

## Short Message Report

Conversations: 1	Participants: 59
Total Messages: 271	Date Range: 1/14/2021

### Outline of Conversations



#provider-covid19 271 messages on 1/14/2021 • +1: [REDACTED]  
• adiamond [REDACTED]  
[REDACTED]  
[REDACTED]

Messages in chronological order (times are shown in GMT +00:00)



#provider-covid19

- J [REDACTED] 1/14/2021, 12:29 AM  
[REDACTED] i was told this afternoon to go c/ cdc recs.
- ↩ B [REDACTED] 12:32 AM  
the vaccines are being allocated by the county (or local level) and tend to lean towards following there advise/criteria (edited)
- ↩ J [REDACTED] 12:55 AM  
ah that makes a lot of sense thankyou!
- ↩ M [REDACTED] 2:01 AM  
<here> hi all - [REDACTED] had allergic reaction last night - swelling of lips/tongue, itchy throat. She self treated with medrol, pepcid, and benadryl. Feels fine today. She took another dose of medrol 4 mg today. She is supposed to have Moderna vaccine on Friday - other than being monitored for 30 min after, any special precautions, does she need to defer vaccine?
- ↩ P [REDACTED] 2:17 AM  
FYI - Email to CA DOs today says "In an effort to distribute COVID-19 vaccines quicker, and in a more cohesive fashion throughout the state, California will reduce the age threshold for COVID-19 vaccinations to 65 years old. \*Be advised, this only applies if counties and health providers have exhausted their efforts to inoculate health care workers.\*\*"
- ↩ S [REDACTED] 2:18 AM  
makes sense, that's very helpful. this is c/w my current understanding that &gt;65yo pts should be on 1b list
- ↩ M [REDACTED] 6:24 AM  
<here> why are young patients without health problems, on a trial membership without any health history allowed to book and receive a covid vaccine while healthcare workers are being waitlisted? I just saw two appointments for such.
- ↩ S [REDACTED] 2:49 PM  
If this was from late in day yesterday, we had leftover vaccine at BLS that had to be quickly mobilized to avoid wasting
- ↩ P [REDACTED] DELETED 3:46 PM  
Young healthy people getting vaccinated before any of our 1B list seems unfortunate. ●
- ↩ P [REDACTED] 3:46 PM

Young healthy people getting vaccinated before any of our 1B list is a bit of a bummer. ● (edited)

↩ S [REDACTED] 4:00 PM

We are working actively with high priority groups. But if vaccine waste is eminent, we need to find an individual to vaccinate to avoid EOD waste

↩ M [REDACTED] DELETED 4:03 PM

Unfortunately people are saying they are HCW when they are not and booking, I have an upset member his -member family members did this yet I discouraged him from doing the same.

↩ M [REDACTED] 4:03 PM

Unfortunately people are saying they are HCW when they are not and booking, I have an upset member as his family members did this yet I discouraged him from doing the same. (edited)

↩ M [REDACTED] 4:04 PM

(I think the family members are not members so it made it worse)

↩ A [REDACTED] DELETED 4:27 PM

patients are able to self book the vaccine appts on the app

↩ A [REDACTED] DELETED 4:27 PM

patients are able to self book the vaccine appts on the app regardless of what tier they fall into (edited)

↩ S [REDACTED] 4:32 PM

Sure, I mean if you are caring for/teaching lots of kids that's more exposure, but if it's a 'pod' for families with resources otherwise, that's still not the same IMO as someone who is in a public or private school, or daycare, where they are unable to control the exposure as well and many families are relying on you for childcare. It's a very small difference to be sure, and we shouldn't be making these decisions for people. We are going to ask them to use their judgement of what tier they are in and let them sign up without asking for proof per se.

↩ S [REDACTED] 4:33 PM

Yeah we are not policing. We are making it clear what tiers are eligible and letting people attest to their tier by signing up - and they get clear messaging along the way.

↩ V [REDACTED] 4:34 PM

Guidance is not an "absolute" IMO ● So I would vote for YES

↩ S [REDACTED] 4:34 PM

We can't control everyone - I just try to see every vaccination as a good thing and also realize that it isn't zero sum - just bc someone was unethical doesn't mean they literally stole the dose out of

the arm of someone who was higher risk/tier.

↩ S [REDACTED] 4:35 PM  
Our messaging will be very clear what is the eligible tier(s) and that it's the right thing to vaccinate those in those tiers only

↩ S [REDACTED] 4:35 PM  
I would offer the second dose and monitor yeah

↩ S [REDACTED] 4:36 PM  
Doesn't sound related to the first dose since so far past.

↩ V [REDACTED] 4:38 PM  
we are going by WA state; each state governor is making the guidance for their state

↩ P [REDACTED] 4:40 PM  
Mesa Training. I thought this test had a sensitivity of 68-84%? Although this result is based on the local prevalence to arrive at the Predictive values of a + and - test, shouldn't the training module teach us about the low Sensitivity if using this to screen patients and assure them that a negative tests indicates it is safe to visit family or travel in public?

↩ S [REDACTED] 4:43 PM  
<!here> <<https://onlinelibrary.wiley.com/doi/10.1111/joim.13209>>

↩ S [REDACTED] 4:43 PM  
95% regain sense of smell and taste within 6 mos  
: [REDACTED] 1 • + [REDACTED]

↩ M [REDACTED] 4:49 PM  
sorry, she had an allergic reaction to a tomato, not the vaccine ●

↩ M [REDACTED] 4:49 PM  
Just wondering if she needs to delay getting her 1st covid vaccine given she had this reaction 2 days before supposed to receive it

↩ M [REDACTED] 4:50 PM  
That was my basic messaging, I apologized but also said people have a different comfort level with signing up as a HCW when they are not, and that while there is a sense of scarcity we are moving to much more abundant access (and that soon I hope and expect all of these tier restrictions will be in our rearview mirror).

↩ J [REDACTED] 4:55 PM

@here follow up question to this- so any pt &gt; 65 can now be added to 1b correct?

↩ B [REDACTED] 4:59 PM  
awesome, ty, so I will put them into the 1B category along with older and high risk people ! ty so much guys

↩ S [REDACTED] 5:03 PM  
No

↩ S [REDACTED] 5:03 PM  
Not IMO

↩ M [REDACTED] 5:09 PM  
great! thank you

↩ R [REDACTED] 5:11 PM  
\*Mesa Biotech\* Accula SARS-CoV-2 Test RT-PCR Throat swab, Nasal swab~30 min Sensitivity/Specificity 100% (30/30)/100% (30/30)<<https://www.mesabiotech.com/coronavirus>>  
<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>> attachments: [{"service\_name":"Mesa Biotech","title":"Actionable. Accessible. Affordable. SARS-CoV-2 (COVID-19) Testing","title\_link":"<https://www.mesabiotech.com/coronavirus>","text":"Mesa Biotech is a healthcare test and data company that provides actionable information through trusted, PCR-based infectious disease testing.", "fallback":"Mesa Biotech: Actionable. Accessible. Affordable. SARS-CoV-2 (COVID-19) Testing", "fields":{"title":"Est. reading time","value":"13 minutes","short":true},"from\_url":"<https://www.mesabiotech.com/coronavirus>","id":1,"original\_url":"<https://www.mesabiotech.com/coronavirus>"},{"service\_name":"PubMed Central (PMC)","title":"Diagnostics for SARS-CoV-2 detection: A comprehensive review of the FDA-EUA COVID-19 testing landscape","title\_link":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>","text":"The rapidly spreading outbreak of COVID-19 disease is caused by the SARS-CoV-2 virus, first reported in December 2019 in Wuhan, China. As of June 17, 2020, this virus has infected over 8.2 million people but ranges in symptom severity, making it difficult ...", "fallback":"PubMed Central (PMC): Diagnostics for SARS-CoV-2 detection: A comprehensive review of the FDA-EUA COVID-19 testing landscape","thumb\_url":"<https://www.ncbi.nlm.nih.gov/corehtml/pmc/pmcgifs/pmc-logo-share.png>","from\_url":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>","thumb\_width":1200,"thumb\_height":630,"service\_icon":"<http://www.ncbi.nlm.nih.gov/favicon.ico>","id":2,"original\_url":"<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368663/>"}]

↩ E [REDACTED] DELETED 5:13 PM  
I kindly disagree. We have a public health obligation in addition to setting a good example for our members and if something we are doing is not working we need to change it. Why do we have the list of eligible members if we are not using it and instead letting people self book without a better triage system in place. As much as I

↩ V [REDACTED] DELETED 5:23 PM

<!here> pts w/positive sx screen can still get vax correct? body ache, HA..?

