COVID-19 Vaccine Allocation Scheme in the United States

Sou Hee Yang, Esq.[1]

This memo outlines relevant federal and state guidelines for COVID-19 vaccine allocation scheme as of December 28, 2020. Part A presents an overview of CDC's ethical principles & priority groups related to COVID-19 vaccine allocation. Part B summarizes vaccine allocation plans for each state and includes links to state guidelines.

A. CDC: Ethical Principles & Priority Groups

The Advisory Committee on Immunization Practices ("ACIP"), a committee within the United States Center for Disease Control ("CDC") makes allocation recommendations in case the U.S. supply of COVID-19 vaccines is limited.[2] ACIP identified four ethical principles in case the supply is limited.

> Maximize benefits and minimize harms — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
>
> Mitigate health inequities — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
>
> Promote justice — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
>
> Promote transparency — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

How CDC Is Making COVID-19 Vaccine Recommendations, COVID-19 (Coronavirus Disease), CDC, updated Dec. 13, 2020, available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html

ACIP also recommends four groups for early COVID-19 vaccination in case supply is limited. They are:

> Healthcare personnel
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> Workers in essential and critical industries
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> People at high risk for severe COVID-19 illness due to underlying medical conditions

[1] Ph.D. Candidate, Waseda Graduate School of Social Sciences

[2] The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020, Morbidity and Mortality Weekly Report, 69(47), 1782-86, Nov. 27, 2020, available at https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e3.htm

People 65 years and older

How CDC Is Making COVID-19 Vaccine Recommendations, COVID-19 (Coronavirus Disease), CDC, updated Dec. 13, 2020, available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html

Additionally, CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce sets out more detailed plan for vaccine distribution for critical workforce, "anyone whose occupation, skills, license makes them essential to preserving the critical functions of a society or a given jurisdiction"[3] The guideline is available at: https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf

The federal government will determine the share of COVID-19 vaccine for each state. States will then allocate vaccines to local health departments, which will allocate doses of vaccines to enrolled providers.[4]

According to the COVID-19 Vaccination Program Interim Playbook, CDC recommends that the decision to be made based on the following factors:

ACIP recommendations (when available)

Estimated number of doses allocated to the jurisdiction and timing of availability

Populations served by vaccination providers and geographic location to ensure distribution throughout the jurisdiction

Vaccination provider site vaccine storage and handling capacity

Minimizing the potential for wastage of vaccine, constituent products, and ancillary supplies

Other local factors

At 29, The COVID-19 Vaccination Program Interim Playbook, CDC, v. 2, Oct. 29, 2020, available at https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf (The guideline also includes detailed plan for planning and coordination of vaccine distribution and phased vaccination. Additional information can also be found in the From the Factory to the Frontlines guideline produced by the U.S. Department of Health and Human Services ("HHS"), available at https://www.hhs.gov/sites/default/files/strategy-for-distributing-covid-19-vaccine.pdf)

The playbook also recommends that the states prepare vaccine allocation each of the following three-phases:

- Phase 1: Potentially limited supply of COVID-19 vaccine doses available: Concentrate efforts on reaching the initial populations of focus for COVID-19 vaccination listed

[3] CDC, Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce, U.S. Department of Health and Human Services, available at https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf

[4] At 35, COVID-19 Vaccination Plan (Interim Draft), State of California, V.1.0., Oct. 16, 2020, available at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf

above, including those who may be part of other critical populations that might require additional vaccination efforts to ensure access to vaccine. Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake.

- Phase 2: Large number of vaccine doses available: Focus on ensuring access to vaccine for all critical populations who were not vaccinated in Phase 1, as well as for the general population; expand provider network.
- Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses): Focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage

At 11, The COVID-19 Vaccination Program Interim Playbook, CDC, v. 2, Oct. 29, 2020, available at https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

B. State Vaccine Allocation Plans

The federal government will determine the share of COVID-19 vaccine for each state. Based on the ACIP recommendation, states will devise a plan for COVID-19 vaccine allocation and distribution. Under each state, Part I lists the number of available doses in each state, mostly quoted from the New York Times "How Many Vaccine Does Will Your State Get?," which includes a list of an estimated amount of vaccine to be received for each jurisdiction. The article has accumulated state officials' comments on how much vaccine each state is expected to get. Part II will introduce state vaccine allocation plans, including the information on how each state have prepared for each phase of the three phases.

Alabama:

I. "Officials in Alabama said they expected to receive an initial shipment of 40,450 doses of Pfizer vaccine."[5]

II. Alabama plans to take a three-phased approach to COVID-19 vaccination. The plan for the three phases are as follows :

> ***Phase 1: Potentially Limited Doses Available*** ADPH has surveyed the healthcare providers within the Emergency Preparedness Healthcare Coalitions. We have identified six large providers who have the freezer capacity for Vaccine A. Two hundred and forty-seven other healthcare provider sites have answered the survey and we will follow up with them to prepare for phase 1 vaccine for priority groups.

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[5] Danielle Ivory, Mitch Smith, Jasmine C. Lee, et al., How Many Vaccine Doses Will Your State Get?, The New York Times, Dec. 11, 2020, available at https://www.nytimes.com/interactive/2020/12/11/us/covid-19-vaccine-doses.html

ADPH has signed up and has access to the Health and Human Services' (HHS) Operation Warp Speed (OWS) Tiberius web application tool to assist with microplanning during this phase. The ICC and EC will be shown Tiberius data and mapping capabilities to determine how to utilize the tool allocation to the highest priority groups. They will determine if any of the federal data needs to be modified or changed. Currently, Tiberius has most of the CDC requested database down to the county level with mapping. Tiberius contains hospital, pharmacy, nursing home, and provider information to the county level. In addition, it contains critical population data down to county level with mapping.

ADPH has begun engaging internal and critical external partners to collect information and provide basic information, including who will receive the limited supply of COVID-19 vaccine. ADPH will include external partners, like the Alabama Hospital Association, … to ensure support of the plan and the select populations within CDC Phase 1 priority groups. In addition, ADPH is continuing to reach out to all other major healthcare systems and providers, including the Alabama Adolescent and Adult Vaccine Task Force. ADPH will begin to introduce the different topics of COVID-19 to the public, including who is eligible to receive the initial doses of COVID-19 vaccine.

ADPH will open ImmPRINT to allow providers to pre-register for COVID-19 vaccine. Providers will have to complete CDC's provider agreement and profile in ImmPRINT When the vaccine is available, we will notify pre-registered providers. Decisions will be made based on vaccine available, providers who have registered and requested doses, and other specific issues in AL.

On November 5, 2020, IMM, in conjunction with the Alabama Hospital Association, will begin educating the 6 largest hospitals to receive the pre-positioned Vaccine A to hold until the emergency use authority has been signed by Federal Drug Administration. After this pre- position activity, ADPH will engage other healthcare providers who meet the freezer capacity for Vaccine A.

When CDC sends out the provider educational material for Vaccine A, IMM field staff will verify and train via WebEx, or in-person, if the provider meets cold chain and on ImmPRINT reporting requirements. IMM staff will monitor reporting, ensuring end-to-end visibility of vaccine doses.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand ADPH will consult with Tiberius data and microplanning tools to assist on the best plan based on data and mapping to make equitable recommendations on where the vaccine needs to go.

Based on the communication with external partners, ImmPRINT provider database (2,677 registered providers), and Health ALERT Network (HAN) system, ADPH will be able to contact providers quickly to notify them of the increase in vaccine availability to ensure equitable access to critical populations and distribution and complete Phase 1 priority groups.

> CEP staff is responsible for working with pre-identified and newly identified points of distribution (PODs) sites to ensure they are ready to accept vaccine and administer it quickly to identified populations. CEP and the Nursing Division will work to add vaccinators to staff PODs, contract needs for vaccination services, and review state nursing practice acts to allow for expanded professional practice, if necessary. ADPH will plan for the critical populations to include homeless, incarcerated, and uninsured persons.
>
> ***Phase 3: Likely Sufficient Supply, Slowing Demand*** Once vaccine is available to general public, all provider vaccine orders will be filled. External partner organizations will provide input to ADPH Executive Committee to ensure equitable access to increasing vaccine supplies.

At 15-16, Interim COVID-19 Vaccination Plan, Alabama, available at: https://www.alabamapublichealth.gov/covid19/assets/adph-covid19-vaccination-plan.pdf

More information is available at:

a) Interim COVID-19 Vaccination Plan: https://www.alabamapublichealth.gov/covid19/assets/adph-covid19-vaccination-plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/alabama-jurisdiction-executive-summary.pdf

Alaska:

I. "Health officials in Alaska said they could receive initial shipments of 35,100 Pfizer doses and 17,900 Moderna doses. Of those, they said, 11,700 Pfizer doses had been assigned to the Alaska Tribal Health System."[6]

II: Alaska takes three-phased approach to COVID-19 vaccination as follows.

1. *Phase 1*
    - In Phase 1, Alaska has formed an Allocation Committee to assist with identifying critical populations (see Section 4). Most of the vaccine administration will occur through closed POD settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures. Within the Alaska COVID-19 Vaccination Task Force, the Pharmacy Team has started discussions with the Alaska Pharmacy Association. Potentially, pharmacists may be able to assist with vaccinating long-term care facilities (LTCF) staff and residents.
2. *Phase 2*

[6] *Id*.

- In Phase 2, Alaska plans to expand vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for all populations. Alaska plans to administer vaccine through:
- Commercial and private sector partners (pharmacies, doctors' offices, clinics)
- Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], public health clinics, temporary/off-site clinics)

3. *Phase 3*
    - In Phase 3, Alaska plans to:
    - • Continue focusing on equitable access to vaccination services
    - Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
    - Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
    - Monitor supply and transfers of refrigerated vaccine products to minimize vaccine wastage.

At 21-22, COVID-19 Vaccination Plan, V.1 State of Alaska Dept. of Health and Soc. Services (Oct. 16, 2020), available at:
http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AlaskaCOVID-19VaccinationDraftPlan.pdf

More information is available at:

a) COVID Vaccination Plan:
http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AlaskaCOVID-19VaccinationDraftPlan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/alaska-jurisdiction-executive-summary.pdf

Arizona:

I. "Arizona officials said they expected to receive 383,750 doses of vaccine by the end of the year. They expected three Pfizer shipments totaling 212,550 doses and two Moderna shipments totaling 171,200 doses."[7]

II. Arizona will make allocation decisions based on the CDC guidance and "according to pandemic epidemiology, federal guidance, VAPAC recommendations, vaccine availability, critical infrastructure personnel, people at highest risk of complications, and local needs."[8] (*See also* Priority Population Sheet at page 20).[9] Arizona has created a GIS mapping dashboard that includes numbers and locations of priority population, and this will be used to identify socially

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[7] *Id*.

[8] Arizona COVID-19 Vaccination Plan (Draft), Arizona Department of Health Oct. 2020, available at https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf

[9] *Id*.

vulnerable groups.[10] The following is how Arizona will prepare for three phases of vaccine allocation:

Phase 1: Potentially Limited Doses Available

- The HEOC will continue to review guidance from federal partners regarding vaccine administration and has integrated recommendations from ACIP in addition to previously released NASEM guidance. The VAPAC will continue to use this information to guide decision making when developing state-level vaccine allocation recommendations for the ADHS Director to consider.
- VAPAC convened to provide vaccine allocation recommendations while supplies are limited. Updated information and guidance will be provided by CDC/ACIP and additional sub- prioritization will be implemented at the local level. In preparation for Phase 1 vaccines to become available, ADHS utilized the vaccine planning scenarios presented in the CDC Vaccination Program Interim Playbook, which suggested the availability of two vaccine candidates (Pfizer and Moderna) as the likely scenario. As FDA provides emergency use authorization approval of vaccines, vaccination planning and implementation will be updated based on vaccine requirements and availability. During the earliest phase, vaccines will be limited to organizations that have the capacity to quickly vaccinate large numbers of people without the need for extended cold storage or repackaging and redistributing.
- Local jurisdictions have conducted advanced planning and ADHS will continue to support their ongoing vaccine allocation efforts. ADHS will offer technical assistance as needed to local jurisdictions providing COVID-19 vaccination services in closed POD settings that allow for social distancing and other infection control procedures. Occupational health settings, temporary vaccination clinics, and other closed PODs may be particularly useful for vaccination of critical infrastructure workers and other select priority populations early in the COVID-19 vaccination response.
- ADHS utilized a local allocator process during H1N1 and will do so for the COVID-19 vaccination as well. This will be achieved utilizing 15 Arizona county health departments and 638 facilities that have indicated their interest in allocating for their community. The CDC will inform the State of the number of available doses. The State will take that number of doses and allocate them between the counties and 638 facilities based on VAPAC prioritization recommendations...
- ADHS has an IIS for tracking vaccine allocations with an allocation tool application that will be used to support local partners in allocation planning. A new vaccine management tool has been implemented to automatically integrate data into the State's IIS on a daily basis. These systems will allow allocators to see where doses have been allocated, track doses that have been administered to date, and provide a mechanism for real-time reporting. This is intended to give real-time visibility to allocators as they make their decisions when vaccine supply levels are critically low and must be prioritized for the highest-risk populations.
- During Phase 1A when long-term care residents are recommended to receive the vaccine, the CDC has partnered with pharmacies to increase access to vaccine in long-term care facilities (LTCF).
    - The CDC's Pharmacy Partnership for LTC Program for COVID-19 Vaccine will provide on- site vaccine clinics for residents of LTCFs and LTCF staff within

[10] *Id*.

facilities that opt into the program. The Pharmacy Partnership for LTC Program provides end-to-end management of the COVID-19 vaccination process, including close coordination with the state, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population.

- …The pharmacy will:
  - Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months are likely to be needed to administer both doses of vaccine and vaccinate any new residents and staff.
  - Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
  - Ensure cold chain management for vaccine.
  - Provide on-site administration of vaccine.
  - Report required vaccination data within 24 hours of administering each dose. Adhere to all applicable CMS requirements for COVID-19 testing for LTCF staff.
- By December, over 2,000 LTCFs including assisted living facilities (ALFs), skilled nursing facilities (SNFs), and group homes for individuals with developmental disabilities have signed up for the partnership.
- Indicating interest in participating is non-binding and facilities may change their selection (opt-out) if needed.
- CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage...
- …After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice….

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

- ASIIS will be the main repository for vaccination records statewide, including ordering, inventory reconciliation, and administration. ADHS and local partners are implementing a front-end vaccine management system to interface with ASIIS. ADHS is actively onboarding potential COVID-19 vaccinators into ASIIS to ensure access. Once the initial need for local allocation has ended, all vaccinators will have the ability to log into ASIIS and order vaccines for their facilities.
- As indicated by the title of this phase, supply now meets demand. Therefore, ADHS does not anticipate limiting the number of doses that can be ordered. However, regular review of doses ordered versus doses administered and recorded in ASIIS will occur to ensure vaccine is being utilized. Another important tool to aid in decision making during this stage will be GIS mapping to identify areas that have been disproportionately impacted by COVID-19, including socially vulnerable populations and underserved areas. These maps have been developed and are currently being reviewed and tested by Vaccine Task Force members. There may be areas with limited providers, a high social vulnerability index (SVI), vaccine hesitancy or other factors that lead to lower vaccine uptake. In these

areas, ADHS plans to work with local partners to develop targeted messaging and mobile POD vaccination strategies to encourage vaccination.

- During Phase 2, Arizona will also have the opportunity to participate in the direct allocation to pharmacy partner strategy coordinated by the CDC. Local health officers will be contacted by CDC leadership to opt-in or -out of the program. ADHS meets regularly with the Arizona Local Health Officers Association and will coordinate with county health officials to distribute messaging about the Pharmacy Partnership for LTC Program. It will be critical that states and local health departments receive timely and accurate information about LTCFs that will participate in the pharmacy program in order to coordinate a vaccination program that provides adequate coverage for high-risk populations.
- Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government.
- Directallocationopportunitieswillbeprovidedtoretailchainpharmaciesand networks of independent and community pharmacies 1 (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government…
- …On a daily basis, pharmacy partners must report to CDC, the number of doses of COVID-19 vaccine a) ordered by store location; b) supply on hand in each store reported through Vaccine Finder; and c) number of doses of vaccine administered to individuals in each state, locality, and territory.
- Pharmacy providers will be required to report CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements and methods to report if stores are not able to directly provide data Arizona through ASIIS.
- Arizona will have visibility on number of doses distributed to and administered by each partner store.

Phase 3: Likely Sufficient Supply, Slowing Demand

ADHS will review vaccine inventories as orders are placed to ensure that vaccines are being used in a timely fashion and that new stocks are ordered to match demand. As demand slows, ADHS will work with local partners to enhance messaging to reinvigorate vaccination efforts and further protect individuals and their communities. GIS data, including SVI, will be considered and ADHS may conduct additional public outreach during this stage to understand slowing trends in vaccine uptake among certain populations. This will mirror lessons learned from similar public outreach done by local communities related to slowing testing demand. Insights from this outreach will be used to develop targeted public messaging campaigns….

Page 16-18 of the Arizona COVID-19 Vaccination Plan, 2nd Ed. Arizona Dept. of Health Services (Dec. 14, 2020), available at https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf

More information can be found at:

a) Arizona COVID-19 Vaccination Plan (Draft):
https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/arizona-jurisdiction-executive-summary.pdf

Arkansas:

I. "Arkansas health officials said they expected to initially receive approximately 25,000 doses of the Pfizer vaccine."[11]

II. The state of Arkansas has set out a detailed plan for each of the three-phased approach in its working vaccination plan guidance. The plan follows:

- **Phase 1: Potentially Limited Doses Available**
  - Scenario: Arkansas personnel in critical functional roles in Phase-1A will receive initial COVID-19 vaccine to maintain Arkansas–wide operational capacity. Phase-1B tier population will proportionally receive initial available, potentially limited, doses.
  - Phase 1-A:
    - Health care personnel likely to be exposed to patients with COVID-19, including those working in hospitals, home health care, primary care clinics, dialysis treatment centers, long-term care facilities, plasma and blood donation workers, public health nurses, school and university health clinics, and ADH Local Health Units4
    - Health care workers providing testing or vaccinations for COVID-19 • First-responders and emergency preparedness workers (e.g., Emergency Medical Services (EMS), fire departments, etc.)
    - Essential government leaders
  - Phase 1-B:
    - People at increased risk for severe illness from COVID-19, including those with underlying medical conditions
    - People 65 years of age and older
    - Essential workers at increased risk:
      - Daycare employees
      - Employees of state correctional facilities
      - K-12 school employees including teachers, aides, janitorial and other staff
      - Law enforcement
      - Meatpacking plant workers (particularly poultry workers)
      - Other Government employees:
      - Executive Branch, Legislative Branch, elected officials, mayors, county judges and quorum courts
      - Local government offices (e.g., Department of Human Services (DHS), Division of Workforce Services, etc.)
- **Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand**

[11] Ivory *et al.*, *supra* note 2.

- Scenario: The supply of available vaccine has increased providing access to vaccination services for a larger population.
    - Vaccination is expanded to all Phase-1 populations not previously covered •
    - Target broad provider networks and health care settings, including:
        - Medical facilities including physician offices, health clinics, and dental clinics
        - Pharmacies
    - Other critical infrastructure personnel, such as utility, transportation and grocery store employees
    - Other food processing and manufacturing plants.
    - Residents of long-term care facilities and other congregate-living facilities •
    - University employees
- **Phase 3: Likely Sufficient Supply, Slowing Demand**
    - Scenario: There is likely a sufficient vaccine supply and slowing demand for vaccinations.
    - Expand Phase-2 vaccine administration network for increased access in Arkansas
    - Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
    - Target hard to reach populations, homeless, vulnerable populations, and low vaccination uptake or coverage areas
    - Focus on equitable vaccination access to vaccination services and allocations

At 15-16, COVID-19 Vaccination Plan (Work in Progress), Arkansas Department of Health, Oct. 16, 2020, available at https://www.healthy.arkansas.gov/images/uploads/pdf/Arkansas_Interim_Draft_COVID-19_Vaccination_Plan_10-16-20.pdf

More information can be found at:

a) COVID-19 Vaccination Plan: https://www.healthy.arkansas.gov/images/uploads/pdf/Arkansas_Interim_Draft_COVID-19_Vaccination_Plan_10-16-20.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/arkansas-jurisdiction-executive-summary.pdf

California:

I. "A state official said that the federal government was projecting that California would receive about 2 million doses by the end of December."[12]

II. California plans the three phases as follows:

- Phase 1 – Potentially limited supply of COVID-19 vaccine doses available. Since vaccine supply will likely be limited at the beginning of the program, California is creating a

[12] Ivory *et al.*, *supra* note 2.

scalable foundation to rapidly expand capacity as more vaccine becomes available. California will focus its efforts on first vaccinating its critical populations in two subphases (Phase 1-A and Phase 1-B), including:

  - Healthcare personnel likely treating patients with COVID-19 (Phase 1-A)
  - Healthcare personnel likely to be exposed to COVID-19 (Phase 1-A)
  - People at increased risk for severe illness or death from COVID-19 (Phase 1-B)
  - Other essential workers (Phase 1-B)

…In summary, during Phase 1 we will establish and equip the initial vaccination locations to best reach the target populations, determine any cold chain requirements, and initiate the reporting requirements for vaccine supply and uptake. We will also provide statewide guidance on how to determine and confirm eligibility if an individual meets the Phase 1 vaccination eligibility requirements.

- Phase 2 – Large number of vaccine doses available. During this phase CDPH will work with all partners and collaborators to ensure vaccine access to all members of Phase 1 critical populations who were not yet vaccinated and also expand our communication efforts to broaden vaccination access to other groups of essential workers and groups at increased risk of COVID-19. We will substantially expand the provider network, enrolling primary care and outpatient sites, community health care sites, school-based clinics, and alternative vaccination venues. California envisions several potential subphases within Phase 2 (Phase 2-A, Phase 2-B, and possibly Phase 2-C) to prioritize vaccinations for essential workers and vulnerable populations before expanding to non-essential workers and the general public…
- Phase 3 – Continued vaccination/Shift to routine strategy. During this phase, our priority will shift to equitable vaccinations access across the entire population using our traditional routes for vaccine administration. We will actively monitor vaccine uptake and coverage as we reassess our approach to increase uptake in communities and populations with low coverage with the ultimate goal of high coverage rates for California's 40 million people. In Phase 3, when there is enough vaccine for the entire population, there will be broad enrollment from health care providers and broad marketing of the benefits of the vaccine so that all indicated recipients can be protected. While California will have a large emphasis on transparency and equity throughout each phase, during Phase 3 we will be able to reach more communities to ensure equal access to vaccination services associated with large amounts of vaccine availability. We will maximize the utility of our systems and previous immunization tracking to see which communities in California might have lower coverage rates for targeted outreach, education (both for patients and to possibly increase provider enrollment), and administration. With increased supply comes increased opportunities for creativity and innovation toward protecting individuals from COVID-19.

At 16-9, COVID-19 Vaccination Plan (Interim Draft), California Department of Public Health, V. 1.0., Oct. 16, 2020, available at:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Interim Draft):
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):

https://www.cdc.gov/vaccines/covid-19/downloads/california-jurisdiction-executive-summary.pdf

Colorado:

I. "Colorado officials said they placed an initial order for 46,800 doses of Pfizer vaccine. Based on the state's population, they said they expected to receive 1.69 percent of the federal government's vaccine allocations."[13]

II. Colorado has devised a tentative plan for each of the three phases as follows:

Phase 1A - Winter	**Highest-risk health care workers and individuals:** • People who have direct contact with COVID-19 patients for 15 minutes or more over a 24- • Long-term care facility staff and residents.
Phase 1B - Winter	**Moderate-risk health care workers and responders:** • Health care workers with less direct contact with COVID-19 patients. • Workers in home health/hospice and dental settings. • EMS, firefighters, police, correctional workers, dispatchers, funeral services, other first res response personnel.
Phase 2 - Spring	**Higher-risk individuals and essential workers:** • People age 65 or older. • People of any age with obesity, diabetes, chronic lung disease, significant heart disease, ch or are immunocompromised. • People who interact directly with the public at work, such as grocery store workers and sch • People who work in high density settings like farms and meat-packing plants. • Workers serving people that live in high-density settings. • Health care workers not included in Phase 1. • Adults who received a placebo during a COVID-19 vaccine clinical trial.

