently looking into using phone landlines, how to better utilize our 211 phone line and making sure we develop broader communication channels – like traditional media outlets, radio, mailers...etc.

State COVID-19 Assistance Hotline: Dial 1-800-525-0127, then press #. Language Assistance Available.

Q: Are Apple Health Plans able to answer questions- does everyone have to call 211? What about the Washington Listens system?

A: People that have access to a smart phone or internet can use Phase Finder to determine eligibility for vaccine. Currently Phase Finder is available in English and Spanish. 35 other languages will be added by mid-February. For people who are unable to use Phase Finder because of language, disability, or technology barriers, you can call 211.



DOH 820-157, March 2021

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Washington Listens provides non-clinical support to people experiencing sadness, anxiety, or stress due to COVID-19. Anyone in the state can call WA listens anonymously. It does not provide information on vaccine eligibility and/or vaccine appointments.

Q: Are we really placing the responsibility on individuals to call or pull up each and every location and organization to figure out if they have vaccine appointments available? I can't fathom people doing this.

A: We are developing additional pathways to accessing the vaccine. If someone has a primary care provider who offers vaccine, they may hear from them when they are eligible. We are also working with community partners to support community-based appointment scheduling where we can as well.

Q: I have a community of deaf and hard of hearing who are having great difficulties getting an appt and or trying to get thru the maze on the website. I'm trying to find a vaccine site that can used at a day and time with interpreters.

A: Thank you for raising this important issue. We will be doing an assessment of providers to assess their ability to meet accessibility needs (among other things).

We are also developing other pathways to getting an appointment to try and address many of the access barriers people are facing. If you would like to share what county you live in, we can connect you with people at your LHJ who may have better information about specific vaccine sites that have interpretation services.

We also would like to brainstorm other needs and solutions for people who are deaf/hard of hearing at the upcoming Collaborative meeting.

Q: Want to highlight need for better strategies for vaccine access for homebound individuals. Home health agencies are not applying to be



DOH 820-157, March 2021

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vaccine providers for a variety of reasons. Mobile teams don't currently have capacity to go house to house.

A: Yes, agreed! We are aware of this issue and having current conversations around strategies to ensure accessibility and increase of mobile sites.

Q: Is there consideration to reduce barriers to access vaccine appointments? Why are sites requiring the Phase Finder?

A: Yes! We have heard actively from partners about the barriers communities are facing to getting the vaccine; including language; access for people with disabilities; technology (for web-based appointment scheduling) and transportation.

We are currently assessing all enrolled providers for their ability to address these barriers and effectively serve all communities. The results of this assessment will help the Department identify gaps and opportunities to better reach disproportionately impacted groups.

Phase Finder is tool designed to help people in Washington find out if they are eligible for a vaccine now or if not, sign up to be notified when they become eligible.

If people cannot complete Phase Finder on their own, they can call 211. 211 will complete Phase Finder for the caller. Once person has made their appointment – they can either show Phase Finder eligibility or tell vaccine provider that 211 confirmed their eligibility.

Q: I don't understand how they came up with the priority list. My young adult disabled daughter has extreme medical needs and can't get the vaccine but a person who is over 50 that lives in a multigenerational home can get one? How is this even equitable?



DOH 820-157, March 2021

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A: During the fall of 2020, DOH led a comprehensive engagement effort to get feedback from disproportionately impacted communities, partners, and sectors about how we should prioritize and allocate the COVID-19 vaccine.

We conducted 90 interviews, focus groups, and community conversations with 568 individuals and surveyed about 18,000 people in multiple languages. Read the full report to learn more. These engagement efforts directly informed our [interim vaccine allocation and guidance](#).

One of the strongest themes during our community engagement efforts was the desire for all communities to protect their elders.

Another strong theme was the need to prioritize older adults and elders who are cared for at home. These older adults are not protected through the long-term care program in 1a, and can be at a unique risk if living in a household where someone has to work outside the home.

We also know that the age for “older adult” or “elder” differs greatly by community, and an age cut-off of 65 years may not be inclusive. This resulted in the intentional and specific prioritization of adults 50 years+ in multi-generational homes.

All of the decisions made around vaccine prioritization were extremely difficult. With insufficient vaccine to protect everyone who needs it, we relied on outbreak data, data cases/hospitalizations/deaths, research about exposure risk in different settings, and direct input from communities to make these difficult decisions.

For more information, please visit:

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

Q: I am curious on why the people living with HIV/AIDS (PLWHA) aren't a priority?

A: PLWHA are a priority and are eligible for vaccine in Phase 1b, Tier 3. We anticipate having up to 4 phases of vaccine distribution. All groups listed in Phases 1a and 1b are those who we identify as the very highest priorities.



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