Overview of North Carolina’s COVID-19 Vaccine Plan
After months of planning, North Carolina began providing COVID-19 vaccinations on December 14, 2020. Our goal is to vaccinate as many people as quickly and fairly as possible given the limited supply of vaccines.

Prioritization Groups
- Group 1 Health care workers and Long-term care staff and residents — ACTIVE
- Group 2 Older adults (defined as 65 and above) — ACTIVE
- Group 3 Frontline essential workers — ACTIVE starting February 24, 2021 for child care and PreK-12 school staff
- Group 4 Adults at high risk for exposure and increased risk of severe illness — NOT YET OPEN
- Group 5 Everyone who wants a safe and effective COVID-19 vaccination — NOT YET OPEN

Opening to Group 3: Because supply is still very limited and the population of frontline essential workers is so large, Group 3 will begin with anyone working in child care or in PreK–12 schools on February 24th, with the plan to then move to additional frontline essential workers on March 10th. Previously eligible groups - health care workers, long-term care staff and residents, and people 65 and older – will continue to be prioritized.

Promoting Equitable Vaccine Distribution: It continues to be the responsibility of all vaccine providers to ensure equitable access to vaccines. The percentage of vaccine administered to historically marginalized populations should meet or exceed the population estimates of these communities in their county and region. Specific and intentional actions to reach and engage historically marginalized communities are outlined in Section 21.0, including a database of Organizations Interested in Hosting or Support Vaccine Events

Current Allocation Timing as of February 16, 2021
- NCDHHS typically receives the state’s weekly allocation on Tuesday afternoon, and we aim to provide weekly allocations to our vaccine providers on Thursday evening.
- Providers must accept or decline their allocation in whole or in part no later than noon on Friday, each week.
- First doses of vaccine outlined in that allocation will arrive at the provider’s location on Tuesday or Wednesday of the following week, approximately 5 days after receiving notice of the allocation
- As long as vaccine supply remains very low, all first-doses of vaccine that arrive on Tuesday or Wednesday must be administered and entered into the CVMS platform by Monday evening of the following week.
- Attempt to complete your first-dose administrations on Thursday, Friday, Saturday, and Sunday. Reserve Monday for using up vaccine that is left from no-shows or cancellations and to confirm that all administration data is entered into CVMS. You can call individuals from your waitlist Sunday night to finish up the small clinic on Monday.
Key Updates- 2/16/21
This document combines the information from the previous Interim Provider Guidance for Vaccinating North Carolinians and the LHD COVID-19 Vaccine Toolkit.

- **Reaching homebound individuals (New Section 5.3):** Some members of our 65+ population are homebound individuals. Guidance on transporting vaccine to homebound individuals (preferred option) and sourcing transportation for homebound individuals is included.

- **Group 3: Frontline essential workers (Sections 6.1-6.3).**
  - New information about North Carolina’s upcoming move to Group 3, beginning with workers in child care or PreK-12 schools on February 24th.
  - Strategies to manage demand are in Section 6.2.1. Some vaccine providers may not be ready to open to frontline essential workers on these dates if they are still experiencing high demand for vaccines in Groups 1 and 2. See Appendix 40 for a letter from Secretary Cohen.
  - Vaccine providers are encouraged to coordinate with employers to help frontline essential workers get vaccinated (See Section 6.2.2). Vaccine providers should encourage employers to provide vaccination information to staff and communicate details on how to get vaccinated. Vaccine providers can share guidance available for child care, PreK – 12 schools, and essential industry employers.
  - A new section on using the Organization Portal in CVMS is included in Section 6.2.3, which includes instructions on how vaccine providers can choose to invite an organization (e.g., a school or child care employer) to bulk upload their eligible employees.
  - Vaccination eligibility documentation. Vaccine providers should have a process for self-attestation of vaccine eligibility and significant time spent in North Carolina.

- **Who Can Be A COVID-19 Vaccine Provider? (New Section 11.0).** All eligible North Carolina healthcare providers who are interested in administering the COVID-19 vaccine can submit an enrollment application for their organization in the COVID-19 Vaccine Management System (CVMS). This section outlines the requirements and expectations of COVID-19 vaccine providers and provides an overview of the Federal Retail Pharmacy Program and Federally Qualified Health Centers Program.