↩ V

<!here> pts w/positive sx screen can still get vax correct? body aches Neg pcr 1/6 (edited)

5:23 PM

↩ D

from a quick search it seems that the MESA has a lower sensitivity for diagnosis of COVID-19 than an EUA LDT. The false negatives obtained from the Mesa test were predominantly observed with low-viral-load specimens, <<https://jcm.asm.org/content/58/8/e01072-20>> . I also know know at our pilot at the UCSF drive through we were having up to 40 invalid results a day and 1 lot number failed quality control despite controlling for variables--Peter you might be able to speak to this more since you were also involved in the pilot. If there are escalating invalids with the mesa is this the best test for us to be using especially when we are using it to determine returning to work? attachments: [{"service\_name": "Journal of Clinical Microbiology", "title": "Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens", "title\_link": "https://jcm.asm.org/content/58/8/e01072-20", "text": "Several point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope ( E ) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative percent agreement (NPA), and Cohen\u2019s kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68 (95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.", "fallback": "Journal of Clinical Microbiology: Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens", "thumb\_url": "https://jcm.asm.org/content/jcm/58/8/e01072-20/embed/vicon-1.jpg", "ts": "1595487600", "from\_url": "https://jcm.asm.org/content/58/8/e01072-20", "thumb\_width": "100", "thumb\_height": "100", "service\_icon": "https://jcm.asm.org/sites/default/files/images/favicon.ico", "id": "1", "original\_url": "https://jcm.asm.org/content/58/8/e01072-20"}]

5:24 PM

↩ R

the pubmed article is a more recent article

5:25 PM

↩ R

we have to also consider that these are small studies

5:26 PM

↩ L

5:27 PM

██████████ this is what I could find on the CDC However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the <<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>>|criteria> to discontinue isolation.

Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired. attachments: [{"service\_name": "Centers for Disease Control and Prevention", "title": "Healthcare Workers", "title\_link": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html", "text": "COVID-19 guidance, tools, and resources for healthcare workers.", "fallback": "Centers for Disease Control and Prevention: Healthcare Workers", "image\_url": "https://www.cdc.gov/coronavirus/2019-ncov/images/social-media/covid-hcp-sm.png", "ts": 1581408000, "from\_url": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html", "image\_width": 444, "image\_height": 250, "image\_bytes": 553412, "service\_icon": "https://www.cdc.gov/TemplatePackageV4.0/assets/imgs/favicon.ico", "id": 1, "original\_url": "https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html"}]

↩ L ██████████ 5:28 PM

Are the symptoms new since being tested?

↩ L ██████████ 5:28 PM

can she get a rapid antigen or rapid pcr before getting the vaccine?

↩ V ██████████ 5:30 PM

so i just chatted w/her. sounds more like muscular lbp. thanks for the input!

↩ L ██████████ 5:30 PM

also if she has worsening symptoms it will be hard to differentiate whether it was a natural worsening of her symptoms or if the vaccine made her feel sick (she will blame the vaccine for sure)

↩ A ██████████ 5:30 PM

<here> any contraindications for vaccine in patient with clotting d/o?

↩ Z ██████████ 5:32 PM

No, they just need to use a smaller gauge ideally, and hold pressure for longer after the vaccine. I read that recently. Let me see if I can find it for you as a reference

↩ Z ██████████ 5:33 PM

this isn't what I had read, but it's actually more comprehensive:  
<<https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs>> attachments: [{"service\_name": "National Hemophilia Foundation", "title": "COVID-19 Vaccines and Bleeding Disorders: Frequently Asked Questions (FAQs) | National Hemophilia Foundation", "title\_link": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs", "text": "These FAQs were created in anticipation of

questions or concerns individuals with bleeding disorders may have about the new COVID-19 vaccines." , "fallback": "National Hemophilia Foundation: COVID-19 Vaccines and Bleeding Disorders: Frequently Asked Questions (FAQs) | National Hemophilia Foundation", "image\_url": "https://www.hemophilia.org/sites/default/files/styles/crop\_1440x570/public/image/NEWS-COVID-19-vaccine-faq-1281663561.jpg?h=183b7a8c&itok=7gmqvRMN", "from\_url": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs", "image\_width": 633, "image\_height": 250, "image\_bytes": 82743, "service\_icon": "https://www.hemophilia.org/themes/custom/vnhf\_base/vnhf-favicon-32x32.png", "id": 1, "original\_url": "https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs"]}]

← E [REDACTED] 5:33 PM

<!here> any changes in our work flow with the recent change to give vaccine to anyone &gt;65 y/o?

← Z [REDACTED] 5:34 PM

[REDACTED] I guess it also depends on the level/type of clotting disorder the person has to guide where/how they should get the vaccine.

← Z [REDACTED] 5:34 PM

(ie someone with 0 platelets is likely not someone I'd vaccinate in a drive through setting).

← A [REDACTED] 5:35 PM

got it, thank you [REDACTED]

← K [REDACTED] 5:36 PM

joined the channel

← A [REDACTED] 5:38 PM

not that i'm aware of, but guidance on this would be helpful

← J [REDACTED] 5:43 PM

Check out provider announcements slack page [REDACTED]

← E [REDACTED] 5:44 PM

Thanks! I was off yesterday and have been trying to hunt down the information.

← A [REDACTED] 5:44 PM

i read that, but it just seemed like we continue to add 65+ to our lists and have them wait to be called



↩ E [REDACTED] 5:46 PM  
We have a public health obligation in addition to an obligation to our members who are essential workers, and currently we are not fulfilling either and setting a poor example. Why do we have a list of essential workers if we are ignoring it and allowing self booking with no triage system in place? And we now have evidence our current system is not working and unfortunately encouraging bad behavior. If your goal is to get vaccines in arms and you don't care how that happens, please just be transparent about that. Because right now our messaging to members and staff is completely opposite our actions, and this is unsettling for everyone.

↩ G [REDACTED] 5:47 PM  
that's my question...ie once we have supplies will OM send messaging to all patients &gt;65 ok to schedule? (ie no need for a list), or are we actually giving priority to those that make it to the list?

↩ E [REDACTED] 5:49 PM  
<!here> On the topic of COVID vaccines...we have a public health obligation in addition to an obligation to our members who are essential workers, and currently we are not fulfilling either and setting a poor example. Why do we have a list of essential workers if we are ignoring it and allowing self booking with no triage system in place? And we now have evidence our current system is not working and unfortunately encouraging bad behavior. If your goal is to get vaccines in arms and you don't care how that happens, please just be transparent about that. Because right now our messaging to members and staff is completely opposite our actions, and this is unsettling for everyone.

↩ A [REDACTED] 5:50 PM  
on the spreadsheet it seems like those by age don't need to be added bc OM can obtain that data easily to send messaging to them. still a bit unclear on how 65+ are actually getting the vax

[REDACTED] DELETED 5:51 PM  
agreed. my partner and i were shocked when we got ours through One Med last week that at not point were we asked if we met criteria -- let alone asked to prove it.