[13] *Id*.

Phase 3 - Summer	**General public:** • Anyone age 18-64 without high risk conditions.

COVID-19 Vaccine Distribution Table, Colorado Department of Health & Environment, available at: https://covid19.colorado.gov/vaccine#:~:text=The%20FDA%20authorized%20the%20Pfizer,%2C%20fair%2C%20and%20efficient%20way.

More information can be found at:

Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/colorado-jurisdiction-executive-summary.pdf

<u>Connecticut</u>:

I. "Officials in Connecticut said they expected about 106,275 doses of Pfizer vaccine and about 88,300 doses of Moderna vaccine in December."[14]

II. The Connecticut Department of Public Health Mass Vaccination Strategy for the three phases are:

- The Connecticut DPH Mass Vaccination Strategy for Phase 1: The CT DPH will prioritize enrollment activities for mass vaccination providers who serve the populations that must be vaccinated during the early phases of this initiative. Vaccinators are identified and recruited by the DPH. Once vaccinators have expressed an interest, they must agree to and sign the terms of the CDC COVID-19 Vaccination Program (CoVP) Provider Agreement and are onboarded into the CT WiZ system. Given the volume of adult vaccine providers that must enroll in the CT WiZ system, the DPH's efforts are simultaneously directed towards enrolling pharmacies and healthcare providers….

- The Connecticut DPH Mass Vaccination Strategy for Phase 2: In Phase 2, COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public. To meet the Phase 2 objectives, CT DPH will develop a broad vaccine administration network that goes beyond the Phase 1 vaccine providers. Recruitment of providers will focus on ensuring equitable access for all populations. The expanded network will include private practices, federally qualified health centers (FQHCs) and pharmacies. It will include both primary care providers, and specialty providers that can reach populations that have health conditions that put them at high risk for severe COVID-19. Development of the network will be monitored to ensure that vaccine is available in all geographical areas of the state and can be accessed by those without a medical home…

[14] *Id*.

- The Connecticut DPH Mass Vaccination Strategy for Phase 3: The CT DPH will seek to maintain a broad network of providers to ensure that all who want vaccine can have access to it. The amount of vaccine ordered and the use of vaccine that has been ordered will be monitored to identify places where supply may exceed demand. If supply exceeds demand, adjustments to the provider network may be made.

At 16-18, All Hazards Public Health Emergency Response Plan (PHERP) Functional Annex 6: Mass Vaccination Plan, Connecticut Department of Public Health, Oct. 15, 2020, available at: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Communications/COVID-19-Vaccine-Advisory-Group/PHERP_Mass-Vaccination-Plan_FINAL-DRAFT_10152020_CDC.pdf

More information can be found at:

a) Connecticut: All Hazards Public Health – Emergency Response Plan, Functional Plan 6, Mass Vaccination Plan (Draft): https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Communications/COVID-19-Vaccine-Advisory-Group/PHERP_Mass-Vaccination-Plan_FINAL-DRAFT_10152020_CDC.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/connecticut-jurisdiction-executive-summary.pdf

Delaware:

I. "Delaware officials said they expected to receive 56,275 doses by the end of the year, including initial shipments of around 8,775 Pfizer doses and around 16,700 Moderna doses."[15]

II. Delaware plans to follow the following guidelines for the three phases:

- Phase 1. Potentially limited supply of COVID-19 vaccine doses available: Concentrate efforts on reaching the initial populations of focus for COVID-19 vaccination listed above, including those who may be part of other critical populations that might require additional vaccination efforts to ensure access to vaccine. Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake. 2
- Phase 2. Large number of vaccine doses available: Focus on ensuring access to vaccine for all critical populations who were not vaccinated in Phase 1, as well as for the general population; expand provider network.
- Phase 3. Sufficient supply of vaccine doses for entire population (surplus of doses): Focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.

[15] *Id*.

At 19, COVID-19 Vaccination Playbook (Draft), Delaware COVID-19 Vaccination Planning Team, Oct. 16, 2020, available at: https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/COVID-19-Vaccination-Playbook-DE-V10-120920_final.pdf

More information can be found at:

a) COVID-19 Vaccination Playbook (Draft): https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/COVID-19-Vaccination-Playbook-DE-V10-120920_final.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/delaware-jurisdiction-executive-summary.pdf

Florida:

I. "Gov. Ron DeSantis said Florida would receive 179,400 initial doses of the Pfizer vaccine."[16]

II. Florida plans to prepare for the three phases as following:

- Phase 1: Potentially Limited Dose Availability: In Phase 1, a projected limited supply of vaccine would require the state to provide vaccine in a prioritized manner and ensure that doses allocated to Florida be distributed to facilities that meet storage and data entry requirements. As additional vaccine becomes available, administration will expand to other priority groups in closed point of dispensing (POD) settings as directed by the CDC. During this phase, vaccine will be administered in the following settings:
    - a. Hospital Closed PODs: The Department will implement strategies to provide vaccines to hospitals based on guidance from the CDC to ensure efficiency in an effort to prevent vaccine waste…Prioritization of populations related to hospitals will be based on guidance from federal partners.
    - b. Long-Term Care Staff and Resident PODs: In this group employees of long-term care facilities including nursing homes, assisted living facilities and intermediate care facilities for the developmentally disabled may be vaccinated based on guidance. This may be accomplished through a multiple vaccine delivery approach which includes 1) partnership in federal initiatives to utilize retail pharmacies to vaccinate long-term care facilities, 2) CHD closed PODs for long-term care facilities and 3) distribution of vaccine to nursing homes and assisted living facilities capable of performing vaccinations of their employees. Staff and residents may be vaccinated at different times based on any applicable age restrictions of approved vaccines.
    - c. First Responder and Critical Infrastructure Closed PODs: PODs may be designed to vaccinate first responders, law enforcement officers and essential employees. These PODs can be conducted in a variety of methods including using EMS to assist in administration of first responder communities, CHDs

[16] *Id.*

administering vaccine to targeted groups and closed POD partners vaccinating their employees and staff using their resources.

- Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand: As more vaccine becomes available, traditional VFC and VFA providers, including pediatricians, primary care providers and pharmacies will receive doses. It is likely that in this phase, the CHDs will open Public Mass Vaccination Clinics, and the Department and/or Florida's Division of Emergency Management might open such clinics to ensure there is equitable distribution of the vaccine, in the same way COVID-19 testing was made available. Some vaccine administration methods from Phase 1 will be continued and new administration sites will be added to include:
    - a. State Managed Vaccination Sites: These sites could operate similarly to local mass vaccination sites to supplement vaccination efforts and to increase capacity in community-based settings.
    - b. Established Vaccines for Children and/or Vaccines for Adult Providers: Under this method, vaccine will be delivered in routine health care delivery settings. This type of administration will be contingent upon smaller dosed vials that allows clinics to vaccinate in routine patient care settings. Additional VFC and VFA providers will be actively recruited for expanded capability, including Florida's Federally Qualified Health Centers (FQHCs).
    - c. Hospital Open PODs: In this group, select hospital partners willing and able to serve as broader vaccine partners will begin expansion of vaccine to both inpatients and out-patients who seek care in their emergency departments, urgent care centers and out-patient settings.
    - d. CHD Public Mass Vaccination Clinics: These will be community-based vaccination sites lead by the local CHDs to vaccinate in large scale volume. CHDs will screen people who seek vaccination and limit administration to established priority groups at that time. Since COVID-19 has had a disproportional impact on minority groups, minority populations will also be a focus of these efforts.
- Phase 3: Likely Sufficient Supply, Slowing Demand: Once the vaccine is widely available and demand for the vaccine stabilizes, the state will transition to providing the vaccine through routine health care delivery systems, including commercial pharmacies. CHDs will continue to offer vaccine clinics that are open to all members of the public as needed to meet vaccination goals.

At 12-13, Florida COVID-19 Vaccination Plan, Florida Department of Health, Oct. 16, 2020, available at: http://ww11.doh.state.fl.us/comm/_partners/covid19_report_archive/vaccination-plan/vaccination_plan_latest.pdf

Additionally, Florida's Governor Ron DeSantis delivered a video message regarding the state's vaccine allocation plan and allocation of first round of the doses of vaccine. During the speech, he commented:

> Now, in line with these priorities, the first round of the 179,400 doses of the Pfizer vaccine will be allocated as follows: 97,500 doses will be sent to hospitals to administer vaccine to high-contact and high-exposure health care personnel.

> 60,450 doses of vaccine will be sent to CVS and Walgreens for use in long-term care facilities. Both companies are under contract with the U.S. Department of Health and Human Services to administer vaccines inside those facilities.
>
> 21,450 doses of vaccine will go directly to the Florida Department of Health. We will be using strike teams from Health, the Florida Division of Emergency Management, and the Florida National Guard to go into long-term care facilities and administer the vaccine in areas with a high concentration of facilities.

Ron DeSantis, Governor Ron DeSantis Provides Update on COVID-19 Vaccine Distribution Plan, News Release, Dec. 10, 2020, available at https://www.flgov.com/2020/12/10/governor-ron-desantis-provides-update-on-covid-19-vaccine-distribution-plan-2/

More information can be found at:

a) COVID-19 Vaccination Plan (draft):
http://ww11.doh.state.fl.us/comm/_partners/covid19_report_archive/vaccination-plan/vaccination_plan_latest.pdf

b) COVID-19 Vaccine Enrollment Flowchart: Process for Providers:
http://www.floridahealth.gov/programs-and-services/immunization/COVID-19VaccineInfo/_documents/covid-vaccine-provider-flowchart.pdf

c) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):

Georgia:

I. "Georgia officials declined to provide detailed information. A spokeswoman for the health department said they expected hundreds of thousands of doses in initial shipments."[17]

II. Georgia sets out its vaccine program implementation phases as follows:

- Phase 1: Limited COVID-19 Vaccine Availability: COVID-19 vaccine supply is expected to be limited during the initial implementation of vaccine response activities (Phase 1). During this phase, vaccine efforts will focus on reaching defined critical populations who meet DPH defined Phase 1 criteria. Vaccine administration will occur through closed POD sites, including, but not limited to, public health clinics, hospitals, long term care facilities (LTCFs), emergency medical services (EMS), etc.
- The below list of Phase 1 populations is not all-inclusive and will be reviewed and updated throughout the response as needed:
  - 1. Healthcare personnel likely to be exposed to or treat people with COVID-19
  - 2. First Responders
  - 3. People at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older

[17] *Id*.

    - 4. Other essential workers
- … However, in settings where the initial vaccine supply is insufficient to vaccinate all healthcare providers, sub-prioritization of vaccine doses may be necessary. Considerations for sub-prioritization, of equal importance, include but are not limited to:
    - 1. Phase 1-A will include paid and unpaid persons serving in a healthcare setting who have the potential for direct or indirect exposure to patients or infectious materials. Hospital staff, public health clinical staff, EMS, and other first responders, long term care facility (LTCF) staff, and urgent care facility staff are examples of people who will be included in this Phase. Additional examples include:
        - a. Staff in clinical settings (e.g. physicians, nurses, pharmacists, EMS, laboratory staff, environmental services, LTCF staff, etc.)
        - b. LTCF Residents
    - 2. Phase 1-B will include other essential workers and people at higher risk of severe COVID-19 illness. Examples of people that will be included in this Phase are listed below:
        - a. Police and fire personnel not covered under Phase 1a
        - b. Critical workforce employees (e.g. pharmacy staff, educational faculty and staff, court employees, food processors, grocery store workers, transportation staff, nuclear power plant employees, air traffic controllers, etc.)
        - c. Adults 65 and older with comorbidities and their caregivers
    - 3. Phase 1-C will include people at higher risk of severe COVID-19 illness, not vaccinated during Phase 1-A or Phase 1-B. Examples of this population include: a. Adults 65 and older and their caregivers b. Adults below age 65 with comorbidities
- <u>Phase 2: Increased COVID-19 Vaccine Availability</u>: As vaccine availability increases, vaccine response efforts will also expand to ensure vaccination of Phase 1 critical populations not yet vaccinated, as well as members of the population for whom vaccine has been recommended. During this phase, DPH will also activate additional COVID-19 vaccination providers to expand access to vaccination services. Additional providers may include healthcare settings (physician offices, clinics, etc.), retail pharmacies, public health community clinics, mobile clinics, FQHCs, and other community settings. The following list of Phase 2 populations is not all-inclusive and will be reviewed and updated throughout the response as needed:
    - 1. Phase 1 populations, not yet vaccinated, including non-clinical public health, hospital, and LTC facilities and their household members.
    - 2. Critical populations as defined in Section 4 of this plan.
    - 3. Other populations for whom vaccine has been recommended.
- <u>Phase 3: Vaccine Supply Widely Available</u> COVID-19 vaccination activities will transition to Phase 3 response, once the vaccine becomes more widely available, and vaccine limits and allocations have been removed. During this phase, COVID-19 vaccination will be integrated into routine vaccination programs, and the release of additional ACIP and CDC guidelines and recommendations. Planning for this phase assumes that vaccine supply exceeds demand, and access to vaccination services are available through a broad vaccine administration network.

- During this phase, DPH will enroll and activate providers as requests for vaccination program enrollment are received. As vaccination efforts become more routine, DPH will begin to phase out mass vaccination clinics and outreach where these services are no longer required. The following list of Phase 3 populations is not all-inclusive and will be reviewed and updated throughout the response as needed:
    - 1. Phase 1 and Phase 2 populations that have not yet been vaccinated.
    - 2. The general population includes all populations for which vaccines have been recommended.
    - 3. Phase 1, Phase 2, and Phase 3 populations in need of additional doses to complete vaccination series (i.e. dose 2).
- Phase 4: Recovery/Mitigation The critical activities of recovery include, but are not limited to:
    - 1. Ensure accurate documentation of reported adverse events and doses administered.
    - 2. Return surplus vaccine following federal guidelines.
    - 3. Follow the SNS and MCM Plan as needed.
    - 4. Document lessons learned and adjust vaccination plans based on lessons learned.
- Mitigation minimizes the adverse impact of an emergency and reduces vulnerability to future emergencies. Mitigation measures may be implemented at any time. Mitigation includes:
    - 1. Continued vaccination campaigns to reduce the risk of infection.
    - 2. Continued public information and education.
    - 3. Regular training and exercises to improve public health's ability to respond to future outbreaks and pandemics.

At 18-20, Georgia Interim COVID-19 Vaccination Plan, Georgia Department of Public Health, Dec. 7, 2020, available at: https://dph.georgia.gov/document/document/georgia-covid-19-vaccine-plan/download

More information can be found at:

a) Georgia COVID-19 Vaccination Plan (Draft):
https://dph.georgia.gov/document/document/georgia-covid-19-vaccine-plan/download

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/georgia-jurisdiction-executive-summary.pdf

<u>Hawaii</u>:

I. "A Hawaii official said the state expected to receive 45,825 doses of the Pfizer vaccine and 36,000 doses of the Moderna vaccine before the end of the year."[18]

[18] *Id*.

II. Hawaii's Governor David Y. Ige's Office issued an address on the state's efforts to allocate vaccination. It reported that the three steps will be taken for the first phase of vaccine allocation:

- Phase 1a – Essential healthcare workers
- Phase 1b – Essential workers
- Phase 1c – 65 years and older and adults with high-risk medical conditions

Hawai'i COVID-19 Joint Information Center Daily News Digest, State of the State Address, Dec. 10, 2020, available at: https://governor.hawaii.gov/newsroom/hawaii-covid-19-joint-information-center-daily-news-digest-dec-10-2020/

More specifically, Hawaii plans to take the following steps in each of the three phases:

- 3.2.1 Phase 1: Potentially Limited Doses Available: … The primary goals for Phase 1 will be to maximize vaccine acceptance and public health protection while minimizing waste and inefficiency. HDOH will need to closely monitor inventory, distribution, and any repositioning of vaccine to ensure end-to-end visibility of vaccine doses. HDOH will employ strategies such as the following:
    - Concentrating early COVID-19 vaccine communications and outreach efforts through a Vaccine Communications Working Group to target critical populations while addressing issues such as vaccine hesitancy and potential concerns over allocation criteria
    - Developing flexible logistics procedures, as well as supporting communications strategies to address low demand vs. high demand for vaccine scenarios
    - Rapidly recruiting and onboarding COVID-19 vaccination providers, as well as staff to support the Hawaii COVID-19 Vaccination Program
    - Allocating COVID-19 vaccine(s) to closed point-of-dispensing (POD) settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures (e.g., using large hospitals and satellite, temporary, or off-site settings such as mobile or drive-thru clinics)
- HDOH will prioritize enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to the populations of focus for Phase 1, considering factors such as vulnerable populations that live in remote, rural areas and may have difficulty accessing vaccination services…
    - 3.2.1.1 Allocation Stage 1-A: In the event that vaccine supplies are severely limited, HDOH will plan to target critical populations in Allocation Stage 1-A. This phase will initially place the highest priority on vaccinating the following groups subject to guidance/recommendations from the Vaccine Prioritization/Allocation Working Group (VPAWG)…
        - Healthcare personnel likely to be exposed to or treat people with COVID-19 within Very High Risk and High-Risk exposure levels as designated by the Occupational Safety and Health Administration (OSHA)…
        - First responders whose jobs put them at high risk of exposure to COVID-19
    - 3.2.1.2 Allocation Stage 1-B: In the event that vaccine supplies are severely limited, HDOH will continue to target additional critical populations in Allocation

Stage 1-B subject to guidance/recommendations from the Vaccine Prioritization/Allocation Working Group (VPAWG) … including the following:
    - People of all ages with comorbid and underlying conditions that put them at significantly higher risk
    - Adults aged 65 and older living in congregate or overcrowded settings

- 3.2.2 Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand: The focus during this phase will initially target providing vaccine for members of Phase 1 critical populations who were not yet vaccinated, including those who have not received the second dose of the vaccine, and to expand the provider network. As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives…The key considerations in planning for Phase 2 are:
    - COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public.
    - Additional COVID-19 vaccine doses available will permit an increase in vaccination providers and locations.
    - A surge in COVID-19 vaccine demand is possible, so a broad and flexible vaccine administration network for surge capacity will be necessary. This could include the following: 1. Public health sites (mobile clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), public health clinics, temporary/off-site clinics) 2. Commercial and private sector partners (pharmacies, doctors' offices, clinics) 3. Requests for mutual aid support
    - Low COVID-19 vaccine demand is also a possibility, and HDOH will monitor supply and adjust logistics and communications strategies to minimize vaccine wastage.
    - Critical Populations Groups during this phase could include the following:
    - 1. Allocation Stage 2
        - K-12 teachers and school staff
        - Critical risk workers in high-risk settings - workers who are both in industries essential to the functioning of society and at substantially high 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 physical or mental disabilities or in recovery and staff who work in those facilities
        - People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
        - Adults aged 65 and older not included in Allocation Stage 1
    - 2. Allocation Stage 3
        - Young Adults
        - Children (0-17)
        - Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Allocation Stages 1 or 2
    - 3. Allocation Stage 4

        - Everyone residing in Hawaii who did not have access to the vaccine in previous 2 allocation stages
- 3.2.3 Phase 3: Likely Sufficient Supply, Slowing Demand CDC anticipates that COVID-19 vaccine will be widely available in Phase 3 and integrated into routine Hawaii COVID-19 Vaccination Programs, run by both public and private partners. The key considerations in planning for Phase 3 are:
    - Likely sufficient COVID-19 vaccine supply where supply might exceed demand
    - Continued use of a broad vaccine administration network for increased access
    - Critical Populations Groups during this phase would include the following:
    - 1. Allocation Stage 4: Everyone residing in Hawaii who did not have access to the vaccine in previous allocation stages
- HDOH will:
    - 1. Continue to focus on equitable vaccination access to vaccination services partnering with organizations serving specific population groups to set up vaccination sites that are as convenient as possible
    - 2. Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
    - 3. Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
    - 4. Monitor supply and reposition refrigerated vaccine products to minimize vaccine wastage
    - 5. Demobilize resources as demand decreases and routine Hawaii COVID-19 Vaccination Programs take over operations
    - 6. Collect feedback from stakeholders and complete a formal after-action report (AAR)/Improvement Plan (IP).

At 3-3-6, COVID-19 Vaccination Plan (Draft), Hawaii Department of Health, Oct. 16, 2020, available at: https://hawaiicovid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan_Initial-Draft_101620.pdf

More information can be found at:

a) Hawaii COVID-19 Vaccination Plan (Initial Draft): https://hawaiicovid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan_Initial-Draft_101620.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/hawaii-jurisdiction-executive-summary.pdf

Idaho:

I. "Officials in Idaho said they expected to receive 89,150 doses of vaccine in three shipments before the end of the year, including 48,750 Pfizer doses and 40,400 Moderna doses."[19]

II. State of Idaho identifies the key assumptions and strategies for each three phases as following:

- Phase 1: Potentially Limited Doses Available: In Phase 1 of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. The key assumptions in planning for this phase are:
    - COVID-19 vaccine supply will be limited
    - COVID-19 vaccine administration efforts will focus on the initial critical populations to achieve vaccination coverage in those groups. Sub prioritization of the groups will likely be necessary and will be vaccinated based on the priority recommendations of the COVID-19 Vaccine Advisory Committee. •
    - Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end tracking of vaccine doses
- The following two strategies will be employed to address these constraints:
    - 1. Concentrating early COVID-19 vaccine administration efforts on the initial critical populations identified above and in Section 4: Critical Populations
    - 2. Provide COVID-19 vaccination services in closed point-of-dispensing (POD) settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures (e.g., large hospitals and satellite, temporary, or off-site settings)
- Phase 2: Large Number of Doses Available; Supply to Meet Demand: In Phase 2, as supply of available vaccine increases, distribution will expand, increasing access to vaccination for a larger population. When larger quantities of vaccine become available, there will be **two simultaneous objectives**:
    - 1. Provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations in Idaho
    - 2. Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19
- The key considerations in planning for Phase 2 are:
    - COVID-19 vaccine supply will be sufficient to meet demand from critical populations as well as the public
    - Additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
    - A surge in COVID-19 vaccine demand will require a robust and varied vaccine administration network for surge capacity
    - Low COVID-19 vaccine demand is a possibility; monitoring supply and adjusting strategies will be required to minimize vaccine wastage

[19] Danielle Ivory, Mitch Smith, Jasmine C. Lee, et al., How Many Vaccine Doses Will Your State Get?, The New York Times, Dec. 11, 2020, available at https://www.nytimes.com/interactive/2020/12/11/us/covid-19-vaccine-doses.html

- The following 2 strategies will be employed to adapt to the increase in COVID-19 vaccine supply levels:
    - Expand vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for identified subgroups and moving toward the general population.
    - Administer vaccine through:
        - Commercial and private sector partners (pharmacies, doctors' offices, clinics)
        - Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health clinics, temporary/off-site clinics)
- Phase 3. Likely Sufficient Supply: In Phase 3, ultimately COVID-19 vaccine will be widely available and integrated into routine vaccination programs, run by both public and private partners.
- The key consideration in planning for phase 3 are:
    - Sufficient COVID-19 vaccine supply where supply might exceed demand
    - Broad vaccine administration network resulting in increased access
- The following strategies will be implemented in Phase 3:
    - Continuing to focus on equitable vaccination access to vaccination services •
    - Monitor COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
    - Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
    - Monitor supply and repositioning refrigerated vaccine products to minimize vaccine wastage

At 16-7, COVID-19 Vaccination Plan (Draft), Idaho Department of Health and Welfare, V.1.0 Oct. 16, 2020, available at https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Idaho_COVID-19-Interim-Vaccination-Plan-V2-10-19-2020.pdf

More information can be found at:

a) Idaho COVID-19 Vaccination Plan (Draft): https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Idaho_COVID-19-Interim-Vaccination-Plan-V2-10-19-2020.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/idaho-jurisdiction-executive-summary.pdf

==Work in progress, as of Dec. 14, 2020==

Illinois:

I. "An official in Illinois said the state expected to receive about 109,000 doses of the Pfizer vaccine in its first shipment."[20]

[20] Ivory *et al*., *supra* note 2.

