

Centers for Medicare & Medicaid Services
COVID-19: CMS CDC Nursing Home Stakeholder Call
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1:00 p.m. ET

OPERATOR: This is Conference #: 7979889

Operator: Ladies and gentlemen, thank you for standing by and welcome to the CMS-CDC Nursing Home Stakeholder Call. At this time, all participants are in a listen-only mode. After the speaker presentation, there will be a question-and-answer session. To ask a question during the session, you will need to press "star," "1" on your telephone. If you require any further assistance, please press "star," "0". I would now like to hand the conference over to Ashley Spence. Please go ahead.

Ashley Spence: Thank you and good afternoon, everyone. Again, thank you for joining us for our national nursing home call right before the holiday, so thank you for your time. To get started today, I'm going to start by turning the call over to Dr. Lee Fleisher. He is Director of the Center for Clinical Standards & Quality and also Chief Medical Officer at CMS. Dr. Fleisher?

Lee Fleisher: Yes, Ashley. Thank you so much and we're very appreciative for a number of things. One, for joining us today, but most importantly for what you do for the residents of your long-term care facilities, the nursing homes of this nation every day to ensure they get the best care.

And as we come up on the holidays, and a happy holiday to all of you, we need to remember that while it is incredibly exciting and we're very glad that the administration has prioritized, along with front care healthcare workers, the nursing home residents and your staff, that we still have time ahead in which we need to practice and maintain our practices of best practices with regard to infection control.

In fact, I still provide frontline anesthesia care at my home institution and received my vaccine on Friday and I want to assure you that despite that first vaccine that I am continuing to practice all those best practices and will for the months to come.

The other thing that's really important is we know how much has been discussed about vaccine hesitancy and the concern to take the vaccine. I expressed that I already did and when my family's turn comes in line, I have expressed that both to my parents and my immediate family because I do think it's important and safe that we respect resident and staff rights.

So that education is going to be one of the most important things that we and our incredible colleagues who have joined us today from the CDC can do is provide you with that information to overcome people's concerns about the vaccine so that we really can get back and ensure that our residents are safe.

So as I said, the key really today is that we are at the beginning, we hope, of the end of the concerns, but only the beginning of some of our concerns and fear of our nursing home residents and we really do both need to educate them and our staff as well as maintain those infection control processes in place until we reach that state where there's sufficient number of people vaccinated that we can feel that we have that safety and the infection under control.

So on that note, I'm going to turn it over to Nimalie Stone from the CDC to discuss some of the issues specific to the vaccine today. Nimalie?

Nimalie Stone: Hi. Hello, everyone, and thank you very much, Lee. I really appreciate this opportunity to share some updates about the vaccine roll-out in nursing homes and to provide this audience with some key information about vaccines, their use and safety for the centers that are providing education to your staff and residents as you prepare to receive the COVID-19 vaccines.

I want to start by expressing our gratitude on behalf of myself and my team to all of the nursing home staff for your dedication, your ongoing commitment to your residents and families and all who come in and out of your centers every day. We know that this pandemic has taken a substantial toll on everyone in long-term care – staff, residents, families.

For almost a year, people have been separate from and unable to spend time with their loved ones and daily life in your communities have been disrupted and all of you on this call are caring for the most vulnerable people. You've witnessed the increased risk that they have for severe illness because of

frailty, older age and underlying medical conditions. Working with your public health programs, you've been tracking and reporting the impact of SARS-CoV-2 in your centers.

Hundreds and thousands of infections have been reported among residents and staff and a substantial proportion of deaths in this setting have occurred and so it's for these reasons that long-term care facility residents and healthcare personnel were identified as top priority to have access as quickly as possible to COVID-19 vaccines.

You've been on the front lines of this pandemic, experiencing high risks of exposure and the vaccine is an incredibly important tool in our large set of resources that have been put into place to protect yourselves, the residents you care for, families, friends and your communities.

So let me start by sharing a little bit of an update on the federal Pharmacy Partnership Program for Long-term Care. This is a public-private partnership involving 19 national pharmacy partners and network administrators that are ensuring that residents and staff at more than 70,000 facilities nationwide will be offered the vaccine.

The facilities participating in this program were matched with pharmacy partners who are able to arrange clinics and administer vaccine efficiently and safely, (coming) two centers on site at least three times and the program launched yesterday nationally in 13 states with on-site vaccination support to almost 250 long-term care facilities yesterday and another almost 1,100 clinics scheduled for facilities throughout the rest of the week.

