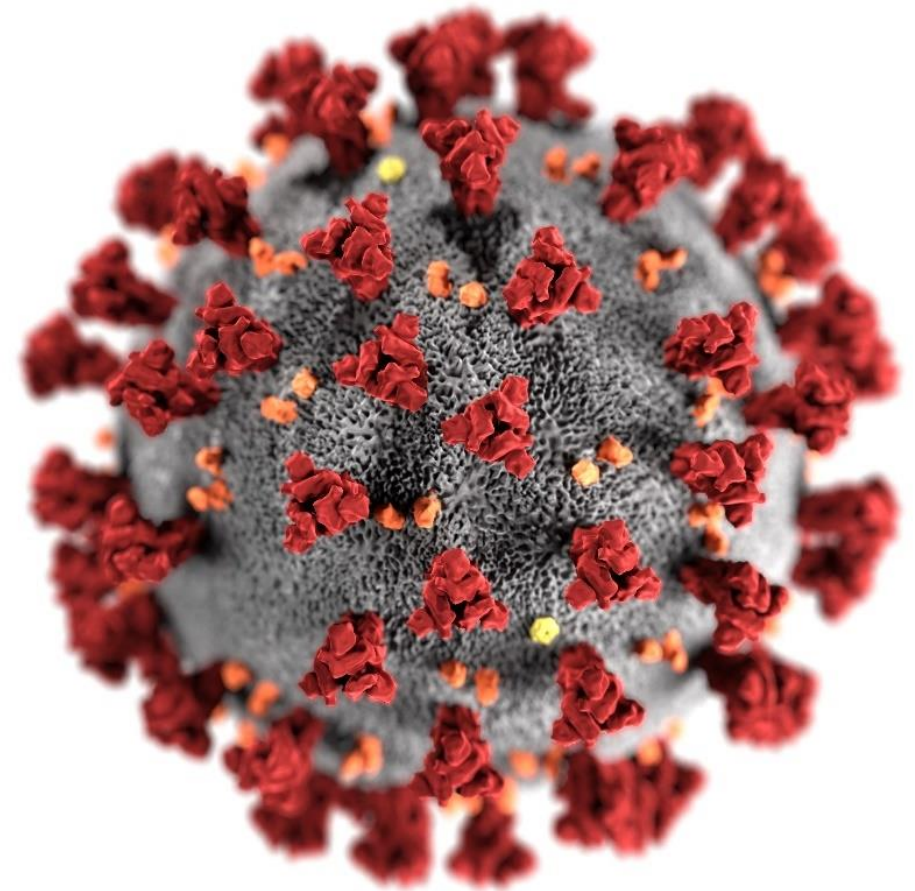


COVID-19 vaccine implementation

Nancy Messonnier, MD

8/18/2020

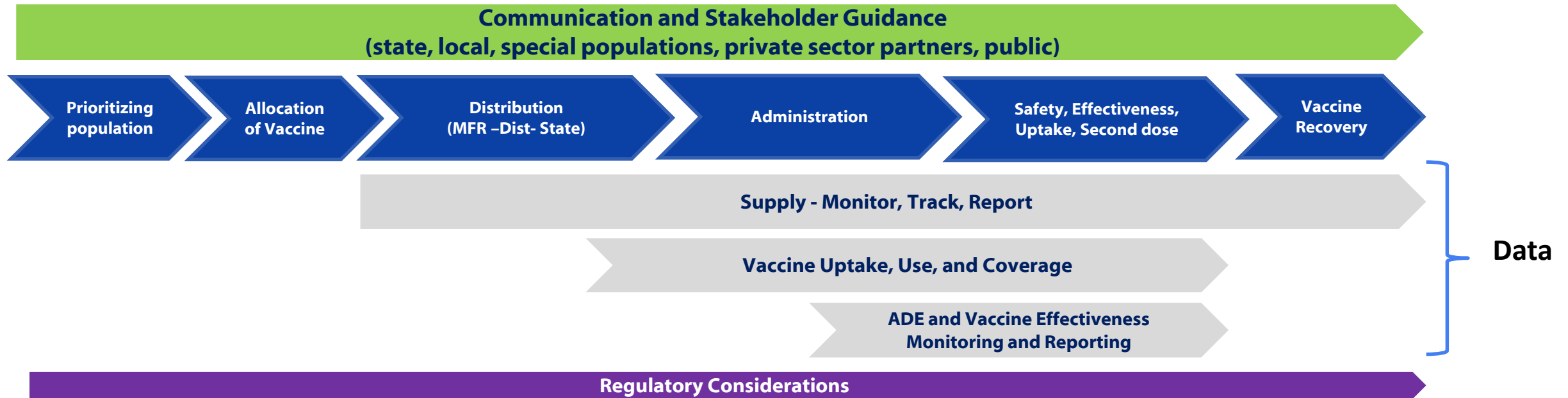


Complex and evolving landscape for COVID-19 vaccine

- One vs. two dose series
- Products not interchangeable
- Varying presentations
- Vaccine efficacy and adverse event profile in different populations
- Varying cold-chain requirements
- Use in children and pregnant women
- Need for socially distanced vaccination practices
- Communication and education
- Some high-risk groups for COVID-19 may distrust public health