II. Illinois Department for Public Health prepares for the three phases of vaccine allocation as follows:

> In each phase, once the priority groups have been satisfactorily reached, vaccine administration planning can then focus on reaching the next population of focus and/or the general population where the overarching goal is to elicit herd immunity. Throughout each phase of COVID-19 vaccine administration, it is important that jurisdictions and providers ensure equitable allocation and administration of the vaccine to all identified priority groups. IDPH will also continue to monitor COVID19 vaccine orders by assessing ordering reports supplied by the immunization program. IDPH will also monitor vaccine uptake and coverage and reassess strategies to increase uptake in populations and/or communities with low vaccine coverage. IDPH will also utilize vaccine wastage reports provided to assure minimal waste. Another situation that could arise is low COVID-19 vaccine demand, so jurisdictions should monitor their supply and adjust strategies to minimize vaccine wastage. Finally, IDPH will provide COVID-19 vaccine administration reports to CDC as requested.

At 10, COVID-19 Vaccination Plan, Illinois Department for Public Health (Dec. 4, 2020) V.3, available at https://www.dph.illinois.gov/sites/default/files/COVID19/IL%20COVID-19%20Vaccination%20Plan%20V%203.0%2012.5.20%20.pdf

Additionally, Illinois plans to utilize the Vaccine Allocation Planner for COVID-19 developed by Ariadne Labs and the Surgo Foundation, which provides output by analyzing data on the critical populations from various federal, state, and other data sets.[21] The methodology used for the planner can be accessed at:
https://vaccineallocation.ariadnelabs.net/assets/Vaccine_Allocation_Planner_for_COVID19_Methods.pdf

More information can be found at:

a) COVID-19 Vaccination Plan Illinois Department for Public Health (Dec. 4, 2020) V.3:
https://www.dph.illinois.gov/sites/default/files/COVID19/IL%20COVID-19%20Vaccination%20Plan%20V%203.0%2012.5.20%20.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/illinois-jurisdiction-executive-summary.pdf

Indiana:

I. "Indiana officials said they expected to receive a limited supply of vaccines and that details of those shipments were evolving."[22]

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[21] At 11, COVID-19 Vaccination Plan, Illinois Department for Public Health (Dec. 4, 2020) V.3, available at https://www.dph.illinois.gov/sites/default/files/COVID19/IL%20COVID-19%20Vaccination%20Plan%20V%203.0%2012.5.20%20.pdf

[22] Ivory *et al.*, *supra* note 2.

II. Indiana's three-phased vaccine allocation plan is as follows below:

- A. Phase 1: Potentially Limited Supply of COVID-19 Vaccine Doses Available
    - In the initial phase, Phase 1, initial doses of vaccine will likely be distributed in a limited manner with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency.
    - Key characteristics of Phase 1:
        - COVID-19 vaccine supply may be limited
        - COVID-19 vaccine administration efforts must concentrate on the initial populations of focus to achieve vaccination coverage in those groups
        - Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses
    - Indiana is concentrating early COVID-19 vaccine administration efforts on the initial critical populations identified in Section IV: Critical Populations. The administration of these COVID-19 vaccination services will be in point-of-dispensing (POD) settings. This allows for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures.
    - Indiana is prioritizing enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to the Phase 1 populations of focus. IDOH is developing operational procedures to establish mobile clinics to provide vaccine to individuals who live in remote, rural areas, and areas with vaccination services deficiencies. While performing Phase 1 activities, IDOH will continue preparing for Phase 2. This includes recruiting additional vaccinators to staff PODs, contract needs for vaccination services, and review of state practice acts to allow for expanded professional practice, if needed.
- B. Phase 2: Large Number of Vaccine Doses Available As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population.
    - As these larger quantities become available, IDOH will continue to ensure these two objectives are achieved: providing equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage and ensuring high uptake in specific populations, particularly in groups that are at a higher risk for severe outcomes from COVID-19.
    - Key characteristics of Phase 2:
        - COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public.
        - Additional COVID-19 vaccine doses available will permit an increase in vaccination providers and locations.
        - A surge in COVID-19 vaccine demand is possible, so a broad vaccine administration network for surge capacity will be necessary.
        - Low COVID-19 vaccine is also a possibility, so Indiana will monitor supply and adjust our strategy to minimize vaccine wastage.
    - In anticipation of an increase in COVID-19 vaccine supply levels during Phase 2, IDOH will adapt strategies for administration location, vaccine providers, and

access to account for this increased availability. Vaccination efforts will expand beyond the initial population group outlined in Phase 1. IDOH will ensure equitable access for all populations. The COVID19 vaccine will be administered through additional types of vaccination sites, including, commercial and private sector partners (pharmacies, doctors' officers, clinics), and public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], rural health clinics, public health clinics, and temporary off-site clinics).

- C. Phase 3: Sufficient Supply of Vaccine Doses for Entire Population (Surplus of Doses)
    - Ultimately, COVID-19 vaccine will be widely available and integrated into routine vaccination programs, operated by both public and private partners.
    - Key characteristics of Phase 3:
        - Likely sufficient COVID-19 vaccine supply where supply might exceed demand
        - Broad vaccine administration network for increased access
        - Increased emphasis on redistribution of existing vaccine
    - During Phase 3, IDOH will continue to focus on equitable vaccination access to vaccination services. COVID-19 vaccine uptake and coverage in critical populations will continually be monitored. IDOH will intervene and develop enhanced strategies to reach populations with low vaccination uptake or coverage, if observed. The development of partnerships with commercial and private entities will be utilized to ensure COVID-19 vaccine and vaccination services are widely available to Hoosiers. Vaccine wastage will continually be minimized through the monitoring of vaccine supplies and the repositioning of refrigerated vaccine products.

At 12-13, COVID-19 Vaccine Allocation Plan, Indiana Department of Health, Interim Draft (Oct. 2020), available at: https://www.coronavirus.in.gov/files/Indiana%20COVID-19%20Vaccination%20Plan_%20Interim%20Draft.pdf

More information can be found at:

a) COVID-19 Vaccine Allocation Plan (Interim Draft): available at: https://www.coronavirus.in.gov/files/Indiana%20COVID-19%20Vaccination%20Plan_%20Interim%20Draft.pdf

b) COVID-19 Vaccination Plan Executive Summary: https://www.cdc.gov/vaccines/covid-19/downloads/indiana-jurisdiction-executive-summary.pdf

Iowa:

I. "Iowa officials said they expected three shipments of Pfizer vaccine, totaling about 95,000 doses, before the end of the year, including an initial batch of roughly 26,000 doses. They also expected two shipments of Moderna vaccine, totaling about 77,000 doses. "[23]

[23] Ivory *et al*., *supra* note 2.

II. Iowa plans to structure its vaccine allocation strategy around the three phased approach as follows:

- **<u>Phase 1: Potentially Limited Doses Available</u>**:
  - IDPH will use the Immunization Registry Information System (IRIS) for the ordering, distribution and documentation of COVID-19 vaccine doses administered. Local public health agencies will be responsible for the allocation of COVID-19 vaccine to local healthcare providers and other organizations such as pharmacies. Healthcare provider sites interested in offering pandemic vaccines must also enroll in IRIS.
  - The success of the COVID-19 vaccination campaign will depend upon the collaboration of the IDPH, Iowa local public health agencies and Iowa healthcare providers to administer pandemic vaccines. All healthcare providers and organizations sites interested in receiving and administering COVID-19 vaccines in Iowa are required to complete the CDC COVID-19 Vaccination Program Provider Agreement (Appendix C). IDPH will utilize a REDCap survey to document provider acceptance of the terms to serve as a COVID-19 vaccine provider. The survey includes a PDF of the CDC COVID-19 Vaccination Program Provider Agreement in its entirety.
  - In addition to completing the CDC COVID-19 Vaccination Program Provider Agreement, healthcare providers will also need to provide basic information regarding the organization, including clinic hours/days of operation, provider type and setting, patient population served, demographic logistical information for receiving COVID-19 vaccine shipments, number of patients the clinic is able to vaccinate weekly and vaccine storage capacity (refrigerated/frozen/ultra-cold temperature). IDPH has widely distributed the CDC COVID-19 Vaccination Scenarios for Jurisdictional Planning for Phase I.
  - The Iowa planning team will use the following assumption In Phase 1:
    - Target Populations: CDC guidance and tools will assist the Iowa internal and external planning teams to create estimates of the number of residents in each target/priority group to be determined. Priority group assumptions are currently being used to develop baseline estimates for prioritization, once established.
    - Prioritization of COVID-19 Vaccines: Vaccination activities are expected to include populations considered high-risk for complications and comorbidities, disparate populations, and the providers working with these populations. Determination of priority groups will be made when vaccines become available and prior to vaccine distribution. The Centers for Disease Control and Prevention (CDC) have created tiers for vaccine prioritization for use in routine influenza season that may initially be used.
      - Recommendations on priority groups for COVID-19 vaccine will likely change throughout the response, depending on vaccine supply and disease epidemiology.
      - Public demand for COVID-19 vaccination will likely be high, especially when supply is limited and if there is severe disease in the community. Decisions will be based on vaccine supply,

pandemic severity and impact, and the potential for disruption of critical infrastructure.

- CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States.
- IDPH intends to follow federal guidance for vaccine prioritization unless needs in Iowa are substantially different. The IDPH Medical Director will work with the Infectious Disease Advisory Committee and the IDPH planning team for targeted COVID-19 vaccination guidance. IDPH intends to issue a Vaccine Shortage Order during Phase 1 to ensure that vaccines are administered solely to those in a priority designation and in accordance with the COVID-19 vaccination guidance.
- Initial populations recommended for COVID-19 vaccination will likely include critical workforce who provide healthcare and maintain essential functions of society and residents in long term care facilities; all dependent on vaccine supply.

- Efforts are currently underway to estimate state and county level population size for the following groups. These estimates are being shared with local partners for planning purposes and additional priority groups are added as established and data becomes available:
  - Critical workforce who provide healthcare and have direct or indirect exposure to patients in such settings as hospitals and long-term care facilities (LTC)
  - Non-healthcare worker critical workforce such as agriculture and food processing as well as other key critical infrastructure
  - People at high risk for COVID-19 illness-LTC residents and staff
- IDPH has shared with local partners, CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce. This CDC planning guide provides additional information and tools for state and local planners on how to operationalize and implement specific plans for targeting critical workforce groups during an influenza pandemic response. The identification of critical populations in Iowa is ongoing based on several federally prepared and shared documents to define, identify and provide planning numbers and scenarios for additional essential workers.

- **Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand:**
  - Planning with local partners for open and closed points of distribution (POD) of medication and vaccines has been in place for many years through the preparedness programs. IDPH has provided planning workbooks, guidance and toolkits for local public health to establish these high throughput vaccine venues. The local public health agencies and City Readiness Initiative (CRI) counties have been planning and exercising these PODS for many years.

- In Phase 2, IDPH and local partners will focus on ensuring access to vaccines for members of Phase 1 critical populations not yet vaccinated as well as for the general population.
- Additionally, each county LPHA is updating a workbook that identifies planned POD locations, if the planned location is an open or closed POD, a drive through, or walk in clinic, number of dispensing stations, and total expected throughput. Mass vaccination planning at the local level requires that sufficient numbers of PODs are identified so all people in the county, regardless of demographics or location, have access to these vaccines. LPHA must identify a strategy to identify, assign and incorporate PODs into operations. Population density, geographical location, proximity to public transportation, and community and business demographics play key roles in strategies used to identify sufficient numbers of PODS to ensure 100 percent of the identified populations can vaccine. Zip code, geography and population density are several common strategies for identification. Other strategies identified include characteristics of the facility, proximity to target populations, and reach or catchment for vulnerable populations.
- As COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public in Phase 2, IDPH and LPHA will continue to encourage and increase vaccination providers and locations. Additionally, low COVID-19 vaccine demand is also a possibility, so IDPH will closely monitor supply and adjust strategies to minimize vaccine wastage.
- Local public health agencies are preparing for the following types of vaccination clinics in Phase 2:
  - Appointment clinics,
  - Direct collaboration with pharmacies
  - Community clinics
    - Homeless shelters
    - non-profit agencies
    - free clinics
    - assisted living facilities
    - nursing homes
    - residential care facilities
    - group homes, and
    - community centers
    - schools
  - Corrections (jails, prisons or other transitional correctional facilities)
  - Drive through settings as used annually for influenza vaccine
  - Home visits
  - Mass clinics
  - Private/Closed clinics by employers

- **Phase 3: Likely Sufficient Supply, Slowing Demand**:
  - IDPH will continue to focus on equitable vaccination access to vaccination services. COVID-19 vaccine uptake and coverage will be monitored in critical populations and enhanced strategies to reach populations with low vaccination uptake or coverage will be implemented. IDPH will partner with commercial and

private entities to ensure COVID-19 vaccine and vaccination services are widely available. IDPH will constantly monitor supply and reposition vaccine products to minimize vaccine wastage.

At 15-18, COVID-19 Vaccination Strategy – Draft, Iowa Department of Public Health, (Oct. 12, 2020) V.1.2, available at: https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/V1_2%20Iowa%20COVID-19%20Vaccination%20Strategy%20Draft%20with%20Appendices%2010_16_20.pdf

More information can be found at:

a) COVID-19 Vaccination Strategy – Draft: https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/V1_2%20Iowa%20COVID-19%20Vaccination%20Strategy%20Draft%20with%20Appendices%2010_16_20.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/iowa-jurisdiction-executive-summary.pdf

Kansas:

I. "Gov. Laura Kelly said the state expected to receive an initial shipment of Pfizer vaccine, totaling 23,750 doses, as early as mid-December, followed by Pfizer and Moderna vaccine shipments. She said the state expected to receive approximately 150,000 doses by the end of the month."[24]

II. Kansas' three phased plan for COVID-19 vaccination is as follows:

- Phase 1: Potentially Limited COVID-19 Vaccine Doses Available
  - Phase 1 of the phased approach for the Kansas COVID-19 Vaccine Plan will include Phase 1A and Phase 1B. While there are many unknown variables about the recommendations for use of initial vaccine in Phase 1, it is likely that vaccine will be available as follows:
  - Phase 1A:
    - Healthcare personnel paid and unpaid, who are likely to be exposed to or treat people with COVID-19 or infectious materials and are unable to work from home.
  - Phase 1B:
    - People at increased risk for severe illness from COVID-19, including those with underlying medical conditions such as cancer, chronic kidney disease, chronic obstructive pulmonary disease, heart conditions, obesity, sickle cell disease, smokers or those with a history of smoking, and type 2 diabetes
    - People 65 years of age and older
    - Other essential workers
    - Long-term care residents

[24] Ivory *et al*., *supra* note 2.

- Initial COVID-19 vaccine provider recruitment and enrollment will be targeted at hospitals, local health departments, federally qualified health centers/safety net clinics, and retail pharmacies across the state, including those that are in rural areas, that are willing and able to provide vaccine to those identified as targets for early vaccine receipt. Hospitals, local health departments, and other approved COVID-19 vaccine providers will need to be able to maintain and monitor vaccine inventory according to the guidelines provided from the manufacturer and the CDC Storage and Handling Toolkit from receipt through administration of vaccine. The hospitals should also be able to administer vaccine following the social distancing and infection control through closed point of dispensing settings that allow for the maximum number of people to be served.
- If it is determined that there are areas of the state that have limited access to a hospitals , local health departments, or other approved COVID-19 providers but have populations defined as targets during Phase 1A or Phase 1B, the Kansas Immunization Program will prepare for mobile clinics using the influenza playbook that was developed for the State of Kansas employee flu clinics, lessons learned, and COVID-19 planning assumptions.
- Vaccine cards provided in ancillary kits should be provided to vaccine recipients so that they have a record of what type of vaccine was received and date of administration. These cards will also provide information on when the vaccine recipients need to return for a second dose, if applicable.
- Hospitals, local health departments, and the Kansas Immunization Program will be required to report vaccine administration information via the KSWebIZ system within 24 hours so that the vaccine inventory and uptake can be measured and monitored closely throughout the COVID-19 vaccine program.

- Pharmacy Partnership for Long-term Care (LTC) Program:
  - Kansas plans to participate in the Pharmacy Partnership for Long-term Care Program coordinated by the CDC. Participating providers in CDC's Pharmacy Partnership for LTC Program for COVID-19 Vaccine will provide on-site vaccine clinics for residents of long-term care facilities (LTCFs) and any remaining LTCF staff who were not vaccinated in Phase 1-A. The Pharmacy Partnership for Long-term Care Program provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments.
  - This program is free of charge to facilities. The pharmacy will:
    - Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months are likely to be needed to administer both doses of vaccine and vaccinate any new residents and staff.
    - Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
    - Ensure cold chain management for vaccine.
    - Provide on-site administration of vaccine.

        - Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 24 hours of administering each dose.
        - Adhere to all applicable Centers for Medicare & Medicaid Services (CMS) requirements for COVID-19 testing for LTCF staff….
    - Skilled nursing facilities (SNFs) and assisted living facilities (ALFs) will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) their facility prefers to have on-site (or opt out of the services) between October 19–October 30.
        - SNFs will make their selection through National Healthcare Safety Network (NHSN) beginning October 19.
            - An "alert" will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
        - ALFs will make their selection via online REDCap (Research Electronic Data Capture) sign-up form.
        - The online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
        - After November 1, 2020, no changes can be made via the online forms, and the facility will have to coordinate directly with the selected pharmacy provider to make any changes in requested vaccination supply and services.
        - Indicating interest in participating is non-binding and facilities may change their selection (optout), if needed.
        - CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage.
    - CDC expects the Pharmacy Partnership for Long-term Care Program services to continue on-site at participating facilities for approximately two months.
    - After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice.
- Phase 2: Large Number of Doses Available; Supply Likely to Meet Demand
    - During Phase 2 there will be rapidly increasing vaccine supply available , which will allow for vaccination to populations that were not completely vaccinated in Phase 1 as well as additional critical populations and the general population.
    - During Phase 2 there will be a need to increase vaccination capacity through vigorous recruitment and enrollment efforts. Enrollment of traditional and non-traditional partners will be important during this phase. Continued enrollment of safety net providers (i.e., Federally Qualified Health Centers, Rural Health Clinics, etc.), pharmacies, long term facilities, and other local healthcare providers will continue to be targeted for participation in the COVID-19 vaccine program.
    - Due to increased availability of the vaccine, there will likely be an increase in the demand for the vaccine so provider enrollment for Phase 2 activities should occur

as early as possible in Phase 1 so that providers are ready and able to vaccinate as the vaccine availability increases.
    - The Kansas Immunization Program will need to monitor the supply and demand of the vaccine so that vaccine distribution can be targeted to the appropriate areas ensuring access to appropriate populations.
- Federal Direct Allocation to Pharmacy Partners:
    - Kansas plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by the CDC.
    - Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government.
        - Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies 1 (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government.
        - Once the list of federal partners has been finalized, the CDC will share the list with jurisdictions.
        - On a daily basis, pharmacy partners must report to the CDC, the number of doses of COVID-19 vaccine a) ordered by store location; b) supply on hand in each store reported through VaccineFinder, and c) number of doses of vaccine administered to individuals in each state, locality, and territory.
    - Pharmacy providers will be required to report the CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). The CDC will provide information on these data elements and methods to report…
- Phase 3: Likely Sufficient Supply
    - During Phase 3 COVID-19 vaccine will be widely available for all populations. The Kansas Immunization Program will continue to enroll COVID-19 providers throughout all phases of vaccine availability and will closely monitor the distribution and administration of vaccine. Continued focus will be on ensuring critical populations have been vaccinated and identification of areas with low vaccine coverage. As low coverage areas are identified, the internal COVID-19 Vaccine Planning Committee will develop and monitor strategies designed to increase vaccine uptake and decrease vaccine wastage.

At 13-16, COVID-19 Vaccination Plan (Living Doc.), Kansas Dept. of Health and Environment, (Oct. 16, 2020, Rev. on Nov. 4, 2020), V.1.2, available at: https://www.coronavirus.kdheks.gov/DocumentCenter/View/1533/COVID-19-Vaccination-Plan-for-Kansas-Version12-1142020?bidId=

More information can be found at:

a) COVID-19 Vaccination Plan (Living document): https://www.coronavirus.kdheks.gov/DocumentCenter/View/1533/COVID-19-Vaccination-Plan-for-Kansas-Version12-1142020?bidId=

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/kansas-jurisdiction-executive-summary.pdf

Kentucky:

I. "The Kentucky governor's office said it expected that the state would receive at least 147,000 doses of the vaccine before the end of the year, including at least 38,000 Pfizer doses and 109,000 Moderna doses."[25]

II. Kentucky's plan for vaccine allocation, among others, is as follows:

- …Kentucky will follow the vaccine request procedures as presented by CDC at the time of availability and need. All states will need vaccine and it will be shipped as it becomes available to the states based on the percentage of the total U.S. population that resides within that state. During Phase 1 and 2, it is expected that vaccine will be shipped from the manufacturer or distributor directly to the vaccine providers Vaccine will be distributed through McKesson to public and private providers, similar to how the Vaccines for Children Program (VFC) vaccines are currently distributed. It is anticipated that vaccine will be shipped using climate-controlled containers and directly shipped to vaccination providers. The CDC currently states that Phase 3 and 4 vaccine distribution will be done similarly to the Vaccines for Children Program.
- Distribution
    - KDPH, in collaboration with Kentucky Emergency Management (KYEM), will ensure the regional and local distribution of vaccines to pre-determined sites. Local emergency management, public health, and public safety authorities, in conjunction with the state authorities, will play key roles in ensuring the safe and proper storage and handling of the vaccine. Portions of the Kentucky Medical Countermeasures Plan will be used to support vaccine distribution operations.
    - Although plans may change, the CDC currently assumes 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).
    - Providers willing to administer the vaccine continue to be enrolled in the Kentucky Immunization Registry (KYIR) and agree to requirements for receiving, storing, administering, and tracking vaccine administration…Enrolled providers will place orders for the vaccine with the state immunizations program. The CDC is expected to provide each state an allocation of vaccine based on population, and states can prioritize and fill orders against those allotments. Orders are then sent to the CDC and vaccines will be shipped directly to the provider through a centralized vaccine distributor….
- Vaccine Distribution to Target Groups

[25] Ivory *et al.*, *supra* note 2.

- When the vaccine for Phase 1 target groups is available, KDPH will order from weekly allocations of the vaccine to be shipped by the centralized distributor to the designated site(s). It is expected that vaccine will be shipped from the manufacturer or distributor, directly to the Phase 1 target group such as a hospital or long-term care facility, and in rare cases, the KDPH warehouse. For some critical workforce groups, KDPH and Local Health Departments may have to coordinate separate vaccine clinics with employers. For example, hospitals or health systems may vaccinate their own workforce. Phase 2 and 3 target groups could include direct shipment to LHDs that could then further distribute the vaccine to other private providers or administer the vaccine. In some local jurisdictions, the LHD may choose to also have private providers designated as ship-to sites to expedite the distribution process. KDPH will allocate vaccine to target groups and local jurisdictions according to the number of persons in target groups, general population, and the disease burden. Timing of shipping will follow the target scheme for allocation according to the target groups identified.
- Vaccine will be administered per the phased target structure through those methods deemed most appropriate by state and local authorities. Initially, when vaccine is extremely limited, it will be direct shipped to sites where the identified target groups are located. KDPH will work in coordination with the receiving organization to ensure proper vaccine distribution and administration. These methods may include clinics at the site of the prioritized recipients, through mass clinics, and through other distribution and administration structures as best fits the needs and resources of each local community.
- KDPH may also choose to administer all or some of the vaccine through state and local-run vaccination sites. If so, they may use emergency mass dispensing as a model for distribution, for which extensive plans have been developed for other threats such as anthrax.
- When it is time to vaccinate the Phase 2 target groups, KDPH anticipates that LHDs may need to complete distribution on a very small scale to area providers who do not meet the minimum ship to order for McKesson. In those cases, KDPH and the LHD will work with the provider to ensure that cold chain is maintained throughout the transfer.