And in the short-term while vaccine supply is still limited, the program is working in close coordination with federal partners in our Operation Warp Speed and state health departments to enable the utilization of this expansive network to distribute the vaccine to critical populations as quickly as possible. Most states are planning to activate and use this program as part of their plans to distribute vaccine in the upcoming weeks.

And so as this is rolling out, we want to make sure that you are receiving the information you need to prepare your center and educate your staff and

families and so let's start by talking a little bit about these two vaccines. Even though they're receiving the FDA's emergency use authorization to expedite the availability and the use of these vaccines, they have all been held to the same safety standards during their development as other vaccines and therapies.

Several expert and independent groups evaluate the safety of vaccines being given to people in the U.S. and before any vaccines receive authorization, the FDA carefully reviews all of the safety data from the clinical trials that are part of the process of vaccine development.

And in addition, the CDC has an advisory committee on immunization practices with a separate body of experts and scientists that also review the safety data that help inform recommended use and there are programs in place to continue to monitor vaccine safety and side effects as the vaccine distribution continues and so even as the vaccines – even after the vaccines have received this initial emergency use authorization, CDC FDA, working with states and clinical groups, continue to evaluate their safety and effectiveness.

As you know, there have been two vaccines now that have received emergency use authorizations, one produced by Pfizer and BioNTech and the other produced by Moderna. Both vaccines have two dose (series) and both were found to be about 95 percent effective at preventing COVID-19 disease. Both of these vaccines underwent large evaluations in tens of thousands of adults representing groups from diverse backgrounds and ages as part of the safety and efficacy.

And just a little information about these messenger RNA or mRNA vaccines given that they are a relatively new technology. Many of the vaccines that we're familiar with trigger an immune response by putting a weakened or inactivated germ into our body, but that's not how these mRNA vaccines work.

Instead, they teach ourselves how to make a harmless piece of part of the spiked protein. The spike protein is found on the surface of the SARS-CoV-2

virus and this protein piece is what generates the immune response that protects us from COVID-19 if we get infected with the virus.

The mRNA in the vaccine does not interact with our own genetic material and it cannot cause COVID-19 and so while this is a newer vaccine technology, we have actually been studying mRNA vaccines for use against other viruses including influenza and Zika virus. So being able to share information about how the vaccines work is a – is a huge part of education that'll help address questions that may be coming up from your – from your staff and from your residents.

Also as you're preparing staff and residents for receiving the vaccine, it's important to provide them with information about what to expect. We expect the vaccines to produce some symptoms after vaccination, especially after the second dose. The side effects might include fever, headache, body ache and these are similar to side effects you may have experienced from other vaccines like the flu shot.

We recommend everyone receiving the vaccine is monitored for 15 to 30 minutes following the vaccination and even after that immediate post-vaccine window, we continue to monitor for side effects and I'll mention in a moment some of the programs that we have available for that post-vaccine monitoring.

I also want to mention that we have developed guidance to support nursing homes in managing post-vaccine symptoms that may occur among staff or residents and that includes determining whether a staff person may need to be furloughed from work if they're experiencing symptoms like cough and shortness of breath which we do not expect to occur from this vaccine and give some guidance on additional evaluation that should take place prior to them returning back.

And then it also talks about how to manage symptoms that are more common like body aches and fatigue and provide some algorithms for how to approach testing and monitoring them. And then so similarly, we have guidance to help inform evaluation of residents that also may experience some of these expected post-vaccine symptoms.

There are a lot of discussions as the vaccine rolls out and becomes more widely available. You may start to hear information from friends, family, their co-workers, things will get posted on social media and some of it may be accurate and some of it may not and again, we want you all to have the facts available to educate others. So being able to emphasize that none of these vaccines that are in use or under development use the live virus that causes COVID-19 and so they cannot cause the infection.

People will experience some side effects after getting vaccinated and that's part of the body's immune response building that protection in response to the vaccine itself, but we also know that the protection may not happen immediately and really it takes both of those doses to be fully protected. So there's a window of time following the initial first dose vaccine where you could continue to be susceptible and even get infected with the virus in the window just before or after that vaccination.

And we are also – and that's why we emphasize that we need to continue using our other infection prevention control practices, including social distancing, using PPE, performing hand hygiene as part of the portfolio of activities that help increase the safety in these – in our centers. And we are still learning right now how long the protection from the vaccine might last, so more information is forthcoming as our experience grows.

