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Kentucky's COVID-19 Vaccination Plan

DRAFT EXECUTIVE SUMMARY



Kentucky Public Health

Prevent. Promote. Protect.

On October 14th a "COVID-19 Vaccination Playbook Executive Summary Template" was sent to KDPH from the CDC. The CDC asked that all jurisdictions use the template to provide a 2 to 3 page high-level, executive summary of Kentucky's Interim COVID-19 Vaccination Plan highlighting the key points and planning/implementation considerations for Sections 3, 4, 5, 8, 10, 12, 14, and 15. The format and the information within this document is based upon the template that was provided to KDPH.

INTRODUCTION

In May of 2020, KDPH established a COVID-19 Vaccination Planning Team. The COVID-19 Vaccination Planning Team structure follows the Incident Command System (ICS) and is a “Branch” under KDPH’s COVID-19 ICS structure. The planning team held numerous meetings, discussions and engaged a wide range of stakeholders to inform our planning strategy. The plan provides an outline of the actions, roles, and responsibilities of state agencies and collaborating organizations that will be necessary for a smooth and orderly COVID-19 vaccination distribution and administration process. It should be noted that the plan is a living document- a compilation of strategies based on what we currently know and anticipate. KDPH will continue to add specificity and detail as we learn more.

SECTION 3: PHASED APPROACH TO VACCINATION

Phase 1A and 1B: Potentially limited supply of COVID-19 vaccine doses available

KDPH will focus initial efforts on reaching recommended target groups and ensuring that vaccination locations, and selected providers can reach target groups, and meet reporting requirements. Kentucky is collaborating with healthcare systems, pharmacies, local health departments and select community partners to vaccinate the phase 1A and 1B targeted groups.

Phase 2: Large number of vaccine doses available

Focus on ensuring access to vaccine for members of Phase 1 target groups not yet vaccinated, extend efforts to reach people living and/or working in congregate settings, or are at an increased risk of acquiring or transmitting COVID-19. Phase 2 will likely include the need for additional vaccinators to staff PODs (i.e., points of distribution), contract for vaccination services, and expand professional scopes of practice (if necessary).

Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)

Kentucky plans to continue vaccination efforts in this phase with individuals identified in Phases 1 and 2. Federally qualified health centers, rural health clinics, private providers, and pharmacies will take on the majority of the vaccination effort during this phase. While KDPH and LHDs will target vaccination efforts toward the most vulnerable populations, such as homeless populations with limited access to care and, and assist with other targeted vaccination efforts.

Section 4: Critical Populations

KDPH will establish a Vaccination Allocation Committee (VAC) in which they will review the CDC’s Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health (NIH), and the National Academies of Sciences, Engineering, and Medicine (NASEM) recommended target populations and adjust as necessary. The tasks for the committee include reviewing allocation priorities, and the populations that will be added successively as vaccine supplies increase. Among the factors that the committee is expecting to consider are: health disparities and other health access issues; individuals at higher risk (e.g., elderly and those with underlying health conditions); occupations at higher risk (e.g., health care workers and essential industries); populations at higher risk (e.g., racial and ethnic groups, incarcerated individuals, and residents of nursing homes); and geographic distribution of active virus spread. It is likely that KDPH’s recommendations for vaccine prioritization will reflect the recommendations set forth by the CDC’s advisory committee with minimal changes. KDPH recognizes, though, the potential for alterations of these recommendations based on the evolving epidemiology of COVID-19 and will monitor national recommendations for changes that may occur.

Section 5: Vaccination Provider Recruitment and enrollment

An adequate network of trained, technically competent COVID-19 vaccination providers in accessible settings is critical to vaccination success. KDPH concentrated early planning efforts engaging different vaccination providers in various settings that can rapidly vaccinate the initial target groups and populations of focus. KDPH will assure that providers are properly “on-boarded” into the immunization information system, and that the provider has the proper training and equipment before vaccine is distributed.

