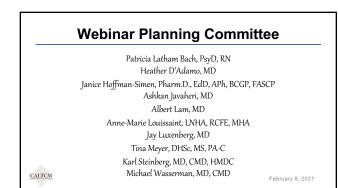


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Webinar Faculty

Janice Hoffman-Simen, Pharm.D., EdD, APh, BCGP, FASCP Director, Postgraduate Residency Program, Jewish Home for the Aging; Associate Professor of Pharmacy Practice and Administration; Western University of Health Sciences

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Webinar Faculty

Amanda Kamali, MD Medical Officer Epidemiology, Surveillance and Modeling Section, COVID-19 Response Infectious Diseases Branch California Department of Public Health

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Anne-Marie Louissaint, LNHA, RCFE, MHA Administrator Forest Hill

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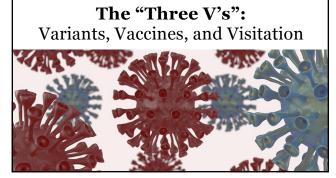
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Michael Wasserman, MD, CMD Geriatrician

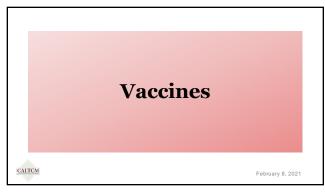
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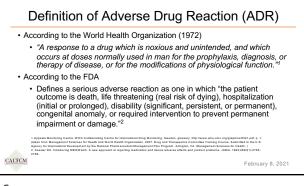




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ADRs of the mRNA Vaccine and How to Report

Janice Hoffman Simen, PharmD, EdD, APh, BCGP, FASCP Associate Professor pf Pharmacy Practice and Administration Western University of Health Sciences



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Comparison of COVID-19 Mild ADRs						
Reaction		Pfizer Vaccine		Moderna Vaccine		
Injection site Pain		Pain 83.1%		Pain 86%		
Swelling	1st dose 5.8%	2 nd dose 6.3%	1stdose 6.7%	2 nd dose 12.6%		
Redness	1 st dose 4.5%	2 nd dose 5.9%	1 st dose 0.2%	2 nd dose 2.1%		
Delayed injection site reactions (> 8 days redness, swelling, rash-like)		None reported	1 st dose 0.8%	2 nd dose 0.2%		
Fever	1 st 3.7%	2 nd 15.8%	1 st 0.9%	2 nd 17.4%		
Fatigue	1 st 47.4%	2 nd 59.4%	1 st 38.4%	2 nd 67.6%		
Headache	1 st 41.9%	2 nd 51.7%	1 st 35.3 %	2 nd 62.8%		
Chills	1 st 14%	2 nd 35.1%	1st 9.2%	2 nd 48.6%		
Muscle pain	1st 21.3%	2 nd 37.3%	1st 23.7%	2 nd 61.6%		
Vomiting	1 st 1.2%	2 nd 1.9%	1 st 9.4%	2 nd 21.4%		
Diarrhea	1 st 11.1%	2 nd 10.4%		None reported		
http://www.modernatics.information.com/enuminforachionisch-covid-19-vaccine. http://www.modernate.com/Struet_abeliane.aux/2d+14471						

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Interventions for ADRs of COVID-19 Vaccines

Pain at site of injection

- Apply a clean, cool, wet washcloth over the area. Use or exercise your arm.
- Reduce discomfort from fever
 - Drink plenty of fluids.
 - Dress lightly.

• NOTE: there have been no deaths from the vaccine yet

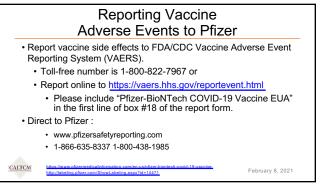
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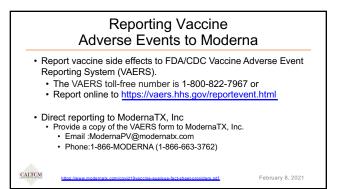
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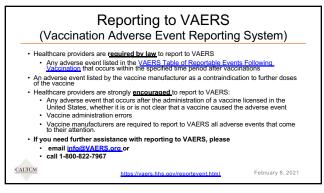
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SERIOUS ADRs: Coronavirus Vaccine				
Adverse Reaction	Pfizer Vaccine Rate of serious ADR 0.8% vaccine 0.6% placebo	Moderna Rate of serious ADR 1.0%, vs 1.0% placebo	Comments	
Appendicitis	8 (vaccine) 4 placebo	None		
Bell's palsy (facial paralysis)	4 (vaccine) vs placebo	3 (vaccine) vs 1 placebo		
Lymphadenopathy	64 (vaccine) 6 (placebo)	1.1%		
Anaphylaxis	2 in UK; 2 in Alaska	None Allergic reaction: (injection site rash, itching) 1.5% vs 1.1% placebo		
Intractable Nausea/Vomiting	None	1 vaccine	Prior headache, N/V hospital	
Serious facial swelling	None	2 vaccine	Both had dermatologic fillers	
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Checklist for Reporting to VAERS

- Information about the PATIENT who received the vaccine
 - Name, address, phone number and email address
 Date of birth plus Age at vaccination
 Sex (male or female)
- Date and time of vaccination
 Date and time adverse event (ADR) started
- Whether the patient was pregnant at time of vaccination and the due date (for females only, if applicable)
 Prescriptions, OTC medications, dietary supplements, and herbal remedies being taken
- Allergies to medications, food, or other products
 Other illnesses at the time of vaccination (one month prior)
 Chronic or long-standing health conditions
- Information about the person completing or submitting the VAERS form Name, address, phone number and email address
- Relation to the patient (For example: healthcare professional, parent, caregiver, etc.) Information about the healthcare professional
 - Name, phone number for best healthcare professional to contact to get more information about patient and ADR Information about the place where the vaccine was given Facility/clinic name, fax number, address and phone number
 - https://vaers.hhs.gov/reportevent.htm

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Checklist for Reporting to VAERS (continued)

- Facility type: (Eg.: Clinic, office, hospital, pharmacy, workplace, etc.)
- Information about which vaccines were given and what happened
- Vaccine type and brand name, manufacturer, and lot number
- How the vaccine was given (route of administration, body site, dose number if part of a series)
- Description of ADR, including medical treatment and diagnosis
- Results of medical tests and laboratory tests
- Outcome of the ADR (Eg.: Office visit, ER visit, hospitalization, etc.)
- Whether patient has recovered from the adverse event
- Any other vaccines received by the patient within a month prior to the current vaccine(s) (include vaccine type and brand name, manufacturer, lot number, and how the vaccine was given) Adverse event(s) after previous vaccinations
- Patient's race and ethnicity

https://vaers.hhs.gov/reportevent.html



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