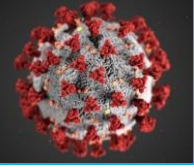




The following document is for historical purposes and is no longer being updated. Please go to the [COVID-19 Vaccination Clinical & Professional Resources](#) for more recent information.



PHILADELPHIA INTERIM COVID-19 VACCINATION PLAN October 23, 2020



Executive Summary - DRAFT

Introduction

The Philadelphia Department of Public Health (PDPH) COVID-19 Vaccine Distribution Plan documents local strategies for distributing COVID-19 vaccine to persons in Philadelphia through three phases of vaccine availability: 1) limited dose availability; 2) broader dose availability; and 3) sufficient supply to vaccinate all Philadelphians. This Plan addresses the 15 areas identified by the Centers for Disease Control and Prevention (CDC) in their Interim Playbook for Jurisdiction Operations (Version 1.0), issued on September 16, 2020. The Plan was developed by PDPH, guided by recommendations from the COVID-19 Vaccine Advisory Committee (VAC). The VAC is comprised of local stakeholders representing healthcare, vulnerable populations, faith-based organizations, business sectors, insurers, and others affected by the pandemic. The VAC was established to advise on prioritization strategies for vaccine distribution, to address health equity issues, and to guide communication and community engagement strategies to build trust and promote vaccine uptake.

COVID-19 Vaccination Planning Sections:

Section 8. Vaccination Methods and Models (Section 3 in CDC Template)

Given that vaccine availability is likely to be limited initially, Philadelphia is planning for a phased approach to COVID-19 vaccination. In Phase 1, vaccine administration will concentrate on high-risk populations in controlled settings. PDPH anticipates distributing vaccine primarily through Health System and Hospital Occupational Health Departments, community-based clinics serving vulnerable populations and critical workforce, and registration-based mass vaccination events. As the supply of vaccine increases in Phase 2, PDPH will prioritize vaccinating persons who were identified as prioritized in Phase 1, but were unable to receive vaccine. Additional Phase 2 groups may include moderate-risk essential workers (as identified by the risk assessment process) and additional persons at high risk of severe morbidity and mortality, including people with chronic health conditions. Vaccine will be distributed in Phase 2 through pharmacies, medical clinics, occupational health offices, community-based clinics, and registration-based mass vaccination events. In Phase 3, COVID-19 vaccine supply will be sufficient for the entire population. PDPH will create a broad vaccine administration network to achieve sustainable and equitable vaccine access across the city, including pharmacies, clinics, hospitals, and mass vaccination events. Recruitment of private healthcare providers to administer COVID-19 vaccine will be key to integrating immunization into routine medical practice. Monitoring of vaccine uptake will be critical to assure adequate coverage rates and recognition of gaps.

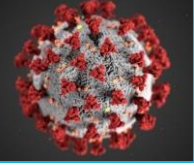
Section 6: Critical Populations (Section 4 in CDC Template)

Given the anticipated limited dose availability in early Phases, a prioritization strategy will be necessary to determine who will receive vaccine initially. Although CDC's Advisory Committee on Immunization Practices (ACIP) has not yet released their recommendations, PDPH has presumptively identified critical populations during its early planning processes. Critical populations have been defined by their increased risk of exposure to COVID-19, their increased risk of transmitting infection to vulnerable persons, and/or their increased risk of suffering serious morbidity/mortality from COVID-19. Prioritization of different critical populations was established using a formal risk assessment tool. PDPH is employing both primary and secondary data collection methods to define and estimate numbers of persons in each of the critical population groups.