Section 8: Vaccine Storage & Handling

The cold chain begins at the COVID-19 vaccine manufacturing plant, includes delivery to and storage at the COVID-19 vaccination provider site, and ends with administration of COVID-19 vaccine to a person. COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit risk of administering COVID-19 vaccine with reduced effectiveness. Most COVID-19 vaccine will be delivered from the CDC’s centralized distributor directly to the location where the vaccine will be stored and administered, although some vaccine may be delivered to secondary depots for redistribution. Certain COVID-19 vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer to the vaccination provider site. Once COVID-19 vaccine materials are available from the CDC, FDA, and vaccine manufacturer, KDPH will provide mandatory training prior to vaccination locations receiving vaccine supplies. This training will be specific to the COVID-19 vaccines that have been approved. KDPH will provide ongoing technical assistance to COVID-19 vaccination providers to ensure appropriate vaccine storage and handling procedures are established and followed regardless of vaccination setting.

Section 10: Vaccine Second Dose reminders

Some vaccines for COVID-19 will require two doses, administered approximately two to three weeks apart. If two doses are required, it will be necessary to ensure that vaccinated persons return for the second dose. KDPH, along with local health departments/districts, will arrange for information about the need for a second dose to be provided to recipients at the time of initial vaccination. KDPH will utilize the Kentucky Immunization Registry (KYIR) Mass Event Model for the majority of second dose reminders. COVID-19 Providers will be encouraged to schedule the patient’s second-dose appointment when delivering their first dose. The CDC says that vaccination “verifications and reminder cards” will be included in the vaccine shipments and that providers will be required to provide vaccination cards to those receiving their COVID-19 vaccination.

Section 12: Vaccination Communication

It is very likely that the COVID-19 vaccination campaign will compete against an anti-vaccination movement that floods social media with misinformation, conspiracy theories and propaganda aimed at convincing people to not receive the COVID-19 vaccine. KDPH will evaluate, social, behavioral, and compliance practices and trends in an effort to ensure accurate, proactive, time-sensitive, real-time messaging. KDPH is in the process of structuring a vaccine communication strategy for the Commonwealth. A number of pathways are being examined and will result in a “multi-front” communication strategy utilizing the KDPH Commissioner’s Office, the CHFS Office of Public Affairs, the Governor’s Office, external partner agencies and a contracted communications firm to ensure effective messaging across all populations.

In order to understand Kentuckians attitude about the potential COVID-19 vaccine KDPH is working with external partners to develop a statewide assessment of public and provider attitudes and beliefs

surrounding the COVID-19 vaccine. A survey will be used to collect actionable information from the public that can be used to maximize COVID-19 vaccination uptake in Kentucky, including but not limited to information specific to subpopulations including rural, urban, African-American, and Hispanic Kentuckians. Information and data obtained via the survey will be used to assist KDPH and our partners with the development of appropriate messaging and delivery mechanisms for the public and for healthcare providers.

The CDC has stated that it will develop COVID-19 communication resources for jurisdictions to use with key audiences and that these resources will be available on a public-facing website currently under development, however, KDPH will likely need to tailor messaging and resources specific to special populations in Kentucky communities. KDPH will incorporate the CDC's communication resources into its public communication efforts when applicable. Information may be disseminated via social media, web site postings, interviews, newspaper editorials, flyers, billboards, television and radio broadcasts.

Section 14: Vaccine safety and monitoring

Kentucky's overall vaccine safety monitoring approach includes pre-administration communication with providers, a COVID-19 vaccine specific informational website, and direct technical assistance provided by the Immunizations Branch. The Vaccine Adverse Event Reporting System (VAERS) will be used to report and investigate adverse events following immunization with the COVID-19 vaccine. KDPH will provide technical assistance and communicate with the CDC on all aspects of vaccine adverse event reporting.

Section 15: COVID-19 Vaccination Program Monitoring

Continuous monitoring for situational awareness throughout the COVID-19 vaccination campaign is crucial for a successful outcome. KDPH has established procedures for monitoring various critical program planning and implementation elements, including performance targets, resources, staffing, and activities.

Multiple data points and information elements are regularly monitored through normal day-to-day operations and under the current COVID-19 State Health Operations Center (SHOC) Incident Command System (ICS). The SHOC will work in coordination with the Immunizations Branch to monitor and assess the various information requirements. The vaccination team is continuing to assess the need for having various information systems and dashboards to monitor and display COVID-19 vaccination program information and will integrate new technologies when appropriate.