State Planning for Distribution and Allocation of COVID-19 Vaccine

DECEMBER 11, 2020
AGENDA & SPEAKERS

- Welcome and Overview
  - Tahra Johnson, program director, NCSL
- National Overview
  - Dr. Nancy Messonnier, director, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention
- Considerations for State Legislators
  - Erik Skinner, policy associate, NCSL
- Panel: State Plans and Lessons Learned
  - Stacy Hall, immunization director, Louisiana Office of Public Health
  - Christy Gray, director, Division of Immunization, Virginia Department of Health
- Q&A
FRAMEWORK FOR EQUITABLE ALLOCATION OF COVID-19 VACCINE
THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE

Phase 1
- **Phase 1a “Jumpstart Phase”**
  - High-risk health workers
  - First responders
- **Phase 1b**
  - People of all ages with comorbid and underlying conditions that put them at significantly higher risk
  - Older adults living in congregate or overcrowded settings

Phase 2
- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

Phase 3
- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

Phase 4
- Everyone residing in the United States who did not have access to the vaccine in previous phases

Equity is a crosscutting consideration:
In each population group, vaccine access should be prioritized for geographic areas identified through CDC’s Social Vulnerability Index or another more specific index.
STATE DISTRIBUTION OF COVID-19 VACCINE PLANS - OVERVIEW

Prioritized Groups

- Essential Workers
  - Health care workers
  - Teachers
  - Childcare providers

- People in Congregate Facilities
  - Long-term care residents and employees
  - Prisons and jails
  - Homeless shelters
  - Universities

- Vulnerable Populations
  - Older adults (65+)
  - Tribal communities and/or communities of color
  - Adults with chronic conditions
At least 16 states mention the legislature* in the draft state COVID-19 vaccine distribution plan.

At least 10 state plans mention legislators as being involved in the planning and/or communications plan around distribution

- AL, CT, DE, GA, NV, NJ, NY, RI*, TN, WA, WV

Seven states include the legislature (or state government leaders, employees) in a priority phase

- AR, AZ, CO, IA**, NJ, WA*, WY*

*In some state plans, legislators and/or legislative staff may fall under government leaders or government employees. Some references are vague about which sectors of the government are included. Legislators or legislative staff may not end up in a priority phase depending on how the state moves forward.

**Some states, such as IA, may include some legislative staff to ensure continuity of government.
COVID-19 Vaccine Implementation

Nancy Messonnier, MD

December 11, 2020
Complexities and Additional Considerations for Phase 1a Implementation of COVID-19 Vaccine

- Varying cold-chain requirements
- Need for socially distanced vaccination practices
- Sub-prioritization may be required with initial limited supply
- One vs. two dose series
  - Products not interchangeable
- Vaccine efficacy and adverse event profile in different populations
  - Implementation of vaccination programs for healthcare personnel will need to consider reactogenicity post-vaccination
- Safety monitoring of all populations in Phase 1a, especially LTCF residents, will be critical post-authorization
- Communication and education critical to success of vaccination program
Example of a possible Phase 1 sequence

- HCP and LTCF residents
- Essential workers (i.e.: education sector, food & ag., utilities, police, firefighters, transportation, etc.)
- Adults with high-risk medical conditions
- Adults 65+

Doses per week (millions)

Week

12/11/20
Overview of Early Distribution for Pfizer Vaccine

The pharmacy *LTCF program is “turned on” or activated by jurisdictions. Once activated, Vaccine to support the program will come from jurisdictional allocations.