[REDACTED] 5:51 PM  
agreed. my partner and i were shocked when we got ours through One Med last week that at no point were we asked if we met criteria -- let alone asked to prove it. (edited)

↩ P [REDACTED] 5:52 PM  
Do we have any pubic health lab experts at OM who can speak on these reports? I spoke to the head of the Clinton HIV AIDS Initiative who provides lab expertise for WHO and most of the developing countries who are facing COVID. [REDACTED] said that the Cepheid was a much better test in terms of sensitivity compared to the Mesa Acula Sensa. I am not sure that the above figures of Sensitivity/Specificity 100% (30/30)/100% (30/30) are reflective of the conditions we face at OM in our various sectors. While there is intense market pressure to provide an accurate test to a member who wants to travel tonight or send their child back to school in the morning, do we bear responsibility if they infect others due to a false negative with such a test that may in fact have much lower sensitivity. If we are trying to better serve our members, why not use the Cepheid machine?

5:52 PM

i've had a few patients straight up tell me that once they realized there was no screening that they would be telling their friends....

↩ S [REDACTED] 5:56 PM

People with mild-mod symptoms can get vaccinated. Of course testing should be recommended as it would in any situation - if the symptoms warrant it. If test is positive it's recommended to wait until isolation period has ended.

↩ A [REDACTED] 5:57 PM

@here i think they are screening now

↩ S [REDACTED] 5:58 PM

<here> 69yo Male history of covid early november – interested in vaccine when eligible. question is should wait 90 days from infection or get now given risk ?

↩ A [REDACTED] 5:58 PM

Someone I referred the other day said they were asked for their DPH referral

5:59 PM

oh yeah? that's great. any idea how one GETS that referral? i've had a few pts say they tried to contact DPH for one without success

↩ E [REDACTED] 5:59 PM

I've had multiple providers and patients getting vaccines this week who said they were not screened.

↩ D [REDACTED] 6:00 PM

<here> based on yesterday's information, several of us told members that they could get their second dose of vaccine with us, even if they got the first dose elsewhere. Now that we've been advised that we won't be doing this, what should we tell these members?

↩ A [REDACTED] 6:00 PM

[REDACTED] I don't know ●

↩ A [REDACTED] 6:01 PM

This person did not have one b/c i referred her, but said when she told the FD she did not have one they asked how she got the appt/knew about the vaccine and she gave them my name.

↩ A [REDACTED] 6:02 PM

they are allowed to self-book and once they arrive even if they are not part of the current tier, they are not being turned away. i agree with emily that transparency would be helpful re: this issue.

↩ K [redacted] 6:04 PM  
[redacted] see the PLAP room - ping - i responded there ●

↩ M [redacted] DELETED 6:04 PM  
:upvote: to piggyback on [redacted] the "second COVID vaccine" template that suggests that patients can get the 2nd dose with us even if they've gotten their first dose, is still active in 1life

↩ M [redacted] DELETED 6:04 PM  
:upvote: to piggyback on [redacted] the "second COVID vaccine" template that suggests that patients can get the 2nd dose with us even if they've gotten their first dose, is still active in 1life

↩ U [redacted] 6:04 PM  
[deleted message]

↩ C [redacted] 6:04 PM  
they are editing that

↩ M [redacted] 6:04 PM  
ooooh i see

↩ C [redacted] 6:05 PM  
[redacted] was working on it last night ●

↩ V [redacted] 6:05 PM  
Can get it now

↩ S [redacted] 6:05 PM  
<!here> we could use a national update on that policy:upvote:

↩ S [redacted] 6:05 PM  
ty!

↩ K [redacted] 6:05 PM  
Should be done already! ●

↩ S [redacted] 6:06 PM  
Hey guys, I'll let @adiamond weigh in here as this is super challenging stuff. But I know that it's extremely difficult, if not impossible, for us to ensure no one "games the system". Many other

systems are using a similar approach - letting people attest to their eligibility. It might be a "harm reduction" kind of approach - ie not ideal but the best we can do. If you are seeing other approaches working successfully please share them and we can always review.

- ↩ Z [REDACTED] 6:06 PM  
[REDACTED] 90 days is for after the monoclonal antibody treatment.
- ↩ S [REDACTED] 6:06 PM  
ty for clarity --- 90 was floating in my brain
- ↩ S [REDACTED] 6:06 PM  
could not remember when I saw it
- ↩ A [REDACTED] 6:07 PM  
joined the channel
- ↩ L [REDACTED] 6:07 PM  
I was just looking at this Dr. Fauci is recommending 90 days after covid infection in contrast with the CDC that does not recommend it
- ↩ M [REDACTED] 6:07 PM  
[REDACTED] it was edited in 1life but not in the SW
- ↩ Z [REDACTED] 6:07 PM  
oh! Can you share that?
- ↩ M [REDACTED] 6:07 PM  
i'm coping and pasting into the SW now DELETED
- ↩ M [REDACTED] 6:07 PM  
i'm copying and pasting into the SW now (edited)
- ↩ K [REDACTED] 6:07 PM  
TY [REDACTED]
- ↩ L [REDACTED] 6:07 PM  
He states that there has been no cases of reinfection 90 days after the initial infection due to natural antibodies (which go away with time)

- ↩ L [REDACTED] 6:07 PM  
Definitely
- ↩ S [REDACTED] 6:08 PM  
hmmm
- ↩ A [REDACTED] 6:08 PM  
It is upsetting to feel like people are taking advantage, but I also feel like ultimately everyone needs the vaccine, and that possibly the goal of just getting it in as many arms as possible outweighs putting up roadblocks to strictly adhere to the tier demarcations. but i totally hear you [REDACTED] I think we should at least be screening so that patients don't tell their friends that no questions are being askd.
- ↩ S [REDACTED] DELETED 6:08 PM  
maybe Fauci is where i heard it then ! and i'm not crazy
- ↩ S [REDACTED] 6:08 PM  
maybe Fauci is where i heard it then ! (edited)
- ↩ A [REDACTED] 6:08 PM  
asked
- ↩ S [REDACTED] 6:08 PM  
can we get an update on this probably a lot of other people wondering/thinking ha
- ↩ V [REDACTED] 6:09 PM  
That would be news to me!
- ↩ Z [REDACTED] 6:09 PM  
so it sounds more like a way to "save" vaccines for people at more risk, and the person who's recently been infected isn't at quite a risk for 3 months post infection
- ↩ Z [REDACTED] 6:09 PM  
but not that they can't get the vaccine.
- [REDACTED] 6:10 PM  
agreed [REDACTED] if people are at least being asked to "attest" to meeting criteria, that feels reasonable to me. that wasn't happening initially and that made me uneasy.
- ↩ S [REDACTED] 6:30 PM

Right -they are attesting when they book

↩ S

What was the answer

6:32 PM

↩ P

I agree with Further, if we don't "police" we contribute to inequity that rewards those who choose to lie/deceive and I believe OM has a access to existing skilled folks with MPH backgrounds who could review why our system doesn't work, and help fix it. Given all healthcare workers have gone through in the past 10 months we have a responsibility to ensure SF healthcare workers get the vaccine. And, as a medical company with tech skills we CAN do more, and be the example we want to see.

: 1 • upvote:

6:44 PM

↩ M

<here> My patient was referred to One Medical for vaccination as an essential HCW. He is currently out of the country and returns home on Monday. He is having a problem connecting to schedule his vaccine. Any guidance? He is aware that the will need to quarantine when he returns.