At 18-19, Kentucky's COVID-19 Vaccination Plan, Kentucky Public Health, (Oct. 2020), available at: https://chfs.ky.gov/agencies/dph/covid19/DraftKentuckyVaccinationPlan.pdf

More information can be found at:

a) Kentucky's COVID-19 Vaccination Plan:
https://chfs.ky.gov/agencies/dph/covid19/DraftKentuckyVaccinationPlan.pdf

b) Interim COVID-19 Vaccination Plan (Draft Executive Summary):
https://www.cdc.gov/vaccines/covid-19/downloads/kentucky-jurisdiction-executive-summary.pdf

Louisiana:

I. "Gov. John Bel Edwards said that the state expected to receive an initial batch of 39,000 doses of the Pfizer vaccines, followed closely by an additional 40,000 doses."[26]

II. The following is Louisiana's planning for the three phases of vaccine allocation:

- Phase 1: Potentially Limited Doses Available
    - The LDH OPH has the flexibility within the structure for COVID-19 vaccination response to range from two to several phases of vaccine availability. The Louisiana Allocation Tool uses a four phased response, but is easily adaptable to three phases as described in Playbook guidance.
    - The Point of Dispensing (POD) planning will be the framework for the COVID-19 vaccine response. Social distancing and infection control procedures will be required at POD sites. Vaccine will be administered at the local level to priority groups determined by the Incident Commander, the Louisiana Governor in collaboration with the State Health Officer or designees, epidemiologic evidence and guidance from CDC, and the OPH Infectious Disease Epidemiology Section. Local communities, in partnership with the nine Louisiana OPH Regions, have the responsibility to plan and implement PODs for administration of COVID-19 vaccine to priority groups in their jurisdictions. Louisiana will follow the CDC's Advisory Committee on Immunization Practices guidance on priority groups and will likely focus primarily on healthcare and congregate care setting facilities (see prioritization of tier groups). Distribution of vaccines to sites within priority groups may also be based on geographic positivity rate or hospitalization rate in order to protect those in greatest need or at most risk.
    - These groups are ranked together at the top of the order of prioritization because they meet at least two criteria listed in the decision-making goals. Both groups are considered to be at an equal prioritization level, and therefore if the initial supply is inadequate to provide to both groups, it is recommended that a proportionate distribution based on the number of staff in each group (for example, if there are combined 100,000 personnel in both groups, and of that 30,000 are from the Congregate Care Setting Facilities, it is recommended to give 30% of available vaccine to the Congregate Care Setting Facilities personnel).
    - If the initial supply of vaccine is inadequate to cover all hospitals, it is proposed that the vaccine be distributed to various hospitals based on their COVID-19 hospital census (for example, those who in the past month have had higher census would get more vaccine). Acknowledging that even using this method will likely leave many hospitals with inadequate vaccine for all workers, the principle of subsidiarity is invoked to allow each hospital to decide at the local level which of their personnel should receive the vaccine. However, local recognition is encouraged of the important contributions and possible exposure of all staff, including housekeeping, custodial, transport, and any others who may not be considered clinical but nonetheless have exposure and may be at higher risk due to other demographic variables.

[26] Ivory *et al.*, *supra* note 2.

- In addition, Louisiana will approve orders based on the likely populations served by a vaccination provider, the provider's capability to store and handle various COVID-19 vaccine products, and existing inventory. The Immunization Program has developed a COVID-19 Vaccine Dose Allocation Tool and comprehensive list of POD sites to assist in these efforts. Given that the minimum order size and increment for centrally distributed vaccines will be 100 doses per order for one planned product, and 1,000 doses for another planned product, most Phase 1 POD sites will have larger volumes of patients maximize the utilization of those doses within those orders. Distribution to smaller POD sites is described in the Distribution and Transport sections of these plans.
- When a vaccine against COVID-19 becomes available, it will be ordered through LINKS, the established immunization information and management system of the Louisiana Department of Health Office of Public Health (LDH OPH) Immunization Program. McKesson, the CDC's vaccine distribution vendor, will distribute vaccine to sites throughout the state that have had orders approved by the Program. Contingency plans for storage, alternate distribution options, transport, and security for vaccines will follow the Louisiana Strategic National Stockpile planning with key response partners. A strict chain of custody for pandemic vaccine will be followed and documented. Each dose of vaccine must be accounted for to ensure continued receipt of vaccine from the federal government as well as continued distribution from LDH OPH to vaccine providers.
- Whenever possible, vaccine will be shipped to the location where it will be administered to minimize potential breaks in the cold chain. There will be scenarios for smaller POD sites where vaccine will be shipped to a central depot and redistributed to additional locations. Since the federal government does not redistribute product, this will be the responsibility of the state.
- Since initial COVID-19 vaccines are anticipated to be authorized under an EUA, they will contain slight variations from approved Food and Drug Administration (FDA) products, the most distinct being that vaccines will not have expiration dates on them. Current expiration dates by vaccine lots for all authorized COVID-19 vaccines will be posted on the US Department of Health and Human Services (HHS) website, accessible to all COVID-19 vaccination providers in Louisiana through a barcode scanner. All POD sites will have the ability to scan and/or manually enter these codes to get the current expiration dates. The designated staff member who receives vaccines should determine the current expiration date of the product upon arrival and mark the product with that date using a temporary card. The expiration date will be verified daily and any changes to the expiration date will be updated.
- Each vaccine will also have a QR code that allows vaccine providers to access FDA-authorized, vaccine product-specific EUA fact sheets for COVID-19. POD sites will print out these facts sheets and distribute them to every person who receives the vaccine.
- According to The Framework, Phase 1a individuals—who are themselves unable to avoid exposure to the virus—play a critical role in ensuring that the health system can care for COVID-19 patients. In considering those health care workers

who are at an elevated risk of transmitting the infection to patients at higher risk of mortality and severe morbidity, it is also important to note that nursing home residents and staff have been at the center of the pandemic since the first reported cases. In addition to their occupational and community exposures, these workers are statistically at a higher risk of contracting COVID-19 and experiencing severe health effects because they come from populations with higher rates of comorbid conditions. A notable proportion of nursing home workers are Black (27.8 percent), as are home care workers (Black: 29.7 percent and Latinx: 17.5 percent). A sizable proportion of such workers are over 65 as well (Black: 9.1 percent and Latinx: 11.3 percent).
    - For Phase 1b vaccinating all individuals with these comorbid conditions is not possible, because the group includes hundreds of millions of people in the United States. In a highly constrained vaccine scenario, the initial group of recipients with comorbid and underlying conditions could focus specifically on individuals with two or more of these designated conditions. The combination of the risk of severe disease due to advanced age and the higher risk of acquiring infection and transmission among older adults included in this population group makes it among the highest priority groups for receiving the COVID-19 vaccine.
- Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand
    - As large number of doses become available in Phase 2, administration of vaccine to priority groups will continue to occur through registered vaccine providers in LINKS, such as hospitals, private physicians, and pharmacies. Vaccination providers/sites will be enrolled in the United States Government (USG) COVID-19 vaccination program.
    - Vaccine will be distributed to the public through multiple possible mechanisms, including a combination of private providers, hospitals, clinics, and public health units. As part of an overall distribution and dispensing plan for Louisiana, communities, working with their Regional Office of Public Health and Local Office of Homeland Security and Emergency Preparedness, have plans in place to implement these PODs for residents in their community. This strategy may be used in part for the administration of pandemic vaccine during Phase 2. Louisiana Regional Offices of Public Health are an integral planning partner in PODs. The State of Louisiana Point of Dispensing Plan, the Louisiana Regional Point of Dispensing Plan, the Louisiana Local Point of Dispensing Site Plan, and the Residential/Occupational Point of Dispensing provide guidance to the local OHSEP office and Public Health Regions, the individual public POD sites, and Residential and Occupational facilities on planning and implementing emergency point of dispensing sites.
    - Staffing at the PODs will be through a combination of Public Health employees, state and parish agency employees, and both medical and non-medical volunteers. POD staffing is the responsibility of the local Parish organizers, supplemented with public health and government workers. Though it may be time and staff intensive as some vaccines may require reconstitution with diluent or mixing adjuvant at point of administration.
    - Vaccines need to be centrally controlled via GOHSEP/LDH distribution as a logistical control as with all other items. Vaccine may be direct shipped to

providers, as was done for the 2009 H1N1 event. Additionally, as in the 2009 H1N1 event, there may be a need to receive vaccine at a central site, with the ability to break down and repackage/reship vaccine to local providers from a central site at the Louisiana Office of Public Health Immunization Program in New Orleans, and possibly through the nine Regional Offices.
    - According to The Framework, Phase 2 individuals and a population may fit into multiple phases; for example, a group of critical workers in high-risk settings may also belong to a population with significant comorbid conditions, and an older adult may live in a congregate multi-generational setting. When individuals within a group fall into multiple phases, the higher phase will take precedent. In each population group, OPH will use CDC's Social Vulnerability Index (SVI) or another more specific index, as needed to prioritize for geographical areas for vaccine access.
- Phase 3: Likely Sufficient Supply, Slowing Demand
    - LDH OPH will work with their partners to identify and monitor the supply and demand during this phase. If providers are ordering too much product and encountering inappropriate levels of waste, the Immunization program will help edit their order size to meet demand. The Immunization program will also scale up or scale down provider orders, within their vaccine capacity.
    - If vaccine being stored has expired and/or has otherwise been deemed unusable (for example, through temperature excursions) it will be discarded and documented in LINKS. If vaccine is going to expire soon, POD sites will contact the Immunization Program if they believe they will not utilize all of their supply before the expiration date. The Immunization program will instruct them to either adjust the schedule of their POD vaccination activities or transport vaccine to another POD to ensure as much vaccine is administered as possible.
    - COVID-19 vaccination providers will report inventory of COVID-19 vaccines, and Louisiana's Immunization program will ensure this inventory information is submitted with each order. Vaccine orders will not be approved by the Immunization Program without this inventory information.
    - A detailed inventory will be kept at every POD site. This inventory will be updated regularly as vaccines come in and out.
    - If the vaccine cold chain becomes too challenging to maintain through redistribution, larger POD sites will be prioritized. POD Sites who have increased amounts of vaccine waste will be evaluated and complete corrective actions before additional vaccine is allocated.
    - Vaccine will be delivered through a process that ensures the availability of vaccines to all individuals, whatever their social and economic resources, employment, immigration or insurance status. OPH may have to make final decisions on refining and applying the priorities identified in the plan and will modify for situations when prioritization has to be adapted mid-process. This will be dependent on real-time surveillance of all aspects of the program and will maintain an emphasis on equity in the vaccine distribution strategy. In doing so, OPH will refer to the principles and allocation criteria in the Framework for Equitable Allocation of COVID-19 Vaccine. OPH will ensure that the prioritization process does not obstruct or slow down vaccination. Within phases,

> OPH may adapt the priority population groups to their specific conditions. OPH will consider new information on key vaccine characteristics emerging from vaccine trials and other sources such as the number of vaccine courses to be made available, considerations for special populations (e.g., pregnant women or individuals previously infected with COVID-19), anticipated vaccine efficacy, and anticipated vaccine safety as it becomes available.

At 24-27, COVID-19 Vaccination Playbook, State of Louisiana, Louisiana Department of Health Office of Public Health (Oct. 16, 2020), V. 01, available at: https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/Louisiana_COVID-19_Vaccination_Playbook_V1_10_16_20.pdf

More information can be found at:

a) COVID-19 Vaccination Playbook: https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/Louisiana_COVID-19_Vaccination_Playbook_V1_10_16_20.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/louisiana-jurisdiction-executive-summary.pdf

Maine:

I) "A Maine health official said the state expected to receive 74,875 doses of vaccine before the end of the year, including 39,975 doses of the Pfizer vaccine and 34,900 doses of the Moderna vaccine."[27]

II) Maine proposes to install the three-phased vaccine allocation approach in the following way

- **Phase 1: Potentially Limited Doses Available**:
    - U.S. CDC anticipates Phase 1 to begin as early as November 2020 and to last approximately six weeks. Maine intends to largely follow the priority group detailed by the National Academy of Science, Engineering, and Science (see Appendix E). Maine CDC will need to identify subgroups to vaccinate in the first phase if vaccine supply is limited. As noted in Appendix E, Phase 1 will thus be divided into two sub-phases: 1(a) and 1(b). Phase 1(a) will likely be healthcare workers providing direct patient care in high risk settings and others who work in critical infrastructure as well as those working and living in long-term care facilities. Vaccination of these target groups will occur in closed, point-of-dispensing (POD) settings with the health care systems throughout Maine.
    - Even though vaccine supply will likely be limited, vaccine will be shipped in relatively large quantities in relation to storage capacity of many of our current vaccinators. One of the presentations will ship in 100 dose increments and needs to be stored at -20 degrees Celsius and the other will be shipped in 1,000 dose increments and will need to be stored -70 degrees Celsius. Maine CDC will work

[27] Ivory *et al.*, *supra* note 2.

with the health care systems and pre-identify facilities with the capability to safely store the vaccine to serve as receiving and redistribution points for the vaccine. If vaccine needs to be redistributed District Liaisons will assist Health Care Coalitions to coordinate vaccine transfer to vaccination sites or to Public Health Nursing and the Emergency Medical Services for Strike Team use. (Vaccine transfers will be documented in the Maine Immunization Information System in the same manner that routine vaccination transfers are documented).

  - Vaccinators should plan to administer vaccine within a few days of receipt to ensure the vaccine viability. Vaccination settings in Phase 1 will likely include closed PODs in the healthcare settings for highest priority healthcare workers, closed PODs and/or strike teams at long term care facilities and closed PODs/ strike teams for highest priority critical infrastructure.
- **Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand:**
  - Phase 2 will begin in when vaccine supply is sufficient to vaccinate more broadly and with the expectation to reach surge capacity efforts. Maine CDC will continue to vaccinate by priority group and begin using mass vaccination strategies such as open PODs in community settings, school located vaccination clinics, and possibly curbside clinics. District Liaisons, Health Care Coalitions and a Maine Immunization Program Public Health Educator will have an increased role in Phase Two. All will work together to coordinate mass vaccination efforts, including communication to the public and logistics of the clinics. Additional vaccine distribution sites including Federally Qualified Health Centers, and Private and Public Providers will start to receive vaccine in anticipation of assisting with vaccination efforts.
- **Phase 3: Likely Sufficient Supply, Slowing Demand**:
  - Phase 3 is expected to start once groups in Phase 1 and Phase 2 have had the opportunity to be vaccinated. At this point, COVID-19 vaccination efforts will transition to routine vaccination and will be conducted through traditional means. By this time, pharmacies will likely be able to vaccinate against COVID-19. This is especially helpful in reaching individuals that live in rural setting with limited access to traditional healthcare facilities. Mass vaccination efforts will continue in Phase 3 if they are still needed.

At 19-20, COVID-19 Interim Draft Vaccination Plan, Maine Center for Disease Control and Prevention, (Oct.16, 2020]V 1.0, available at: https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/covid-19-vaccination-plan-maine-interim-draft.pdf

More information can be found at:

a) COVID-19 Interim Draft Vaccination Plan: https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/covid-19-vaccination-plan-maine-interim-draft.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/maine-jurisdiction-executive-summary.pdf

Maryland:

I. "Maryland officials said the state expected to receive an initial batch of Pfizer and Moderna vaccines, totaling about 155,000 doses, with the possibility of up to 300,000 doses before the year's end."[28]

II. Maryland has created a two-phased approach out of three CDC phases for vaccination allocation. The plan is as following:

- **Maryland Phase 1: Limited Vaccine Availability: Target/Priority Group Determination for Vaccination (CDC Phase 1):**
    - As mentioned above, given projected limited COVID-19 vaccine availability for late 2020/early 2021, initial COVID-19 vaccination efforts will target those at highest risk of developing complications from COVID-19 and those in critical workforce/infrastructure industries. Although subject to change, based on level of disease and state/local factors, planning for these initial doses of COVID-19 vaccine should target the following groups:
    - a. Critical, frontline healthcare personnel evaluating and caring for COVID-19 patients; b. Other essential workers including public safety, education, staff in congregate living facilities; and c. Persons at highest risk of developing complications from COVID-19 (ACIP high risk conditions), including persons 65 and older, staff and residents of nursing homes (SNFs), long-term care facilities (LTCFs), assisted care facilities, and clients of senior daycare facilities or similar.
    - Phase 1 population estimates are under development and will require further refinement through multiple means. CFI will work with MDH programs, primarily OP&R, other state/local agencies, and previously identified partners to develop estimates for groups identified by the state (core planning group and technical advisory group) and ACIP as priority for vaccination during this phase. Names, facility contact information, employee/resident population estimates for facilities and organizations that are associated with any of the target groups will be developed through surveys and existing contact lists. Ongoing communication will be established with these organizations to keep them abreast of COVID-19 vaccine developments and to prepare them for vaccinating their populations.
    - It is estimated that approximately 14% of Maryland residents will fall into a Phase 1 vaccination category… In addition to facility/organization surveys, population estimates will be determined from experience gained from prior mass vaccination efforts. Lessons learned from H1N1 influenza and other vaccination campaigns revealed the need to engage the public early and often with accurate information. To accomplish this, a COVID vaccine specific preregistration effort will be deployed. Prior to the distribution of COVID-19 vaccine, Maryland residents will be asked to preregister to receive a COVID-19 vaccination and to receive news/updates on COVID-19 vaccination efforts (Appendix 4). Statewide specific preregistration communication messages will be released through a media campaign to encourage Maryland Phase 1 residents to preregister. The website URL MarylandVax.org (Figure 1), linked to Maryland's mass vaccination IIS module PrepMod, will be promoted through paid/earned/social media as the

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[28] Ivory *et al.*, *supra* note 2.

location to preregister. Preregistration through a website is considered a viable option as studies show that upwards of 90% of the U.S. adult population has access to a smart phone capable of accessing the internet.

  - To increase the likelihood of priority group populations getting vaccinated, Phase 1 facilities/ organizations where priority individuals work or are provided care will be contacted directly by CFI and notified to begin preregistration of their critical care staff and residents. Preregistration during Phase 1 will not be required to receive vaccination, but it will be strongly encouraged.
  - Preregistration of individuals in PrepMod will further assist development of accurate estimates of the number of people in the Phase 1 targeted priority groups who want a vaccination. Demographic information (age, race, ethnicity, zip code, occupation, comorbidities) from preregistrants will inform the state whether or not communication messages (section 10) are reaching the targeted population (based on a review of preregistration numbers) or if more messaging is needed in specific areas of the state…
  - Vaccine distribution during Phase 1 will be limited to those employers/work sites with employees that fall into the Phase 1 targeted groups and to LHDs. Once the vaccine is available and is allocated to a location, Phase 1 preregistered individuals will be instructed by email/text message to schedule an appointment for vaccination (Appendix 4) at a private/closed vaccination clinic using PrepMod. LHDs will schedule POD vaccination clinics for Phase 1 individuals, including for those that did not preregister (see section 4 for details on vaccination clinics). Specific outreach and communication messaging to the targeted/priority population will continue until Phase 1 vaccination metrics are achieved…
- **Phase 2: Wide Scale Vaccine Availability: General Public Phase (CDC Phases 2 and 3):**
  - Determination of the beginning of vaccination Phase 2 (CDC Phases 2 and 3) will be influenced by a number of factors:
    - availability of COVID-19 vaccine;
    - notification by CDC and state authorities that the general public Phase can begin due to sufficient supply; and/or
    - achievement of targeted metrics for vaccination of high priority Phase 1 groups.
  - Specific vaccination metrics from ImmuNet will be developed and reviewed by the core planning group along with the technical advisory group to assess Phase 1 vaccination progress and determine where additional effort is needed. These metrics may include:
    - Percent of Phase 1 population vaccinated
    - Percent and number of residents and staff at long-term care facilities vaccinated
    - Determination of an equitable distribution of COVID vaccine throughout the state for the Phase 1 population
    - Percent and number of Phase 1 population pre-registered
- As vaccine supply increases during Phase 2, CFI will continue to promote preregistration for all Maryland residents. Because Maryland will have continuous and open preregistration for COVID-19 vaccination, receipt of information from the general public

seeking vaccination will continue, including zip code, age, race, ethnicity, occupation, and health condition. Based on this information, MDH will be able to send email/text communication to select pre-registered Phase 1 individuals (based on priority category) who have not yet been vaccinated to alert them of the availability of COVID-19 vaccination clinics. Media communication will be used to reach residents who do not pre-register. The combination of actual ImmuNet vaccination data and preregistration lists will allow MDH to find potential gaps in vaccination uptake...

- As the amount of vaccine increases, the number of vaccine providers able to order COVID-19 vaccines will also increase. Vaccination and pre-registration data will also be used to determine where in the state additional vaccine providers are needed. The equitable distribution of vaccines among various providers throughout the state is a major priority for MDH. CFI has developed an enrollment process for vaccine providers that will allow high visibility on where vaccine providers are located, where additional providers are needed, or where LHD PODs can provide a vaccination safety net. MDH is working closely with the Maryland Board of Pharmacy and Maryland Pharmacy Association to coordinate and communicate with the estimated 4,900 pharmacists trained and certified to provide vaccinations. The inclusion of these pharmacists, both chain and independent, will be added to the pool of available vaccinators during Phase 2 to help meet demand surge. These additional vaccinators will also help address any gaps in service.
- Communication and outreach to both preregistered individuals and the general public will continue until Phase 1 and Phase 2 vaccination metrics have been achieved or the supply of vaccine surpasses demand. Once the vaccine becomes more widely available (CDC Phase 3), earned/paid/social media communication will inform the public to seek a COVID-19 vaccination through MarylandVax.org, their doctor or local pharmacy. Continuous monitoring of vaccination metrics to ensure equitable distribution of vaccines through a broad network of vaccination providers.