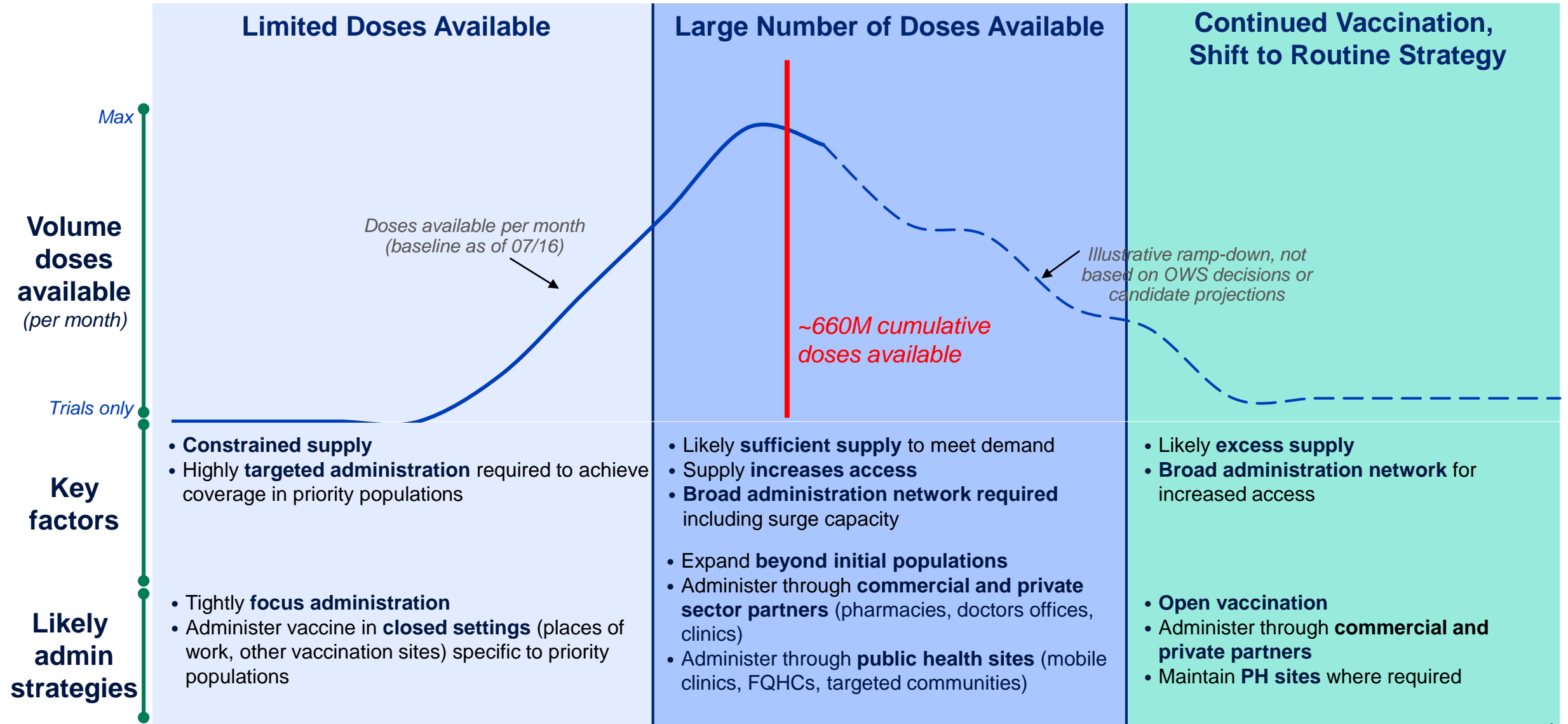


Multiple Critical Components to Vaccine Implementation

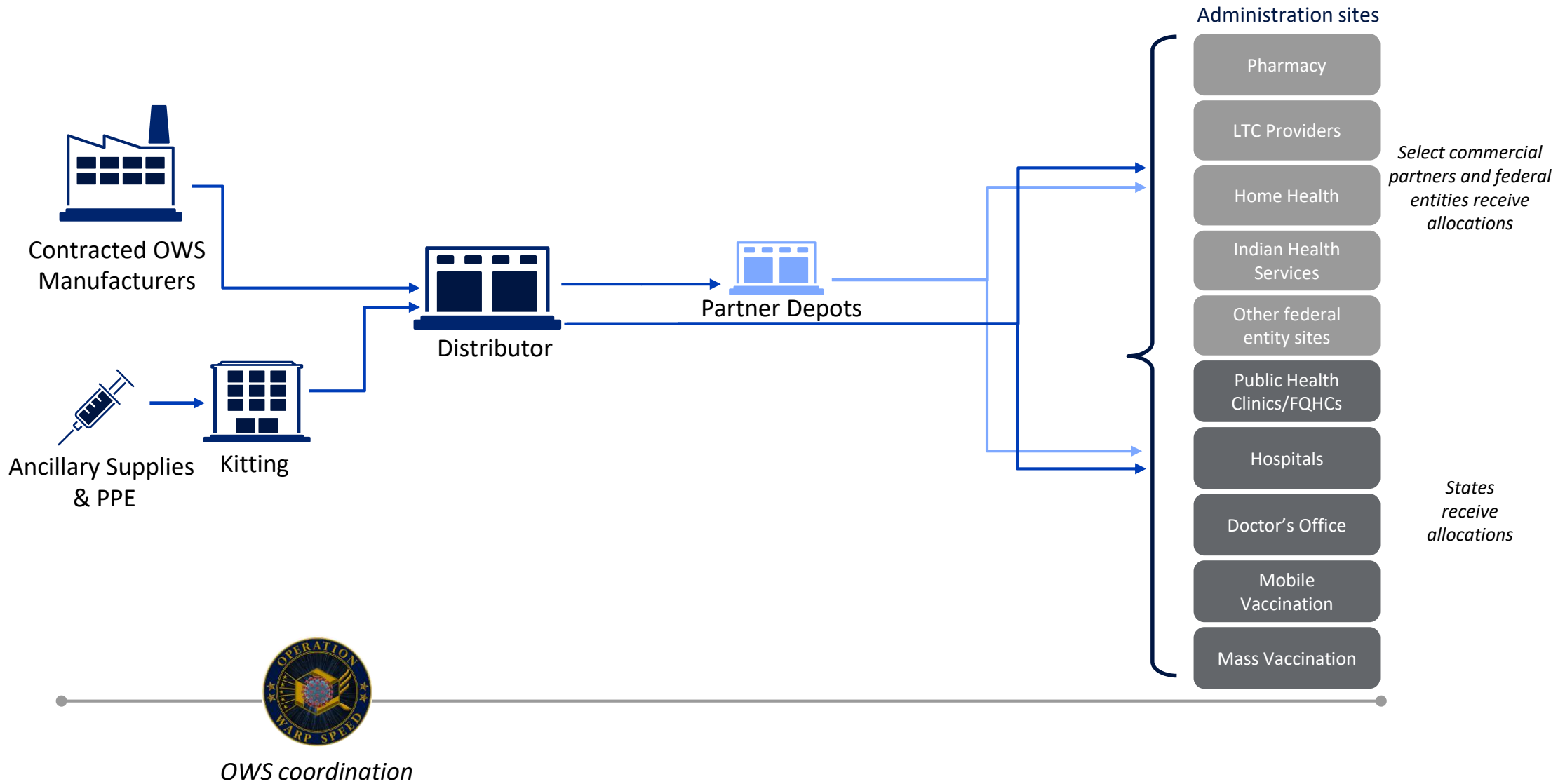


Public health impact relies on rapid, efficient, and high uptake of complete vaccine series, with focus on high-risk groups