I mentioned that a lot of safety precautions are taken during the development of the vaccines and so if people ask, well, how do they – how do they make sure that they're safe when these vaccines were developed so quickly, you can reassure your staff that there was a lot of existing knowledge and supports in place even before the vaccine trials began and that companies started to create the doses of vaccine as they saw how well the safety and efficacy trials were going.

And it turns out these newer mRNA vaccines can be developed more quickly than some of the other traditional vaccines we've used in the past and they were given priority for review and authorization. So these vaccines really, again, to emphasize, were held to the same safety standards, but their development leveraged a lot of incredibly important vaccine development

infrastructure that allowed this country to develop these vaccines so quickly and now distribute them.

Monitoring vaccine safety continues to be an ongoing part of the vaccine development and use and there are a lot of systems that we've had in place for decades to ensure the safety of routine vaccines. There are a couple I want to mention in particular.

One is the Vaccine Adverse Event Reporting System or VAERS which is a system online that can be accessed by anyone to collect information about side effects or changes that are submitted by individuals, either by patients or the clinical staff taking care of them reporting symptoms that develop after the vaccination and the VAERS system collects and analyzes all of this information that's submitted and develops reports to help determine if there are post-vaccine adverse events or any safety concerns.

We also have prospective systems and data sources that are in place to further evaluate the effectiveness and safety of the vaccines as they're continuing to be distributed and there have been some new safety monitoring capabilities developed as well.

One of them is called V-safe and V-safe is a – is a – is an app that can be downloaded to smartphone and it's an active surveillance system that uses text messaging to initiate monitoring of safety and it's a way that healthcare staff can provide feedback and get reminders and check-ins to make sure, if they are experiencing anything following the vaccine, they have a portal to share that information.

So I know this has been a lot of information, covering kind of a broad landscape of the information about the vaccine as well as educational materials and some of the information about vaccine safety monitoring. I think it's important to remind our staff that as much as we want this to allow us to go back to the way things used to be, to start changing the restrictions, I think we will definitely get there, but it's going to still take some time and we have to be patient.

And so reinforcing that this is one of the tools, but we have to continue to be vigilant with our screening, use of personal protective equipment, hand hygiene and all of the IPC practices that you've been putting into place and maintaining to add additional layers of safety to the care of your residents and the staff caring for them as well.

Following this – well, following this presentation, we will post some links and have a – have a resource to allow you to quickly get to a lot of the materials and information on our website about these different aspects of the vaccine development, implementation and safety monitoring. And so I think I'm going to pause there and hand it back to Lee if we have other CDC colleagues ...

Lee Fleisher: Great.

Nimalie Stone: ... who may be – thanks. Go ahead.

Lee Fleisher: Thank you so much, Nimalie and Dr. Stone and for all you do for the residents and presenting it. In fact, some of you may have met Dr. Stone as part of the strike teams who have come out and actually looked and helped you learn what you needed from infection control practices, so your frontline observations are great.

I really want to emphasize what she discussed. The technology for the vaccine is over 10 years old. It was developed in part at the institution that I currently – that I'm still on the faculty of and in fact, we have spoken with those scientists and they really do emphasize that.

The other thing is I personally use V-safe on a daily basis. I get my texting and answer those questions and it really does give you a sense that the CDC has thought through the issues so that the CDC does learn about adverse events and can quickly update any guidances, which gets to the resources for communicating with the staff and residents. And so, Amanda, if you can discuss that, that would be fantastic.

Amanda Carnes: Hi. Yes. My name's ...

Lee Fleisher: Amanda Carnes ...

Amanda Carnes: Hi. Can you hear me?

Lee Fleisher: Yes, we can. Thank you.

Amanda Carnes: OK. Great. My name is Amanda Carnes and I'm currently working on the Vaccine Task Force and CDC's COVID-19 response. Our team has been working on a toolkit to provide long-term care facility administrators and clinical leadership with information and resources to help build vaccine confidence among healthcare personnel and residents. As you all know, as administrators in clinical leadership, you play a critical role in providing trusted information and can play a major role in ensuring vaccination coverage in facilities.

The new toolkit we've been working on outlines the importance of COVID-19 vaccination in long-term care facilities, provides strategies for encouraging COVID-19 vaccination and includes tools facilities may be able to use to monitor vaccine side effects among healthcare personnel and residents. The development of the toolkit has been – has been an iterative process and we will be continuously updating it with content as new information and resources become available.