At 13-17, COVID-19 Vaccination Plan (Draft), Maryland Dept. of Health, (Oct. 16, 2020) V.1, available at: https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_COVID-19_Vaccination_Plan_CDCwm.pdf

More information can be found at:

a) COVID-19 Vaccination Plan, Draft:
https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_COVID-19_Vaccination_Plan_CDCwm.pdf

b) Maryland COVID-19 Vaccination Plan Executive Summary:
https://www.cdc.gov/vaccines/covid-19/downloads/maryland-jurisdiction-executive-summary.pdf

Massachusetts:

I. “Officials in Massachusetts expected about 120,000 Moderna doses and about 180,000 Pfizer doses before the end of the year based on federal projections, including an initial shipment of 59,475 doses.”[29]

II. Massachusetts plans for the three-phased vaccination allocation as follows:

- **Phase 1: Potentially Limited Supply of COVID-19 Vaccine Doses Available**:
  - Based on the scenarios provided by the CDC in the Interim Playbook, Massachusetts can expect initial allocations of between 20,000 and 60,000 doses of COVID-19 vaccine. Based on this scenario, MDPH anticipates prioritizing the following populations:
    - Healthcare personnel (HCP) likely to be exposed to or treat people, with COVID-19
    - People at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older
    - Other essential workers
  - CDC guidance as outlined in the CDC Interim Playbook further refines the target groups for when vaccine is very limited as follows:
    - Phase 1a: Paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home
    - Phase 1b: Other essential workers and people at risk for severe COVID-19 illness, including people 65 years of age and older
  - Because the first doses of the vaccine are likely to be targeted to HCP in contact with COVID-19 patients, MDPH is prioritizing hospitals, long term care facilities, including skilled nursing facilities (SNF), emergency medical services (EMS), and other health care providers for recruitment and enrollment in the MCVP. MDPH is coordinating with commercial vaccinators to register them in the Massachusetts Immunization Information System (MIIS), if they are receiving COVID-19 vaccine through federal agencies. Commercial vaccinators may assist hospitals and other entities to maximize throughput at vaccination clinics, while maintaining infection control procedures. Initial allocations of the vaccine will depend on the following factors:
    - The provider’s ability to reach the populations targeted
    - The provider’s ability and readiness to manage cold chain requirements, and to meet reporting requirements for vaccine administration
    - The provider’s predicted immunization throughput
    - The available vaccine’s/vaccines’ characteristics, including the age group for which each vaccine is recommended by the ACIP
  - MDPH knows that this initial allocation of vaccine will be insufficient to immunize all providers associated with health care institutions and long-term care facilities. Within each participating facility prioritized by MDPH, prior identification of clinical providers and non-clinical staff with anticipated direct

[29] Ivory *et al.*, *supra* note 2.

contact with COVID-19 patients, patients over 65, and those with specific co-morbid conditions will be identified and flagged for prioritized vaccine allocation. Strict allocation management by facility and specificity of eligible recipients at the facility level will be required to ensure complete and equitable distribution of vaccine in this initial phase.
  - Hospitals and large medical centers providing care to COVID-19 patients have existing emergency preparedness plans that include strategies for the rapid and structured delivery of needed immunizations to direct-case clinical and non-clinical staff. It will be expected that facilities will utilize their EP systems to allocate vaccine according to the protocols as outlined.
  - Given the constrained clinical and administrative capacity of some skilled nursing facilities (SNFs) and the successful deployment of SARS-CoV-2 testing to skilled nursing, assisted living, other LTCFs and congregate care settings, Massachusetts intends to seek deployment the Massachusetts National Guard to provide supplementary support for immunization of their staff and residents and for reporting of immunizations to the MIIS.
- **Phase 2: Large Number of Vaccine Doses Available**:
  - In Phase 2, MDPH ensure continued access to vaccine for the populations listed above in Phase 1 and begin to provide vaccine for the broader population. To prepare for this phase, MDPH is broadening its vaccine provider network. In addition to the local health departments, hospitals, community health centers (CHCs), and pediatric providers who are the mainstay of the current Vaccine Program, MDPH is reaching out to a broader range of health care providers in the state who currently are not reporting immunization data to the MIIS and asking them to register with the MIIS. The MDPH Immunization Division will send an email to all licensed physicians and advanced practice nurses in the state specializing in internal medicine, family medicine, obstetrics, and gynecology, via the Health and Homeland Alert Network (HHAN). These physicians will receive information on how to enroll in the MCVP…
  - This broad network of vaccine providers will enable the timely distribution of doses in anticipation of a surge in demand for the vaccine. MDPH will continually monitor vaccine usage and adjust allocation strategies to minimize vaccine wastage in the event demand for the vaccine in certain areas is lower than expected.
  - During this phase of allocation MDPH will be highly reliant on the capacity of its community-based health system, in particular its over 52 community health centers (CHCs, comprised of Federally Qualified Health Centers [FQHCs] and look-alike members of the Mass League of Community Health Centers), in over 280 sites which have deep, prior relationships with communities of color and African American, Latinx, Asian/Pacific Islander, LGBT, and non-US born communities, considerable cultural and linguistic capacity, a substantial community health worker staff complement, and health care accessibility at the local level.
  - Supplementary, targeted immunization access will also involve the extensive network of commercial and clinic-based pharmacies. Ongoing coordination with pharmacies continues; their registered pharmacists and supervised pharmacy

interns are authorized under Massachusetts regulation and policy to administer the full range of vaccines for individuals age 3 and older.
    - Depending on the volume of vaccine over the course of this phase and on the analysis of immunization capacity and population need outlined in Sections 4 and 6 of this Plan, activation of locally organized Emergency Dispensing Sites (EDS) may be necessary to ensure timely local immunization access in some geographic areas, particularly those with limited hospital/health center capacity.
    - Close and ongoing analysis of vaccine allocation and administration in clinical facilities and pharmacies throughout this phase will be needed to ensure equitable access by geography and affected community, and the nimble ability to adjust allocations to prevent and address immunization inequity.
- **Phase 3: Sufficient Supply of Vaccine Doses for the Entire Population (Surplus of Doses):**
    - When there is an adequate supply of COVID-19 vaccine for everyone, the MCVP will focus on ensuring equitable vaccination across the entire population. The MCVP will continuously monitor vaccine uptake and coverage to identify underserved areas or populations in the state.
    - When areas of low vaccine uptake are identified, the MCVP will more aggressively recruit and enroll providers in those areas and/or direct vaccinators to those communities. MDPH will partner and collaborate with local communities to identify informational, attitudinal, and resource obstacles and barriers to COVID-19 vaccination and develop culturally appropriate strategies to address them, including the engagement of trusted community leaders and influencers within identified communities.
    - Throughout all phases of the MCVP, MDPH will continue to broaden its provider network to expand access to the vaccine and, where necessary, partner with vaccinators to fill identified gaps. Training of COVID-19 vaccine providers will continue throughout the program…
    - During this phase of vaccine access, the full complement of hospital, CHCs, pharmacies, EDS, and locally organized immunization clinic capacity will be needed to manage the volume of vaccine administration and meet community demand. Careful planning for ancillary supplies, appointment management, social distancing strategies/masking sufficiency, MIIS data entry, and post-vaccination patient observation will need to be performed, with MDPH guidance, at each point of vaccine access.
    - Clear and reinforced communication will be needed to reach all residents of Massachusetts about the broad, free availability of vaccine, vaccine safety and efficacy, the mechanisms for accessing vaccine, and the urgency to seek timely immunization through this network of trusted immunization sites. Targeted communications to individuals and communities anticipated and observed to be more hesitant to COVID-19 immunization will need to come from local providers and organizations, including the growing corps of culturally competent community health workers, to address concerns and misinformation and support making appointments and making plans for safe travel to local immunization sites.

- During this phase, paramedics working with local Emergency Medical Services providers, who have been active in delivering SARS-CoV-2 testing statewide with the practical support of Emergency Medical Technicians, will be useful adjuncts to Phase 3 immunization plans, as they can be deployed responsively to observed gaps in immunization coverage, set up neighborhood-level access points, and support clinical and non-clinical institutions facing greater-than-anticipate demand. Locally organized Mobile Integrated Health (MIH) programs can be the organizing framework for these providers, directed by city/town governments, and coordinated with local health department immunization plans.
- In order to ensure that the cost of administering COVID-19 vaccine is not a barrier to providers enrolling in the program, the federal Health Services and Resources Agency (HRSA) announced that pursuant to the CARES Act, it will reimburse providers for the cost of administering COVID-19 vaccine to people who are uninsured and Medicare Part D will reimburse for administering the vaccine to those who carry Part D. MDPH is starting to work with MassHealth, the state Medicaid program, and private insurers to secure their participation in the program.

At 16-19, COVID-19 Vaccination Plan, Massachusetts, Interim Draft, Massachusetts Dept. of Public Health, V. 1.0 (Oct. 16, 2020), available at: https://www.mass.gov/doc/massachusetts-interim-draft-plan/download

More information can be found at:

a) COVID-19 Vaccination Plan, Massachusetts (Interim Draft): https://www.mass.gov/doc/massachusetts-interim-draft-plan/download

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/massachusetts-jurisdiction-executive-summary.pdf

Michigan:

I. "Michigan officials said they were told by the federal government to expect 84,825 doses of Pfizer vaccine and 173,600 of Moderna vaccine."[30]

II. Michigan plans for the three phases of vaccine allocation as follows:

- **Phase 1: Potentially Limited Doses Available**:
  - The Division of Immunization will focus our initial efforts during phase 1 on enrolling providers into the COVID-19 vaccination program that will immunize the critical populations identified. The Division has developed points of contact for groups within the critical populations. Data has been collected on the numbers of individuals in these identified populations. These will include paid and unpaid

[30] Ivory *et al*., *supra* note 2.

persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or to infectious materials. We will prepare for two doses of vaccine needed, with providing the card from the Kits and utilizing our IIS for USPS mail reminder card and creating IIS text message.

  - We identified those healthcare settings initially by utilizing our collaborations with the Bureau of EMS, Trauma, and Preparedness (BETP). BETP has developed a list of the hospitals and healthcare systems in Michigan and determined the number of licensed beds in each facility. We are actively collecting information from these groups to determine their reach into the health care community and assessing the number of health care personnel covered by these entities. Initially doses of COVID-19 vaccine will be allocated to these facilities that have the ability to vaccinate large numbers of individuals and reach the priority populations.
  - Next, we will identify those individuals who may be at high risk of severe complications for COVID-19 illness based on age. These groups include individuals over 65 years of age in Michigan, who have been identified with the U.S Census data and vital records data within the state. Additionally, we determined licensed bed counts and staffing counts for long-term care facilities and points of contact for those facilities.
  - We will concentrate efforts on recruiting and enrolling providers into the Michigan Care Improvement Registry (MCIR), Michigan's immunization registry, and the COVID-19 vaccination program. The Division of Immunization will focus on training COVID-19 immunizers on storage and handling procedures, inventory management, and vaccine administration and reporting procedures.
  - During phase 1, the Division of Immunization will directly distribute COVID-19 vaccine to the facilities identified with our critical populations. After shipments directly to hospitals, allocations from CDC will be distributed to local health departments to prioritize vaccine to providers who have the ability to administer vaccine to other critical populations. The hospital systems are most appropriately set up to manage the 975 minimum dose order should the vaccines be allocated using that minimum order size. Allocations managed by the LHDs will be routed to the providers within their jurisdiction who can vaccinate the prioritized populations. The LHDs will have the ability to hold off-site clinics to reach priority groups and essential workers such as water, light, power and EMS if included as identified by emergency preparedness.
  - Pharmacies will be able to reach and identify individuals over the age of 65 years who have underlying medical conditions and are at high risk of severe COVID-19 illness. CDC is planning to partner with pharmacies to ship vaccine directly to them. LHDs will also distribute to pharmacies who have not received direct distribution from CDC.
  - During phase 1, we will focus our communication efforts on healthcare personnel and critical populations identified at high risk of severe COVID-19 illness…

- **<u>Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand</u>**:
  - During phase 2, the Division of Immunization will continue to identify the populations considered essential personnel including grocery and food

distribution workers, healthcare workers not immunized during phase 1, high risk populations, and other critical populations. Different categories of essential personnel have been identified and we continue to add to the list with additional critical infrastructure workers.
  - Phase 2 vaccine distribution will be allocated through the local health jurisdictions. The LHDs will allocate to commercial sector settings such as retail pharmacies, private sector settings including private doctors' offices, and public health sites including Federally Qualified Health Centers, temporary and off- site clinics, and additional locations to ensure equitable vaccine access to the critical and general populations.
  - Enrollment and training for the MCIR and enrollment in the COVID-19 vaccine program will continue and expand to additional pharmacies, doctors' offices, and public health sites to reach other critical populations.
  - Communication efforts will begin to expand to reach critical populations and the general public.
- **Phase 3: Likely Sufficient Supply, Slowing Demand:**
  - During phase 3, all enrollment, distribution, and communication efforts will be expanded to include the general population. Routine distribution to any provider enrolled in the COVID-19 vaccine program will occur. Allocation will no longer be distributed through the LHD's, providers will be able to order vaccine through the MCIR system.

At 16-18, COVID-19 Vaccination Plan, Interim Draft Michigan Dept. of Health and Human Services, available at: https://www.michigan.gov/documents/coronavirus/COVID-19_Vaccination_Plan_for_Michigan_InterimDraft10162020_705598_7.pdf

More information can be found at:

a) COVID-19 Vaccination Plan, Interim Draft:
https://www.michigan.gov/documents/coronavirus/COVID-19_Vaccination_Plan_for_Michigan_InterimDraft10162020_705598_7.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/michigan-jurisdiction-executive-summary.pdf

Minnesota:

I. "Officials in Minnesota said they expected 183,400 doses of vaccine in December, including an initial shipment of 46,800 Pfizer doses and two Moderna shipments amounting to 136,600 doses."[31]

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[31] Ivory *et al.*, *supra* note 2.

II. Minnesota has publicly published only its executive summary of the vaccine allocation plan and the draft of detailed plan for phase1a. Both documents can be accessed below. Generally, Minnesota plans to move through the phases as following:

> COVID-19 vaccination will take a phased approach. Phase 1 will begin at the end of December 2020, with very limited doses. These very early doses will be given to people working in health care settings who are at the highest risk for COVID-19 exposure and residents of long-term care facilities. Other groups that may get some of the earlier doses in phase 1 are essential workers, adults with high-risk medical conditions, older adults (65 years and older), and some adults living in congregate settings like group homes…
>
> Early on, vaccine will go to hospitals, pharmacies, local public health, and other closed settings. Most community-based health care providers will not have an active vaccination role during phase 1.
>
> More settings will get vaccine during phase 2, when a larger number of doses become available. It is at this stage that community-based providers will play a key role. We do not know yet when phase 2 will begin.

Phases of COVID-19 vaccination, COVID-19 Vaccine Phases and Planning, Minnesota Department of Health, available at https://www.health.state.mn.us/diseases/coronavirus/vaccine/plan.html

More information can be found at:

a) Minnesota Guidance for Allocating and Prioritizing COVID-19 Vaccine – Phase 1a: https://www.health.state.mn.us/diseases/coronavirus/vaccine/phase1aguide.pdf

b) COVID-19 Vaccine, Minnesota Department of Health Webpage: https://www.health.state.mn.us/diseases/coronavirus/vaccine.html#who

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/micronesia-jurisdiction-executive-summary.pdf

Mississippi:

I. "Mississippi's state epidemiologist said he expected about 25,000 vaccine doses in mid-December and a second shipment of 25,000 doses a couple of weeks later."[32]

II. Mississippi plans to move through the three phases of vaccine allocation as following:

- **Phase 1: Potentially limited supply of COVID-19 vaccine doses available:**

[32] Ivory *et al*., *supra* note 2.

- In the initial phase, or Phase 1, of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency.
- The key considerations in planning for this phase are:
  - COVID-19 vaccine supply may be limited.
  - COVID-19 vaccine administration efforts must concentrate on the initial populations of focus to achieve vaccination coverage in those groups.
  - Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.
- MSDH will define strategies in this plan to address these constraints, including: • Concentrating early COVID-19 vaccine administration efforts on the initial critical populations due to limited vaccine during Phase 1. MSDH will focus on
  - Phase 1-A: Paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home. These numbers have been gathered and are represented in the Phase I chart below.
  - Phase 1-B: People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., healthcare personnel not included in Phase I-A, emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, childcare providers), and people at increased risk for severe COVID-19 illness, including people 65 years of age or older (e.g. LTCF residents, people with underlying medical conditions that are risk factors for severe COVID-19 illness, people 65 years of age or older.) These numbers have been gathered and are represented in the Phase I chart below.
- Total numbers have been obtained for all identified groups. In addition, if these groups have a subgroup staff, paid or unpaid, that encounter patients that are COVID-19 positive those numbers have also been collected.
- If sufficient doses are not allocated to cover the requested population groups or sub-groups MSDH will review data and reduce the allocation equitably for each qualified population group/provider.
- During Phase I, MSDH will focus on closed point-of-dispensing (CPOD) settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures (e.g., large hospitals and satellite, temporary, or off-site settings). While prioritizing enrollment activities for CPODs in Phase 1, MSDH will simultaneously plan OPOD drive-through sites for future phases to vaccinate those who live in remote, rural areas and may have difficulty accessing vaccination services. In addition to enrolling commercial and private sector partners/providers and public health sites.

- **Phase 2: Large Number of Doses; Supply Likely to Meet Demand**:
  - As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives:

        - 1. Provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage for these populations in MS.
        - 2. Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19.
    - The key considerations in planning for Phase 2 are:
        - COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public.
        - Additional COVID-19 vaccine doses available will permit an increase in vaccination providers and locations.
        - A surge in COVID-19 vaccine demand is possible, so a broad vaccine administration network for surge capacity will be necessary.
        - Low COVID-19 vaccine demand is also a possibility. MSDH will monitor supply and adjust strategies to minimize vaccine wastage.
    - MSDH will adapt to the increase in COVID-19 vaccine supply levels by:
        - Expanding vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for all populations.
        - Administering vaccine through:
            - Commercial and private sector partners (pharmacies, doctors' offices, clinics)
            - Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health departments, temporary/off-site clinics)
- **Phase 3: Likely Sufficient Supply**:
    - COVID-19 vaccine will be widely available and integrated into routine vaccination programs statewide including both public and private partners.
    - The key considerations in planning for Phase 3 are:
        - Likely sufficient COVID-19 vaccine supply where supply might exceed demand
        - Broad vaccine administration network for increased access
    - MSDH will continue to:
        - Focus on equitable vaccination access to vaccination services through use of innovative vaccination approaches and strike teams
        - Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
        - Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
        - Monitor supply and repositioning refrigerated vaccine products to minimize vaccine wastage

At 9-11, COVID-19 Vaccination Plan (Draft), Mississippi State Department of Health, V.1 (Oct. 16, 2020), available at: http://www.msdh.state.ms.us/msdhsite/index.cfm/14,11290,71,975,pdf/COVID-19_Vaccination_plan.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Draft):
http://www.msdh.state.ms.us/msdhsite/index.cfm/14,11290,71,975,pdf/COVID-19_Vaccination_plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/mississippi-jurisdiction-executive-summary.pdf

Missouri:

I. "Missouri officials said they expected 375,000 doses before the end of 2020, including about 151,000 from Moderna and about 224,000 from Pfizer."[33]

II. Missouri plans for the three phases for vaccine allocation as the following:

- **Phase 1**
  - Missouri's Executive Intent is to "Reduce the morbidity and mortality of COVID-19 within Missouri while reducing healthcare system stress." To achieve this, Missouri plans to follow the CDC, Advisory Committee on Immunization Practices (ACIP), National Academies of Sciences, Engineering, and Medicine (NASEM) guidance and begin the vaccination efforts by targeting unpaid and paid healthcare workers in Phase 1A.1 Missouri plans to collaborate with healthcare systems, pharmacies, and community partners to vaccinate long-term care facility staff and other healthcare workers. If the need arises to break this group further down, Missouri plans to start with healthcare staff at long-term care facilities.2 Again, if vaccine supply forces prioritization, the next step is healthcare workers who self-identify recognized CDC established comorbidities for COVID-19, starting with inpatient healthcare workers expanding out to outpatient healthcare workers. These vaccinations will take place in closed Points of Dispensing (PODS). NOTE: This is still all occurring in Phase 1A.
  - Missouri will then move into phase 1B, working with local and community partners to begin vaccinating critical infrastructure workers and Missourians at higher risk for COVID-19 disease identified by the CDC established comorbidities for COVID-19 (details are in Section 4 Critical Populations). Missouri will collaborate with a RIT to work with community partners to vaccinate those in Phase 1B. Local healthcare providers, community organizations, their partners, and local public health agencies will perform these vaccination efforts in PODs where possible.
  - Phase 1B: Potentially limited supply of COVID-19 vaccine doses available AND long-term care residents recommended to receive vaccine.
    - Pharmacy Partnership for Long-term Care (LTC) Program:

[33] Ivory *et al.*, *supra* note 2.

- Missouri plans to participate in the pharmacy partnership for Long-term Care Program coordinated by CDC. • Partner through CDC's Pharmacy Partnership for LTC Program for COVID-19 Vaccine to provide onsite vaccine clinics for residents of long-term care facilities (LTCFs) and any remaining LTCF staff who were not vaccinated in Phase 1-A. The Pharmacy Partnership for Long-term Care Program provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments.
- This program is free of charge to facilities. The pharmacy will:
  - Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months are likely to be needed to administer both doses of vaccine and vaccinate any new residents and staff.
  - Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
  - Ensure cold chain management for vaccine.
  - Provide on-site administration of vaccine.
  - Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 24 hours of administering each dose.
  - Adhere to all applicable CMS requirements for COVID-19 testing for LTCF staff.
- If interested in participating, each facility should sign up and indicate their preferred partner from the available pharmacies.
  - Skilled nursing facilities and assisted living facilities will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) their facility prefers to have on-site (or opt out of the services) between October 19–October 30.
    - SNFs will make their selection through NHSN beginning October 19.
    - An "alert" will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
  - ALFs will make their selection via online REDCap sign-up form.
  - The online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
  - After November 1, 2020, no changes can be made via the online forms, and the facility will have to coordinate

directly with the selected pharmacy provider to make any changes in requested vaccination supply and services.
  - Indicating interest in participating is non-binding and facilities may change their selection (opt-out) if needed.
  - CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage.
- CDC expects the Pharmacy Partnership for Long-term Care Program services to continue onsite at participating facilities for approximately two months.
- After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice.

- **Phase 2**
  - Missouri's Executive Intent is to "Secure the critical infrastructure of Missouri and accelerate economic recovery within the state." To accomplish this, Missouri will use the RITs to collaborate with local community partners to vaccinate those in Phase 1 who could not be vaccinated. We will also vaccinate populations at increased risk of acquiring or transmitting COVID-19. These populations of consideration include racial and ethnic minority groups, housing-insecure individuals, people living and working in congregate settings, and other groups and other communities at higher risk of severe outcomes from COVID-19. The staff of manufacturing facilities identified as critical infrastructure or critical to national security is, by definition, essential to the economy and safety of the State as part of Phase 2.
  - Missouri compiled information about these critical populations through the Pandemic Influenza Preparedness Tier Worksheet. The RIT will be working with local and regional partners to promote equitable and efficient uptake of the COVID-19 vaccine to reach these populations. The RIT will use onsite PODs and mass vaccination clinics as needed. Missouri will also prepare to vaccinate the general public depending on vaccine quantities and continue providing a regional approach to vaccinating the rest of its population.
  - Federal Direct Allocation to Pharmacy Partners:
    - Missouri plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC.
    - Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government.
      - Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies3 (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government.

            - Once the list of federal partners has been finalized, CDC will share the list with jurisdictions.
            - On a daily basis, pharmacy partners must report to CDC, the number of doses of COVID-19 vaccine a) ordered by store location; b) supply on hand in each store reported through VaccineFinder, and c) number of doses of vaccine administered to individuals in each state, locality, and territory.
        - Pharmacy providers will be required to report CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements and methods to report if stores are not able to directly provide data to jurisdiction IISs.
        - All jurisdictions participating in this program will have visibility on number of doses distributed to and administered by each partner store.
        - Jurisdictions will be given contact information for each partner participating in this program if they have any questions or concerns related to distribution of vaccine to stores in their jurisdiction.
        - Provider enrollment will continue to be a priority in Phase 2.

- **Phase 3**
    - Missouri plans to continue vaccination efforts in this phase with individuals identified in Phases 1 and 2. The State of Missouri will focus on making sure every Missourian who qualifies and needs or wants a COVID-19 vaccine receives the requested vaccine at no cost.
    - The intention is federally qualified health centers, rural health clinics, private providers, and pharmacies take on the majority of the vaccination effort for most adults in their areas. Local public health authorities and the state health authority will target vaccination efforts toward the most vulnerable populations, such as homeless populations with limited access to care and local incarcerated individuals, and assist with college and university vaccination efforts.
    - For this effort, Missouri plans to use a state mobile medical unit, as needed or requested, staffed with a DHSS team dedicated to that mobile vaccination unit. The mobile unit will devote days and times in various locations to provide the COVID-19 vaccine to at-risk populations. State health authorities will work with local health authorities and community organizations to identify vaccination sites and communicate available vaccination days to the population. Community partners will need to identify other resources for vaccinating hard-to-reach populations. This will also help local and State health authorities to provide vaccinations to outbreaks in these communities.
    - Missouri will continue to support private providers, federally qualified health centers, rural health clinics, and pharmacies in their vaccination efforts. Vaccination supplies, vaccines, and appropriate PPE will be available, so cost is not a barrier to patient vaccination. Additionally, during this phase, Missouri will work toward routine annual vaccination for the qualifying population. Missouri also will continue to require all COVID-19 vaccine providers to register with Vaccine Finder.
    - Missouri's Bureau of Immunizations (BI) will continue to educate providers on the importance of working with providers on presumptive recommendations for

> COVID-19 vaccine, on notifying adverse events in VAERS, and continuing to recruit additional providers, especially in specialty clinics, such as geriatrics, endocrine, cardiac, pulmonary and kidney clinics, rural health, and independent pharmacies. BI will continue to monitor COVID-19 vaccine orders by assessing monthly ordering reports supplied by the vaccine ordering manager. BI will also consider monthly vaccine wastage reports provided by the vaccine-ordering manager to assure minimal waste. Finally, BI will provide COVID-19 vaccine administration reports to CDC as requested. BI will continue with a centralized reminder/recall for the second dose and annual COVID-19 vaccine.

At 15-18, COVID-19 Vaccination Plan, State of Missouri, Interagency COVID-19 Vaccination Planning Team (Nov 11, 2020), available at: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/mo-covid-19-vax-plan.pdf

More information can be found at:

a) COVID-19 Vaccination Plan: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/mo-covid-19-vax-plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/missouri-jurisdiction-executive-summary.pdf

Montana:

I. "A Montana official said the state expected to receive 60,000 doses of the vaccine before the end of the year."[34]

II. Montana's plan for phased approach to COVID-19 vaccination is as follows:

- **Operational Response Strategy**
  - The COVID-19 vaccination campaign is already underway with national planning and pharmaceutical trials nearing completion. The CDC's COVID-19 Healthcare Resilience Task Force has provided models and information on expected release and delivery of the vaccine. Based on their planning recommendations and guidance, DPHHS is adopting a three-phase approach for vaccine distribution operations. This strategic approach accounts for the overlap of work between phases…
- **Phase 1: Targeted Critical Workforce; Limited Supply; First Two Months**:
  - The federal government will release stockpiled COVID-19 vaccines in anticipation of FDA approval. CDC has not indicated how much vaccine is allocated to Montana.

