NJ COVID-19 Vaccine Rollout for Physician Practices

Options for Sharing Vaccines

The NJ Department of Health has implemented is working on an alternative a system for redistribution of Pfizer COVID-19 vaccine doses from medical centers/hospital systems with appropriate ultra-cold storage units, to pediatric practices via a Hub and Spoke Model and/or Pop-Up Clinics.

What is a Hub?

- A location that receives vaccine directly and is responsible for maintaining the integrity of the vaccine. This requires a contract with the CDC.
- Inventory is maintained with vaccine directly shipped to the Hub.
- Inventory is managed through the Hub's facility PIN in NJIIS.
- All doses administered will be reported to NJIIS through the Hub's reporting mechanism. Inventory will be decremented as individual doses administered are reported.
- Lot numbers populate the Hub's inventory and will remain there until vaccine is administered or transferred.

What is a Spoke?

- A location that does not receive vaccine directly but receives vaccine transferred from a Hub.
- Inventory is transferred from Hub to spoke electronically in NJIIS.
- Spokes are responsible for reporting doses administered by that site but can only do so after inventory is transferred in NJIIS.
- Note: If inventory is not transferred prior to vaccine administration, doses will not decrement correctly and locations will need to resend administration data.
- The pediatric office will need to be registered as a vaccinator with NJ DOH and will need to to sign and submit the CDC Provider Agreement in this scenario.

What is not a Hub and Spoke Model? (Pop-Up or Day Clinics)

- A pop-up/day clinic occurs when a site receiving vaccine directly provides vaccine at an off-site clinic but does not transfer any doses to the secondary site, nor leave vaccine at the secondary site for storage.
- The site that received the doses will be responsible for reporting doses administered at the clinic and will be the party to bill for any administration fees associated with the event.
- For example: Hospital A has an allocation of 1170 Pfizer doses and they agree to bring 100 doses to Pediatric Office A for a clinic. In this scenario Hospital A will be responsible for all the storage and handling of the vaccine and will be responsible for reporting of doses administered to NJIIS.

Vaccine Viability – Pfizer as of 5/13/2021[1]:

- Vaccine transported FROZEN at normal freezer temperatures will only be viable for 2 weeks at -25°C to -15°C and transportation time will count against that 2 weeks of viability
    - Less likely scenario, if transported frozen, these could go into an ULT freezer if available at the spoke (this can only be done 1 time) and would be viable until the expiration date provided by the manufacturer
- Vaccine transported THAWED at refrigerated temperatures will only be viable for 5 days (120 hours) at 2°C to 8°C and transportation time cannot exceed 12 hours and will count against the 120 hours of viability
    - Most likely scenario, most locations do NOT have freezer temperature pack-outs

Practices who are interested in being connected with a Hub can contact Vax.Operations@doh.nj.gov

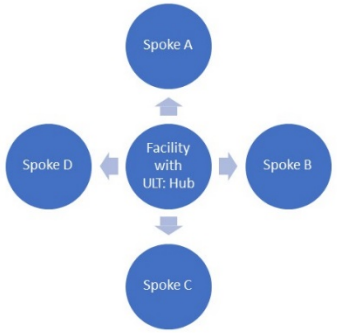
See page 2 for scenarios for Hub and Spoke Models and scenarios for Day Clinics

[1] *https://www.cvdvaccine-us.com/product-storage-and-dry-ice*

Scenarios for Hub and Spoke Models:

Scenarios for Hub and Spoke Models: Scenario A – Spokes Pick Up Vaccine from the Hub

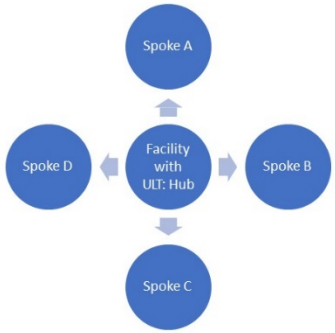
Hubs and Spokes



- Each arrow requires the following:
  - Spoke will need a certified container and packout or portable refrigerator/freezer to pick up and transport vaccine (see Viability slide for implications) and a digital data logger to accompany the vaccine during transport
- Each Hub will need to have a redistribution agreement on file with VPDP
- Each time vaccine is picked up someone from the Hub will need to transfer doses in NJIIS to the spoke and communicate the following to VPDP
  - Hub NJIIS PIN, Spoke NJIIS PIN, Lot number, Quantity transferred, Date transferred

Scenarios for Hub and Spoke Models: Scenario B – Hub Delivers Vaccine to Spokes

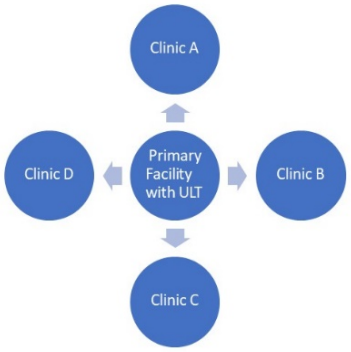
Hubs and Spokes



- Each arrow requires the following:
  - If a Hub is willing to courier vaccine to each Spoke, Spokes will not require having qualified containers and packouts or portable refrigerator/freezer units
    - Hub will have to have these items for transport
- Each Hub will need to have a redistribution agreement on file with VPDP
- Each time vaccine is taken to a Spoke the Hub will need to transfer doses in NJIIS to the spoke and communicate the following to VPDP
  - Hub NJIIS PIN, Spoke NJIIS PIN, Lot number, Quantity transferred, Date transferred

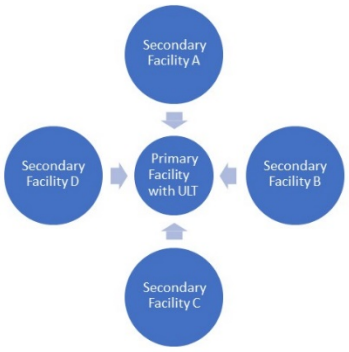
Scenarios for Day Clinics/Pop-Up Sites

Scenarios Day Clinics: Scenario 1 – Primary Facility Travels to Off-Site Day Clinics



- Primary Facility is willing to partner with any number of sites to sponsor clinics at their locations
- Primary Facility is responsible for aspects of vaccine storage, handling, administration and reporting
- No redistribution agreement required, the Primary Facility with ULT would bring a predetermined amount of vaccine to the Clinic for the day
  - Goal would be to have no vaccine doses left at the end of the day
  - Facility could transport back remaining vaccine doses if needed but again, see Viability Implications
- No need for inventory transfers as long as Primary Facility with ULT is willing to submit data into NJIIS
- Staff from Clinic locations can provide support to the Facility to conduct the day clinic

Scenarios Day Clinics: Scenario 2 – Primary Facility Works with Secondary Facilities to drive traffic to their site for vaccination



- Primary Facility with a ULT is willing to partner with any number of Secondary Facilities to have those facilities' patients go to that primary site for vaccination
- No vaccine would need to be moved
- No need for inventory transfers
- Staff from secondary facilities can provide support to the Primary Facility to conduct the clinics if needed

https://www.cvdvaccine-us.com/product-storage-and-dry-ice