Right now, the toolkit is comprised of five modules. The first module is on preparing staff for COVID-19 vaccination, second module's on preparing residents for COVID-19 vaccination, the third module is on vaccine safety and monitoring.

The fourth module is actually a repository of frequently asked questions about COVID-19 vaccination in long-term care facilities that we've been receiving over the last few weeks and then the fifth module is an additional resource section where we've categorized, for easy review, resources to aid and hopefully provide more content beyond just those that are outlined for long-term care facilities.

We also have been working on some additional supplemental materials to include in the toolkit. We have a letter that facility leadership can send to

staff, a template letter that can also be sent to residents and then residents' families and loved ones. We also have a fact sheet that will be on answering common questions for staff in long-term care facilities on COVID-19 vaccination and another fact sheet that will have information on answering common questions for residents around COVID-19 vaccination.

We also are developing two different posters, both of which outline the reasons why staff and residents are the top priority for getting vaccinated. And then lastly, we are developing, and right now it's currently in design, a fact sheet explaining the importance of safety monitoring and reporting and this actually also outlines the V-safe and their systems that you heard about previously on this call.

We hope this toolkit will be released in the coming days and we will be notifying long-term care partners as soon as it is live. We know that people have been looking for this content and information.

While we're working as quickly as possible to get the toolkit, I would also like to flag the COVID-19 vaccination communication toolkit for health systems and clinics, which includes a variety of materials designed to encourage vaccine confidence in clinics, medical centers, clinicians and healthcare personnel and I think that we've provided this link in another e-mail for this call. So if you have any questions, please let us know, but thank you.

Ashley Spence: Thank you so much. This is Ashley. At this time, we can open for – open the lines for question-and-answer. So operator, if you're ready to start.

Operator: OK. If you would like to ask a question at this time, please press "star," then the number "1" on your telephone keypad. Again, to ask a question, that is "star," "1" on your telephone.

CMS Lee Fleisher: And let me repeat again, and we see that from the leaders in the country right now. The goal is education and your leadership when your leaders at your center have the opportunity to show that.

It's taking the vaccine based upon your medical – there are some medical conditions where it's contraindicated or should be done in different ways, but I

think that's the key to get over the vaccine hesitancy that is a concern for many of us as we move forward. And operator, do we have a first question?

Operator: Yes. Your first question comes from the line of Joanna Lee with ABC Care Center. Your line is now open.

Joanna Lee: Hi. Thank you for taking my question. I wanted to ask what is the recommended treatment in case somebody gets an allergic reaction right on the spot when they get the vaccine just so that we know what to have in our building when we're having that ...

CMS Lee Fleisher: Sure.

Joanna Lee: ... on-site clinic.

CMS Lee Fleisher: Dr. Stone, I assume that – Nimalie, that's yours?

CMS Nimalie Stone: Sure. Yes. Thank you for the question. I think it's important to remember that a lot of medications that are commonly used, including other vaccines, can have side effects and we know that facilities are very accustomed to and have experience and expertise with monitoring and addressing post-vaccine side effects and symptoms already.

I think one of the severe allergic reactions that have been reported, although fairly rarely, is anaphylaxis and that can be a pretty immediate, potentially life-threatening allergic reaction. That can – that can be a serious complication. We are developing some materials to help centers be prepared to recognize and manage anaphylaxis.

So to your question specifically, having epinephrine pre-filled syringes, EpiPens with the auto-injectors should be available during the vaccine clinics and also antihistamines like diphenhydramine are another tool for managing allergic reactions, things like itching. And so those are commonly already available in centers, but important to have in the parts of the center where people are being monitored following their vaccination.

And some of the clinical signs and symptoms that staff should be aware of include respiratory symptoms, people may feel short of breath, feel a sensation that their throat is getting tight, they may develop a wheeze, GI symptoms like nausea can occur, dizziness and sometimes people develop hives or itching or swelling of the lips.

Those are some of the symptoms and signs that occur with the severe allergic reaction and so having epinephrine is important for the immediate response to that and notifying immediately 911 to ensure that anyone experiencing that kind of severe reaction can continue to get close monitoring following the initial treatment.

CMS Lee Fleisher: And Nimalie, just to that last point, it's not that you've – I want to make clear or ask you to clarify, is it that you've seen people have used 911 or you – or the CDC is just suggesting that as extra precaution to have additional hands and ability to monitor if there is a reaction?