[34] Ivory *et al.*, *supra* note 2.

- Goal: Maximize the limited supply of allocated vaccine to ensure essential response personnel and people at the highest risk of life-threatening infection receive at least the first dose within the first two months of initial distribution.
- Activities:
  - 1. Enroll vaccine providers and collect initial vital data…
  - 2. Determine critical populations and define essential response personnel…
  - 3. Establish routine communication periods with providers.
  - 4. Initiate vaccine orders to local and tribal health jurisdictions and their dispensing partners and engage tracking systems.
  - 5. Begin routine reporting to CDC.
  - 6. Initiate public information campaign.

- **Phase 2: Expanded Dispensing; Adequate Supply; Three to Approximately Six Months**:
  - The CDC will ship more vaccine doses as the FDA approves more formulations and supply increases. DPHHS will encourage providers to continue targeting critical workforce and begin to move forward with defined prioritized groups… Second dose vaccines will be among the deliveries to complete courses for critical personnel.
  - Goal: Ensure access to COVID-19 vaccine for critical population members who were not vaccinated in Phase 1, provide second dosing for Phase 1 recipients, and expand availability to other prioritized groups.
  - Activities: 1. Expand vaccine provider enrollment. 2. Continue tracking vaccine to ensure administration to critical populations and essential personnel. 3. Continue regular communications with LHJs with COVID-19 vaccine distribution operations. 4. Continue daily reporting to CDC. 5. Troubleshoot and solve vaccine tracking, shipping, and storage issues as presented. 6. Begin measurement of uptake among critical populations for operational planning. 7. Work with Public Information to counter any misinformation, overcome vaccine hesitation, and to update the public about vaccine availability.
- **Phase 3: Expand and Normalize Distribution for Public Dispensing; Sufficient Supply Six Months and Beyond**:
  - Focus for Phase 3 will shift to reaching Tier 5 populations. Vaccine producers should have manufactured enough to make it widely available. At this point, distributing and dispensing should be routine. The COVID-19 vaccine may become part of routine immunizations along with influenza and scheduled or recommended preventative injections. Projections for Phase 3 are highly dependent on event conditions and updated guidance and operational decisions from the CDC and FDA.
  - Goal: Make COVID-19 vaccine ordering and dispensing a routine process for providers and ensure equitable access across the entire population.
  - Activities:
    - 1. Continue regular communications with LHJs and enrolled providers to share operational changes and messaging.
    - 2. Continue daily reporting to CDC.
    - 3. Continue working with Public Information

- 4. Troubleshoot and solve vaccine tracking, ordering, shipping, and storage issues as presented.
- 5. Continue measurement of uptake among all populations for operational planning and public communications
- 6. Transition operational activities into routine daily functions.

At 8-9, Montana COVID-19 Vaccination Plan, Draft, Montana Dept. of Public Health & Human Services, Draft, V.1.2 (Oct. 16, 2020), available at: https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/MontanaCOVID-19VaccinationPlanInterimDRAFT.pdf

More information can be found at:

a) Montana COVID-19 Vaccination Plan:
https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/MontanaCOVID-19VaccinationPlanInterimDRAFT.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/montana-jurisdiction-executive-summary.pdf

Nebraska:

I. "Gov. Pete Ricketts said he expected an initial shipment of 15,600 Pfizer doses."[35]

II. Nebraska's plan is as follows:

- Nebraska is planning a phased approach to COVID-19 Vaccination distribution, beginning with Phase 1 where the volume of doses is low and supply is constricted. During this phase, vaccines will only be available for Phase 1 providers to order and receive, and only Phase 1 target populations will receive vaccination. Nebraska is additionally breaking Phase 1 into three sections, Phase 1a, 1b, and 1c to provide even greater separation between target populations to ensure that initial doses are given to critical portions of the population. Phase 2 assumes a larger availability of vaccine, likely sufficient to meet demand, and requires expansion of the provider network to vaccinate a larger portion of the population. Finally, Phase 3 represents a shift towards ongoing vaccination where there is open access to the product via the more traditional network of vaccination.
- Phase 1 Providers will include current Vaccine for Children (VFC) partners already connected to NESIIS for ordering vaccine and reporting data, and those able to administer vaccine in closed setting specific to Phase 1, such as:
  - Local Health Departments
  - FQHCs, Community Based Clinics, Tribal Healthcare
  - Hospitals – closed settings
- Pharmacy Partnership for Long-term Care (LTC) Program

[35] Ivory *et al.*, *supra* note 2.

- Nebraska plans to participate in the pharmacy partnership for Long-term Care Program coordinated by CDC. This program provides on-site vaccine clinics for residents of long-term care facilities (LTCFs) and any remaining LTCF staff who were not vaccinated in Phase 1a…

At 8, State of Nebraska COVID-19 Vaccination Plan, Department of Health and Human Services, Jeri Weberg-Bryce & Sara Morgan, (Dec 7, 2020), available at: http://dhhs.ne.gov/Documents/COVID-19-Vaccination-Plan.pdf

More information can be found at:

a) State of Nebraska COVID-19 Vaccination Plan: http://dhhs.ne.gov/Documents/COVID-19-Vaccination-Plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/nebraska-jurisdiction-executive-summary.pdf

Nevada:

I. "The Nevada Department of Health and Human Services said it expected more than 164,000 doses in December, including 91,650 doses of Pfizer vaccine and 72,500 doses of Moderna vaccine."[36]

II. Nevada is planning the COVID-19 vaccine response in terms of three phases:

- **Phase 1: Potentially limited supply of COVID-19 vaccine doses available:**
  - a. Focus initial efforts on reaching healthcare personnel, people at increased risk for severe illness from COVID-19, people aged 65 years and older, and other essential workers who keep Nevada's infrastructure operating.
  - b. Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake.
- **Phase 2: Large number of vaccine doses available:**
  - a. Focus on ensuring access to vaccine for members of Phase 1 critical populations who were not yet vaccinated as well as for the general population.
  - b. Expand the provider network.
- **Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses):**
  - a. Focus on ensuring equitable vaccination access across Nevada's population.
  - b. Monitor vaccine uptake and coverage.
  - c. Reassess strategies to increase uptake in populations or communities with low coverage.
- Nevada is also considering low-demand scenarios, especially in the beginning phases of the U.S. COVID-19 Vaccination Program. Nevada is considering ways to obtain feedback on vaccine acceptance and uptake and how these elements will impact the COVID-19 vaccine allocation process

[36] Ivory *et al*., *supra* note 2.

At 11-12, COVID-19 Vaccination Program Nevada's Playbook for Statewide Operation, Draft, Nevada State Immunization Program, Division of Public and Behavioral Health, Nevada Dept. of Health and Human Services (last updated Oct. 16, 2020), available at: https://nvhealthresponse.nv.gov/wp-content/uploads/2020/10/COVID-19-Vaccination-Program-Nevadas-Playbook-for-Statewide-Operations.pdf

More information can be found at:

a) COVID-19 Vaccination Program Nevada's Playbook for Statewide Operation: https://nvhealthresponse.nv.gov/wp-content/uploads/2020/10/COVID-19-Vaccination-Program-Nevadas-Playbook-for-Statewide-Operations.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/nevada-jurisdiction-executive-summary.pdf

New Hampshire:

I. "A New Hampshire health official said the state expected to receive 12,675 doses of Pfizer next week and 24,200 doses of Moderna in the week of Dec. 21."[37]

II. New Hampshire has structured its vaccination program around the three phases as following:

- New Hampshire's vaccination program is structured around the concept of a phased response, whereby vaccine may be available as follows:
  - Phase 1: Potentially Limited Doses Available
  - Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand
  - Phase 3: Likely Sufficient Supply, Slowing Demand
- A Vaccine Allocation Strategy Branch was developed to inform strategies related to equitable dose distribution. This branch coordinates with the aforementioned SDMAC group for external perspective and recommendations. The final approval of vaccine distribution will be informed by recommendations from the Centers Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), the New Hampshire Vaccine Allocation Strategy and Medical Direction Branches, NH DHHS Commissioner and the Governor's Office. The current distribution plan includes starting each phase of vaccination in geographic areas with the highest COVID-19 disease case count. This is to serve as a starting point vs. a containment strategy. Allocations will be distributed utilizing a combination of fixed and mobile government distribution sites, as well as leveraging medical home providers and pharmacies.
- Ensuring equitable access to COVID-19 is central to New Hampshire's vaccine planning efforts and decisions will be guided by federal guidance with adaptions made based on local conditions and vulnerable populations. Our initial planning efforts have been guided by the National Academies for Science, Engineering, and Medicine's A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus and will be updated as needed

[37] Ivory *et al*., *supra* note 2.

based on any additional federal guidance that may be issued. The phased approach outlined in this framework is depicted in the figure below…

- For Phase 1a, New Hampshire will include older adults living in residential care settings (e.g. nursing homes and assisted living facilities). Other older adults in congregate settings (e.g. senior living complexes, etc.) will be included in Phase 1b. New Hampshire's Phase 1a vaccination allocation strategy is outlined in Appendix 5 and is the initial focus of planning. The Vaccine Allocation Strategy Branch gathered data from hospital organizations, long-term care and assisted living facilities, first responders (to include Fire, EMS, and Police), and the DHHS Bureau of Housing Support (to include external partners affiliated with health equity in the two most populous New Hampshire cities). Data provided initial estimates for each of the Phase 1a population groups. This coincided with rough estimates for New Hampshire's COVID-19 vaccine distribution over the initial 2-3 months. Decisions regarding allocation of vaccine for phases beyond 1a have not yet been firmly established, however, these decisions will be informed by the national guidance and the general approach outlined in the figure above, with some modifications for local circumstances. The Vaccine Allocation Strategy Branch is currently evaluating national recommendations and state-wide epidemiologic patterns to determine prioritization of populations for Phase 2 & 3.

At 11-12, New Hampshire Coronavirus Disease 2019 Vaccination Plan, Draft, New Hampshire Dept. of Health and Human Services (Oct. 30, 2020), available at: https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vac-plan-draft.pdf

More information can be found at:

a) New Hampshire Coronavirus Disease 2019 Vaccination Plan (Draft): https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vac-plan-draft.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/new-hampshire-jurisdiction-executive-summary.pdf

New Jersey:

I. "Gov. Phil Murphy said that the state expected to quickly receive about 76,000 doses of the Pfizer vaccine, and that it could receive between 300,000 and 500,000 doses before the end of the year."[38]

A. Pursuant to the CDC framework, New Jersey intends to implement the three-phased approach for vaccine allocation as following:

- **A. Phase 1: Potentially Limited Doses Available**:
    - Prioritization and Allocation:

[38] Ivory *et al.*, *supra* note 2.

- New Jersey intends to follow the Centers for Disease Control and Prevention (CDC) framework and overarching definition for the broad outline of Phase 1a and Phase 1b.
- Within those initial Phases, sub-population prioritization is anticipated given expectation of scarce vaccine availability at the onset and potential for supply shortages before vaccine manufacturing and distribution reaches scale. Further detail on the process is provided in Sections 4C (sub-group prioritization) and 7A (allocation).
- Prioritization and allocation decisions will be constrained by logistical considerations (e.g. expectation that a site must be able to administer at least 1000 doses per allotment, at least initially), and will evolve with further clarity regarding reliability of vaccine supply and public demand.
- For planning and tabletop exercise purposes and informed by limited federal and national guidance to date, the working assumptions as preliminarily recommended by the NJDOH COVID-19 Professional Advisory Committee are listed:
    - Note: While these factors have been proposed to inform discussions specific to the first doses available in Phase 1a, they may also inform action in later phases depending on supply provided to the State of New Jersey.
    - Note: Many prioritization and allocation items remain in process, including but not limited to definitions for each specific subgroup population and for how best to operationalize each "risk" type in New Jersey.
    - Note: These will be validated through governmental and nongovernmental channels, and are subject to change given feedback, further information (including results of vaccine trials, additional federal guidance, and Advisory Committee on Immunization Practices recommendations), New Jersey's public health surveillance, modeling, reporting, and survey data, and other factors.
    - Units of who is vaccinated: Individual only.
    - Eligibility in Phase 1a:
        - Inclusive of those who live, work, and/or are educated in New Jersey.
        - CDC's Phase 1a = "Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home."
    - Eligibility in Phase 1b:
        - Inclusive of those who live, work, and/or are educated in New Jersey.
        - CDC's Phase 1b =
            - "Other essential workers."
            - "People at higher risk of severe COVID-19 illness, including people 65 years of age and older."

- Preliminary criteria for determining an equitable allocation (as defined by NASEM):
  - Risk of acquiring infection: Higher priority given to individuals who have a greater probability of being in settings where COVID-19 is circulating and exposure to a sufficient dose of the virus.
  - Risk of severe morbidity and mortality: Higher priority given to individuals who have a greater probability of severe disease or death if they acquire infection.
  - Risk of negative societal impact: Higher priority given to individuals with societal function and upon whom other people's lives and livelihood depend directly and would be imperiled if they fell ill. It does not consider their wealth or income, or how readily an individual could be replaced in a work setting, given labor market conditions.
  - Risk of transmitting disease to others: Higher priority given to individuals who have a higher probability of transmitting the disease to others.
  - Social Vulnerability Index of residence location: Developed by CDC for local preparedness for public health emergencies such as natural disasters and disease outbreaks, identifies geographic areas of vulnerability based on U.S. Census variables. These variables capture many recognized social determinants of health, indicators of access, infection transmission, and increased risk of adverse COVID-19 outcomes. Inclusion of this Index by NASEM and by NJ is motivated by the disproportioned higher rates of COVID-19 transmission, morbidity, and mortality among communities of color. As NASEM describes: "This reflects the impact of systemic racism leading to higher rates of comorbidities that increase the severity of COVID-19 infection and the socio-economic factors that increase likelihood of acquiring the infection, such as having front-line jobs, crowded living conditions, lack of access to personal protective equipment, and inability to work from home."

- <u>PODS</u>: The number of PODS will be informed by the amount of vaccine available, the frequency of restocking, and the cold chain parameters of the vaccine(s) authorized or approved. Geospatial mapping and facility capacities (e.g. ultracold chain) will also inform which sites are established.
  - During Phase 1, NJ will dispense vaccinations to identified target groups at one or more of the following: acute care hospitals (health care workers), at regional/county LINCS PODs (first responders, critical infrastructure, vulnerable populations), and FQHCs (vulnerable populations).
    - New Jersey is planning for Phase 1a to be dispensed in closed PODs established by county level health departments and acute

care hospitals. New Jersey aims for acute care hospitals to hold closed PODs for eligible employees and open PODs for other Phase 1a eligible healthcare workers.

- Additionally, a select number of LINCS agencies or local health departments may be engaged to establish PODS to ensure efficient deployment of vaccine, contingent on supply and demand. These could operate locally, county-wide, or regionally based on these dependencies.
- During Phase 1b, NJ will continue closed and open PODs at acute care hospitals to vaccinate any Phase 1b healthcare workers. NJ is working with large critical infrastructure sites that may be included in Phase 1b to establish closed PODs. Vulnerable populations and other critical infrastructure personnel will be vaccinated at regional LINCS Agency PODs in coordination with other local health departments as well as FQHCs. Acute care hospitals may also expand eligibility at their open PODs to include Phase 1b target groups beyond healthcare workers, vulnerable populations and essential workers included in Phase 1b.

- **B. Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand**:
  - Prioritization and Allocation:
    - New Jersey intends to follow the Centers for Disease Control and Prevention (CDC) framework for the broad outline of Phase 2.
    - While population prioritization may not be necessary once large number of doses available, scarce resource allocation may be necessary given potential for intermittent supply shortages and increasing numbers of PODS deployed statewide. Further detail on the process is provided in Section 7A. Prioritization and allocation decisions will evolve with further clarity regarding reliability of vaccine supply and public demand.
    - For planning and tabletop exercise purposes and informed by limited federal and national guidance to date, the working assumptions as preliminarily recommended by the NJDOH COVID-19 Professional Advisory Committee are listed:
      - Note: Many prioritization and allocation items remain in process.
      - Note: These will be validated through governmental and nongovernmental channels, and are subject to change given feedback, further information (including results of vaccine trials, additional federal guidance, and Advisory Committee on Immunization Practices recommendations), New Jersey's public health surveillance, modeling, reporting, and survey data, and other factors.
      - Units of who is vaccinated: Individuals and households.
      - Eligibility:

        - CDC's Phase 2 =
            - "Remainder of Phase 1 populations."
            - "Critical populations."
            - "General population."
        - Inclusive of those who live, work, and/or are educated in New Jersey.
    - Sub-population prioritization criteria not anticipated to be necessary.
    - May need to target allocations to align with population density and capacity to efficiently, equitably deploy scarce resources statewide.
- PODS:
    - The number of PODS will be informed by the amount of vaccine available, the frequency of restocking, and the cold chain parameters of the vaccine(s) authorized or approved. Geospatial mapping and facility capacities (e.g. ultracold chain) will also inform which sites are established.
    - During Phase 2, NJ will scale the variety and number of PODS statewide.
        - New Jersey will continue with dispensing sites at hospitals, regional/LINCS Agency PODs (and will add sites at additional LHDs and healthcare facilities, including FQHCs.
        - NJ will add pharmacies as dispensing sites and will also work with large agencies (public and private) to provide on-site employee vaccinations through closed PODs.
        - NJ will encourage enrollment by large medical practices and other interested private practitioners in the program.
        - If needed, NJ will open one or more state sites to augment the local and regional dispensing.

- **C. Phase 3: Likely Sufficient Supply, Slowing Demand Prioritization and Allocation**:
    - New Jersey intends to follow the Centers for Disease Control and Prevention (CDC) framework for the broad outline of Phase 3.
    - Processes for scarce resource allocation and population prioritization will remain until there is a reliable vaccine supply. When there is sufficient supply, resource allocation can shift to routine processes, such as "as needed" disbursement. However, no determinations have been made at this time due to significant unknowns in the interim.
    - For planning and tabletop exercise purposes and informed by limited federal and national guidance to date, the working assumptions as preliminarily recommended by the NJDOH COVID-19 Professional Advisory Committee are listed:
        - Note: Many prioritization and allocation items remain in process.
        - Note: These will be validated through governmental and nongovernmental channels, and are subject to change given feedback, further information (including results of vaccine trials, additional federal guidance, and Advisory Committee on Immunization Practices recommendations), New Jersey's public health surveillance, modeling, reporting, and survey data, and other factors.
        - Units of who is vaccinated: Individuals and households.

        - Eligibility:
            - CDC's Phase 3 =
                - "Remainder of Phase 1 populations."
                - "Critical populations."
                - "General population."
        - Inclusive of those who live, work, and/or are educated in New Jersey.
        - Sub-population prioritization criteria not anticipated to be necessary.
        - Scarce resource allocation criteria not anticipated to be necessary.
    - PODS:
        - NJ will scale back dispensing sites as demand wanes and transition to routine venues for vaccine administration.
            - Since healthcare workers and residents at LTC facilities and other congregate settings will have been vaccinated in prior phases, NJ will focus on regional/county LHD sites and partnerships with pharmacies and private medical practices.
        - However, New Jersey will used mixed methods research to assess reasons for slowing demand and may adapt response approach accordingly. Slow demand can be attributed to a multitude of causes, for example:
            - Lack of trust from residents
            - Lack of information to residents
            - Lack of trust of the POD by residents
            - Access points are barriers
        - A plan to overcome these and other barriers will be fundamental to implementation across phases and will be evaluated at various points of time.

At 38-42, New Jersey Interim COVID-19 Vaccination Plan, New Jersey Dept. of Health, V.1 (Oct. 16, 2020), available at: https://www.state.nj.us/health/cd/topics/New%20Jersey%20Interim%20COVID-19%20Vaccination%20Plan%20-%2010-26-20%20(1).pdf

More information can be found at:

a) COVID-19 Vaccination Plan: https://www.state.nj.us/health/cd/topics/New%20Jersey%20Interim%20COVID-19%20Vaccination%20Plan%20-%2010-26-20%20(1).pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/new-jersey-jurisdiction-executive-summary.pdf

New Mexico:

I. “A New Mexico official said that the state expected to receive an initial batch of more than 17,550 doses of the Pfizer vaccine, followed by more doses later this month.”[39]

II. New Mexico’s plan for vaccination allocation is, among others, as follows:

- **For initial distribution during early Phase 1, NMDOH will rely on experienced vaccine providers with existing infrastructure including storage units, capacity to report data to the CDC and the state immunization registry, and space to safely hold vaccine clinics.** Early Phase 1 vaccinations will be in closed or semi-closed PODs. These may include large “hub” events to administer hundreds of vaccinations in one day, mobile clinics brought to different locations or targeted clinics in specific settings, such as long-term care facilities. These first vaccinators will most likely be Hospitals and large community health centers or other large providers. They will serve as “hubs” for initial distribution of vaccine and provide vaccine to “spokes” to reach targeted groups, such as staff at long-term care facilities or EMS workers and other first responders. As more vaccine becomes available, NMDOH intends to rely on more vaccinators, including smaller public health and other smaller health centers, medical providers, and some pharmacies that could help conduct closed or semi-closed POD events.
- **Phase 1a: “Kick-Start Doses”: Vaccinate personnel of key “vaccinator” entities throughout the state, particularly hospitals.**
  - NMDOH sent out statewide surveys to hospitals, community health centers and to other providers via the Medical Society. This effort was to identify the number of employees with high, moderate or low or no exposure to COVID-19 patients and hazardous material, the capacity to administer vaccine, and to identify cold storage capacity. These surveys will enable NMDOH to approximate the number of personnel who would need to be vaccinated in the early kick-start phase.
- **If supplies are limited, NMDOH will recommend that early vaccinator entities initially offer vaccine to the following members of their own workforce**:
  - People who have known or had potential exposure to patients with COVID-19. This includes personnel who are paid or unpaid and will be based on potential exposure to the virus, not the occupation of the person. This would likely include intensive care units and emergency departments.
  - Consistent with confidentiality protections, individuals who may be at risk of serious disease or death if they are infected, such as those older than 65 or with conditions with an established link to serious illness and death from COVID-19.
- **Phase 1b: Expanded but still very limited supplies. First responders, other healthcare providers not included in Phase 1a and staff and service providers who have direct contact with people with COVID-19 or work in congregate care settings where the risk of spread to vulnerable populations is high. Residents of long-term care facilities.**
  - NMDOH intends to provide flexibility to different communities and vaccinating entities to organize vaccination clinics efficiently and effectively. Phase 1b will include:

[39] Ivory *et al.*, *supra* note 2.