States receive a pro rata allocation of Pfizer COVID-19 vaccine

12/11/20
**Safety Monitoring Timeline**

- **Start of Vax**
- **Active Surveillance, Passive Surveillance, Case Consults**
- **VAERS** (Vaccine Adverse Event Reporting System)
- **DoD VAECs**
- **VA ADERS**
- **CISA** (Clinical Immunization Safety Assessment (CISA) Project)
- **NHSN** (National Healthcare Safety Network)
- **CDC** + **FDA**
- **v-safe** (after vaccination health checker)

**Active Surveillance**

- **VA EHR & Data Warehouse**
- **VSD** (Vaccine Safety Datalink)
- **DoD DMSS** (Defense Medical Surveillance System)
- **FDA Vaccine Surveillance Program**
- **Federal Partners** (CMS, VA)
- **BEST Initiative** (Acumen, IBM, IQVIA/CHDSI)
- **PRISM** (Harvard Pilgrim Healthcare Institute)

**Passive Surveillance**

**Individual Case Consults**

**Large-Linked Database Monitoring**

**Timeline**

12/11/20
The Problem: Need to Instill Vaccine Confidence

- **58%** of the general public said they would receive a COVID-19 vaccine (as of an October 2020 Harris Poll)

**Factors weighing on acceptance:**

- Concern about side effects
- Efficacy
- Risk perception
- Associated costs

**COVID-19 vaccine more acceptable if:**

- Healthcare provider said it was safe
- There are no costs to the individual
- It would help get back to school and work
- They could get it easily


COVID-19 Vaccine Implementation

- COVID vaccine availability is imminent; initial supplies will be limited.
- There will be **unanticipated challenges**, but CDC will continue to work closely with partners to **find solutions and overcome obstacles**.
- Vaccines are an important tool to control the pandemic, but we need to continue to **wear masks, social distance, and wash hands**.
- **Jurisdictions are under immense stress** and will be implementing COVID-19 vaccination amidst a surge in disease, strain on the healthcare system, and nearly a year spent fighting this pandemic.
Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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.
A COVID-19 VACCINE: PAYMENT, WORKFORCE AND DOCUMENTATION

- **Maryland House Bill 1663** (Enacted 3/19/20)
  Authorizes emergency powers for the Governor for the duration of the emergency declaration, includes requiring private plans and the Medicaid program to cover the cost of a future COVID-19 vaccine.

- **New Hampshire House Bill 1639** (Enacted 7/29/20)
  Authorizes pharmacists to administer a COVID-19 vaccine. Adds language authorizing the COVID-19 vaccine to the statute allowing pharmacists to administer the influenza vaccine to people under 18 years old.

- **Minnesota Senate Bill 13** (Enacted 5/27/20)
  Adds a future vaccine for COVID-19 to treatments that must be documented in a patient's medical record or reported to the patient's physician when administered by a pharmacist.
North Carolina House Bill 388 (Enacted 6/3/19)

Allows immunizing pharmacists to administer the influenza vaccine to minors 6 years of age pursuant to a written protocol to increase access to vaccines in accordance with CDC recommendations.

West Virginia Senate Bill 544 (Enacted 3/5/20)

Authorizes pharmacists and pharmacy interns to administer vaccines in accordance with the CDC’s latest definitive treatment guidelines and requires that such joint rules shall permit a licensed pharmacist or pharmacy intern to administer immunizations.
HOW CAN STATE LEGISLATORS GET INVOLVED?

Information Sharing
- State Plan Highlights
- Alignment with Federal Guidance

Distribution Involvement
- Distribution Planning and Communication
  - Inclusion in Priority Phases
  - Determining Priority Groups/Phases
THANK YOU!

Contact Information:

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Resources:

NCSL Maternal and Child Health Database
NCSL Immunization Policy Issues Overview Webpage
STATE PANEL- VACCINE DISTRIBUTION AND ALLOCATION PLANS

- Stacy Hall, immunization director, Louisiana Office of Public Health

- Christy Gray, director, Division of Immunization, Virginia Department of Health
Q&A

Please type your questions into the chat box and we will get to as many as we can!
NCSL Public Health Webinar Series:

Dec. 14 | Suicide Prevention: A National Lifeline for States
Dec. 17 | State Strategies to Address Adverse Childhood Experiences
Dec. 18 | Saving Moms: Strategies to Reduce Maternal Mortality in the U.S.
Jan. 6  | Policies and Strategies to Address Infectious Diseases
Jan. 8  | Welcome to the Legislature: What You Need to Know About Public Health
Jan. 15 | Connection of Public Health and Behavioral Health
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