CMS Nimalie Stone: Yes. Thanks, Lee. It is to have additional support and access to high-level monitoring. If somebody develops anaphylaxis and receives a dose of epinephrine, on some rare occasions, they may continue to have subsequent issues and so we want to make sure that they – that there's enough clinical support for ongoing monitoring of those residents if that were to occur. Exactly.

CMS Lee Fleisher: Which could be very similar to any other medication that they get. So thank you. Next question.

Operator: Yes ...

Joanna Lee: Sorry. Can I ask one more question?

CMS Lee Fleisher: Quickly. We have others (in this short time).

Joanna Lee: (OK). So for staff members that are coming into our facility, let's say they're off that day, but they come in to get the vaccine, how long would we recommend them to stay in the facility for monitoring before they leave? Like would you say ...

CMS Lee Fleisher: Nimalie?

CMS Nimalie Stone: Yes. So if somebody has a history of anaphylaxis due to something like seafood allergy or bee sting, those individuals are recommended to be monitored for 30 minutes following the vaccine. All other folks, people with no history like that, we recommend monitoring for 15 minutes. So that's how long they should expect to stay after they get the vaccine.

Joanna Lee: OK.

CMS Lee Fleisher: So basically in my own center, we just had people sit down for 15 minutes, watch the clock and then we scheduled our next vaccine. Operator, can we get the next question?

Operator: Yes. Your next question's from Cheryl Heiks with Delaware Healthcare. Your line is now open.

Cheryl Heiks: Hi. My question is do you know in the – in the Pharmacy Partnership Program if they have any direction as to prioritize assisted living after skilled nursing facilities or is that a decision that they're making on their own based upon supplies and staffing?

CMS Lee Fleisher: Does anybody on the call know the answer? Because I think some of that's related to the state recommendations, but I'm not sure. Do we have any expertise here?

CMS Nimalie Stone: Hey, Lee. It's Nimalie. It is absolutely correct that decisions about prioritization are happening in coordination with the state and local jurisdictions and so the Partnership Program is working with the states as the roll-out occurs to kind of make those decisions.

Cheryl Heiks: Thank you.

Operator: Your next question comes from (Jessica Ford). Your line is now open.

(Jessica Ford): Hello. Yes. I was just wanted to ask a question about the app, the V-safe. Can you tell me what does that look like in the app store or – (it was) several in there when I went to look.

CMS Lee Fleisher: I can tell you for me, it was just I got a link and I downloaded it, but Nimalie – or actually Amanda? Amanda, do you know what the app looks like?

CMS Amanda Carnes: Hi. This is Amanda. Yes. I think that on the CDC website, there's actually a link where you can go directly to the app to download.

(Jessica Ford): OK.

CMS Amanda Carnes: We can make sure that that link is shared with everyone on the call.

(Jessica Ford): OK. Thank you.

CMS Lee Fleisher: That may have been that I actually took a picture with my phone. Is that how I got it on my iPhone? It was a ...

CMS Amanda Carnes: Yes. You can – you can follow the link or I think there's also a QR code that you can take a picture of (and it goes to) ...

CMS Lee Fleisher: QR code. Yes.

CMS Amanda Carnes: Yes.

(Jessica Ford): OK. Thank you.

CMS Amanda Carnes: You're welcome.

CMS Lee Fleisher: That worked very well.

Operator: OK. Your next question comes from (Danielle Hegg) with (EHM). Your line is open.

(Danielle Hegg): Hi. Thanks for taking the questions. I wanted to clarify the guidance around 14 days of not giving another vaccine within the COVID vaccine. Just to

clarify its PPD, pneumonia vaccine, flu vaccine and also if the recommendation is we have a new resident comes in today, do we hold off on giving them those flu, pneumonia vaccines until after two weeks pass to second clinic or should we give them those vaccines now and not list them for the first clinic and have them on the second?

CMS Lee Fleisher: Nimalie?

CMS Nimalie Stone: Yes. It's a really good question, just how do you – especially for residents right now who you want to make sure have a flu vaccine if they haven't already received it. Hopefully most of our residents have, but yes, because there has not been experience with co-administering vaccines, that's why the recommendation is given to not give other vaccines for the 14 days within the use of the COVID vaccine.