        - First responders, healthcare personnel, service providers and other personnel who are at significant risk of exposure to the virus. This would include, for example, EMS and fire paramedics, staff at free-standing emergency departments, urgent care staff, and personnel who conduct COVID-19 testing.
        - Individuals who work in congregate care settings and could, if infected, spread the virus quickly to highly vulnerable people. This would include staff and health care providers at nursing homes and assisted living facilities, COVID-19 shelters, developmental disability providers in group home settings, staff at youth, domestic violence and homeless shelters, and correctional and juvenile justice healthcare providers and staff. • Residents of long-term care facilities.
- **Later Phase 1 Targets: Residents of other congregate care settings, prioritizing those with risk factors if doses remain limited.**
    - Because of the two-dose requirement, it may be difficult to ensure effective vaccination of facilities where people move in and out frequently such as homeless shelters and county adult detention centers. Two doses could be offered to inmates at state prisons and to adult residents at state and county juvenile justice centers. This phase could also include high-risk (long-term) patients in congregate care settings such as group homes for persons with developmental disabilities and residential treatment centers. Strategies for addressing the two-dose requirement will also be developed with community providers and partners.
- **Other healthcare workers in a wide variety of environments**.
    - Other healthcare workers with direct face-to-face contact with patients who may unknowingly be infected with COVID 19, could be offered vaccination clinics. This would include any staff with patient contact, not just licensed clinicians. Settings could include pharmacies, dialysis centers, dental officers, rehabilitation centers, healthcare providers who provide services to pregnant women, pediatricians, other primary care providers, and specialists (including those who perform outpatient procedures and surgeries).
- **Phase 1/Phase 2 Transition**
    - As the number of participating vaccinators increase, NMDOH anticipates that they will offer vaccine to older patients and those with underlying conditions. Depending on available supply and community demand for vaccine, more expansive vaccine clinics may be used to include multiple groups of vulnerable populations and essential workers, especially in smaller communities.
- **Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand**
    - Additional vaccination sites will be identified, with established methods of cold chain management, security of operations, public communication, and website registrations methods.
    - NMDOH intends to keep meeting with the Vaccine Advisory Group, the smaller targeted working groups and the major healthcare associations throughout Phases 1 and 2. Learning collaboratives may be developed with some vaccinators to address and resolve challenges with distribution and administration of vaccine. During phase 2, NMDOH anticipates widespread participation of healthcare providers and pharmacies in vaccination efforts. Significant community and

provider education and outreach will be critical elements of Phase 2 work. That will include targeted outreach to specific economic sectors, extensive coordination with public schools, childcare providers, institutions of higher education, and particular industries such as the hospitality industry.

- **Phase 3: Likely Sufficient Supply, Slowing Demand**
    - We will coordinate additional planning for long-erm storage and shelf life of vaccine, community-based actions, and additional marketing to overcome potential apprehension toward vaccination. All New Mexicans who wish to have a COVID 19 vaccine will be able to receive one.

At 20-22, Preliminary COVID-19 Vaccination Plan, Preliminary draft, New Mexico Department of Public Health, (Oct. 16, 2020), available at: https://cv.nmhealth.org/wp-content/uploads/2020/10/10.19.20-New-Mexico-Preliminary-COVID-vaccine-plan-ID.pdf

More information can be found at:

a) New Mexico Preliminary COVID-19 Vaccination Plan: https://cv.nmhealth.org/wp-content/uploads/2020/10/10.19.20-New-Mexico-Preliminary-COVID-vaccine-plan-ID.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/new-mexico-jurisdiction-executive-summary.pdf

New York:

I. "A state official said New York expected to receive 170,000 doses of the Pfizer vaccine before the end of the year, followed by another 170,000 doses early next year. The state also announced it expected to receive 346,000 Moderna doses."[40]

II. New York States has divided up population into the following five phases to determine vaccine prioritization:

Phase 1	• Healthcare workers (clinical and non-clinical) in patient care settings • > ICU, ED, EMS top priority • Long-term care facility (LTCF) workers who regularly interact with residents • Most at-risk long-term care facility patients
Phase 2	• First responders (fire, police, national guard) • Teachers/ school staff (in-person instruction), childcare providers, • Public Health workers

[40] Ivory *et al.*, *supra* note 2.

	• Other essential frontline workers that regularly interact with public (pharmacists, grocery store workers, transit employees, etc.) or maintain critical infrastructure • Other long-term care facility patients and those living in other congregate settings • Individuals in general population deemed particularly high risk due to comorbidities and health conditions
Phase 3	• Individuals over 65 • Individuals under 65 with high-risk comorbidities and health conditions
Phase 4	• All other essential workers
Phase 5	• Healthy adults and children

At 29, New York State's COVID-19 Vaccination Program, Dept. of Health (Oct. 2020), available at:
https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf

More information can be found at:

a) New York State's COVID-19 Vaccination Program:
https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/new-york-jurisdiction-executive-summary.pdf

c) New York City Department of Health and Mental Hygiene, Interim COVID-19 Vaccination Plan - Executive Summary: https://www.cdc.gov/vaccines/covid-19/downloads/new-york-city-jurisdiction-executive-summary.pdf

North Carolina:

I. "A state spokeswoman said North Carolina expected to receive 171,600 Pfizer doses and 175,000 Moderna doses before the end of the year. She said another 175,000 Moderna doses would follow shortly after."[41]

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[41] Ivory *et al.*, *supra* note 2.

II. North Carolina plans to allocate and distribute COVID-19 vaccination pursuant to the following concept of operations:

- Phase 0: Planning/Allocation
    1. Prior to receiving an initial vaccine supply, North Carolina will determine target and priority groups based on CDC, ACIP, and NAM recommendations. North Carolina's specific needs based on the North Carolina population will also be factored in. See Annex C for details.
    2. Providers will be enrolled based on action in the Clinical/Prioritization portion of this plan. Provider types are noted in Appendix 4, Communications Matrix.
    3. Providers will identify the populations they serve and the amounts of those populations.
        a. For employer or facility-based vaccination clinics, facilities can use these lists to contact employees and plan for vaccination clinics.
        b. For community-based clinics, for example vaccination clinics by LHDs for people with chronic conditions, providers can use their list to send a note to high-risk patients to inform them of an upcoming vaccination event.
        c. In the initial phases, healthcare systems, local health departments, and other facilities will be encouraged to pre-register people who are interested in vaccination. They can use these lists and pre-registration for vaccination clinics to inform vaccine needed at clinics for administration. This will reduce waste of vaccine by allocating amounts needed for people who plan to receive the vaccine.
- **B. Phase I: Implementation**

1. The Immunization Branch will be notified of an amount of vaccine allotted to North Carolina by the federal government for distribution to COVID-19 enrolled providers.
2. Additional sub-allocations of vaccine will be distributed to providers serving the open priority group(s).
    a. Allotments of doses to vaccination providers will be based on:
        i. Priority group(s) served
        ii. Number of doses allocated to North Carolina
        iii. Vaccine product provided in the allocation
        iv. Vaccination site on-hand vaccination inventory and type
        v. Number of people within a priority group that a provider serves a. Minimum shipment amounts will be increments of 100
        vi. Storage and handling capacity at the vaccine provider site
        vii. Minimizing the potential for wastage of vaccine, constituent products, and ancillary supplies ii.
    b. The pandemic module of NCIR will compute allocations. HHS Tiberius can also be used for this process.
    c. Allocations will be reviewed by the COVID-19 vaccination team at the state level.
    d. Providers will have the option to request to skip a round of allocation if they feel their supply is adequate.

3. No doses will be held back at the jurisdiction or provider level. The federal government will hold back product initially to ensure second doses are available. North Carolina should allocate the doses they have available to them at the dose level.
4. Once amounts are allocated to individual providers, reviewed and approved by state staff, those amounts will be loaded from NCIR to VTrckS.
5. Once approved, CDC will transmit the information as orders to McKesson (or the vaccine manufacturer if an ultra-cold stored vaccine).
    a. When the vaccine supply begins to meet demand, and the amount of vaccine allotted to the state begins to meet administration needs, the model for allocation will transition more to that of provider-initiated requests/orders that are then approved by the state and transmitted via VTrckS.
6. Once an order is approved for shipment by CDC, distribution will begin.
7. Manufacturers' and ancillary supplies are being collected at the CDC central distributor McKesson with backup from Cardinal and Amerisource Bergen Company.
8. Vaccine (and adjuvant, if required) will be shipped to provider sites pending further information from CDC. Timing of shipments may be altered based on vaccine-specific cold chain requirements that limit local storage capability.
    a. CDC has advised jurisdictions not to purchase ultra-cold storage equipment at this time; ultra-cold vaccine may be shipped from the manufacturer in coolers that are packed with dry ice, can store vaccine for an extended period of time, and can be repacked for longer use. CDC will provide additional detail as it becomes available.
9. Ancillary supply kits and diluent (if required) will ship separately from the vaccine due to different cold chain requirements, but shipments will be timed from the centralized distributor to arrive with or before the vaccine.
    a. Ancillary supply kits will include needles, syringes, alcohol prep pads, COVID-19 vaccination record cards for each vaccine recipient, and a minimal supply of personal protective equipment (PPE), including surgical masks and face shields, for vaccinators. Each kit will include supplies needed to administer 100 doses of vaccine. ii.
    b. For COVID-19 vaccines that require reconstitution with diluent or mixing adjuvant at the point of administration, these ancillary supply kits will include additional necessary syringes, needles, and other supplies for this purpose. iii.
    c. Sharps containers, gloves, bandages, and other supplies will not be included.
10. Per CDC, the state anticipates that selected retail pharmacy partners will receive direct federal allocations to conduct on-site vaccination clinics for residents and staff in long-term care facilities (LTCF). LTCFs that choose to administer within the facility or administer vaccine by another provider of their choice will receive vaccine from the state allocation.
11. The state will monitor Vaccine Adverse Events Reporting (VAERS) reports.

- **C. Phase 2: Adjustment 1.**

1. Many COVID-19 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 or when they'll be approved. COVID-19 vaccination program plans must be flexible and accommodate multiple scenarios. It is expected that demand will exceed supply, and therefore planning is based on use of the priority group system.

The following points will trigger plan adjustments and movement through the opening of access to priority groups:

  a. Change in vaccine product provided to state or removal of a vaccine product from approved/authorized status
  b. Supply exceeds demand of the open priority groups
  c. Supply exceeds demand overall

- **D. Phase 3: Transition**:
  - During this phase, continued vaccination strategies will focus on open vaccination to maintain high coverage levels. Vaccines will be distributed primarily to commercial and private section partners, and public partner sites as needed. When vaccine supply is available for expanded groups among the general population, a listing of COVID-19 vaccinating provider sites will be available on a national, public-facing website called Vaccine Finder.

At 77-80, State of North Carolina Interim COVID-19 Vaccination Plan, Draft, NC Vaccination Planning Team, V.1, (Revised on Oct. 16, 2020), available at: https://files.nc.gov/covid/documents/NC-COVID-19-Vaccine-Plan-with-Executive-Summary.pdf

More information can be found at:

a) State of North Carolina Interim COVID-19 Vaccination Plan: https://files.nc.gov/covid/documents/NC-COVID-19-Vaccine-Plan-with-Executive-Summary.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/north-carolina-jurisdiction-executive-summary.pdf

North Dakota:

I. "A spokeswoman for the North Dakota Department of Health said the state expected 24,375 Pfizer doses and 18,700 Moderna doses by the end of December."[42]

II. North Dakota incorporates the three-phased approach into the state's vaccination allocation plan as following:

- **During Phase 1A**,
  - large, urban areas will hold satellite clinics for outreach to eligible groups (e.g., healthcare workers, LTC workers, EMS) in addition to supplying vaccine to health systems and long-term care facilities. Redistribution or transfer may not be needed for Vaccine B, as it will be shipped in smaller quantities to providers (minimum of 100 doses). Vaccine A will be redistributed or transferred to smaller clinics that can be held proximal to high risk populations (e.g., rural health care

[42] Ivory *et al.*, *supra* note 2.

workers). Some pharmacies may assist with vaccinating LTCs. This information will be captured upon enrollment. LTC residents will likely be recommended for vaccination during this phase. LTC residents will be vaccinated either by a CDC-contracted pharmacy, independent pharmacy, local public health, private health care provider, or administer vaccine on their own. The Division of Immunizations (Mass Immunization Group) will pair each LTC up with a vaccinator.

- **During Phase 1B**,
    - vaccination will be expanded to other essential workers. People at high risk and those 65 and older will be vaccinated during phase 1C. Additional satellite clinics will occur for eligible populations. Vaccine will also be allocated to providers who are responsible for vaccinating these populations. Other congregate settings (i.e., corrections, shelters) will likely be vaccinated during phase 1C. Some have the capability to vaccinate themselves, but others will require assistance from LPH, a pharmacy, or a mobile vaccination team. Upon enrolling to receive COVID-19 vaccine, the Division of Immunizations (Mass Immunization Group) will pair each congregate setting up with a vaccinator.
    - It may not be possible to widely engage the private clinic system during Phase 1 unless vaccine B is available or if vaccine A can be redistributed. A few large clinics in the state could reach high priority recipients, but the number of vaccines administered using "vaccination opportunities" during office visits would be small for any one provider. Again, this is highly dependent on the cold chain requirements, minimum shipment quantities and ability to pre-register patients. If clinic providers can be engaged during this stage, they will be since their ability to identify and vaccinate persons with secondary conditions will be high.
    - The greatest challenge will be to moving small amounts of vaccine to widely scattered locations during Phase 1 since only a small percentage of the small population will be eligible for the vaccine. For example, the Southwest District Health Unit has a population of 45,000 people with a central city of 23,000. The remainder of the population is scattered over 10,000 square miles, mostly in cities of less than 1,000 and rural farmsteads. It has three hospitals, two of which are more than a one-hour drive from the central city over two-lane road, plus eight LTC facilities up to 1.5 hours from the central city. Similar problems would be faced reaching reservation American Indian populations since reservation populations are small and rural, and reservation officials want to hold multiple small clinics in scattered small communities (e.g., White Shield, ND population 336). Reaching small populations without redistribution may not be possible.
    - North Dakota would rely heavily on PrepMod to pre-register vaccines and obtain consent. Shipments of vaccine would preferably be limited to the number of people with advance consent (preferably breaking down larger quantities at the central warehouse for redistribution but reaching sites through regional transfer may be possible.). For instance, in a hospital with 500 eligible vaccines if only 75% signed a consent in advance, then vaccine allocation would be limited to 375 doses at that time.
- **During Phase 2**,
    - when vaccine becomes more widely available, vaccine will be available for the general population. Continued vaccination of phase 1 priority groups will also

need to continue. The assumptions provided indicate that throughout this period, vaccine would be plentiful and available to the general public including those not listed in a priority group. While any person presenting for vaccination would be vaccinated, intense public health efforts to reach a high percentage of the non-prioritized population would wait until resources were available after reaching priority populations.

- Since the largest vaccinating entity in the state is normally private providers, moving vaccine in appropriate quantities to clinics would be high priority but would likely require redistribution preferably with a vaccine with non-rigorous cold chain requirements. Pharmacies would be leveraged as mentioned under Phase 1. Satellite clinics would continue to be held to reach those less likely to be reached by clinic providers and pharmacies (e.g., younger populations), but local outreach is likely to be emphasized as much or more than satellite clinics (e.g., targeted outreach to schools, colleges and workplaces in addition to homebound and "hard to reach" populations). In addition, people that have not yet had their second dose will need to be targeted for reminder/recall. Personalized letters, texting and phone calls will be possible, but mass communication may also be necessary.
- In addition, provider contact may be very helpful in ensuring persons with only a single dose to complete their vaccination series (e.g., automated callback and emails), so providers will be urged to make contact with their patients who have not completed the series.
- North Dakota plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC. The vast majority of pharmacies in North Dakota are participating in this program. Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government. Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies1 (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government. Once the list of federal partners has been finalized, CDC will share the list with jurisdictions.
- On a daily basis, pharmacy partners must report to CDC, the number of doses of COVID19 vaccine a) ordered by store location; b) supply on hand in each store reported through Vaccine Finder, and c) number of doses of vaccine administered to individuals in each state, locality, and territory. Pharmacy providers will be required to report CDC defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements and methods to report if stores are not able to directly provide data to jurisdiction IISs. All jurisdictions participating in this program will have visibility on number of doses distributed to and administered by each partner store. Jurisdictions will be given contact information for each partner participating in this program if they have any questions or concerns related to distribution of vaccine to stores in their jurisdiction.

- During **Phase 3,**
  - when vaccine is widely available, but demand is reduced, emphasis will be on private health care providers and pharmacies continuing to use vaccination

opportunities. A provider recommendation for COVID-19 vaccine will be critical. Assuming satellite vaccination clinics have become low yield, public health would shift to usual vaccination activities. NDIIS would be able to provide county level estimates for vaccination rates. Leveraging local community leaders will likely be necessary to gain vaccination participation by the undecided in these population subsets.
  - If a level of coverage is achieved that reduces COVID-19 cases to low levels, uptake by low risk populations will almost certainly become small, but convincing high-risk individuals to be vaccinated may still be possible. Emphasis will continue to be placed on completing vaccination of those who have not yet received their second dose.

At 41-44, North Dakota COVID-19 Vaccination Plan, Interim draft, North Dakota Dept. of Health, V. 2.0 (Dec. 11, 2020), available at: https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/Covid-19_Mass_Vaccination_Plan.pdf

More information can be found at:

a) North Dakota COVID-19 Vaccination Plan (Interim Draft): https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/Covid-19_Mass_Vaccination_Plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/north-dakota-jurisdiction-executive-summary.pdf

Ohio:

I. "Gov. Mike DeWine said he tentatively expected 561,000 doses of the two vaccines spread over several early shipments."[43]

II. Ohio's plan for vaccine allocation is as following:

- **Phase 1:**
  - According to CDC guidance, the vaccine may be available in limited quantities initially.
  - Ohio plans to begin with the vaccination of high-risk health care workers and first responders during this phase4 .
  - The state is currently reviewing three potential administration and distribution strategies for phase 1A vaccination. These are all outlined below in Table 1: Phase 1A Deployment Options.
  - Ohio expects that as the above actions are occurring, the vaccine will be shipped by the federal government directly to pharmacy chains who will then vaccinate

[43] Ivory *et al*., *supra* note 2.

patients and perhaps staff in long-term care facilities. However, recent guidance from the CDC indicates that the timing of this may be in question5 . If pharmacies are not included as administration sites for CDC direct shipments, Ohio will determine the best way to reach Ohioans who may not easily be able to access regional/hub--based administration sites through redistribution efforts based on Ohio capabilities and needs.

- Table. Phase 1A Deployment Options

Option	Administration	Distribution
One	Health System/Hospital Regional Open PODs	Direct shipment to providers
Two	Broad collection of open points of dispensing (POD) provider sites (prioritized by capabilities, critical populations reached and willingness to administer) could include: • Health systems and hospitals • Commercial and independent pharmacies • Local departments of health	Direct ship to state Receipt, Store, Ship (RSS) warehouse (i.e., central depot), subsequent redistribution among providers
Three	Hybrid approach: • Health System/Hospital Regional Open PODs (prioritized) • Additional providers (e.g., local departments of health, pharmacies) as needed to fill reach gaps	Direct ship to health systems/hospitals RSS redistribution model for additional providers

  - For phase 1B, the plan is to retain one of the operating models of phase 1A with a transition increasingly towards direct shipment to providers as more doses and vaccine products are available and the ability to direct ship smaller dose sizes increase (e.g., minimum shipments of 100 doses).
  - Overall, Ohio's preferred approach that is actively being pursed is option 3, which is a hybrid of direct-ship and RSS redistribution to enable broader reach to more Ohioans. In this option, Ohio would redistribute some vaccine through the RSS to local partners (e.g., local departments of health or pharmacies) as need to reach high-risk populations (e.g., LTCF staff).
- **Phase 2:**

    - As vaccine supply increases, Ohio will support the prioritization of COVID-19 vaccine distribution to more populations. Ohio will expand providers as necessary to ensure effective and equitable access to vaccines. Reliance on RSS redistribution, if any, will be lowered as we expect minimum orders to decrease with greater vaccine availability and approvals of non-ultra-cold vaccines.
- **Phase 3:**
    - As Phase 3 approaches, Ohio will continue expanding to all providers who are interested and capable to administer. All shipments are expected to be direct to the providers and redistribution will be providers' responsibility (after state has validated capabilities and provided approvals).

At 20-22, COVID-19 Vaccination Plan, Interim Draft, Ohio Department of Health (Oct. 16, 2020), available at: https://coronavirus.ohio.gov/static/docs/Interim-Draft-COVID-Vaccination-Plan-10-16-20.pdf

More information can be found at:

a) a) Ohio Department of Health's Webpage on COVID-19 Vaccination Program: https://coronavirus.ohio.gov/wps/portal/gov/covid-19/covid-19-vaccination-program

b) Local Health Department Guidance for Phase 1A: https://coronavirus.ohio.gov/static/vaccine/lhd-guidance-covid-19-vaccine-lhds.pdf

c) Ohio's Vaccination Program -Phase 1A Graphic: https://odh.ohio.gov/static/covid19/vaccine-providers/phase-1-vaccine.pdf

d) COVID-19 Vaccination Plan (Interim Draft): https://coronavirus.ohio.gov/static/docs/Interim-Draft-COVID-Vaccination-Plan-10-16-20.pdf

e) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/ohio-jurisdiction-executive-summary.pdf

Oklahoma:

I. "Oklahoma officials said they expected a first shipment of 30,000 doses."[44]

II. Oklahoma plans to structure its COVID-19 vaccination program as follows:

Overarching tenets for Oklahoma's COVID-19 Vaccination Program:

1) Save lives and maximize benefits of vaccine to overall pandemic response mitigation.
2) Treat all people with equal regard and mitigate health inequities.

[44] Ivory *et al*., *supra* note 2.

3) Minimize or eliminate vaccine waste and ancillary supply loss.
4) Maintain constant awareness of vaccine inventory and administration reporting.

Phase 1: Potentially Limited Doses Available

The Commissioner of Health, supported by the COVID Vaccine Program team, will make overall decisions regarding all aspects of the program including vaccine allocations and supply deployment. Each phase of the operation will require specific messaging and communication to the public and to vaccine providers. One key focus for the communications team during phase 1 will be transparency surrounding how the priority groups were decided, the rationale used to determine the first target populations for vaccine, and the fluidity of among groups within phase 1 where vaccine distribution will be highly dependent upon the type, indication, and logistics associated with the specific vaccine provided to the state.

Vaccine supply is expected to be very low in Oklahoma at the beginning of phase 1. In order to maximize the benefit to Oklahoma's pandemic response while mitigating inequities and disparities, Oklahoma's allocation framework was informed by the core planning team and thoughtful review from an independent advisory committee to the Commissioner of Health. The advisory committee was comprised of medical professionals representing the following sectors: infectious disease, biomedical research specific to immunology, tribal health systems, dentistry, family practice, and internal medicine. Two of the members were from outside the metro areas.

The Oklahoma COVID Vaccine team acknowledges there are many unknowns regarding COVID vaccine including but not limited to the type, amount, indication, and logistical considerations of the vaccine… This plan is intended to be flexible and fluid and allows for future changes as more information becomes known to the state…

For example, ultra-cold (-80C) vaccine may be the first available from manufacturers and may be shipped in 1000 dose lots. Current CDC guidance indicates large, closed-pod, mass-vaccination sites with ultra-cold storage capabilities may be necessary as vaccine storage containers may only be opened twice daily, requiring very large volumes of doses to be administered in a very short period of time (e.g. less than 6 hours), and prohibiting the ability for vaccine to be transported to multiple sites… the appropriate initial distribution channel may be large, metropolitan health systems currently serving COVID patients where it is possible for 1000 doses to be administered to the phase 1 priority groups within a 6 hour period. Such a distribution channel would likely require planning for communication to the phase 1 priority groups indicating the scheduling system for their receipt of vaccine, priority group individuals arriving at the mass vaccination site, and development of throughput and post-vaccine monitoring processes. As additional ultra-cold vaccine become available, other large health systems may be utilized as closed-pod, mass-vaccination sites.

In contrast, another example could assume the initial availability of cold (-20C) vaccine available from manufacturers and shipped in 20 dose lots. Such cold vaccine could be

maintained in commercial refrigeration units, which are more widely available than ultra-cold units… Like the example above, planning for communication to and scheduling of the phase 1 priority groups would need to occur, however more flexible, smaller scale vaccination events would be feasible given the different logistical considerations of the cold (-20C) vaccine type.

Healthcare staff working in Long Term Care and Assisted Living Facilities will be the first priority. Vaccine supply for these staff will be initially provided by the state allocation, especially during instances of very limited supply. Later in Phase I and subject to implementation of federal Pharmacy Partners Plan, the majority of Oklahoma's Medicare Certified LTC/ALFs will come from federal allotments directly provided by national pharmacy agreements. The COVID Vaccine Team will work with the facilities not certified by Medicare to determine the best way to distribute/administer vaccine to their employees. These staff will be vaccinated though closed pods and strike teams via direct shipments to LHDs (the term LHD includes also THD, OCCHD). The COVID Vaccine Team will work with LTC/ALFs to determine the best manner to address potential transportation challenges to/from vaccination sites among staff.