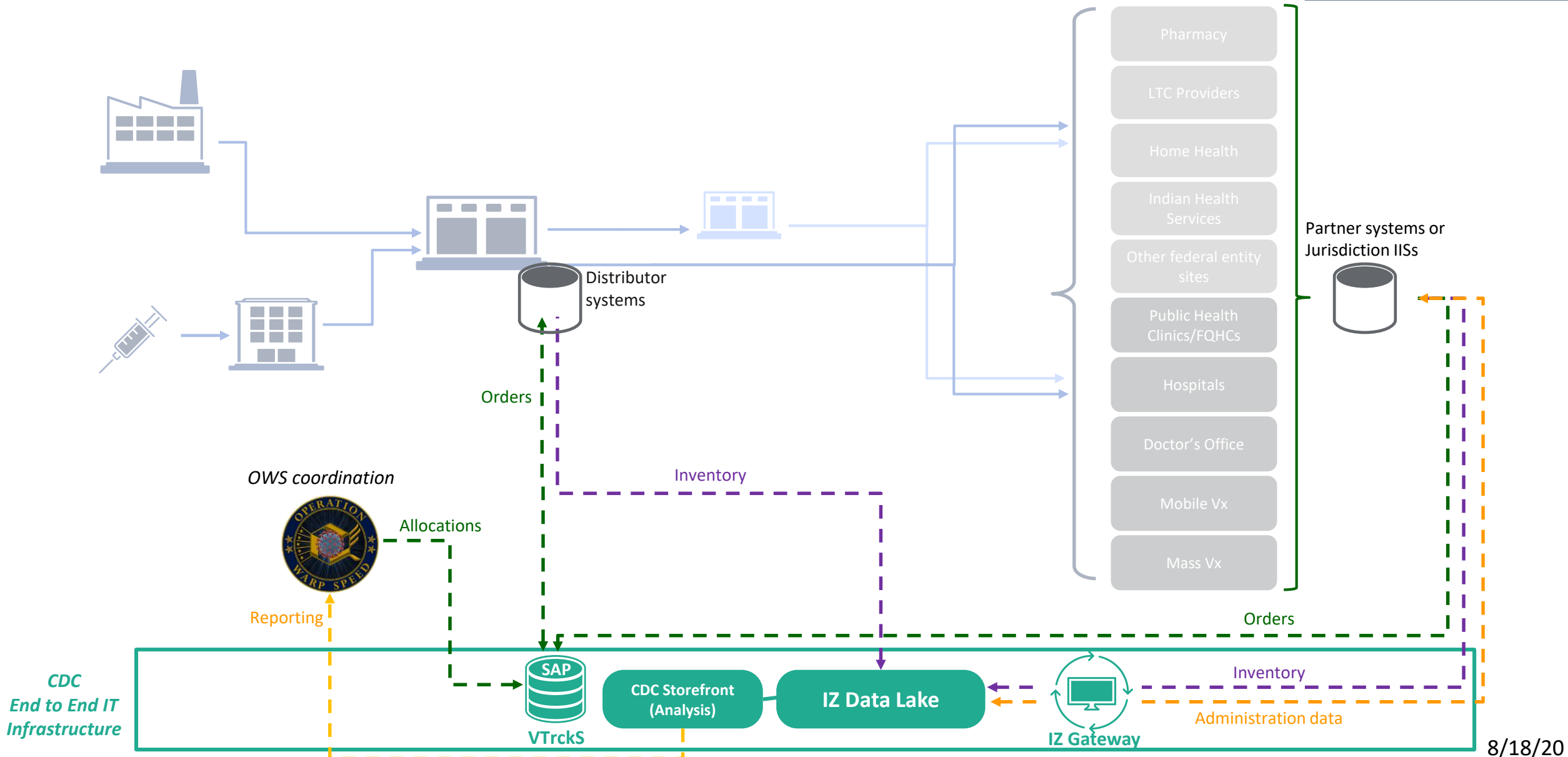
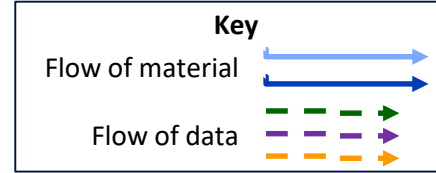
Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)



Overview of Distribution and Administration



End to end data infrastructure



CDC
End to End IT
Infrastructure

To distribute and administer COVID-19 vaccine, we will leverage many partners to ensure success

Leveraging public health expertise and assets from all-of-USG...

