COVID-19 Vaccine Implementation

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Public health impact relies on rapid, efficient, and high uptake of complete vaccine series, with particular focus on those at increased risk for severe COVID-19 illness.
Distribution will adjust as volume of vaccine doses increases

**Limited Doses Available**
- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations

**Large Number of Doses Available**
- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required, including surge capacity

**Continued Vaccination, Shift to Routine Strategy**
- Likely excess supply
- Broad administration network for increased access

**Example populations**
- **Healthcare providers**
  - Long-term care facility residents
- **People with high-risk conditions**
  - Other older adults in congregate settings
- **Non-healthcare critical workers**
  - People in congregate settings
  - All other older adults
- **Young adults**
  - Children
  - Other critical workers
- **All others in the US who did not have access in previous phases**

Illustrative scenario for planning purposes; will be adapted based on clinical/manufacturing information on all OWS candidates & vaccine prioritization

Illustrative example populations; final prioritization to be decided by ACIP
ACIP Allocation of COVID-19 Vaccine

Which groups should be recommended to receive COVID-19 vaccine ‘X’ during Phase 1?

**Ethical Principles:**
- Maximize benefits & minimize harms
- Promote justice
- Mitigate health inequities
- Promote transparency
ACIP Recommendations for Use of Vaccine Against COVID-19

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, ACIP recommends that 1) health care personnel and 2) residents of long-term care facilities be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a).

Goals for vaccination if supply is limited

ACIP has set the following goals for recommending which groups should receive COVID-19 vaccines if supply is limited:

- Decrease death and serious disease as much as possible
- Preserve functioning of society
- Reduce the extra burden the disease is having on people already facing disparities
- Increase the chance for everyone to enjoy health and well-being
# Groups for Phase 1a Vaccination

<table>
<thead>
<tr>
<th>Health Care Personnel(^1,^2) (HCP) (~21 million)</th>
<th>Long-Term Care Facility (LTCF) Residents(^3) (~3 million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples</td>
<td>Examples</td>
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<tr>
<td>Hospitals</td>
<td>Skilled nursing facilities (~1.3 M beds)</td>
</tr>
<tr>
<td>Long-term care facilities</td>
<td>Assisted living facilities (~0.8 M beds)</td>
</tr>
<tr>
<td>Outpatient clinics</td>
<td>Other residential care (~0.9 M beds)</td>
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<tr>
<td>Home health care</td>
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<td>Pharmacies</td>
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<td>Emergency medical services</td>
<td></td>
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<tr>
<td>Public health</td>
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1. [https://www.cdc.gov/infectioncontrol/guidelines/healthcare](https://www.cdc.gov/infectioncontrol/guidelines/healthcare)
3. [https://www.cdc.gov/longtermcare/index.html](https://www.cdc.gov/longtermcare/index.html)
Additional Considerations for Phase 1a Implementation

- **Sub-prioritization** may be required with initial limited supply
- Implementation of vaccination programs for healthcare personnel will need to consider **reactogenicity** post-vaccination
  - Additional post-vaccination guidance forthcoming from CDC
- Reactogenicity appears **lower** in older adult population for mRNA vaccines
  - No reactogenicity data in LTCF residents
- **Safety monitoring** of all populations in Phase 1a, especially LTCF residents, will be critical post-authorization

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ACIP Proposed Interim Phase 1 Sequence

Phase 1c
- Adults with high-risk medical conditions
- Adults 65+

Phase 1b
- Essential workers
  - (examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)

Phase 1a
- HCP
- LTCF residents

Time

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Distribution Concept of Operations

Vaccine A direct shipped

Vaccine A

Vaccine B

Ancillary Supplies & PPE (all vaccines)

Kitting (Med/Surg)

Distributor (McKesson)

Vaccine B

Distributor coordination cell

Pharmacy

LTC Providers

Home Bound

Indian Health Services

Other federal entity sites (DOD)

