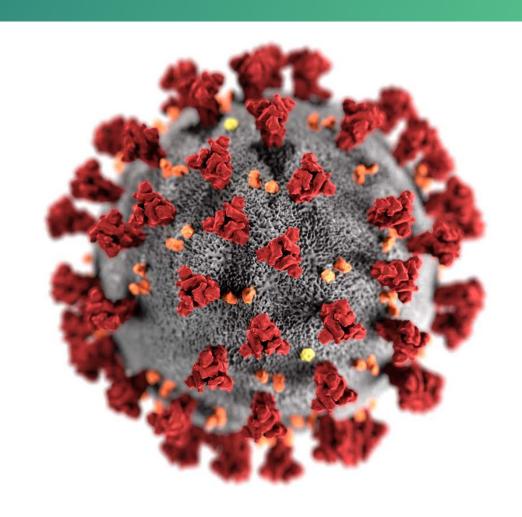


# **COVID-19 Vaccine Implementation Planning Update**

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Vaccine Task Force

October 30, 2020

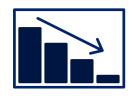




# Overarching objectives for COVID-19 vaccination program



Ensure safety and effectiveness of COVID-19 vaccines



Reduce mortality, morbidity, and incidence of COVID-19 disease



Help minimize
disruption to
society and
economy, including
maintaining
healthcare capacity



Ensure equity in vaccine allocation and distribution



### Distribution will adjust as volume of vaccine doses increases

**Limited Doses Available** 

Max

Volume doses available (per month)

Trials only

Constrained supply

 Highly targeted administration required to achieve coverage in priority populations

Example populations



HCPs First responders **Example populations** 





People with high-risk conditions Older adults, including those living in long-term care facilities Large Number of Doses Available



- Supply increases access
- Broad administration network required, including surge capacity

Example populations









Non-healthcare critical workers People in congregate settings All other older adults Example populations





Young adults
Other critical workers

Continued Vaccination, Shift to Routine Strategy

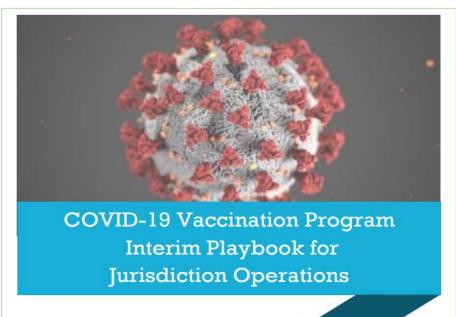
- · Likely excess supply
- Broad administration network for increased access

**Example population** 



All others in the US who did not have access in previous phases

### **Jurisdictional COVID-19 vaccination plan summary**



Centers for Disease Control and Prevention (CDC)

September 16, 2020 Version 1.0

- All 64 jurisdictions returned a COVID-19 vaccination plan.
  - Federal agency plans received (VA, IHS, DOD, DOS, BOP)
- Plans reviewed by at least three CDC subject matter experts.
- Feedback returned by Oct 26, 2020
- Executive summaries requested by Oct 26, 2020
- Will update information about plans on CDC website



https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\_Playbook.pdf

### Jurisdictional plans showed strengths and challenges

### **Strengths**

- Phased approach to vaccination:
   Jurisdictions have organized their planning around the allocation phasing assumptions
- Adverse Event Reporting: Jurisdictions have set out clear plans to train and equip providers on VAERS
- Second-dose reminders: Jurisdictions have laid out deep operational detail for second-dose reminders (e.g., via text, email, automated call), which, in many cases, is already live

### **Challenges**

- Program communications: Public health messaging plan and expedited procedures for emergency communications
- Program monitoring: Ensuring all data systems to administer and track vaccine identified
- Provider recruitment and enrollment:
   Need additional planning around equitable access to vaccine distribution in later phases



# From planning to readiness: next steps for vaccine implementation

- Working toward a jurisdictional readiness date of November 15, 2020
- Emphasize need for signed Data Use Agreement to ensure tracking of uptake, identifying pockets of low vaccination, identifying and intervening in coverage disparities, and allocating vaccine product.
- Identify and enroll vaccination provider sites, particularly sites that can administer vaccine product to Phase 1 populations.
  - Select 1-5 facilities for positioning of ultra-cold product after possible EUA to ensure once ACIP recommendations are released, product can be rapidly administered.
  - Confirm facilities are enrolled in VTrckS to order and receive product
  - Augmenting state capacity through federal pharmacy partnerships to support vaccination in long-term care facilities
- Continue to move forward with microplanning using various products and allocations to ensure readiness across different scenarios.