...and contributions from our private partners



Federal



State



Local



Distribution



Administration



Guidance & best practices

Draft Concept of Operations for select target populations

Populations are not comprehensive; additional populations to be added

Target population	Vaccination Sites
Critical Infrastructure	
Health care and Community support services	Occupational health setting, Pharmacies, Other settings
Homeland and national security	Occupational health setting, Pharmacies, Other settings
Other critical infrastructure	Occupational health setting, Pharmacies, Other settings
People at Increased Risk of Severe Illness	
Elderly (65 years & older)	Doctor's offices, Pharmacies, Other settings
Nursing home / Assisted living facility residents	Facilities health services, Mobile vaccination units
Communities of color (Black, Hispanic)	Doctor's offices, PODs, Other settings
Tribal populations	IHS facilities, Tribal health units, Other settings
People with underlying medical conditions	Doctor's Offices, Pharmacies, Other settings
People Living in Congregate Settings	
People who are incarcerated/detained	Correctional facility health services, Pharmacies, ICE Health Service Corps; BOP for federal facilities
People experiencing homelessness	PODs, Mobile vaccination units, Health clinics serving population
People attending university or college	Student health clinics, PODs, Other settings
Populations With Limited Access to Vaccine	
People living in rural jurisdictions	FQHCs, Mobile clinics, Other settings
Individuals with disabilities	Home health organizations, Mobile clinics, Other settings



In the face of health crises or emergencies, communication, community engagement, and cultural competency are critical



This research suggests that efforts should prioritize **targeted messaging, community engagement and support, and culturally competent interventions** to promote equitable acceptance and uptake of adult immunizations.



Targeted Messaging

Epidemics do not increase vaccine acceptance in racial or ethnic minorities, meaning targeted communication from trusted messengers remains necessary—especially when a vaccine is new, data on safety or risks is limited, and negative informal messaging occurs (CDC, 2015).



Community Engagement

Sustained community engagement is key in identifying the education and support required to implement health efforts—especially in communities that face instability with basic needs, such as employment, food, shelter, and clean water (Hutchins, 2009).



Cultural Competency

Health care staff and first responders should provide culturally competent messaging and care—and include minority groups in planning—to encourage equitable engagement and outcomes in a pandemic response (Hutchins, 2009).

The Vaccine Life Cycle

safety at every phase

GUIDE

ACIP

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

BLA

BIOLOGICS LICENSE APPLICATION

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

FDA

FOOD AND DRUG ADMINISTRATION

IND

INVESTIGATIONAL NEW DRUG APPLICATION

VACCINE DEVELOPMENT

safety is a priority during vaccine development + approval

safety continues with CDC + FDA safety monitoring

PHASE 1 safety
 PHASE 2 effectiveness
 PHASE 3 safety + effectiveness

PHASE 4 safety monitoring for serious, unexpected adverse events

BASIC RESEARCH DISCOVERY PRE-CLINICAL STUDIES

CLINICAL STUDIES / TRIALS

FDA REVIEW

ACIP REVIEW

POST-APPROVAL MONITORING + RESEARCH

IND SUBMITTED

BLA SUBMITTED

FDA APPROVAL OF 1 NEW VACCINE

ACIP RECOMMENDATION



LEARN MORE

[FDA VACCINE DEVELOPMENT + APPROVAL PROCESS](http://go.usa.gov/xvvNd) [CDC VACCINE SAFETY MONITORING + RESEARCH](http://go.usa.gov/xvvNe)



Vaccinate with **Confidence**

CDC's strategic framework for strengthening vaccine confidence and preventing outbreaks of vaccine preventable diseases.