Public Health Clinics/FQHCs

Hospitals

Doctor's Office

Mobile Units

Mass Vx – large outpatient clinics

Ancillary Supplies & PPE (all vaccines)
Working Toward Jurisdictional Vaccine Implementation

- Continue to enroll vaccination provider sites, particularly sites for Phase 1a
- Assess expected vaccine allocations
- Finalize microplanning with expected products and allocations to plan for Phase 1a
- Place pre-orders for vaccine
- Continue preparations for accessing under-resourced communities and disproportionately affected groups
- Identify critical metrics for post-implementation monitoring

COVID-19 Vaccination Provider Recruitment and Enrollment

- Ongoing, variable numbers by state
- States working with healthcare and hospital systems and local health departments
  - Closed pods and open pods
- Training of COVID-19 vaccination providers is vital to ensure the success of the COVID-19 Vaccination Program
- Training and clinical materials include:
  - Toolkits for health systems and clinics, long-term care facilities, and health departments
  - Training materials on vaccine administration, storage and handling, vaccine products, etc.
COVID-19 Vaccine Safety Strategy

1. **Use established systems** to implement heightened safety monitoring for COVID-19 vaccines

2. **Develop new platforms** and leverage other federal data sources to complement existing systems

3. **Communicate clearly** on the vaccine safety process and systems now; provide COVID-19 vaccine safety data and monitoring results once available
VAERS is the nation’s early warning system for vaccine safety

Co-managed by CDC and FDA
http://vaers.hhs.gov

Have you had a reaction following a vaccination?
1. Contact your healthcare provider.
2. Report an Adverse Event using the VAERS online form or the new downloadable PDF. Nuevo

Important: If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or healthcare advice, consult a qualified healthcare provider.

¿Ha tenido una reacción después de recibir una vacuna?
1. Contacte a su proveedor de salud.
2. Reporte una reacción adversa utilizando el formulario de VAERS en línea o la nueva versión PDF descargable. Nuevo

What is VAERS?

- REPORT AN ADVERSE EVENT
  Report significant adverse events after vaccination.

- SEARCH VAERS DATA
  Download VAERS Data and search the CDC WONDER database.

- REVIEW RESOURCES
  Find materials, publications, learning tools, and other resources.

- SUBMIT FOLLOW-UP INFORMATION
  Upload additional information related to VAERS reports.

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V-safe is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety

- Uses text messaging and web surveys to check-in with vaccine recipients after vaccination
- Participants can report any side effects or health problems after COVID-19 vaccination
- Includes active telephone follow-up by CDC for reports of significant health impact
The Vaccine Demand Continuum

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

Refusal

May have questions, take “wait and see” approach, want more information

Passive Acceptance

Demand
A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Reinforce Trust
Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

Empower Healthcare Providers
Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals
Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, increase collaboration and build trust in COVID-19 vaccine.
Available Soon! – Vaccine Communication Toolkits

- Ready-made materials to inform healthcare providers, patients, and communities about COVID-19 vaccines
  - Discussion guide and readiness checklist
  - Slide decks for immunization coordinators, healthcare teams, and other support personnel
  - Colorful posters
  - Informational factsheets and FAQs
  - Sample social media messages and graphics
  - Drop-in articles and blog posts
  - “Vaccinated against COVID” button design to make vaccination visible

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COVID-19 Vaccine Implementation

- There will be **unanticipated challenges**, but CDC will continue to work closely with partners to **find solutions and overcome obstacles**.

- Vaccines are an important tool to control the pandemic, but we need to continue to **wear masks, social distance, and wash hands**.

- **Jurisdictions are under immense stress** and will be implementing COVID-19 vaccination amidst a surge in disease, strain on the healthcare system, and nearly a year spent fighting this pandemic.

- We need to continue to lay the foundation to **build vaccine confidence** across the United States.
For up-to-date COVID-19 vaccine information visit:

www.cdc.gov/coronavirus/2019-ncov/vaccines
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.