### Distribution will adjust as volume of vaccine doses increases

#### **Limited Doses Available**

Max

Volume doses available (per month)

Trials only

Constrained supply

• Highly targeted administration required to achieve coverage in priority populations

#### **Example populations**



**HCPs** First responders

#### **Example populations**





People with high-risk conditions Older adults, including those living in long-term care facilities

#### **Large Number of Doses Available**



- · Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required, including surge capacity

#### **Example populations**









Non-healthcare critical workers People in congregate settings All other older adults

#### **Example populations**





Young adults Children Other critical workers

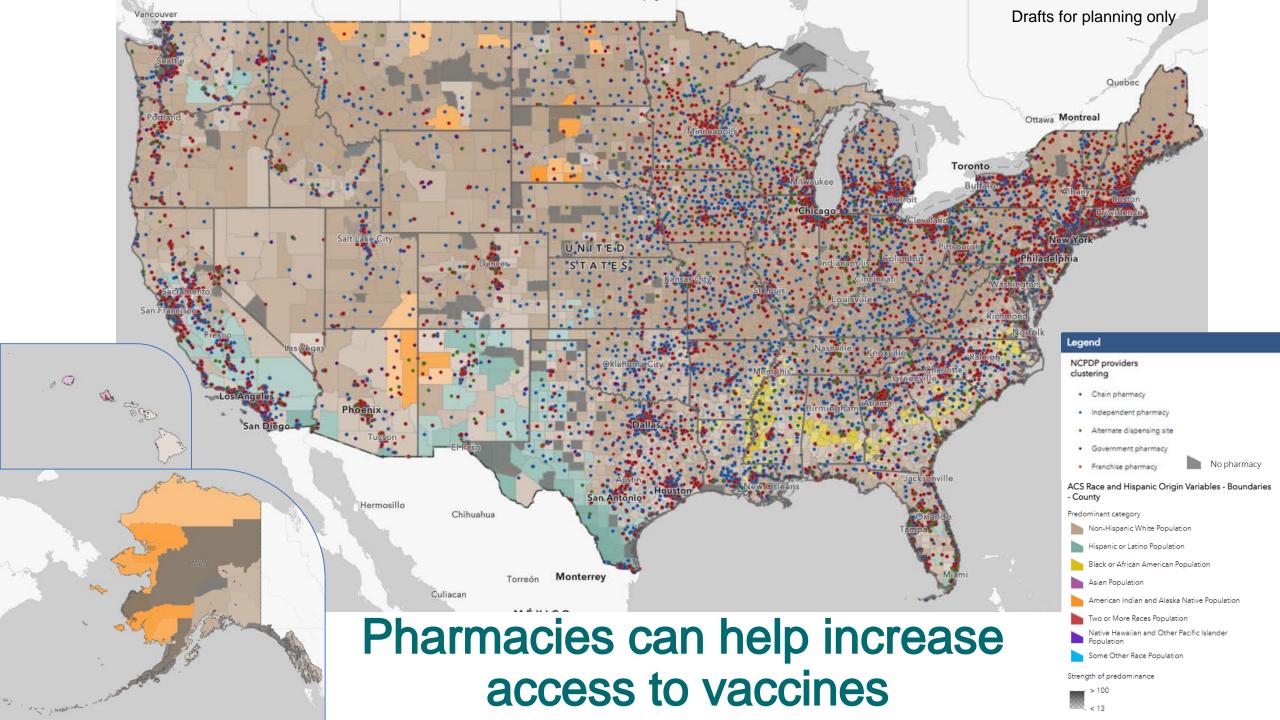
#### **Continued Vaccination, Shift to Routine Strategy**

- Likely excess supply
- · Broad administration network for increased access

#### **Example population**



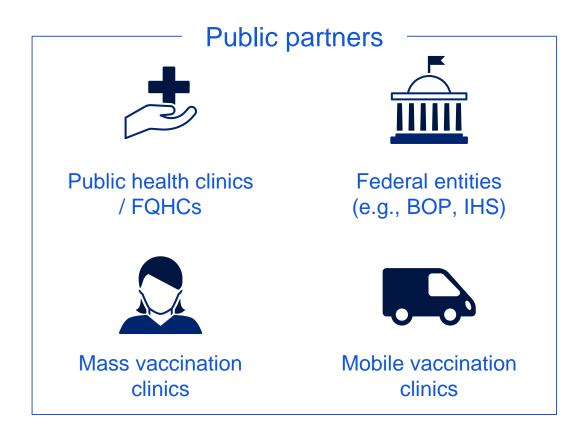
All others in the US who did not have access in previous phases