Protect
communities

Strategy: Protect communities at risk from under-vaccination

- ✓ Leverage immunization data to find and respond to communities at risk
- ✓ Work with trusted local partners to reach at-risk communities before outbreaks
- ✓ Ensure vaccines are available, affordable, and easy-to-get in every community

Empower
families

Strategy: Get providers and parents effective information resources

- ✓ Expand resources for health care professionals to help them have effective vaccine conversations with parents
- ✓ Work with partners to start conversations before the first vaccine appointment
- ✓ Help providers foster a culture of immunization in their practices

Stop myths

Strategy: Stop misinformation from eroding public trust in vaccines

- ✓ Work with local partners and trusted messengers to improve confidence in vaccines among key, at-risk groups
- ✓ Establish partnerships to contain the spread of misinformation
- ✓ Educate key new stakeholders (e.g., state policy makers) about vaccines

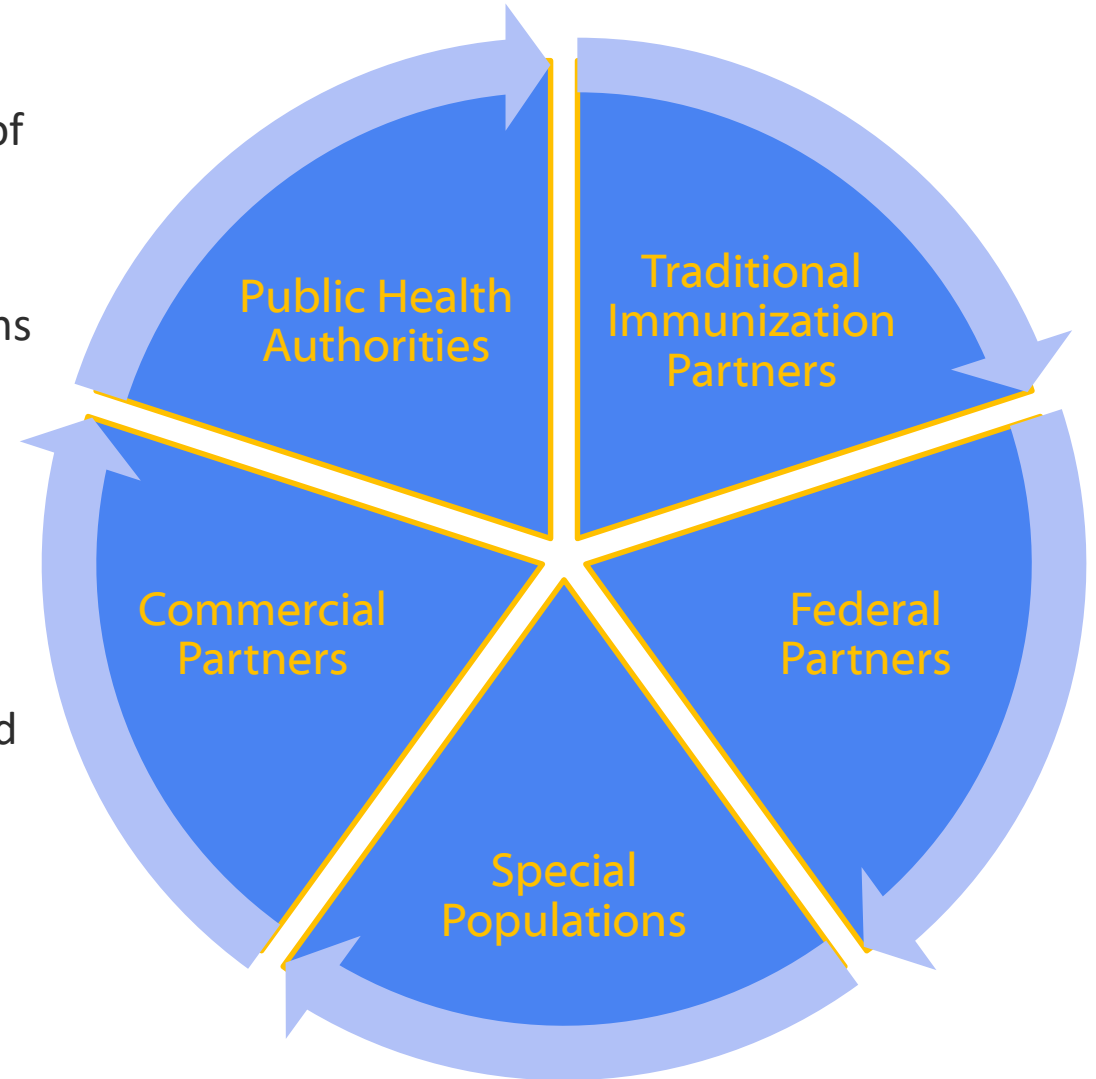
Stakeholder Engagement and Strategies

Engagement

- A complex network is necessary for successful implementation of a national COVID-19 vaccine distribution program
 - Support local, state and regional planning
 - Promote vaccine to general public and special populations
 - Ensure vaccine equity and access