6:48 PM

↩ K

there is now a new template that was created last night for VMT to use called COVID-19 Vaccine: Second Dose : This is what the template says: Thank you for reaching out about getting your second vaccine! We are currently only vaccinating members for their first dose according to the appropriate tier for their location. Based on current supplies, we are unable to vaccinate patients for their second dose unless they received their first with us. For now, we suggest returning to the site where you received your first dose or working with your local Department of Public Health to see who may be offering second doses. Take a look at our <<https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area>|vaccine updates page> for the most up to date information on vaccine efforts as determined by each county. We are updating it daily. attachments: [{"title": "Updates on COVID-19 Vaccination Efforts in Your Area", "title\_link": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area", "text": "Updated January 14, <<http://2021.In>> an effort to provide our members with timely information about COVID-19 vaccines, we are keeping this page up-to-date with the latest details on One Medical's progress with vaccine administration in each of the states and counties where we have offices. Please check back here for the latest details on vaccination efforts in your area. Key details about vaccine appointments at One Medical We ask that you avoid calling or using our video chat feature to check about vaccine availability so we can keep those lines open to members with urgent medical needs. One Medical will contact you via email to let you know if your region has moved to the next eligibility phase. When you're eligible, you can search for an appointment and self-book using the app or web portal. Don't have the app? Download it now for iOS or Android, or login online. Vaccine appointments are self-book only, so if you don't see an available visit, please continue checking the app regularly. We'll add more appointments frequently as our vaccine supply is replenished. More information and resources Below, you will find resources which provide vaccine prioritization frameworks developed by the CDC and state departments of health. One Medical will be following local vaccine prioritization frameworks for each county where we are administering vaccines, which is also in accordance with CDC guidance. Currently, most areas of the US are administering vaccines to Phase 1a populations, which include health care personnel and residents of long-term care facilities. Some parts of the country are moving toward vaccinations of Phase 1b populations, but it is still important to note that even if prioritization frameworks indicate you meet eligibility criteria, not all One Medical locations currently have

6:51 PM

vaccine allocations. In cities where local departments of health have allocated vaccines to our facilities, we are currently administering them to our own patient care team members, other members of the healthcare community referred to our clinics by the local department of health, and to a select number of One Medical members who meet Phase 1a and/or Phase 1b criteria as regionally applicable. As we move into subsequent phases of vaccination county-by-county, we will be informing One Medical members by email as soon as we have vaccines available for you. Eventually, as the supply of vaccines becomes widely available, all One Medical members, and many members of the general public, will be able to receive the vaccine at One Medical's more than 90 offices across the country and at other vaccination locations One Medical may help operate in our communities.

Information on vaccine prioritization:

- Center for Disease Control
- California Department of Public Health
- Washington State Department of Health
- Oregon Health Authority, Public Health Division
- Arizona Department of Health Services
- Texas Department of State Health Services
- Georgia Department of Public Health
- Illinois Department of Public Health
- Massachusetts Department of Public Health
- New York State Department of Health
- District of Columbia Department of Health
- Virginia Department of Health

Current status of vaccine administration at One Medical clinics, by county:

- Arizona Maricopa County** - Currently, all vaccines are being administered to Phase 1a and Phase 1b populations directly through Department of Health-operated facilities. Outpatient care facilities are not receiving vaccine allocations at this time. If you believe you meet current vaccine prioritization criteria, visit the Maricopa County Department of Public Health Administration site to begin the pre screening process.
- California San Francisco County** - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Francisco Department of Public Health. If you meet San Francisco County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- San Mateo County** - One Medical has received limited vaccine allocations for administration to Phase 1a populations referred by the San Mateo County Health Department. If you meet San Mateo County vaccine prioritization criteria, you can self-book a vaccine appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- Marin County** - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- Santa Clara County** - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment.
- Alameda County** - One Medical has contacted the county to offer support in community vaccination efforts.
- Contra Costa County** - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- City of Berkeley** - Ongoing conversations are underway to discuss vaccine allocations for One Medical facilities.
- Los Angeles County** - One Medical has received limited vaccine allocations for administration to Phase 1a populations. At this time, vaccine appointments are referral-only through the Los Angeles County Department of Public Health. Los Angeles County vaccine prioritization criteria and information on how to request a referral can be found on the LA DPH website.
- Orange County** - One Medical has received an initial vaccine allocation for administration to Phase 1a populations. If you meet Orange County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured, we'll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability.
- City of Long Beach** - One Medical has contacted the county to offer support in community vaccination efforts.
- San Diego County** - One Medical has received limited vaccine allocations for administration to Phase 1a and Phase 1b populations. If you meet San Diego County vaccine prioritization criteria, you can self-book an appointment using the One Medical app. Please understand that these appointments will be booked very quickly, since demand for COVID-19 vaccines is far greater than the current supply. Rest assured,

we\u2019ll add more appointments frequently as our vaccine supply is replenished, so keep checking our app regularly for new appointment availability. District of Columbia District of Columbia - Ongoing conversations are underway to discuss One Medical support of vaccination efforts. Georgia Fulton County - One Medical has ordered limited vaccine allocations for administration to Phase 1a populations. We will provide more information here once vaccine inventory has arrived at our clinics with guidance on how to schedule your vaccine appointment. Illinois Cook County - One Medical has contacted the county to offer support in community vaccination efforts. DuPage County - One Medical has contacted the county to offer support in community vaccination efforts. New York New York City - One Medical has ordered vaccine allocations for administration to Phase 1a and Phase 1b populations. We will provide more information here once vaccine inventory has arrived at our clinic\u2026", "fallback": "Updates on COVID-19 Vaccination Efforts in Your Area", "image\_url": "https://www.onemedical.com/media/images/covid-19-vaccine.2e16d0ba.fill-1200x630.jpg", "from\_url": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area", "image\_width": 476, "image\_height": 250, "image\_bytes": 75615, "service\_icon": "https://www.onemedical.com/static/images/apple-touch-icon-57x57.png", "service\_name": "onemedical.com", "id": 1, "original\_url": "https://www.onemedical.com/blog/live-well/updates-covid-19-vaccinations-efforts-your-area"]}

↩ C [REDACTED] 6:51 PM  
which office/district? he may need to just keep checking the app for vaccine appts to open

↩ C [REDACTED] 6:51 PM  
they are filling up so fast

↩ K [REDACTED] 6:52 PM  
prior to last night we were putting patients for a second dose on the wait list and hoping our local OMs can help field messages and calls if patients are upset. We will also have to go through our docs for people who were looking for only their second dose with OM and reach out to them.

↩ L [REDACTED] 6:52 PM  
thats what I am reading- Mayo Clinic published this

↩ L [REDACTED] 6:52 PM  
Should I get the COVID-19 vaccine even if I've already had COVID-19?  
Getting COVID-19 might offer some natural protection or immunity from reinfection with the virus that causes COVID-19. But it's not clear how long this protection lasts. Because reinfection is possible and COVID-19 can cause severe medical complications, it's recommended that people who have already had COVID-19 get a COVID-19 vaccine. If you've had COVID-19, wait until 90 days after your diagnosis to get a COVID-19 vaccine.

↩ S [REDACTED] 6:52 PM  
Yes keep checking the app or check when he's back and can connect.

↩ L [REDACTED] 6:52 PM



<<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine>>. attachments: [{"service\_name": "Mayo Clinic", "title": "Get the facts about a COVID-19 (coronavirus) vaccine", "title\_link": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine", "text": "Find out about the COVID-19 vaccines, the benefits of a COVID-19 vaccination, the possible side effects and how to prevent infection.", "fallback": "Mayo Clinic: Get the facts about a COVID-19 (coronavirus) vaccine", "thumb\_url": "https://www.mayoclinic.org/Vmedia/web/Vgbs/Vshared/Vimages/Vsocialmedia-metadata/Vmc\_twittercard\_120x120.jpg", "from\_url": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine", "thumb\_width": 120, "thumb\_height": 120, "service\_icon": "https://www.mayoclinic.org/Vstyles/Vimg/VGBS/Vapple-touch-icon-57x57.png", "id": 1, "original\_url": "https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#:~:text=Getting%20COVID%2D19%20might,COVID%2D19%20vaccine"}]

- ↩ C [REDACTED] 6:52 PM  
you could stick his chart link on the waiting list too
- ↩ S [REDACTED] 6:53 PM  
Ok got it thanks [REDACTED]
- ↩ M [REDACTED] 6:54 PM  
He works in [REDACTED], and listed him on the phase 1A waitlist. Thanks for the guidance!
- ↩ S [REDACTED] 6:58 PM  
I'm sorry - I'm unclear on where healthcare workers aren't getting access in the same place where non-eligible people are.
- ↩ S [REDACTED] 6:58 PM  
We 100% are doing everything we can to get vaccines to those who most need them, but preventing any instance where someone games the system somehow isn't part of what we can do
- ↩ M [REDACTED] 6:59 PM  
<here> another scenario; one of my patients is a court appointed conservator for a friend with dementia. Both my patient and his partner take turns providing care for their friend. Both of them would fall into phase 1C status, but their question is can they get the vaccine sooner due to their providing care. My sense is no, but wanted to inquire.
- ↩ L [REDACTED] 7:00 PM  
what state are they in?
- ↩ K [REDACTED] 7:02 PM

I am working on the WC to help get patients who were told they can get their second vaccine at OM on our "stand by" list since we are often having excess vaccines [REDACTED]

↩ L [REDACTED] 7:05 PM

My understanding is tier 1 is just one big tier now (no differentiation between A/B/C) but that depends on district and vaccine availability. If NorCal, add them to the spreadsheet

↩ S [REDACTED] 7:06 PM

Sounds good!

