Division of Public Health Agreement Addendum FY 20-21

Page 1 of 6

Chatham County Public Health Department	Women's and Children's Health Section / Immunization Branch							
Local Health Department Legal Name	DPH Section / Branch Name							
716 CDC COVID-19 Vaccination Program Activity Number and Description	Misheema Morrissey, 919-707-5556 misheema.morrissey@dhhs.nc.gov DPH Program Contact (name, phone number, and email)							
01/01/2021 - 05/31/2021								
Service Period 02/01/2021 - 06/30/2021	DPH Program Signature Date (only required for a <u>negotiable</u> agreement addendum)							
Payment Period								
☑ Original Agreement Addendum☐ Agreement Addendum Revision #								
As part of the "Paycheck Protection Program and He received funding to assist with local health department implementation of mass COVID-19 vaccination. Bet United States is limited at first, the Centers for Disease recommendations to federal, state, and local government recommendations are based on recommendations from Practices (ACIP), an independent panel of medical as were made with these goals in mind: • Decrease death and serious disease as much and Preserve functioning of society. • Reduce the extra burden COVID-19 is having Funding will be awarded to local health departments implementation of on-site, satellite, temporary or off	ents COVID-19 vaccination planning and cause the supply of COVID-19 vaccine in the ase Control and Prevention (CDC) is providing ments about who should be vaccinated first. CDC's om the Advisory Committee on Immunization and public health experts. The recommendations as possible. If you have the planning and the support these goals in the planning and							
I. Purpose: This Agreement Addendum provides funding to the Local Health Department (LHD) to help support activities associated with COVID-19 mass vaccination planning and implementation. Planning and response require close collaboration among public and private sector partners, public health emergency response and emergency management, and healthcare organizations and industry groups within the community. This funding may be used for associated costs for COVID-19 vaccine storage and handling, vaccine planning, COVID-19 vaccination services in open and closed point-of-dispensing (POD)								
Health Direction Signature (use blue ink)	Date							
Local Health Department to complete: LHD program contact nan								

919-545-8310

Email address: anne.lowry@chathamcountync.gov

(If follow-up information is needed by DPH) Phone number with area code:

locations, including staffing to serve as vaccinators in PODs, contract needs for vaccination services, and other infection control supplies to support safe vaccine administration within the community. This effort will occur in phases with a focus on targeted populations following CDC and North Carolina guidelines.

III. Scope of Work and Deliverables:

The LHD shall:

- 1. Vaccinate prioritized populations according to the CDC COVID-19 Vaccination Program Provider Agreement and following the state's COVID-19 Vaccine Phases 1a, 1b, 2, 3, and 4, at no cost to the vaccine recipient. Vaccines will be provided by the federal government through the CDC.
- 2. Train staff on COVID-19 vaccine administration, management, inventory, and reporting requirements as required by Immunization Branch and the CDC.
- 3. Identify community vaccination providers (e.g., pharmacies, occupational health settings, doctors' offices) to combine efforts to implement strategies to vaccinate groups and subgroups within the prioritized tiers.
- 4. Conduct clinics that are open to the public and clinics that are for targeted populations only (i.e., critical workforce personnel and/or higher risk prioritized groups). These clinics may be provisionally located at walk-through sites (churches, community centers, outdoor tents) or other settings such as mobile, curbside, or drive-through sites.
- 5. Ensure safe implementation of on-site, satellite, temporary, or off-site vaccination clinics. Planning for vaccination clinics includes clinical considerations such as social distancing, responding to medical emergencies, vaccine storage, handling, administration, and documentation. Large-scale clinics, such as those held in arenas or stadiums will likely require added logistical and technical considerations. Partners will need to be engaged to accomplish aspects of the local plan, such as National Guard, local law enforcement, local emergency management, local hospitals, and pharmacies.
- 6. Maintain flexibility in its planning to accommodate a variety of scenarios due to changing vaccine supply levels at various points during the COVID-19 vaccine supply roll-out. It is anticipated that vaccine supply will be limited initially. The vaccine supply is projected to increase quickly, allowing vaccination efforts to be expanded to include additional critical populations and the general public.
- 7. Promote COVID-19 education to the public on vaccination and disseminate information within the LHD's county or district. Enhance existing community partnerships to assist in vaccination promotion. These partnerships could include a variety of community and faith-based organizations to reach at-risk populations, such as churches, barber shops, community health centers, refugee serving organizations, homeless shelters, jails/prisons, meat processing plants, and migrant farms.
- 8. Determine the need for additional personnel and based on that determination, hire, or reassign staff for COVID-19 vaccine administration.
- 9. Procure supplies for the vaccination clinics, as needed. Examples of supplies to obtain include those items necessary to protect both staff and patients from COVID-19, such as:
 - a) hand sanitizer with at least 60% alcohol for hand hygiene
 - b) cleaning tools to allow for frequent cleaning of the clinic area
 - c) hand soap
 - d) face coverings for patients who arrive without one
 - e) signage, tape, ropes, and cones to encourage physical distancing and provide one-way flow through the clinic