- **Vaccinating Outside Jurisdiction (New Section 14.3).** Additional guidance on how to protect the health of North Carolinians. To protect the health of North Carolinians and promote equity in vaccine distribution, people who spend significant time in North Carolina and are able to spread the virus in North Carolina should be vaccinated when and where they have access to vaccine. People who can be vaccinated in North Carolina and considered to spend significant time in North Carolina include, but are not limited to, persons who have a residence and/or live in North Carolina, work in North Carolina, or receive ongoing health care in North Carolina. Jurisdictions should continue to not put restrictions on administering vaccinations based on North Carolina county of residence. However, to promote the public health goals for North Carolina, it is permissible to not offer vaccine to temporary travelers who do not reside, work, or spend significant time in the North Carolina. This could include persons briefly passing or traveling through North Carolina or coming to North Carolina for the main purpose of receiving a COVID-19 vaccine and then returning to another state.
• Planning and Running Vaccination Clinics and Events (Updated Section 20.0):
  Additional details and promising practices for vaccination clinics and events, including a new
  survey for identifying local partners (Section 20.3) and maintaining a waitlist (Section 20.8)

• Sections from the LHD COVID-19 Vaccine Toolkit added to the COVID-19 Vaccine
  Provider Guidance
  o COVID-19 Vaccine Management System (CVMS) – Section 10.0
  o Readiness checklist for newly enrolled providers – Section 12.0. Contains
    recommended action items to help enrolled providers ensure their readiness to receive
    and administer COVID-19 vaccine, including onboarding, training and other key actions
  o COVID-19 vaccination legal considerations – Section 14.0
  o COVID-19 vaccine clinical information and guidance – Section 15.0. Information on
    Pfizer and Moderna vaccines, such as EUA fact sheets and contraindications
  o Administration of vaccine – Section 17.0. Guidance on first and second doses
  o Vaccine storage and handling – Section 18.0. Outlines storage and handling
    procedures for Pfizer and Moderna vaccines
  o Payment and billing of COVID-19 vaccine – Section 22.0. How to bill third party
    payers for the administration fee, including HRSA’s COVID-19Uninsured Program.

• Reminder about Second Doses.
  o Because second doses that match first dose allocations are sent to the same provider,
    the expectation is that individuals receive their second dose at the same site as their first
    dose. Providers should be ensuring plans are made to conduct second dose clinics
    when planning a first dose clinic and instructing and doing outreach to people to come
    back to the same provider for the second dose.
  o Unused doses at the end of a second dose clinics: Every attempt should be made to
    limit the number of unused doses at the end of a second dose vaccination clinic. If you
    only need a small number of doses to finish a second dose clinic, for example 1-2 extra
    doses, you could take the extra doses from a thawed first dose vial if available, instead
    of thawing an entire new vial meant for second doses. If, even with employing these
    strategies, you still end a second dose clinic with unused doses in a vial, you can
    convert second doses to first doses and assume the overages (for example getting 6
    doses from a Pfizer vial or 11 doses from a Moderna vial) or no-shows will even out the
    supply over time. As we only have supply promised for second doses to match first
    doses, you will need to use first doses that arrive in the week the 2nd doses are due to
    match those 2nd doses used as first doses.
  o Converting second doses to first doses: The second dose should be administered as
    close to the recommended interval as possible. If it is not feasible to get the 2nd dose in
    that period (21 and 28 days for Pfizer and Moderna, respectively), a second shot may be
    scheduled up to 6 weeks (42 days) after the first shot. If the provider has had 2 failed
    attempts to schedule an individual to come in for a 2nd shot and at least 49 days have
    past since the first vaccination, a vaccinating provider may choose to proceed with using
    that 2nd dose as a 1st dose. Providers would need to plan accordingly when turning a
    second dose to a first knowing that a matching second dose will not be shipped to them.
    Providers should not convert more than 50% of their unused second doses as first doses
    to ensure sufficient supply for second doses and should ensure proper storage of the
    doses to be used at a later date as a second dose.