↩ V [REDACTED] 7:07 PM

Why are some offices making waitlists?

↩ M [REDACTED] 7:15 PM

They are both in San Francisco. I've added them to the spreadsheet. Thanks

↩ R [REDACTED] 7:16 PM

joined the channel

↩ A [REDACTED] 7:25 PM

Is there a problem code we can use to flag someone as higher risk d/t medication use? I don't want to put "immunodeficiency" in the problem list of everyone on immune-modulating medications when they are thus far fine, but also want to make sure they get flagged when it's time to pull our 1C patients.

↩ A [REDACTED] 7:31 PM

<Ihere> for the &gt;65yo crowd, should we be adding them to the spreadsheet or advising them to book an appointment through the app?

↩ J [REDACTED] 7:31 PM

\*<Ihere>\* can our patient who resides in Marin County, and is eligible, be vaccinated in SF?

↩ B [REDACTED] 7:32 PM

no... the allocations are county specific... needs to work or live in SF

↩ J [REDACTED] 7:32 PM

so we are not facilitating vaccine in the north bay at this time?

↩ J [REDACTED] 7:32 PM

for those who are eligible

← B [REDACTED] 7:32 PM  
but add them to the spread sheet... other counties will have allocations soon

← J [REDACTED] 7:33 PM  
we just got word not to add to spread sheet. will copy and paste here

← J [REDACTED] DELETED 7:33 PM

<[https://app.slack.com/team/WKZ5CA7\[REDACTED\]](https://app.slack.com/team/WKZ5CA7[REDACTED]) [11:19 AM]  
We have a new market specific message about COVID vaccines going out to members today to provide more clarity about the vaccine process and reduce calls/VCs/messages from patients. This was designed cross-functionally with representatives from all teams. Some quick facts:

- The **\*COVID-19 Vaccine: Request\*** template will be updated shortly and will give guidance on how the patient can check which tier they would be eligible for, a dashboard to check local delivery status, and instructions for booking appointments in markets where One Medical is vaccinating.
- We **\*no longer need to add to waitlists\*** as patients will be able to directly book and self attest when eligible in their market.
- Check out the blog below for common FAQs in case patients have specific questions. Feel free to copy/paste any of that language and use in messaging.
- Blog and Social Media messaging will directly recommend not using video chats or phone calls for vaccine concerns and direct everyone to the app or website.

Additional tools to answer questions:

•  
<<https://docs.google.com/document/d/1Bcv3OdmKTLgyfWGMWBNZqIF5kRHAIJR0CMLeb6uWdHg/edit?ts=5fff6ea5#heading=h.6wec8ec3hwjo|C-I-CARE Language for Patients Asking if We Have Vaccines>>

- OM Blog Post for FAQs: <<https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines|What To Know About COVID-19 Vaccines>>
- <<https://sites.google.com/onemedical.com/coronavirusguidelines/vaccines/local-delivery-status?authuser=0|Local delivery status dashboard>> which will be updated daily 9am PST

attachments: [{"title": "What To Know About COVID-19 Vaccines", "title\_link": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines", "text": "Updated January 4, <http://2021.At|2021.At> this time, there is an unprecedented logistical effort by federal, state and county agencies to distribute and administer COVID-19 vaccines to essential frontline workers and people most at risk of severe complications from COVID-19. At One Medical, we are committed to keeping our members informed every step of the way until the COVID-19 vaccine is available to everyone. Here are our answers to some of your most commonly asked questions:", "fallback": "What To Know About COVID-19 Vaccines", "image\_url": "https://www.onemedical.com/media/images/man-with-bandaids-on-arm.2e16d0ba.fill-1200x630.jpg", "from\_url": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines", "image\_width": 476, "image\_height": 250, "image\_bytes": 94502, "service\_icon": "https://www.onemedical.com/static/images/apple-touch-icon-57x57.png", "service\_name": "onemedical.com", "id": 1, "original\_url": "https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines"}]

← J [REDACTED] 7:33 PM  
shared file(s) F01J6BEGDFB with text: <[https://app.slack.com/team/WKZ5CA7J9|\[REDACTED\]](https://app.slack.com/team/WKZ5CA7J9|[REDACTED]) [11:19 AM]  
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Additional tools to answer questions:

- [C-I-CARE Language for Patients Asking if We Have Vaccines](https://docs.google.com/document/d/1Bcv3OdmKTLgyfWGMWBNZqIF5kRHAIJR0CMLeb6uWdhg/edit?ts=5fff6ea5#heading=h.6wec8ec3hwjo)
- OM Blog Post for FAQs: [What To Know About COVID-19 Vaccines](https://www.onemedical.com/blog/live-well/what-know-about-covid-19-vaccines)
- [Local delivery status dashboard](https://sites.google.com/onemedical.com/coronavirusguidelines/vaccines/local-delivery-status?authuser=0) which will be updated daily 9am PST

↩ B [REDACTED] 7:35 PM  
sounds like just waiting until apts are available in their specific county is the right next step

↩ A [REDACTED] 7:44 PM  
[REDACTED] is there any clarity on what is happening with the pts already on the waitlist?

↩ G [REDACTED] 7:48 PM  
following. is spreadsheet only until the new messaging goes out to members at some point today, and after that they attest and its open season for self scheduled vaccines? feels like we are in the middle space right now.

↩ R [REDACTED] 7:50 PM  
that is how i understand it [REDACTED]

↩ A [REDACTED] 7:50 PM  
hi! site leads are going to reach out to folks already on a list.

↩ A [REDACTED] 7:51 PM  
thank you! [REDACTED]

↩ A [REDACTED] 7:58 PM  
[REDACTED] is actually the lead of our public health domain working group, so she is our public health expert.

↩ V [REDACTED] 8:00 PM

<!here> hx of seizures w/MMR— thats a no to covid vax, is this correct?

- ↩ P [REDACTED] 8:01 PM  
thank you
- ↩ B [REDACTED] 8:03 PM  
seizure is not anaphylaxis or allergy
- ↩ N [REDACTED] 8:03 PM  
joined the channel
- ↩ B [REDACTED] 8:03 PM  
would need to know more deets but does not sound like a C.I.
- ↩ V [REDACTED] 8:04 PM  
so, if has one would not be related to covid vax.... prob this was febrile sz as child w/MMR
- ↩ V [REDACTED] 8:04 PM  
[REDACTED] is adult
- ↩ A [REDACTED] 8:05 PM  
Did the person you spoke to at Clinton mentioned which literature they were using to decide why the Cepheid was better than the Mesa or give more details? As you say, there is the factor of what conditions we see at OM and might be using it for; which I totally agree do factor into the decision about which sensitivity numbers are most applicable to us and affect how we might guide patients in interpreting its results
- ↩ B [REDACTED] 8:06 PM  
yes in that clinical scenario above not a C.I. for covid vaccine
- ↩ V [REDACTED] 8:06 PM  
she said she also had hives/vesicles at injection site
- ↩ A [REDACTED] 8:06 PM  
Not trying to stifle the dialogue!
- ↩ V [REDACTED] 8:06 PM  
OK. thanks

