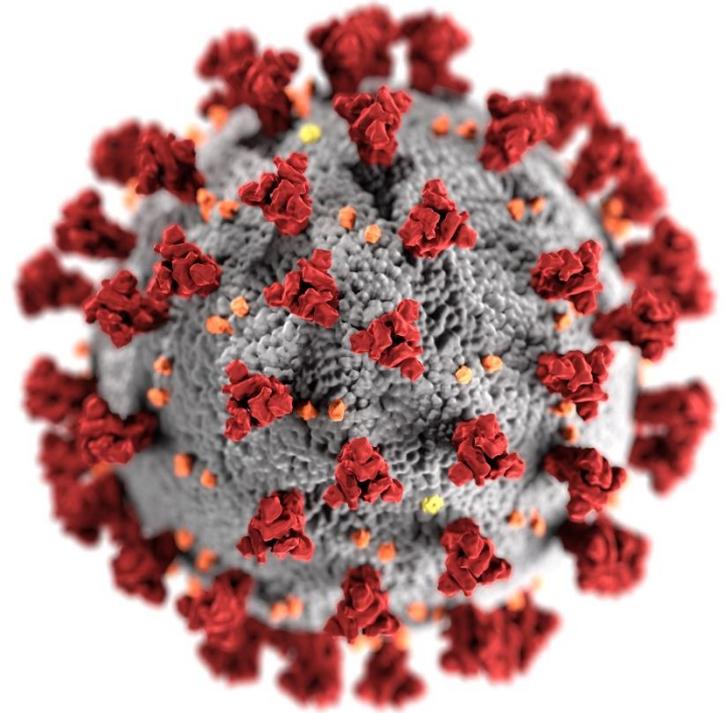


COVID Vaccination Planning with Five Pilot Jurisdictions

Lessons Learned and Next Steps



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Federal Attendees for Pilot Discussions

- CDC
 - ✓ ISD
 - ✓ Division of State and Local Readiness (DSLRL)
 - ✓ Immunization Information Services Support Branch (IISB)
 - ✓ Global Immunization Division (GID)
 - ✓ COVID-19 response SMEs
- Indian Health Service
- Operation Warp Speed
- ASPR



North Dakota (in-person/virtual): Aug 11-12

- **Attendees** from ND included representation from the governor's office, National Guard, tribes, state pharmacy association, state health official, preparedness program, health equity program, local public health, and immunization program leadership and staff.
- **Selection interests:** rural, strong relationship with tribes
- **Key lessons:** **Vaccine allocation** for tribes needs to consider those who live on/off reservation; tribes that **cross state boundaries** want to be considered as one nation; **contingencies** are needed for cold chain, especially in cold climates; **public confidence** in the vaccine is among the most important challenges.



Florida (in-person/virtual): Aug 18-19

- **Attendees** from FL included state surgeon general, deputy secretary of health, county health systems, preparedness program, Office of Minority Health, epidemiology, communications, and immunization program leadership and staff.
- **Selection interests:** large/complex state, centralized public health
- **Key lessons: “Snowbird” populations** (with relevance to other in-transition populations) require special consideration, esp. for messaging and vaccination tracking; finding or leveraging existing opportunities for ongoing **regular communication** with local public health and other key partners is critical; **public confidence** in the vaccine is important; **border communities** offer unique challenges.



California (virtual): Aug 20-21

- **Attendees** from CA included deputy secretary for policy and planning, local public health, pharmacy partners, preparedness program, public affairs, occupational health, tribal, and immunization program leadership and staff.
- **Selection interests:** large/complex state, decentralized
- **Lessons learned: Resource challenges** come from multiple sources (e.g., forest fires) and it's important to identify creative solutions early where able; understanding those **state partners** that think at the county level vs. those that think at the state level can be an important consideration of their roles; consideration of a **pre-enrollment process** for COVID-19 vaccine can be an important component of preparation.



Minnesota (virtual): Aug 24-25

- **Attendees** from MN included local public health, tribal representation, minority health/health equity, pharmacists and pharmacy leadership, Director of Infectious Diseases, immunization program leadership and staff.
- **Selection interests:** known work with diverse populations (e.g., Somali)
- **Lessons learned:** Vaccination events will be most successful in locations that are **trusted** by the community; **fear and mistrust** of government are among the leading concerns for migrant workers and other minority populations; local **thought leaders** must be engaged; it adds significant complexity to vaccination if jurisdictions are given flexibility in prioritizing groups early in the response because neighboring states will have different priorities.



Philadelphia (virtual): Aug 27-28

- **Attendees** from Philadelphia included deputy health commissioner, chief of staff from the city VA, preparedness program, immunization program leadership and staff. The state preparedness program and immunization leadership also participated.
- **Selection interests:** a city jurisdiction
- **Lessons learned:** City jurisdictions (certainly Philadelphia) vaccinate many **non-city residents** (proportionally more nonresidents than states), which needs to be considered during vaccine allocation; vaccination planning needs to consider **people without smartphone** (or other electronic system) **access**—implications for scheduling, etc.; **lack of transportation** is also an issue in cities; consider breakdown of HCWs by risk category and criticality of job.



Common Themes Among All Pilot Sites

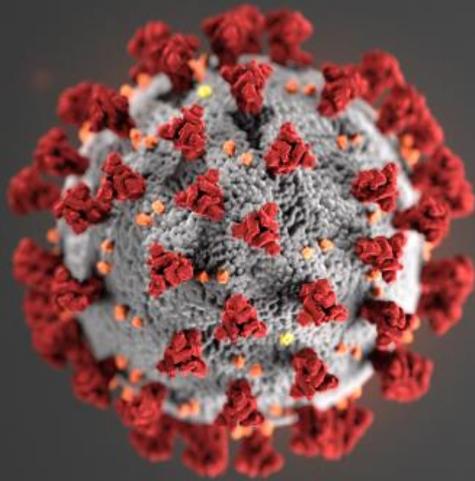
- COVID-19 vaccination is going to be **resource-intensive**, likely beyond what most jurisdictions currently have available. Jurisdictions are balancing significant COVID work and flu vaccination in addition to other local emergencies (Hepatitis A outbreaks, hurricanes, forest fires, etc.).
- **Social distancing** adds significant logistical complexity into the vaccination event planning.
- Clear and **transparent** communication from CDC to jurisdictions is critical; information gaps challenge planning.
- **Technology** concerns are among the most significant and persistent concerns for jurisdictions.
- **Public confidence** in the vaccine consistently ranks among the highest concerns for jurisdictions.
- **Border** communities (along city/state borders) highlight the need for clear guidance from CDC so that neighboring jurisdictions do not differ in their approaches to vaccination.
- **Specific**, uniform **federal** guidance on those to vaccinate in the earliest days of vaccine availability will lead to less complexity and fewer questions at the state/city levels.
- **Vaccine allocation** should consider the critical populations jurisdictions expect to vaccinate and not be simply based on population.



Next Steps

- We are beginning a transition from work with the initial five pilots to work with all 64 jurisdictions.
- Leveraging lessons learned and the discussions with the initial pilots to begin providing enhanced technical assistance to all jurisdictions
- The aim of this enhanced TA is to ensure that jurisdictions have the assistance they need in developing their COVID-19 vaccination plans so that, by October, they have successfully written a plan that meets expectations.





For more information, contact CDC
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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.