And I think if in the circumstance you're describing, you have new admissions and they do need a flu vaccine, then delaying that individual until the second clinic so that they'll be out of that 14-day window before they get their first COVID vaccine makes a lot of sense.

(Danielle Hegg): So we should prioritize giving them the flu and pneumonia as soon as possible opposed to giving them the initial COVID vaccine?

CMS Nimalie Stone: I think it's one of – it is one of the strategies and it – and it may be informed by knowing if there is influenza circulating in your community and so I think it may be based on sort of local situation as well. It might be a good conversation actually to sort of have with your health department because I don't know that I can say across the board that that's always the order in which vaccines should be prioritized.

(Danielle Hegg): OK. And definitely ...

CMS Lee Fleisher: Yes. And Dr. – sorry. Dr. (Cardo) on the line? No. OK. Go ahead.

(Danielle Hegg): Not much emphasis has been put on this point of not giving it within 14 days of any other vaccine, so I just think we need – we all need extra attention to this so that we don't accidentally vaccinate a resident that just came from the

hospital that maybe just had their flu vaccine or maybe they were just a new admission yesterday and our clinic is on Monday and they're going to be within that 14 days.

CMS Nimalie Stone: Yes. No. I really appreciate that you brought up the question. I think it speaks to how important communication about vaccine status when residents are transferring from one healthcare facility to the next, one center to the next. There will need to be some coordination, so really good point. Thank you.

(Danielle Hegg): OK. Thanks.

Operator: Your next question comes from Kimberly Gimmarro with Beaumont Health. Your line is now open.

Kimberly Gimmarro: Hi. Thank you for having this call today. What considerations are being given for staggering vaccination in skilled nursing centers? I know some of our acute care partners, for instance, they will not send all of the staff from a single department on one vaccination day. They will send half and then send half later. If we have three clinic dates to work with, what is the recommendation?

CMS Nimalie Stone: Yes. So it's true that when centers are able to handle and administer the vaccines locally, they can – they have more flexibility with the timing of their vaccination of healthcare personnel and we recognize that there are a lot of important considerations in long-term care facilities to minimize workforce shortage that could result if people have substantial side effects from the vaccine.

And we talked about we do anticipate that people will feel some signs and symptoms, most of them will be mild, following the second dose of the vaccine, though the frequency of those side effects may be higher. We don't know the extent of how many people will really need to miss work as a result of post-vaccine symptoms, but it is appropriate part of the planning process.

You could work with the pharmacy program clinics to have, for example, a portion of the staff vaccinated at the first clinic and then the other portion, like the other half, vaccinated at the second clinic. Some jurisdictions are

providing more specific advice for facilities as other options for making vaccine available to their healthcare team.

And there – and it is important to remember that while these clinics are a really critical way to get access to vaccine as quickly as possible, there are going to be other health department clinics, other locations where staff can receive vaccines. So those are other options to consider if you feel strongly to try to kind of stagger the timing of vaccine, but I think you have to kind of weigh that with not trying to delay, too much, access to the vaccine for a huge proportion of people in your staff.

And so we don't have specific guidance. I feel like facilities have to sort of look at their current staffing model and what other options are available in their jurisdiction so that it can be staggered safely while not delaying, too much, the access to vaccine in your team members, but those are some thoughts. Certainly having three clinics allows for two different groups of healthcare staff to get vaccinated on slightly different schedules.

CMS Lee Fleisher: Great.

Kimberly Gimmarro: Thank you.

CMS Lee Fleisher: I do want to say thank you all for your questions and we'll continue to take a few more, but we have a number of people listening online and including Evan Shulman, who almost all of you know, who directs our nursing home division and your questions have informed many of the CDC FAQs that will either be put up today or, most importantly, will continue to be developed so that we will discuss how to get those questions to us.

And we will continue to work with Dr. Stone and our CDC colleagues to ensure that as you bring up these new questions to us, we will try to get you more formal answers. We probably have time for two short questions.

Operator: Your next question comes from (Nate Schwab). Your line is open.

(Nate Schwab): Hey. Thank you. So there's been a lot of talk about the federal partnership to get the vaccinations out to the long-term care. Do you have any sort of ETA

on when pharmacies that are not in the federal partnership may be receiving vaccine?

CMS Lee Fleisher: Unfortunately, I don't think – go ahead.

CMS Nimalie Stone: Yes. No. I was going to say the same thing. Unfortunately, that is not something that I am aware of and could give an accurate timeline.

