DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

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COVID-19 Pandemic Vaccination Planning: Update for State and Local Public Health Programs

Dear Colleague:

CDC is working with other federal members of Operation Warp Speed (OWS) to plan and implement a COVID-19 vaccination program as soon as vaccine(s) is available. Thoughtful allocation of COVID-19 vaccine will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society. Prioritization of populations to be reached early in the vaccination response when vaccine supply is limited is being considered by the Advisory Committee on Immunization Practices and the National Academy of Medicine.

To better assist in updating and implementing of existing pandemic vaccination plans and assess needs, five selected jurisdictions are serving as pilot sites for joint planning missions. These jurisdictions are:

- North Dakota
- Florida
- California
- Minnesota
- Philadelphia

The pilot jurisdictions will work with a multiagency federal team, including staff from CDC and Department of Defense, to plan and prepare for the COVID-19 vaccination response in their specific jurisdictions. In addition to supporting state, local, and tribal efforts in the selected jurisdictions, these will serve as a pilot for supporting other jurisdictions and will provide valuable insight into state/local planning efforts. A planning tool with model approaches will be developed from this work that will facilitate CDC and OWS support for all jurisdictions' COVID-19 vaccination planning efforts.

Although operational guidance for state programs has not been finalized, in this communication we are providing interim assumptions and recommended action steps.

Planning Assumptions

Many vaccine candidates are in development, and clinical trials are being conducted simultaneously with large-scale manufacturing. It is not known which vaccines will be approved. Planning needs to be flexible, but for the purpose of planning, certain vaccination assumptions will be made.

- Limited COVID-19 vaccine doses will be available in fall 2020.
- Initial populations recommended for COVID-19 vaccination will likely be those in the critical workforce who provide health care and maintain essential functions of society and

staff and residents in long term care facilities.

- Initial doses of COVID-19 vaccine may be authorized for use under an Emergency Use Authorization (EUA) issued by the Food and Drug Administration (FDA), based on available safety and efficacy data.
- Two doses of COVID-19 vaccine, separated by ≥21 or ≥28 days, will be needed for immunity for some vaccine candidates; both doses will need to be with the same product. This will require tracking vaccine administered and patient reminders.
- Some vaccine candidates require ultra low cold (ULC) chain.
- Recommendations for groups to target will likely change after vaccine is available, depending on characteristics of each vaccine, vaccine supply, and disease epidemiology.
- Because of uncertainty, planning needs to include high demand and low demand scenarios.
- Routine immunization programs will continue.

Although plans may change, CDC currently assumes COVID-19 vaccine distribution and tracking based on the following principles:

- COVID-19 vaccine distribution will be managed centrally, although vaccines may be handled through more than one distributor. Distribution may be expanded to include additional healthcare organizations and vaccination providers who can provide pandemic vaccinations to targeted groups. Vaccine will be sent directly to vaccination providers (e.g. physician's office) or designated depots for secondary distribution to administration sites (e.g. chain drug stores central distribution).
- COVID-19 vaccine will be allocated to each jurisdiction and selected commercial and federal partners. The amount of COVID-19 vaccine allocated to each jurisdiction will be based on several factors, including population size.
    - Pre-planning by jurisdictions should assume vaccine will be distributed directly to vaccine providers, whether directly by USG or by another entity.
    - COVID-19 vaccine providers must enroll with their jurisdiction's immunization program to receive vaccine. Multijurisdictional providers may have a Memorandum of Agreement (MOA) with the federal government and will need agreed-upon channels for communicating with each jurisdiction.
    - Enrolled vaccination providers receiving vaccine through their jurisdiction allocations will order COVID-19 vaccine from their jurisdiction's immunization program's allocation.
    - Jurisdictions should anticipate that allocations may shift during the course of the program based on supply, demand and disease epidemiology.
- COVID-19 vaccine and ancillary supplies (including needles and syringes for vaccine reconstitution and administration and limited masks and face shields) will be procured and distributed to providers proportionately by the federal government at no cost to enrolled pandemic vaccination providers.
- Insurance reimbursement for vaccine and administration costs are under consideration.
- Dose level accountability and reporting for ordering, distribution, and administration of two-dose vaccine series.

State and local public health programs should be completing these prioritized COVID-19 vaccination planning efforts:

- Convene a COVID vaccine program planning team that includes the relevant collaborators from your jurisdiction, HHS Regional Directors, professional organizations, etc.
- Develop/modify COVID-19 vaccination plan, in coordination with immunization and emergency preparedness counterparts. Jurisdictions should anticipate review of their plans by CDC and OWS. Plan should be drafted before October 1st, to coincide with earliest possible release of COVID-19 vaccine.
    - Plans should include timelines, deliverables and metrics. CDC will be providing additional detail on these deliverables and metrics and monitoring progress weekly prior to and during the vaccination campaign.
- Identify critical occupational groups (frontline HCP, safety, emergency, education, and other essential services) in each jurisdiction, and ensure relationships and plans are in place for targeted vaccination efforts.
- Finalize plans for temporary mass vaccination clinics.
- Prepare for dose level accountability and reporting for ordering, distribution, and administration of two-dose vaccine series.
    - Immunization information systems (IISs) that meet CDC's standards for COVID-19 response, including data sharing via the Immunization Gateway, timeliness, and completeness, may be used to document vaccination.
    - CDC is developing additional systems and tools for jurisdictions that are unable to meet these standards. A Vaccine Administration Monitoring System (VAMS) is in development to facilitate vaccination clinic scheduling, record-keeping for the vaccine recipient, and reporting.
- Augment routine community vaccination services to rapidly vaccinate the public when COVID-19 vaccine supply is sufficient.
    - Conduct additional outreach and onboard pharmacies, health systems, and long-term care partners that may be needed to rapidly execute a COVID-19 immunization program.
    - Sign agreements with providers specifying requirements to receive and administer COVID-19 vaccines. A federal provider agreement will be forthcoming.
    - Finalize legal agreements needed to connect to the Immunization Gateway to share data with federal response partners and other jurisdictions.
    - Onboard health care providers treating persons at highest risk for severe outcomes of COVID-19 (e.g., those with advanced age, hypertension, diabetes, cardiovascular disease, chronic obstructive pulmonary disease, immunosuppression, liver disease) to ensure efficient education and vaccination of these groups when COVID-19 vaccine supply increases.
- Identify communities at highest risk where additional vaccination outreach, including strong partnerships with trusted agents and community health centers, mobile outreach, and other efforts may be required to achieve high vaccine uptake.

USG actions to support jurisdictional planning efforts

- CDC will provide model plans, including concept of operations for targeting select populations (essential workers, long term care facilities, underserved communities).
- CDC will review jurisdiction-specific plans, and provide technical assistance as needed to ensure success.
- The Federal government will establish Memoranda of Agreement (MOA) with multijurisdictional providers (select large drug store chains, federal providers). Additional details on MOA and resources that may be provided are in development.

Assuming SARS-CoV-2 continues to circulate, vaccination plans must continue to ensure those seeking vaccine are protected from exposure. Health care settings must continue to include considerations for personal protective equipment (PPE), social distancing or spacing of patients and staff, and scheduling individual vaccination appointments, among other approaches. Vaccination clinics held at satellite, temporary, or off-site locations, including mass vaccination clinics, will require additional considerations. Additionally, curbside and drive-through clinics may provide the best option for staff and patient safety during the COVID-19 pandemic.

We appreciate all you and your staff have done over the past few months to respond to the COVID-19 pandemic. We look forward to working with you as we continue to plan and execute the COVID-19 vaccination response.

Sincerely,

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Cc: Immunization Awardee Program Managers
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