- ↩ P [REDACTED] 8:11 PM  
don't need to add anyone by age
- ↩ P [REDACTED] 8:12 PM  
that's easy for tech to search for and make a list
- ↩ S [REDACTED] 8:22 PM  
<!here> Anyone have good verbage to educate asymptomatic patients who are getting tested less than 48 hours apart?
- ↩ A [REDACTED] 8:22 PM  
<!here> does anyone know a ballpark about how long it takes from being added to the list to getting the vaccine? pt wondering if he should get the second dose of his pneumonia vaccine, since he shouldn't get it within a week of the covid vaccine...
- ↩ M [REDACTED] DELETED 8:22 PM  
depends on why, i suppose. sometimes they do that because they figured out they tested too early after an exposure, and have to retest
- ↩ M [REDACTED] 8:22 PM  
depends on why, i suppose. sometimes they do that because they figured out they tested the first time too early after an exposure, and have to retest (edited)
- ↩ J [REDACTED] 8:24 PM  
<!here> from patient: diagnosed with Covid yesterday, mild symptoms since Monday but already improving. received my first Pfizer vaccine shot on Jan 3rd, exposed on the 5th. I'm scheduled to get my second shot on the 25th. The health department here just called and recommends that I wait 90 days to start the vaccination process over but also recommended that I reach out to my primary to get their feedback. \*i can't seem to find the guidance here\*
- ↩ M [REDACTED] 8:25 PM  
wow. that's not the guidance as i understand it either.....lemme get you a link re: the 90-day post-covid period.....
- ↩ C [REDACTED] 8:25 PM  
is [REDACTED] already on a waitlist? we aren't adding to the waitlists anymore
- ↩ C [REDACTED] 8:25 PM  
they need to just keep checking their appt for available appts
- ↩ M [REDACTED] 8:26 PM  
<<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>> (edited)

- ↩ M [REDACTED] 8:26 PM  
"anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the <<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>|criteria> to discontinue isolation. Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired." (edited)
- ↩ J [REDACTED] 8:30 PM  
so that sounds like they need to wait on second vaccine dose until they are feeling better and out of isolation, but they don't have to wait 90d
- ↩ M [REDACTED] 8:36 PM  
that's how i interpreted that, yah. i don't think the illness negates the first dose, i haven't read that anywhere
- ↩ M [REDACTED] 8:37 PM  
CDC doesn't even say that you HAVE to wait 90 days post infection to start the series....it's just that they think you're probably immune anyway, so no need to rush....let other people get the vax first
- ↩ M [REDACTED] 8:40 PM  
One of them created a trial membership, logged in and booked a Covid vaccine appointment for Friday. No data was collected on whether she is an eligible group or not. So I don't think it's a matter of running out. I think she saw the appointment and booked it. The other one also self booked but messaged in asking if it was real, if she was really eligible.
- ↩ M [REDACTED] 8:41 PM  
Can't we do some type of questionnaire that gives you a badge like the STEM system?
- ↩ M [REDACTED] 8:44 PM  
[REDACTED] healthcare workers and high risk 77 year olds etc are messaging us asking for the vaccine and they are put on a list. Meanwhile we have ineligible people self booking and using up the appointments before anyone calls the list. I agree with the above. We have an obligation to follow the DPH'a and CDC's guidelines and provide vaccines in the tiers that are recommended. otherwise the people who don't follow the rules and those who are tech savvy get an unfair advantage.  
[REDACTED]
- ↩ S [REDACTED] 8:45 PM  
Thanks [REDACTED], We are suspending the list process - anyone who can attest to their eligibility will be asked to self-book and we will be publishing new appointments as quickly as we are able
- ↩ S [REDACTED] 8:46 PM

Those on waitlists right now will be contacted to get set up with appointments

↩ M [REDACTED] 8:46 PM

My concern is that gaming the system is too easy and the patients who are following the rules are losing trust in me. I just happened to notice my patient scheduled, not high risk at all and it is starting to seem like my patients who are higher risk and listening to me are getting upset and not trusting me as they are learning others are booking. While I know this is a snapshot in time and in two weeks things will be very different, in this moment my patients who trust me are ending up frustrated and I am discouraged as I have been triaging these messages and trying to handle them appropriately but the inconsistencies reflect poorly on me/us in the way they are playing out. I say this while honoring the hard work that is going into building something as we are doing it, and moving towards a better system.

↩ S [REDACTED] 8:48 PM

[REDACTED] I think you could ask your OM to help those patients of yours you think should be prioritized. I don't know what else you can do to get them vaccinated or how other people are getting in ahead of them.

↩ S [REDACTED] 8:49 PM

I know there are squeaker wheels so some people might just be being more vocal and getting added somehow but I don't know otherwise how our approach is facilitating lower tier people to get vaccinated ahead of higher tier people, unless lower tier people act in bad faith.

↩ S [REDACTED] 8:51 PM

interesting

↩ S [REDACTED] 8:53 PM

^most cases i've seen it be this

↩ S [REDACTED] 8:54 PM

(at least with my testing appts)

↩ M [REDACTED] 8:55 PM

True, unfortunately a lot of people are simply booking even though younger/healthy/non-HCW.

↩ S [REDACTED] 8:57 PM

I was discussing this with a friend whose wife is healthy and is going to get a vaccine and I think if your perception is that the world/community/society isn't ethical or fair, why should you abstain? It's plugging us into a deep part of our society IMO that again I feel like I wish we could fix but really can't.

↩ S [REDACTED] DELETED 8:57 PM

Here were I live I think the community expectation is such that many people would feel



guilty/ashamed to do that, but clearly that's not the case everywhere.

↩ S [REDACTED] 8:57 PM  
Here where I live I think the community expectation is such that many people would feel guilty/ashamed to do that, but clearly that's not the case everywhere. (edited)

↩ S [REDACTED] 8:58 PM  
It's a social experiment in real-time

↩ S [REDACTED] 9:01 PM  
The [REDACTED] said that it's because he's aware of all of the "false negatives"

↩ M [REDACTED] 9:03 PM  
I know. I am trying to just use language that indicates that, but the situation is challenging at the moment. I wish people would stop for a moment and reflect. I also suggested signage on site. If people are not going to honor the system they should at least have to think about it. One of my patients who got it despite not being in the tier said "well they are vaccines that are just sitting there because healthcare workers do not want them," and was shocked when I told him I got my vaccine less than a week ago. People are not necessarily educated or thoughtful about the bigger picture and I do feel we have a role consistent with public health directives to educate and be consistent.

↩ S [REDACTED] 9:03 PM  
ah i see.... in which case I would probably have an open conversation w them in the office visit about their risk and reason for testing and address concerns about the false negatives best you can

↩ S [REDACTED] 9:03 PM  
i have landed specific verbiage sorry [REDACTED]

↩ S [REDACTED] 9:04 PM  
Totally agree. We are pointing people looking to book to CDC and our own resources which all reaffirm who is eligible.

↩ M [REDACTED] 9:11 PM  
oh ugh. yah you'll have to tailor that to his situation. if he's symptomatic, the false negative rate isn't going to get better the farther out he gets from symptoms

↩ P [REDACTED] 9:11 PM  
He was referring to Pub med articles as well as company literature.

↩ M [REDACTED] DELETED 9:11 PM

and if it's for an exposure, the false negative rate isn't going to get better once you get past day 8ish

↩ M

9:11 PM

and if it's for an exposure, the false negative rate isn't going to get better once you get past day 8ish, he just needs to follow the quarantine guidelines (edited)

↩ P

9:11 PM

Comparative Study J Clin Microbiol

- 
- 
- 

. 2020 Jul 23;58(8):e01072-20. doi: 10.1128/JCM.01072-20. Print 2020 Jul 23.

