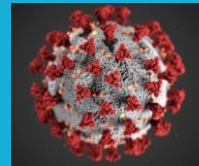The following document is for historical purposes and is no longer being updated. Please go to the COVID-19 Vaccination Clinical & Professional Resources for more recent information.

Executive Summary - DRAFT

10/16/2020

Introduction

This document is an Executive Summary of the State of Arkansas' Interim Draft **COVID-19 Vaccination Plan dated October 16, 2020**. The plan can be downloaded from the Arkansas Department of Health's COVID-19 Webpage. All interested parties are encouraged to review this document and use the electronic form to make comments and suggestions. Please note, this plan is a work-in-progress and will evolve over time as new information becomes available and processes are created that affect the rollout of COVID-19 vaccines to the public.

COVID-19 Vaccination Planning Sections:

Section 3: Phased Approach to COVID-19 Vaccination

The Arkansas Department of Health (ADH) is planning for a phased and equitable distribution of vaccines based upon supply and demand, beginning with those populations at most risk. Specifically, Phase 1-A focuses on health care personnel most likely to be exposed to COVID-19. Phase 1-B focuses on people with increased risk for severe illness from the disease and essential workers at increased risk (e.g., K-12 employees, meatpacking plant workers, state correctional facilities, etc.). During Phase 2, when supply meets demand, we will focus on high-risk employees and populations not yet reached in Phase 1 and on broader health care settings, critical infrastructure personnel, and congregate-living facilities (e.g., LTC). In Phase 3, when demand is slowing, the ADH will focus on hard to reach populations (e.g., homeless) and low vaccination uptake areas. Priority groups will be based on recommendations made to the Secretary of Health by a subcommittee of the Arkansas Vaccine Medical Advisory Committee (VMAC). Recommendations from the Advisory Committee on Immunization Practices will be considered once vaccine characteristics and availability are determined.
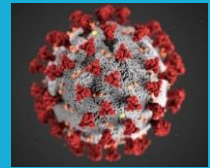
Section 4: Critical Populations

The ADH will leverage the Federal data platform known as Tiberius and work closely with the Arkansas State Data Center at the University of Arkansas at Little Rock to update Arkansas population data by county and zip code to continually assess vaccination rollout efforts. This data will allow us to overlay critical populations with health care providers using geo-mapping.

Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment

The ADH is recruiting new providers through the COVID-19 Prevention Workgroup. Other methods to actively recruit providers include a COVID-19 Provider Enrollment link on the ADH website, adding a notice and link to the Arkansas Immunization Information System (WebIZ) Homepage, and working with various Arkansas organizations i.e., the Arkansas Immunization Action Coalition, the Arkansas Medical Society, the Arkansas Chapter of the Academy of Family Physicians, the Arkansas Pharmacists Association and other professional

groups to recruit additional COVID-19 vaccination providers. Additionally, ADH is developing an online COVID-19 vaccination provider enrollment process and training resources.

Section 8: COVID-19 Vaccine Storage and Handling

The CDC's *You Call the Shots* Storage and Handling web-based immunization training course will be a required training for all providers administering COVID-19 vaccine. Each provider will receive the CDC's Vaccine Storage and Handling Toolkit and the ADH-developed Storage and Handling PowerPoint upon enrollment in the ADH COVID-19 vaccination program. The CDC's "Guidance for Satellite, Temporary, or Off-Site Locations" and "Vaccination Guidance during a Pandemic" will also be provided. Vaccine redistribution by enrolled providers will be limited to refrigerated COVID-19 vaccines.

Section 10: COVID-19 Vaccination Second-Dose Reminders

Reminder/recall instructions will be provided in the COVID-19 vaccination provider enrollment educational packet. Providers will be instructed on how to use email and text message extracts in the IIS reminder/recall system that can be used in conjunction with the provider's current reminder/recall system, if applicable. The ADH will run routine reports in WebIZ to identify COVID-19 vaccination program patients that require reminder notifications. The ADH will perform centralized reminder/recall at least monthly on all COVID-19 vaccine recipients.

Section 12: COVID-19 Vaccination Program Communication

The ADH Office of Health Communications, in collaboration with the ADH Office of Health Equity, ADH subject matter experts, and agency will coordinate messaging across multiple platforms and channels to optimize communication with all audiences before a vaccine is ready as well as through the different phases of the program leading up to and including wide availability of a vaccine. Specific messaging will be developed and aimed at health care personnel, employers, government and community partners and stakeholders and the public/consumers. Emphasis will be made on reaching groups with increased risk or with limited access to vaccination services, including Arkansas' Latinx and Marshallese populations.

Section 14: COVID-19 Vaccine Safety Monitoring

Health care providers should report clinically important adverse events following COVID-19 vaccination to Vaccine Adverse Event Reporting System (VAERS) per the COVID-19 Vaccination Program Provider agreement. The ADH understands that using new vaccines makes this step more important than ever. The ADH plans to make special efforts to reinforce reporting, including periodic messaging to remind and educate on reporting adverse events through the Arkansas Health Alert Network and other networks.

Section 15: COVID-19 Vaccination Program Monitoring

To ensure the monitoring and evaluation of COVID-19 vaccination efforts, the ADH will submit provider enrollment data to CDC twice weekly. Participating providers will be required to use Arkansas' IIS inventory management module. The CDC COVID-19 Vaccination Response Dashboard will provide information on critical population categories and the number of health care providers and facilities.