- f) personal protective equipment (PPE) for staff. Gloves, masks, gowns, and other indicated PPE must be worn by anyone administering vaccine. Eye protection may be appropriate depending on the level of community transmission
- g) thermometers for checking each patient's temperature before entering the clinic
- h) PPE for patients, masks, tissues etc.
- 10. Know that CDC will provide a standard ancillary supplies kit. Kits will be included with the vaccine orders in amounts to match the vaccine orders. Each vaccine standard ancillary supplies kit contains:
 - a) 105 needles
 - b) 105 syringes
 - c) 210 alcohol prep pads
 - d) 4 surgical masks
 - e) 2 face shields for vaccinators, and
 - f) 100 COVID-19 vaccination record cards for vaccine recipients.
- 11. Provide appropriate vaccine storage and handling equipment, including refrigerators, freezers, portable storage units and temperature monitors to ensure appropriate vaccine storage and handling procedures are established and followed. Prepare COVID-19 vaccines for proper transport from the LHD to off-site clinics as required by CDC. COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit the risk of administering COVID-19 vaccine with reduced effectiveness.
- 12. Follow manufacturer cold chain storage and handling requirements for COVID-19 vaccine products which will vary. Different temperature storage requirements for approved or authorized COVID-19 vaccines may affect which vaccine will be easily accessible to the LHD in the future. Furthermore, many COVID-19 vaccines with varying levels of refrigeration requirements are currently in Phase 3 trials.
- 13. Complete Attachments A and B with the signed Agreement Addendum.
 - a. Attachment A is the Budget Statement. It should list the expected expenses by category, including the dollar amount and a brief justification.
 - b. Attachment B is the Services Statement. It should:
 - 1) Explain, in detail, how this funding will be used to develop and implement local solutions to plan and implement on-site, satellite, temporary, or off-site vaccination COVID-19 vaccination clinics.
 - 2) Include information on how the LHD will implement its COVID-19 mass immunization services within the community.
 - 3) State how the COVID-19 vaccination services are adapted both to include those populations at an increased risk of complications from COVID-19. Examples include:
 - a) Mobile vaccine clinics that travel to hard-to-reach communities to provide vaccines
 - b) Drive-through or curbside vaccination clinics
 - c) Pop-up flu clinics at various community settings, such as COVID-19 testing sites, school nutrition sites, construction sites, migrant farm worksites, processing plants, churches, parking lots
 - d) Immunization clinics to reach jails, homeless shelters, or other community organizations.

4) Include a description of enhanced outreach activities vaccinate priority populations, hard-to-reach, and marginalized populations, and how community partners are to be included in the outreach.

IV. Performance Measures/Reporting Requirements:

- 1. Report vaccine administration data on all vaccine recipients.
- 2. Track and report COVID-19 vaccine transfers and vaccine wastage/spoilage occurrences to the Immunization Branch when they occur.
- 3. Train staff on COVID-19 vaccine administration, management, inventory, and reporting requirements as required by Immunization Branch and the CDC.

V. <u>Performance Monitoring and Quality Assurance:</u>

- 1. The Immunization Branch will monitor this activity through reporting data, tracking the number of doses administered, and handling of the vaccine inventory are the key monitoring metrics. If issues are noted with performance (i.e., delays in vaccination, failure to adhere to storage and handling requirements), a consultation via telephone or on-site follow-up from the Program Monitor shall occur.
- 2. The LHD is required to track non-compliance issues by corrective action plans. The Program Monitor shall make every effort to work with the LHD on strategies to resolve the issue and corrective action plans. If the plan is not followed and the LHD remains out of compliance after intervention and resources from DPH, vaccine shipments may be suspended until the LHD can be brought back into compliance.