Comparison of the Accula SARS-CoV-2 Test with a Laboratory-Developed Assay for Detection of SARS-CoV-2 RNA in Clinical Nasopharyngeal Specimens

<[https://pubmed.ncbi.nlm.nih.gov/?term=Hogan+CA&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Hogan+CA&cauthor_id=32461285)|Catherine A Hogan> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Garamani+N&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Garamani+N&cauthor_id=32461285)|Natasha Garamani> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Lee+AS&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Lee+AS&cauthor_id=32461285)|Andrew S Lee> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Tung+JK&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Tung+JK&cauthor_id=32461285)|Jack K Tung> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Sahoo+MK&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Sahoo+MK&cauthor_id=32461285)|Malaya K Sahoo> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Huang+C&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Huang+C&cauthor_id=32461285)|ChunHong Huang> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Stevens+B&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Stevens+B&cauthor_id=32461285)|Bryan Stevens> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Zehnder+J&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Zehnder+J&cauthor_id=32461285)|James Zehnder> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Pinsky+BA&cauthor\\_id=32461285](https://pubmed.ncbi.nlm.nih.gov/?term=Pinsky+BA&cauthor_id=32461285)|Benjamin A Pinsky> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-3|3>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-2|2>> <<https://pubmed.ncbi.nlm.nih.gov/32461285/#affiliation-4|4>>  
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DOI: <<https://doi.org/10.1128/jcm.01072-20>|10.1128/JCM.01072-20>

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Abstract

Several point-of-care (POC) molecular tests have received emergency use authorization (EUA) from the Food and Drug Administration (FDA) for the diagnosis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The test performance characteristics of the Accula (Mesa Biotech) SARS-CoV-2 POC test need to be evaluated to inform its optimal use. The aim of this study was to assess the test performance of the Accula SARS-CoV-2 test. The performance of the Accula test was assessed by comparing results of 100 nasopharyngeal swab samples previously characterized by the Stanford Health Care EUA laboratory-developed test (SHC-LDT), targeting the envelope (E) gene. Assay concordance was assessed by overall percent agreement, positive percent agreement (PPA), negative percent agreement (NPA), and Cohen's kappa coefficient. Overall percent agreement between the assays was 84.0% (95% confidence interval [CI], 75.3 to 90.6%), PPA was 68.0% (95% CI, 53.3 to 80.5%), and the kappa coefficient was 0.68

(95% CI, 0.54 to 0.82). Sixteen specimens detected by the SHC-LDT were not detected by the Accula test and showed low viral load burden, with a median cycle threshold value of 37.7. NPA was 100% (95% CI, 94.2 to 100%). Compared to the SHC-LDT, the Accula SARS-CoV-2 test showed excellent negative agreement. However, positive agreement was low for samples with low viral load. The false-negative rate of the Accula POC test calls for a more thorough evaluation of POC test performance characteristics in clinical settings and for confirmatory testing in individuals with moderate to high pretest probability of SARS-CoV-2 who test negative on Accula.

\*Keywords:\* COVID-19; Mesa Accula; SARS-CoV-2; laboratory-developed test; point-of-care test.  
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← M [REDACTED] 9:12 PM  
if he's testing just to do it....then it's a shot in the dark anyway, and unless he's going to test every 48 hours for the rest of the pandemic..... although, say it nicer than that lol

← V [REDACTED] 9:13 PM  
i usually also inform patients that we do tests when we think it will change what we advise you to do next, and if they are under isolation and following social distancing anyway, retesting that soon isn't likely to change what I advise them to do, so the point of the test becomes questionable

← V [REDACTED] 9:14 PM  
but it'll inevitably take time to get the point across in a way that they receive it well when they probably have a different bias to start with, and a &lt;10 min appointment isn't a great opportunity for that much education really

← P [REDACTED] 9:26 PM  
Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2 Test  
<[https://pubmed.ncbi.nlm.nih.gov/?term=Loeffelholz+MJ&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Loeffelholz+MJ&cauthor_id=32366669)|Michael J Loeffelholz> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-1|1>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Alland+D&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Alland+D&cauthor_id=32366669)|David Alland> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-2|2>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Butler-Wu+SM&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Butler-Wu+SM&cauthor_id=32366669)|Susan M Butler-Wu> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-3|3>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Pandey+U&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Pandey+U&cauthor_id=32366669)|Utsav Pandey> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-4|4>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Perno+CF&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Perno+CF&cauthor_id=32366669)|Carlo Frederico Perno> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5|5>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Nava+A&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Nava+A&cauthor_id=32366669)|Alice Nava> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-5|5>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Carroll+KC&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Carroll+KC&cauthor_id=32366669)|Karen C Carroll> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6|6>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Mostafa+H&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Mostafa+H&cauthor_id=32366669)|Heba Mostafa> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-6|6>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Davies+E&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Davies+E&cauthor_id=32366669)|Emma Davies> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7|7>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=McEwan+A&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=McEwan+A&cauthor_id=32366669)|Ashley McEwan> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-7|7>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Rakeman+JL&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Rakeman+JL&cauthor_id=32366669)|Jennifer L Rakeman> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8|8>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Fowler+RC&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Fowler+RC&cauthor_id=32366669)|Randal C Fowler> <<https://pubmed.ncbi.nlm.nih.gov/32366669/#affiliation-8|8>>, <[https://pubmed.ncbi.nlm.nih.gov/?term=Pawlotsky+JM&cauthor\\_id=32366669](https://pubmed.ncbi.nlm.nih.gov/?term=Pawlotsky+JM&cauthor_id=32366669)|Jean-

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↶ P



9:26 PM

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DOI: <<https://doi.org/10.1128/jcm.00926-20|10.1128/JCM.00926-20>>  
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#### Abstract

Nucleic acid amplification tests (NAATs) are the primary means of identifying acute infections caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Accurate and fast test results may permit more efficient use of protective and isolation resources and allow rapid therapeutic interventions. We evaluated the analytical and clinical performance characteristics of the Xpert Xpress SARS-CoV-2 (Xpert) test, a rapid, automated molecular test for SARS-CoV-2. Analytical sensitivity and specificity/interference were assessed with infectious SARS-CoV-2; other infectious coronavirus species, including SARS-CoV; and 85 nasopharyngeal swab specimens positive for other respiratory viruses, including endemic human coronaviruses (hCoVs). Clinical performance was assessed using 483 remnant upper- and lower-respiratory-tract specimens previously analyzed by standard-of-care (SOC) NAATs. The limit of detection of the Xpert test was 0.01 PFU/ml. Other hCoVs, including Middle East respiratory syndrome coronavirus, were not detected by the Xpert test. SARS-CoV, a closely related species in the subgenus *Sarbecovirus*, was detected by a broad-range target (E) but was distinguished from SARS-CoV-2 (SARS-CoV-2-specific N2 target). Compared to SOC NAATs, the positive agreement of the Xpert test was 219/220 (99.5%), and the negative agreement was 250/261 (95.8%). A third tie-breaker NAAT resolved all but three of the discordant results in favor of the Xpert test. The Xpert test provided sensitive and accurate detection of SARS-CoV-2 in a variety of upper- and lower-respiratory-tract specimens. The high sensitivity and short time to results of approximately 45 min may impact

patient management.

\*Keywords:\* COVID-19; RT-PCR; SARS-CoV-2; Xpert.

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↩ G

[REDACTED]

9:28 PM

<here> hi team. does anyone know if our SF offices are now vaccinating members over 75?  
thank you

↩ C

[REDACTED]

9:32 PM

my understanding only tier 1a still

↩ C

[REDACTED]

9:33 PM

(health care workers, long term facility residents)

↩ M

[REDACTED]

9:33 PM

The local hospital has everyone interested fill out a form answering questions. When you're

eligible you get an email with a link to book or the location and times for walk in. Couldn't this work like the STEM questionnaire? You get a badge or a color and when it's your color or tier you can book?

: [REDACTED] 1 • yesparty: [REDACTED]

↩ G [REDACTED] 9:36 PM  
thank you

↩ A [REDACTED] 9:37 PM  
i thought they expanded it to include &gt;65yo now. SF DPH says "First are frontline healthcare workers, including doctors, nurses, paramedics, service workers, as well as long-term care residents. People over the age of 65 can also get the vaccine."