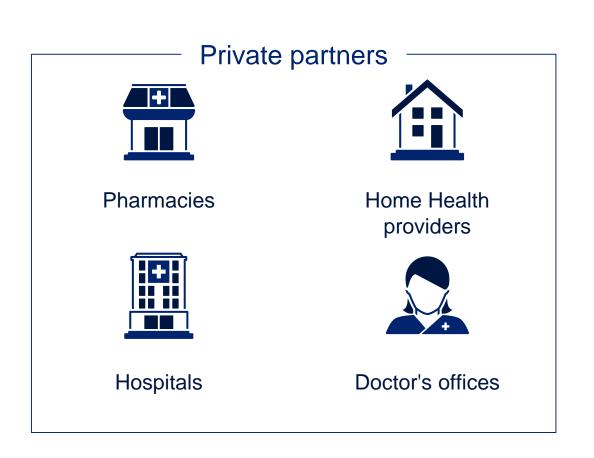


# Phase 2: Federal Pharmacy Partnership Strategy for COVID-19 Vaccination Program

- Once we have an adequate supply of COVID-19 vaccine to support broader vaccination efforts, it will be important to help jurisdictions increase access to COVID-19 vaccine for the general population.
- USG is partnering with pharmacies nationwide to increase access to vaccine.
  - Partners who enroll in this program will receive a direct allocation of COVID-19 vaccine when supply is sufficient and vaccine is recommended for use beyond the initial critical populations.
  - Pharmacy partners under consideration include national chains, large regional chains, and networks of independent pharmacies and regional chains.
  - 55% of the eligible US pharmacies have already enrolled. List of partners will be shared with jurisdictions shortly.

# Leveraging all resources and partners will allow for the successful administration of the COVID-19 vaccination program





## CDC Vaccine Web Contentcurrent and planned

#### For General Public:

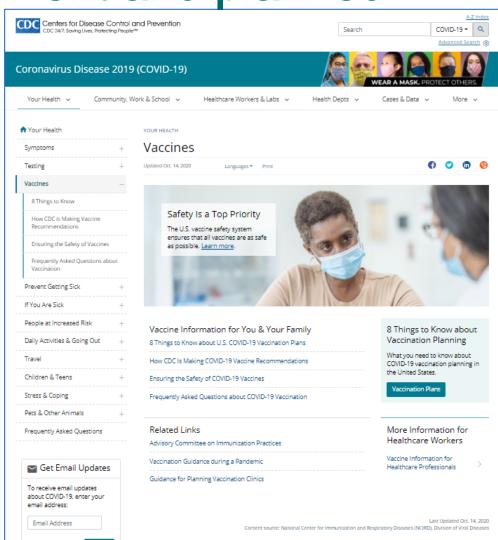
- About COVID-19 Vaccines (New)
- How COVID-19 Vaccines Work (New)
- What Are the Benefits of COVID-19 Vaccination? (New)
- Busting Myths and Misconceptions about COVID-19 Vaccination (New)
- Frequently Asked Questions about COVID-19 Vaccination (Updated)

#### For Providers:

- Provider Resources for COVID-19 Vaccine Conversations with Patients (New)
- Frequently Asked Questions about the Pharmacy Partnership for LTC Program (Updated)

#### For Jurisdictions:

Interim Playbook for Jurisdictional Operations version 2.0 (Updated)

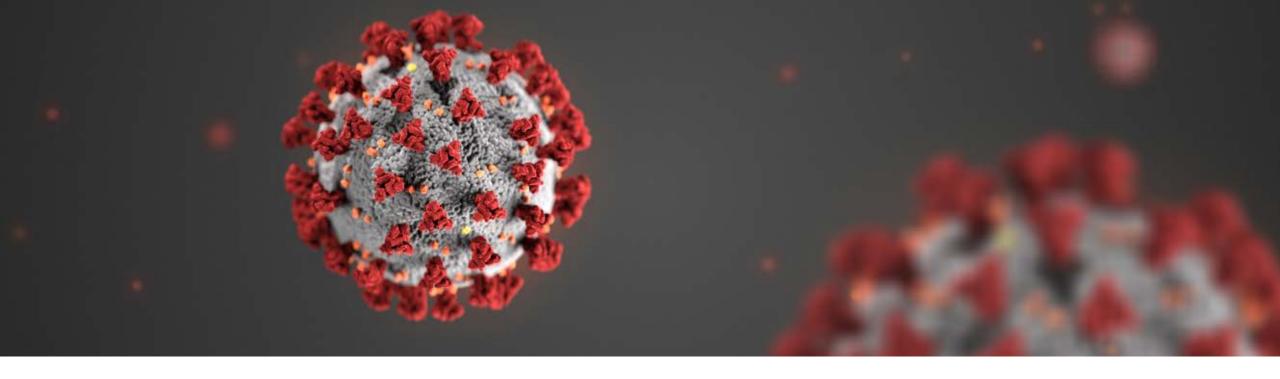


## Thank you



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.

For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



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## Cost and reimbursement update

- COVID-19 vaccine will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers or recipients. Vaccine providers will be able to charge an administration fee. However, the CDC Provider Agreement states that participating providers must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees or coverage status.
- Vaccine providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient. For uninsured patients, the vaccine provider can seek reimbursement for an administration fee from the HRSA Provider Relief Fund.