VI. Funding Guidelines or Restrictions:

- 1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
- 2. The LHD must submit its planned expenditures by completing Attachment A, which is to include the dollar amount and a budget justification statement for each budget category.

Attachment A

Budget Statement — FY 2020-2021 Planned Use of Federal COVID-19 Vaccination Funds

Provide this Budget Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment A with the signed Agreement Addendum.

Instructions: Include list of expected expenses related to enhance influenza coverage activities, including the dollar amount and a brief justification.

Object Class Category / Expenses Funding Codes		
COVID-19 Vaccination Program: 1331-629B-4Q	Amount	Budget Item Justification Statement
Personnel (Salary / Wages)		
Fringe		
Travel		
Equipment		
Supplies		
Other / Miscellaneous		

Attachment B

Services Statement — FY 2020-2021 Planned Use of Federal COVID-19 Vaccination Funds

Provide this Services Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment B with the signed Agreement Addendum. Use additional pages as needed.

Explain, in detail, how this funding will be used to implement mass COVID-19 vaccinations clinics by ACIP recommended priority groups during the COVID-19 pandemic.
Include information on how the LHD will implement mass COVID-19 vaccinations clinical services within the community.
State how the mass clinic services are adapted include COVID-19 safety measures, along with efforts to vaccine prioritized populations and limit barriers to getting the COVID-19 vaccine.
Include a description of outreach activities to reach the priority populations, with a focus on those of the highest risk populations, and how community partners are to be included in the outreach.

Supplement reason: ⊠ In AA+BE or AA+BE Rev -OR- □ -CFDA #: 93.268 Federal awd date: NGA date Is award R&D? FAIN: NH23IP922624 Total amount of fed awd: \$ 19,619,894 nο Fed award project CDC-RFA-IP19-901 Immunization and Vaccines for Children **CFDA** description: 93.268 - Immunization Cooperative Agreements name: % Fed awarding DHHS, Centers for Disease Control and Federal award n/a indirect cost rate: agency: Prevention Subrecipient Fed funds for Total of All Fed Funds Subrecipient Fed funds for Total of All Fed Funds Subrecipient Subrecipient **DUNS DUNS** This Supplement for This **Activity** This Supplement for This Activity Alamance Jackson Albemarle Johnston Alexander Jones Anson Lee Appalachian Lenoir Lincoln Beaufort Bladen Macon Madison Brunswick MTW Buncombe Burke Mecklenburg Cabarrus Montgomery Caldwell Moore Carteret Nash Caswell **New Hanover** Catawba Northampton Chatham Onslow Cherokee Orange Clay **Pamlico** Cleveland Pender Columbus Person Craven Pitt Cumberland Polk Dare Randolph Davidson Richmond Davie Robeson Duplin Rockingham Durham Rowan Edgecombe Sampson Foothills Scotland Forsyth Stanly Franklin Stokes Surry Gaston Graham Swain Granville-Vance Toe River Greene Transylvania Guilford Union Halifax Wake Warren Harnett Haywood Wayne Henderson Wilkes Hoke Wilson Hyde Yadkin Iredell