↩ C [REDACTED] 9:38 PM  
good to know [REDACTED]! and hello! the spreadsheets do not reflect that, so im not sure

↩ C [REDACTED] 9:38 PM  
i am under the impression &gt;65 is 1B

↩ A [REDACTED] 9:38 PM  
i know, its all a bit unclear right now!

↩ K [REDACTED] 9:39 PM  
I think you are right, [REDACTED] still just healthcare workers and assisted living now in SF correct?

↩ A [REDACTED] 9:40 PM  
i'm confused since people can self book though

↩ C [REDACTED] 9:41 PM  
@aromano they have to fill out an attestation form that states they are 1a- whether they are truthful or not is on them

↩ G [REDACTED] 9:41 PM  
oh ppl can self book in SF now?

↩ A [REDACTED] 9:41 PM  
yep

↩ V [REDACTED] DELETED 9:41 PM  
<!here> on the pre covid Questionnaire pt age 72 answered YES to allergic rxn to IV benadryl. ??? she is sure it was that, it made her shake, was given in ER b/c she didnt feel well w/ a medicine given when she had a broken wrist. she is not our pt and no records. ? what are

we to do with this info?

- ↩ K [REDACTED] 9:41 PM  
But there are no appointments
- ↩ C [REDACTED] 9:41 PM  
yes! we encourage them to keep checking app as visits will be published daily
- ↩ A [REDACTED] 9:41 PM  
yeah theyre all booked up!
- ↩ G [REDACTED] 9:42 PM  
but you guys are still at 1a?
- ↩ C [REDACTED] 9:42 PM  
yes
- ↩ G [REDACTED] 9:42 PM  
ok thanks so much
- ↩ C [REDACTED] 9:42 PM  
anytime! SO confusing
- ↩ G [REDACTED] 9:42 PM  
getting PTSD and flashbacks from March 2020
- ↩ C [REDACTED] 9:43 PM  
yes and we all don't have as much energy as we did then, so its tough i know
- ↩ B [REDACTED] 9:59 PM  
[REDACTED] you are correct... but probably will move into the next phase today... everyone needs to take things day by day... going to be a lot of variation between counties, allocation size, apt access...
- ↩ B [REDACTED] 9:59 PM  
and know we are all trying our best and working tirelessly
- ↩ M [REDACTED] 9:59 PM  
<!here> From the perspective of a newer district without a significant patient base and lesser

name recognition, I'm finding it difficult to see how we're the most efficient stewards of this valuable resource (COVID vaccine) for the community. Has there been any discussion on how to address these situations as we roll out vaccine distribution?

I'd hate to see vaccine doses go to waste because we don't have enough patients walking through our doors. I see that our efforts are well-intentioned and I also see this as contributing to further health disparities by bypassing those who need this vaccine in our communities because we simply don't have reach in those areas. Perhaps a better alternative would be to work with current processes through our local health departments rather than trying to re-invent our own, especially in newer districts.

↩ G [REDACTED] 10:01 PM  
your phase 1a also includes everyone above 65?

↩ G [REDACTED] 10:01 PM  
i am just reading ur rules. interesting

↩ K [REDACTED] 10:02 PM  
Agree. Also could mention the risk of pt actually contracting COVID by exposing themselves to this setting repeatedly anyway 🙄

↩ A **adiamond** 10:13 PM  
This is basically what we're doing.

↩ A **adiamond** DELETED 10:14 PM  
F01JY9XDZ36

↩ A **adiamond** 10:14 PM  
shared file(s) F01JY9XDZ36 with text: F01JY9XDZ36

↩ A **adiamond** 10:15 PM  
However — [REDACTED] for every tier, the number of people who are eligible exceeds the number of vaccines available per day by a factor of 100 to 10,000.

↩ A **adiamond** 10:15 PM  
And...we're not allowed to create waiting lists (which would be targets for foul play anyway).

[REDACTED] 10:16 PM  
this is great. thanks for sharing @adiamond. might there be further clarification about which medical conditions qualify once we get to that stage? i assume so. already hearing patients being like "i have a thyroid disorder - that's autoimmune so i get the vaccine earlier right?"

↩ A **adiamond** 10:17 PM



So, the best solution right now is to add as many appointments as we can every day, tell people that they can book if they're eligible, require them to attest to their eligibility (and, when necessary, verify this at the point of care), and encourage them to keep checking daily until they finally find an appointment.

↩ A **adiamond** 10:18 PM  
[REDACTED] Yes -- [REDACTED] on the PD team is adding links to more complete explanations of the medical conditions.

[REDACTED] 10:18 PM  
wonderful

[REDACTED] 10:18 PM  
that will head off a lot of influx of calls/messages/VCS!

↩ A **adiamond** 10:18 PM  
But even still, there's huge risk of confusion about which conditions qualify. The lists are not definitive, nor can they possibly be.

↩ A **adiamond** 10:19 PM  
In sum, things are gonna be gnarly for awhile.

[REDACTED] 10:19 PM  
for sure, but it will help

↩ L [REDACTED] DELETED 10:33 PM  
<!here> just some feedback on the new message, since lunch time I've had a surge of people book appts over the next few days for covid vaccines in standard slots. I wonder if the email communication has already gone out to members; I think it would help to clarify the language that the vaccines can only be administered during that specific type of appt. from what I can tell people are now booking standard slots for the vaccine, perhaps in response to the email comms about now being able to schedule

↩ L [REDACTED] 10:33 PM  
<!here> just some feedback on the new message, since lunch time I've had a surge of people book appts over the next few days for covid vaccines in standard slots. I wonder if the email communication has already gone out to members; I think it would help to clarify the language that the vaccines can only be administered during that specific type of appt. from what I can tell people are now booking standard slots for the vaccine, perhaps in response to the email comms about now being able to schedule; in a small district like OC we aren't able yet to accommodate vaccines in standard slots because we have a small supply (edited)

↩ A [REDACTED] 10:37 PM

██████████ is the waitlist the same as the excel sheet we've been adding to? we were told not to book directly for pts (for the SF area)

↩ S ██████████ 10:38 PM  
██████████

↩ S ██████████ 10:39 PM  
We are 100% working with local DPHs as a partner to get vaccines to those are eligible.

↩ S ██████████ 10:39 PM  
In SF we have vaccinated 100s of non-members (virtually all of those we have vaccinated have been non-members) sent to us by the SF DPH.

↩ S ██████████ 10:40 PM  
I'm a little lost as to how this story is getting propogated that we aren't working to get vaccines to those who are eligible

↩ C ██████████ 10:42 PM  
██████████ we are not using the spreadsheets anymore- the pt basically needs to fill out the attestation survey and keep checking their app for appt availability

↩ C ██████████ 10:42 PM  
the appts are rolled out daily, so they just need to keep checking

↩ B ██████████ 10:45 PM  
Completely echo ██████████ here... my office is full right now of healthcare workers in SF who are non one medical members getting vaccinated! We are bridging the cap for our community

↩ S ██████████ 10:47 PM  
Thank you all so much for your input ██████████ ██████████ ██████████ ██████████

↩ S ██████████ 10:49 PM  
❤️

██████████ 10:49 PM  
that's so wonderful to hear! i thought patients had to be members, which as we move into the next tier is not representative of communities most in need. so thrilled that patients outside of OM can get the vax with us. i'm guessing others didn't realize/understand this either

↩ M ██████████ 10:59 PM

That is so great to hear and thank you for clarifying! With that being said, our presence in Portland is not on the same scale as it is in San Francisco and I'm very hopeful our discussions with our local DPH have been as fruitful. I do know that even with the demand for COVID testing, our numbers did not pick up for several months because people didn't know about us for a while.

↩ R

██████████

11:32 PM

none that I am aware of. would be nice to crowdsource a list of immunosupp meds / biologics we can build into the logic

↩ L

██████████

11:40 PM

New York VMT is getting a tremendous influx of people 65+ who received today's email and think it means they can book an appointment for a vaccine. My understanding is no offices in NY have vaccines for 1B, and likely won't for days/weeks.

↩ M

██████████

11:46 PM

Thank you @adiamond That looks really good! Excited to see that implemented!