CMS Lee Fleisher: Right. That's Operation Warp Speed and therefore we don't have the information. We'll make sure that they're aware of this. So you're saying they're supposed to vaccinate the nursing home in your region, but they're not part of the federal partnership?

(Nate Schwab): Well, they're ...

CMS Lee Fleisher: Was that the question?

(Nate Schwab): Yes. I mean, yes. More or less. There's a lot of homes that have yet to be contacted and they're worried that they're maybe getting missed or looked over or just the volume is so high for so many people for those pharmacies to get out to all of the homes and we're just wondering if there's a release date for vaccine to non-federal partnerships so that we can also help in the vaccination effort.

CMS Lee Fleisher: You're part of a non-federal partner – a non-federal pharmacy?

(Nate Schwab): Partnership pharmacy, yes. Yes.

CMS Lee Fleisher: OK. You'll have to go through OWS about that, but to my knowledge, and I don't know, Evan, if you know anything differently, we've given that information to the – and that's taken care of at the department level.

(Nate Schwab): OK. Thank you.

Operator: OK. Your next question ...

CMS Lee Fleisher: Last question?

Operator: Yes. Your last question comes from (Natalie Holson) with ACC Care Center. Your line is open.

Female: Near the end of the month. No, this is just us. This is – not you. This is us right here.

CMS Lee Fleisher: Can I – is there a question? We're not hearing anything.

Operator: Yes. (Natalie Holson), your line is now open.

(Natalie Holson): Oh, thank you. Thank you for taking this call. Looks like you answered my question regarding the second injection and anticipated stronger immune response. I was just wondering if (CBS) will provide, if we do go ahead and stagger, an additional date? Right now it looks like we're receiving three dates. Can that be changed to four with the staggering of the staff?

CMS Nimalie Stone: So I ...

CMS Lee Fleisher: We'll take that question back unless anybody on this call knows that. I have not heard anything differently than the three dates.

CMS Nimalie Stone: That's correct, Lee. Right now, through the federal program, there are three dates. However, there may be decisions or coordinations at the state and local level with those pharmacies to work with centers that are interested in trying to organize another clinic, but those would have to be organized through your state or local health jurisdiction.

(Natalie Holson): OK. Thank you so much.

CMS Nimalie Stone: Sure.

Lee Fleisher: So any last comments from my colleagues on the call? Evan, anything about questions? Just want to make sure that the voice that (they'll hear) from frequently.

Evan Shulman: Thanks, Dr. Fleisher and Dr. Stone. This has been a great call. Thank you to all of you in the field that continue to work as hard as possible through these challenging times. I think continue to send us questions. We have a no-

wrong-door policy where wherever the question comes in from, we'll try and route it to the right place even if we don't know the answer.

I think this call is a great example of CMS and CDC partnering to make sure that the right information gets to the – to the right folks and that we have the lines of communication open in between us to get the right answers.

And then just remember that the holiday season is upon us. We issued an alert prior to Thanksgiving about reminding everyone to adhere to the core principles of infection prevention and we reiterate that alert right now with the second wave of holidays coming upon us.

So education is key, continue all of our practices and the better we are at all the things that we know work, the quicker we'll be able to relax having to do all those things. So we need to continue to do a full court press on those things so that we can all put some of these things behind us in 2021. Thanks.

Lee Fleisher: And yes. And Amanda and Nimalie, I really want to thank you for joining us. As we have said, even during this holiday season, the CDC and CMS will continue to have phone calls because we think this is a priority to get the information out to you for us – excuse me – for us to hear your questions and be able to really ensure that you have the information, as Amanda talked about, to be able to inform your residents, have them make the best decision for them and really ensure their safety.

So on that note, I'll turn it back to Ashley for how to get a hold of us and again, thank you, have a safe holiday. Ashley?

Ashley Spence: Thank you and thank you all again for joining. Stay tuned. On the same page where we post the call information, so the CMS partnership page, we'll also post the recording and the transcript and as Dr. Stone mentioned, we'll also post a resource document that has links to all of the resources that she mentioned during her talk. So just be on the lookout for that because those things will be posted shortly.

Otherwise, if we weren't able to get to your question, you are welcome to e-mail us at the COVID-19 mailbox, so that's the COVID19@CMS.HHS.gov

mailbox. So feel free to send your questions there as well. Otherwise, thanks again for joining and have a great day. Have a nice holiday.

Operator: This concludes today's conference call. You may now disconnect.

END