Budgetary Estimate Number: 0

DPH-Aid-To-Counties For Fiscal Year: 20/2					ear: 20/21		
Activity 716 AA 1331			1331	Proposed New			
riodivity 7 10			629B		Total		
			4Q				
Service Period			01/01-05/31				
Payment Period			02/01-06/30		60.045		
01 Alamance	*	0	62,815		62,815		
D1 Albemarle	*	0	201,392				
02 Alexander	*	0	29,841				
04 Anson	*	0	26,497				
D2 Appalachian	*	0	84,690				
07 Beaufort	*	0	32,198				
09 Bladen	*	0	28,881				
10 Brunswick	*	0	55,227				
11 Buncombe	*	0	87,077	87,077	87,077		
12 Burke	*	0	43,484	43,484			
13 Cabarrus	*	0	73,738	73,738	73,738		
14 Caldwell	×	0	41,400	41,400	41,400		
16 Carteret	*	0	38,164		38,164		
17 Caswell	*		26,084		-		
18 Catawba	*		60,720				
19 Chatham	*	_	39,081				
20 Cherokee	*	-	27,522				
22 Clay	1	-	22,995				
23 Cleveland	1	-	45,473				
	1,	_					
24 Columbus	,	-	34,497		-		
25 Craven	,	-	46,617				
26 Cumberland	4	1	105,242				
28 Dare	ľ	-	29,500				
29 Davidson	1	10	63,189				
30 Davie		0	31,042				
31 Duplin	1	* 0	35,35				
32 Durham		* 0	99,94	_			
33 Edgecombe	_	* 0	33,54				
D7 Foothills	1	* 0	69,49	69,49			
34 Forsyth	1	* 0	116,68				
35 Franklin		* 0	37,47	THE RESERVE OF THE PERSON NAMED IN			
36 Gaston		* 0	76,78	4 76,78			
38 Graham		* 0	22,23		-		
D3 Gran-Vance		* 0	67,35	4 67,35	4 67,354		
40 Greene	1	* 0	25,40	2 25,40	25,402		
41 Guilford	1	* 0			3 157,293		
42 Halifax	1	* 0	33,24	6 33,24	33,246		
43 Harnett		* 0	54,21	7 54,21	7 54,217		
44 Haywood	1	* 0	-				
45 Henderson		* 0					
46 Hertford					0 0		
47 Hoke	7	* 0	33,87	2 33,87	2 33,872		
48 Hyde		* 0					
49 Iredell		* 0					
50 Jackson		* 0					
		 					
In .		1	1	1	1		

51 Johnston	*	0	71,333	71,333	71,333
52 Jones	*	0	22,620	22,620	22,620
	*	0	35,642	35,642	35,642
53 Lee 54 Lenoir	*	0	34,608	34,608	34,608
	*	0	41,776	41,776	41,776
55 Lincoln	*	0	29,276	29,276	29,276
56 Macon	*	0	25,745	25,745	25,745
57 Madison D4 M-T-W	*	0	70,194	70,194	70,194
	Н	0	299,635	299,635	299,635
60 Mecklenburg	*	0	27,097	27,097	27,097
62 Montgomery	*	0	45,537	45,537	45,537
63 Moore	*	0	44,493	44,493	44,493
64 Nash	+	_		79,673	79,673
65 New Hanove	44	0	79,673	25,298	25,298
66 Northampton	*	0	25,298 71,063	71,063	71,063
67 Onslow	*			57,403	57,403
68 Orange	*	0	57,403	23,432	23,432
69 Pamlico	*	0	23,432	35,973	35,973
71 Pender	Ш	0	35,973		30,331
73 Person	*	0	30,331	30,331	65,848
74 Pitt	*	0	65,848	65,848	25,533
75 Polk	_	0	25,533	25,533	
76 Randolph	*	0	57,021	57,021	57,021 31,613
77 Richmond	*	0	31,613	31,613	53,813
78 Robeson	*	0	53,813	53,813	43,573
79 Rockingham	*	0	43,573	43,573	
80 Rowan	╀	0	56,434	56,434	56,434
D5 R-P-M	4.		0	0 400	26.466
82 Sampson	*	-	36,466	36,466	36,466
83 Scotland	*	-	29,184	29,184	29,184
84 Stanly	*	0	36,271	36,271	36,271
85 Stokes	*	10	31,940		31,940
86 Surry	1	1	38,816		38,816
87 Swain	*	10	23,711		23,711
D6 Toe River	-	0	73,293		73,293
88 Transylvani	~	0	29,022		
90 Union	-	* 0	79,729		79,729
92 Wake	_	* 0	294,972		294,972
93 Warren	_	* 0	25,156		
96 Wayne		* 0	52,041		
97 Wilkes	_	* 0	37,963		
98 Wilson	_	* 0	41,056		
99 Yadkin		* 0	29,789		
Totals			4,669,344	4,669,344	4,669,344

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	Sign and Date - DPH P	rogram Administrator .		Sign and Date - DPH Section Chi	ief	
	Miskeema	Monesse	01-05-2021		1/5/2021	
	Sign and Date - DPH C	Contracts Office	J	Sign and Date - DPH/Budget Offi	icer Path-Warf	
	Gremeko.	Stuart	1/5/2021	Jan Bolick	1-5-2021	1/\$/2021