Strategies

- Provide routine and timely updates on vaccine planning
- Build national network to amplify messaging and outreach to increase trust, acceptance, and uptake of vaccine
- Engage in dialogue with new and existing partners to understand key considerations and needs for special populations
- Stand up specific stakeholder groups for communities of color



Microplanning with jurisdictions for COVID-19 vaccination response began last week

Objectives of program

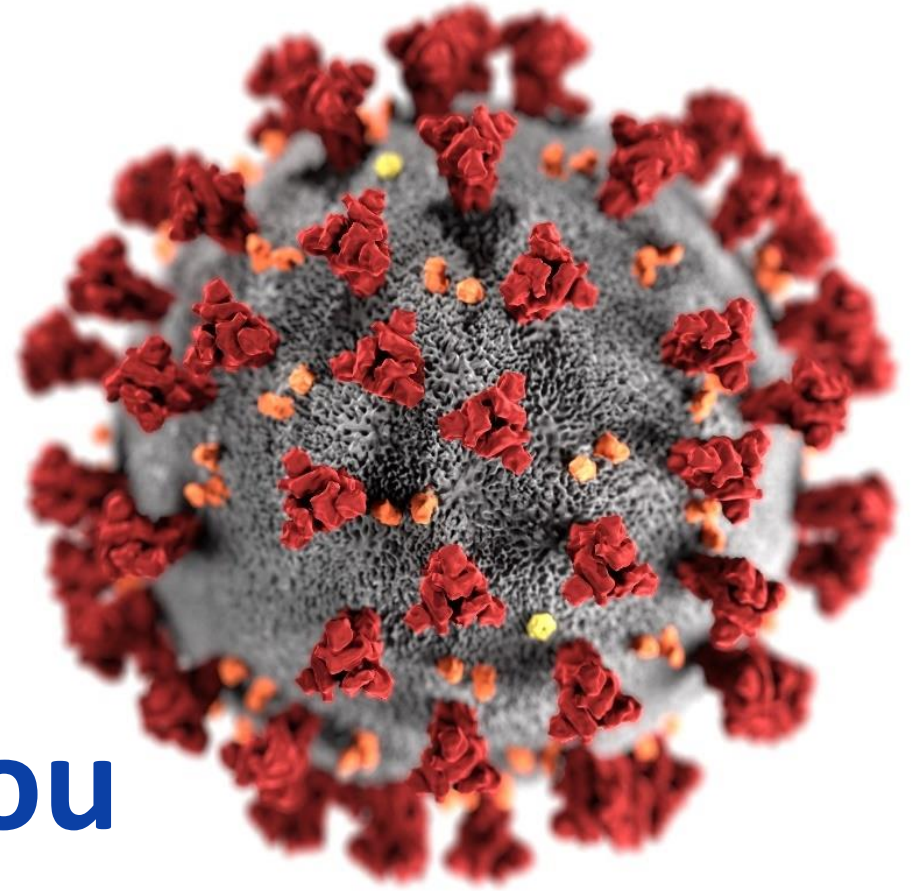
- 1 Accelerate state, local, tribal readiness for a large-scale vaccination campaign
- 2 Better inform OWS's understanding of jurisdiction plans & technical assistance needs
- 3 Provide technical assistance to jurisdictions on their COVID-19 vaccine planning process
- 4 Develop model plans to be shared with all jurisdictions prior to COVID-19 vaccine release
- 5 Build on expanded influenza vaccination campaign planning work

Key facts

- Five jurisdictions:
 - North Dakota (on site)
 - FL (on site)
 - CA, MN, PHI (virtual)
- Multi-agency microplanning teams, including
 - CDC
 - DOD
 - IHS

Next Steps for State Planning

- Each jurisdiction develops a microplan
 - Utilize microplans and outputs from first 5 locations
 - CDC provides technical assistance
- Programs are operationally ready, including identifying vaccination sites and onboarding into IT system, for vaccinating the populations laid out in the planning assumptions
 - MOUs signed
 - Providers onboarded
 - Vaccinating workforce identified/planned
- Programs lay the groundwork for vaccinating communities of color through community engagement, including a work group or stakeholder groups
- Form a vaccination crisis committee



Thank you

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

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.