Section 9: Provider Recruitment, Enrollment, and Training (Section 5 in CDC Template)

Early recruitment efforts will focus on engaging potential COVID-19 vaccination providers who can serve prioritized populations. Recruitment for Phase 1 Vaccine Providers will largely be conducted by PDPH targeted outreach to specific partners. Phase 2 recruitment efforts will focus on expanding the network of enrolled providers to ensure that COVID-19 vaccination services are offered more broadly and equitably across the city. Provider recruitment will be conducted by PDPH elicitation of participation. This will consist of emails, faxes, newsletters, and Health Advisories

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sent to providers in Philadelphia alerting them about enrollment in the COVID-19 vaccination program. Provision of vaccine in Phase 3 aims to expand vaccination into routine healthcare encounters, such as primary care visits, to achieve near-universal coverage. The existing relationships that the Immunization Program has with the providers who are enrolled in the Vaccines for Children (VFC) and Vaccines for Adults at Risk (VFAAR) programs will be leveraged to expedite the distribution of vaccine. In addition to existing providers, PDPH will seek to engage providers who are not currently enrolled as Immunization Program providers.

Section 7: COVID-19 Vaccine Management (Section 8 in CDC Template)

Philadelphia has a robust Immunization Information System (IIS) named PhilaVax, which is the method of choice for managing COVID-19 vaccine and recording administrations. Orders, temperatures, and reconciliations are entered into PhilaVax and then processed using CDC's Vaccine Tracking System (VTrckS) on the back end. Allocation limits for providers will be determined based on total citywide allotments and priority tiers. Storage and handling requirements will vary depending on the specific vaccine(s) received. PDPH anticipates that COVID-19 vaccine products will be temperature-sensitive, possibly requiring ultra-cold (-70 C) storage. PDPH will work with staff at each COVID-19 vaccination provider site to ensure compliance with vaccine storage and handling requirements.

Section 8: Vaccination Methods and Models (Section 10 in CDC Template)

Because COVID-19 vaccine will likely be a 2-dose series, second-dose reminders for vaccine recipients will be critical to ensure compliance with vaccine dosing intervals. COVID-19 vaccination providers should make every attempt to schedule a patient's second-dose appointment when they get their first dose. PDPH will work with providers to assess the most effective methods for issuing second-dose reminders. Several options may be used to provide this reminder, including phone, text, email or letter as appropriate. In addition, PhilaVax is able to issue reminder-recall notifications to patients having received a first dose.

Section 12. Public Information (Section 12 in CDC Template)

Public messaging and outreach regarding COVID-19 vaccine will be guided by community input and the need for transparency. Given the current lack of trust in government messaging, public information may be both our greatest challenge and opportunity in COVID-19 vaccine distribution. PDPH's communication objectives are to: educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines; ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines; address concerns about access to vaccine, including how and where vaccine will be made available and questions concerning costs of obtaining the vaccine; and encourage continued preventive behaviors in addition to encouraging vaccination. PDPH will leverage trusted sources, including community partners and healthcare professionals to reinforce key messages.

Section 13. Monitoring COVID-19 Vaccinations for Safety & Uptake (Section 14 in CDC Template)

Upon launch of COVID-19 immunizations in Philadelphia, PDPH will implement various strategies to monitor the outcome of vaccinations. Key aspects of the monitoring program are to: (1) assess vaccine safety; (2) evaluate uptake and acceptability of vaccine across the population; and (3) optimize impact of vaccine by aligning vaccine distribution with disease surveillance data. PDPH will encourage anyone who experiences an adverse event after receiving a vaccine to report to Vaccine Adverse Event Reporting System (VAERS). VAERS may be contacted directly, or adverse event reports can be called in to PDPH staff, who will assist with filing the VAERS report. In addition, PDPH will use its local syndromic surveillance system to monitor for vaccine adverse events.

Section 16. COVID-19 Vaccination Program Monitoring (Section 15 in CDC Template)

PDPH will monitor various components of the COVID-19 Vaccination Program, including provider enrollment and performance, data quality and timeliness, and use of resources. In addition, the effectiveness of public information will be monitored through tracking survey results, digital media impressions, and material distribution. Results of the COVID-19 Vaccine Distribution Program, including vaccination data and select program measures, will be displayed on a dashboard presented on the city's website.