As phase 1 progresses, shipments will be directed to local health departments (LHD) or to hospital providers in the cities where hospitals treat COVID-19 inpatients. The LHD will coordinate the location and details for a closed POD. Vaccine handling, patient information tracking, recording vaccine administration into OSIIS/VAMS, and setting up details for the second dose closed POD will be the responsibility of the LHD strike team. The LHD personnel have long standing relationships with the hospitals in their areas and will be able to collaboratively problem solve issues with guidance from the Immunization Division and COVID Vaccine Operations Team.

During phase 1, Oklahoma will provide COVID-19 vaccination services in closed point-of-dispensing (POD) setting that allows for maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures. Closed PODs will be conducted by private and public providers during this phase. This is to ensure vaccine remaining after patients in the intended POD are vaccinated is transferred to another location or to another critical population identified in phase 1 to eliminate the chance for waste of the vaccine.

While vaccine is limited, the Immunization Service will ensure all pandemic vaccine providers enrolled in the program are educated and trained on vaccine handling, storage and administration. Additional attention will be given to pandemic providers serving Phase I critical populations to ensure not only their enrollment, but understanding and capacity to manage the new COVID vaccine as it is initially made available…

As vaccine supplies increase, the Immunization Service will increase the number of orders to be filled by hospitals across the state in order to reach healthcare workers. As phase 1 develops and more priority groups are included in the allocation, Federally Qualified Health Centers (FQHC) and tribal health systems will be key to the distribution plan. Long term care staff and residents will be a focus due to their risk of transmitting

infection to others in a residential facility serving our most fragile population. The LHDs will begin hosting vaccine clinics for populations age 65 and above at risk of severe morbidity and mortality.

During phase 1, Oklahoma will identify gaps in the plan and logistics. Continuous improvements and steps toward efficiency will be taken as we learn more about cold chain requirements, vaccine inventory tracking and patient record reporting.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

This COVID Vaccine Plan document should be considered a fluid, flexible, working draft and not a final product. Much remains unknown about the COVID vaccine. This working draft utilizes multiple planning assumptions, hypothetical scenarios, and preliminary information. As additional guidance and information becomes available, the plan will change.

As supply grows, the COVID Vaccine Team will continue to identify and enroll pandemic providers critical to the established phase 2 priority groups. Orders will be generated by the providers, approved by the Immunization Division, communicated to CDC and shipped by OWS. Critical population categories will expand. As orders are shipped or strike teams deployed, the Vaccination Program Team will ensure equitable distribution and attention is paid successful administration of the vaccine to Oklahoma's most vulnerable populations. The communication professionals in the JIC will monitor uptake and social media responses to this implementation plan in order to address any concerns about attitudes toward vaccination or to provide real time updates on vaccine access points.

As vaccine supplies grow the populations eligible under phase 2 priority groups will increase as well. Mass immunization clinics will be utilized by the LHD and some tribes to enable quick administration and greater access for the public. Some public/private partnerships will evolve as mass immunization is instituted. Private providers may be used as volunteers or engaged as co-hosts for mass flu vaccine clinics across Oklahoma...

…Curbside and drive in vaccine clinics will likely be used by providers to allow for quick vaccination and control of spread.

Phase 3: Likely Sufficient Supply, Slowing Demand

In phase 3, vaccine supplies should be sufficient and priority populations from phases 1 and 2 should have had the opportunity to receive the vaccine. More will be known about the vaccine effectiveness and potential side effects. Vaccine will be available across the entire state during this phase. The Vaccination Program Team will monitor vaccine uptake and second dose coverage across all populations. Further expansion of priority populations will happen. The state acknowledges that while critical population groups have been identified across all three phases of COVID-19 vaccine availability, uptake will be dependent upon personal choice of individuals and their employers. As time

passes, phases are experienced, and data are collected, more will become known regarding the rate of uptake among the population.

Vaccine storage concerns could be a concern during this phase. If OWS logistics go as planned, the state should only receive vaccine as they need it, but surpluses of vaccine will likely happen in some areas due to slowing demand for the vaccine. The Vaccination Program Team will ensure proper storage and monitoring. Vaccine will be transferred to other locations where uptake may be better. The JIC will continue to focus messaging toward vaccine safety and importance…

At 13-16, COVID-19 Vaccination Plan, Working Draft, Oklahoma State Dept. of Health, Dr. Fauzia Khan, Immunization Service, (Updated on Oct. 14, 2020), available at: https://oklahoma.gov/content/dam/ok/en/covid19/documents/vaccine/state_of_oklahoma_covid-19_vaccination_plan.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Working Draft): https://oklahoma.gov/content/dam/ok/en/covid19/documents/vaccine/state_of_oklahoma_covid-19_vaccination_plan.pdf

b) COVID-19 Vaccine Priority Population Framework for Oklahoma: https://oklahoma.gov/content/dam/ok/en/covid19/documents/vaccine/COVID-19%20Vaccine%20Priority%20Population%20Framework%20for%20Oklahoma%20-%2012-10-20.pdf

c) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/oklahoma-jurisdiction-executive-summary.pdf

Oregon:

I. "A spokesman for the Oregon Health Authority said the state expected three Pfizer shipments in December, totaling 94,800 doses, and two Moderna shipments with 102,700 doses."[45]

II. Oregon's plan for the three-phased approach is as follows:

Prior to implementation of Phase 1:

- The OHA COVID-19 Vaccine Advisory Committee will be partially comprised of and work with our community partners to develop the process for identifying gaps in the current delivery system, develop strategies for resolving them, and inform an equitable, ethical vaccine prioritization and delivery program in concert with Advisory Committee on Immunization Practices (ACIP) guidelines for population prioritization.

[45] Ivory *et al.*, *supra* note 2.

- The program will analyze data from CDC-provided survey of health care providers to assess provider capacity…
- Plan for the delivery of ultracold vaccine via mobile, off-site units that may extend into Phase 2…
- Develop pricing agreements or contracts to provide dry ice for providers who do not have ultracold capacity.
- Prepare a communication plan and strategy to address serious vaccine-associated adverse events that may be identified after the vaccination program has started.
- Participate in ongoing ACIP discussions and recommendations regarding vaccine safety, efficacy in targeted groups (e.g., persons ≥65 years of age) and prioritized groups for vaccination.
- Identify and estimate the volume of each critical population for Phase 1 vaccination in Oregon: health care personnel likely to be exposed to or treat people with COVID-19, people at increased risk for severe illness from COVID-19 (LTCF residents, persons >65 years of age…

Phase 1: Potentially Limited Doses Available

Oregon's focus on Phase 1 will be to build vaccination capacity through closed PODs with EMS vaccinators and healthcare and essential worker occupational health vaccination clinics. This will allow Oregon to build upon our work that has already begun with flu season, our healthcare partnerships, essential worker employers, and community-based organizations to reach critical populations and communities disproportionately affected by COVID-19 throughout Oregon.

- Recruit and enroll vaccine providers employed by external partners (hospitals, large clinics, EMS, occupational health serving essential workers) likely to deliver the first available doses of vaccine.
- Identify community-based organizations serving groups in phase 1 vaccination implementation that can host vaccination events in partnership with EMS vaccinators.
- Develop a vaccine transport plan if redistribution is needed, including transportation, storage, security need and delivery of the vaccine.
- Work with communication team and community-based organizations to develop and disseminate culturally responsive and linguistically appropriate information to individuals within the critical populations and inform them of how to acquire the vaccine.
- Ensure that all vaccination providers are aware of cold chain requirements and know the time limitations of the vaccine once thawed.
- Identify and employ facilities with relevant cold-chain capability as regional depots for vaccine storage to ensure delivery to remote Oregon locations and critical populations.
- Use EMS to transport vaccine and to vaccinate in closed point-of-dispensing (POD) and satellite locations.
- Ensure that all COVID-19 vaccine providers are enrolled in and trained on Oregon's ALERT Immunization Information System (IIS).
- Consider enrollment in VAMS if consumer access to records and clinic scheduling modules are needed.

Phase 1B: Potentially limited supply of COVID-19 vaccine doses available AND long-term care residents recommended to receive vaccine.

Pharmacy Partnership for Long-term Care (LTC) Program:

Oregon plans to participate in the pharmacy partnership for Long-term Care Program coordinated by CDC.

- Partner through CDC's Pharmacy Partnership for LTC Program for COVID- 19 Vaccine to provide on-site vaccine clinics for residents of long-term care facilities (LTCFs) and any remaining LTCF staff who were not vaccinated in Phase 1-A. The Pharmacy Partnership for Long-term Care Program provides end-to-end management of the COVID-19 vaccination process…
- CDC expects the Pharmacy Partnership for Long-term Care Program services to continue on-site at participating facilities for approximately two months.
- After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice.

Scenario 1: FDA has authorized vaccine A for Emergency Use Authorization (EUA) in 2020 (requires ultracold [-70°C] storage; for large sites only)

- Inform federal partners of Oregon sites with capability for storing vaccine at -70°C, as identified in the survey cited above. Oregon is currently exploring a regional hub model for smaller clinics unable to administer small volumes of vaccine if the need arises…
- Develop plan for allocation given minimal order will be 1000 doses, and distribution of smaller numbers of doses to critical populations, including in remote Oregon locations, while maintaining the ultracold chain and avoiding wastage…
- Develop planning tool for expected number of vaccines at each site, ensuring provider awareness of vaccine limitation…
- For providers without an ultracold freezer, have contract and supply of dry ice (ideally pellets) on hand. Inform providers to replenish dry ice within 24 hours from receipt of vaccines from manufacturer and every 5 days.
- Ensure adequate supplies including gloves for ultra-cold storage and handling for each vaccination site…

Scenario 2: FDA has authorized vaccine B for EUA in 2020 (requires storage at -20°C)

- Inform federal partners of Oregon's central distribution sites with capability for storing large amount of vaccine at -20°C and subsequent shipping to sites throughout Oregon…
- Develop plan for allocation and distribution of doses to smaller providers including in remote Oregon locations, while maintaining cold chain and avoiding wastage…
- Develop planning tool for expected number of vaccines at each site, ensuring provider awareness of vaccine limitation, including vaccine storage and handling…

Scenario 3: FDA has authorized vaccines A and B for EUA in 2020:

- o Similar considerations as noted in # 1 and 2 above
- o To maximize throughput, allocate vaccine based on
  - o Availability of ultracold storage capabilities for vaccine A
  - o Considerations of any Phase 3 trial data indicating differences in safety or effectiveness for different groups (e.g., if only one vaccine works for elderly patients or those with comorbidities, prioritize it for LTCF patients)

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

Oregon's focus during Phase 2 will be to employ strategies to maximize vaccine uptake among vulnerable populations through open PODs and community vaccination events in partnership with community-based organizations and clinics serving disproportionately affected communities. Additionally, we'll expand our provider network to reach much larger populations as vaccine supply allows.

- o Using ALERT IIS data and working with community groups identify phase 1 critical populations that have not been immunized during phase 1 for vaccination during Phase 2.
- o If cold chain is the limiting factor (mRNA vaccine), and an alternative vaccine type is not available, employ POD-like distribution and EMS delivery of vaccine to rural and other underserved communities. May require additional resources.
- o If cold chain is not limiting, begin to broaden provider networks to include as many pharmacies, medical clinics, and other private vaccinators as possible to increase vaccine uptake among critical populations.
- o Targeting highly affected communities that have been incompletely vaccinated in Phase 1. Our initial goal in this phase will not be to chase outbreaks but rather to evaluate vaccine uptake in the highest-risk groups and focus on increasing coverage in these groups through our community- based partners and the communication team.

Federal Direct Allocation to Pharmacy Partners:

Oregon plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC.

- o Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government.
  - o Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies[46] (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government.
  - o Once the list of federal partners has been finalized, CDC will share the list with jurisdictions.

[46] Pharmacy services administrative organizations, or PSAOs

- On a daily basis, pharmacy partners must report to CDC, the number of doses of COVID-19 vaccine a) ordered by store location; b) supply on hand in each store reported through Vaccine Finder, and c) number of doses of vaccine administered to individuals in each state, locality, and territory…

Phase 3: Likely Sufficient Supply, Slowing Demand

Oregon's focus for Phase 3 will be to ensure access to COVID-19 vaccine throughout the health system in primary care offices, retail pharmacies, and traditional routes of receiving preventive care and to ensure that all people in Oregon that have not yet received vaccine have access.

- Ensure broad access to COVID-19 vaccine in place where communities receive preventive care including medical homes and retail pharmacies.
- Continue focus on equitable vaccination access and delivery with close follow-up on vaccine uptake amongst highly affected communities
- Undertake additional vaccination efforts in communities with outbreaks
- Expand to non-traditional vaccine providers with medical support to provide in community vaccinations to all who are interested.

At 42-51, COVID-19 Vaccination Plan (Interim Draft 1.1), Oregon Health Authority, Oregon Immunization Program, Nov. 6, 2020, available at: https://www.oregon.gov/oha/covid19/Documents/COVID-19-Vaccination-Plan-Oregon.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Interim Draft 1.1): https://www.oregon.gov/oha/covid19/Documents/COVID-19-Vaccination-Plan-Oregon.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/oregon-jurisdiction-executive-summary.pdf

Pennsylvania:

I. "Pennsylvania officials declined to answer questions about vaccine allotment."[47]

II. Pennsylvania has structured its three-phased vaccination plan as following:

Phase 1: Potentially Limited Doses Available
Phase 1 vaccine administration applies when initial doses of vaccine first become available and are expected to be in limited supply (potentially very limited supply initially) compared to demand. Focus should be on the target populations advised by CDC to include:

- Those most essential in sustaining the ongoing COVID-19 response;

[47] Ivory *et al.*, *supra* note 2.

- Those at greatest risk of severe illness and death, and their caregivers;
- Those most essential to maintaining core societal functions;
- Healthcare personnel likely to be exposed to or treat people with COVID-19; and
- Other essential workers.

Populations considered for Phase 1 include select populations from the following categories:

- Healthcare Personnel
- First Responders
- Critical Workers
- People with high-risk conditions…

Phase 1A: As instructed by CDC, Pennsylvania is planning for very small initial allocations of vaccine when product first becomes available. ACIP has recommended 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in Phase 1A of the COVID-19 vaccination program. Pennsylvania is adopting these recommendations.

The DOH recognizes the sub-prioritization approach recommended by ACIP, because initial vaccine allocation is expected to be scarce compared to the number of healthcare personnel in the state who would require vaccination, and there is expected to be a constrained supply environment for some months. In addition to the sub-prioritization endorsed by ACIP, DOH is including additional sub-prioritization categories to better inform providers to ensure ethical allocation of scarce vaccine.

Initial allocation of vaccine in Phase 1A will be distributed to hospitals, which will be responsible for vaccinating healthcare personnel, and the Pharmacy Partnership for Long-Term Care Program, which will be responsible for vaccinating residents and healthcare personnel who work in long-term care facilities....

Healthcare Personnel: Phase 1A: "Health care personnel" are defined by ACIP as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials. These health care personnel may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians…clinical personnel in school settings or correctional facilities, contractual staff not employed by the health care facility, and persons…not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from healthcare personnel and patients. "Healthcare settings" refers to the CDC definition of the places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term care facilities, inpatient rehabilitation facilities, nursing home and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities....

Sub-prioritization of Healthcare Personnel: Phase 1A: ACIP recommends that healthcare personnel be prioritized in the earliest phases of COVID-19 vaccination. However, if there is initially insufficient supply to cover all healthcare personnel, ACIP recommends further sub-prioritization…

Long-term care facilities (LTCFs): Phase 1A: "Long-term care facilities" are defined by ACIP as facilities that provide a spectrum of medical and non-medical services to frail or older adults unable to reside independently in the community. In Pennsylvania facilities that may serve frail or older adults in a residential setting…

Sub-prioritization of LTCFs: Phase 1A ACIP recommends that LTCF residents be prioritized in the earliest phases of COVID-19 vaccination. LTCF staff are considered healthcare personnel. However, in settings where initial vaccine is insufficient to vaccinate residents of all LTCFs, ACIP recommends further sub-prioritization.
1. Skilled Nursing Facilities should be prioritized among LTCFs as they provide care to the most medically vulnerable residents.
2. After skilled nursing facilities have been vaccinated, the remaining LTCFs should be prioritized by licensure type based on factors related to COVID-19 infection risk.
Phase 1B: As instructed by CDC, Pennsylvania is planning for limited but expanding supply of vaccine where people at higher risk and critical workers may receive initial doses. Critical workers will be identified through ACIP recommendations and the advisement of the Vaccine Crisis Committee.
"Critical workers" and "essential workers" refers to the ACIP's definition that can be found here and is based off of the Cybersecurity & Infrastructure Security Agency's guidance. This includes workers who are essential to continue critical infrastructure and maintain the services and functions Americans depend on daily and workers who cannot perform their duties remotely and must work in close proximity to others.
First Responders: Phase 1B: On scene, cannot work remotely or maintain social distancing

- Law enforcement…
- Fire/rescue personnel…
- PA National Guard responders not included otherwise in Phase 1a…
- Older Adult Protective Services, Adult Protective Services, Child Protective Services…

Critical Workers: Phase 1B: Essential business personnel who cannot work remotely or maintain social distancing.

- Critical Manufacturing Sector…
- Emergency Services Sector…
- Energy Sector
  - People who conduct home/business visits for electrical assessments and repairs, gas supply assessments and repairs…
- Food and Agriculture Sector …
- Workers serving people in congregate settings not otherwise included in Phase 1A
  - Correctional facilities/juvenile justice facilities
  - Homeless shelters
  - Domestic violence/rape crisis shelters
  - Office of Children, Youth, and Families Child Residential Facilities
- Nuclear Reactors, Materials, and Waste Sector o Onsite technical personnel, emergency responders
- Transportation Systems Sector…
- Water and Wastewater Systems Sector…
- Education…
- Employees caring for Children or Adults in Early Childhood and Adult Day Programs…
- Other high-risk services/activities…

High Risk Conditions: Phase 1B: People with high risk conditions leading to more severe disease and poor outcomes if infected with COVID-19

- Underlying Medical Conditions
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)…
- Age associated high risk
  - People age 65 years and older
- Residents of congregate settings and individuals receiving home and community-based services not otherwise specified as a LTCF…

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand:
Focus on ensuring access to vaccine for members of Phase 1 critical populations who were not yet vaccinated as well as for the general population; expand provider network.

- Those involved in broader health provision
- Those who face greater barriers to access care if they become seriously ill
- Those contributing to maintenance of core societal functions
- Those whose living or working conditions give them elevated risk of infection, even if they have lesser or unknown risk of severe illness and death

Populations considered for Phase 2 include select people from the following categories: ➢ Critical Workers ➢ People with high-risk conditions ➢ People with vaccine access challenges

Critical Workers: Phase 2: Essential business personnel who cannot work remotely or maintain social distancing not considered in Phase 1. Also, people who interact directly with the public. "Critical workers" and "essential workers" refers to the ACIP's definition that can be found here and is based off of the Cybersecurity & Infrastructure Security Agency's guidance. This includes workers who are essential to continue critical infrastructure and maintain the services and functions Americans depend on daily and workers who cannot perform their duties remotely and must work in close proximity to others

High Risk Conditions: Phase 2: Expanded health conditions as per CDC guidance and additional age category and additional residents of congregate settings not as

- Underlying health conditions who might be at high risk
- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines…

Phase 3: Likely Sufficient Supply, Slowing Demand

Focus on remainder of all Phase 1 and Phase 2 populations, expand to general population, complete vaccine series

General Population: Phase 3: • All persons of any age not previously vaccinated

Vaccine Access Challenges: Phase 3: The DOH will partner with professional member organizations for hospitals, including Public Health Management Corporation (PHMC),

Hospital and Health system Association of Pennsylvania (HAP), and Pennsylvania Association of Community Health Centers (PA ACHC) and CMHDs. A letter will be drafted to notify the organizations and their members to inform them of the upcoming COVID-19 vaccination efforts in accordance to CDC guidelines through group prioritizations. Shortly thereafter of this notification, guidance in completing the provider agreement will be distributed to all eligible hospitals, Federally Qualified Health Centers (FQHCs) and CMHDs. In addition, the DOH will engage the pharmacies as needed to assist with LTCF vaccinations. The DOH has identified a potential workflow with needed resources for onboarding potential COVID-19 providers for Phase 1 of the COVID-19 vaccination campaign…

- The DOH is obtaining a current listing of all hospitals, FQHCs and CMHDs (excluding Philadelphia) to compare to those currently enrolled and actively reporting to the Pennsylvania Statewide Immunization Information System (PA-SIIS) in order to identify those facilities that have not adopted the PA-SIIS. The focus will then lie on the training of those facilities that have not adopted the PA-SIIS.

At 10-17, Pennsylvania COVID-19 Interim Vaccination Plan, V.3.0, PA COVID-10 Vaccine Task Force/ PA Dept. of Health (Dec. 11, 2020), available at: https://www.health.pa.gov/topics/Documents/Programs/Immunizations/Vaccine%20Plan%20V.3%20FINAL.pdf

More information can be found at:

a) Pennsylvania COVID-19 Interim Vaccination Plan: https://www.health.pa.gov/topics/Documents/Programs/Immunizations/Vaccine%20Plan%20V.3%20FINAL.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary): https://www.cdc.gov/vaccines/covid-19/downloads/pennsylvania-jurisdiction-executive-summary.pdf

c) Philadelphia Interim COVID-19 Vaccination Plan (Executive Summary – draft): https://www.cdc.gov/vaccines/covid-19/downloads/philadelphia-jurisdiction-executive-summary.pdf

Rhode Island:

I. "Rhode Island officials said they expected initial shipments with 10,000 Pfizer doses and 19,000 Moderna doses."[48]

II. The following is Rhode Island's strategies on three-phased approach:

Phase 1

[48] Ivory *et al.*, *supra* note 2.

As noted previously, **Phase 1A** will focus efforts on high-risk healthcare workers and first responders. The following strategies may be adopted to administer vaccines during Phase 1A:

- Engaging healthcare facilities and organizations to activate pre-developed Closed POD plans and/or internal staff immunization processes to administer vaccines to their high-risk personnel.
- Activating one or more centralized Closed PODs to administer vaccines to high-risk healthcare workers, regardless of their place of employment.
- Activating one or more centralized Closed PODs to administer vaccines to first responders.

In **Phase 1B**, efforts broaden to include people with significant comorbid conditions (defined as having two or more) and older adults in congregate or overcrowded settings. The following strategies may be adopted to administer vaccines during Phase 1B:

- Activating Closed PODs in long-term care facilities and assisted living residences not directly engaged by the federal government.
- Activating one or more centralized Closed PODs to administer vaccines to individuals with comorbid conditions. This will include engaging healthcare providers and health insurance companies to contact their patients and clients with significant comorbid conditions to notify them of the Closed PODs.
- Engaging with home healthcare agencies to administer vaccines to their homebound clients who have significant comorbid conditions.
- Engaging with private ambulance companies to administer vaccines to homebound individuals who have significant comorbid conditions.
- Activating one or more Closed PODs in congregate care settings with large older-adult populations.
- Providing vaccine to specialty providers/clinics with patients who are being treated for high-risk comorbid conditions

As noted in Section 2, the federal government is unilaterally engaging several types of organizations – long-term care facilities, the Department of Defense, major chain pharmacies, and federally recognized Tribes – with offers of directly providing vaccine and, in some cases, vaccination capabilities and personnel resources to administer vaccine. Rhode Island will work to coordinate its mass vaccination efforts with those occurring in the state that are directed or arranged by the federal government. It is likely such activities will occur in Phase 1B.

Phase 2

As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives:

- To provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations.
- To ensure high vaccine uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19.

With an increase in supply of vaccine, Rhode Island will have the flexibility to expand opportunities to the following populations:

- K-12 teachers, school staff, and childcare providers
- Critical workers in high-risk settings

- People with moderate comorbid conditions
- People in homeless shelters or group homes and staff
- Incarcerated or detained people and facility staff
- All older adults

Lessons learned from efforts in Phase 1 will be incorporated into the selection and implementation of vaccination strategies in Phase 2.
The following strategies may be adopted to administer vaccines during Phase 2:

- Closed PODs in high-risk critical infrastructure and other essential sites for their personnel.
- Closed PODs for in K-12 schools for their teachers and staff.
- Closed PODs for childcare provider organizations…

As supply increases over the course of Phase 2, Rhode Island will continually broaden eligibility to receive the vaccine to population groups beyond those already targeted, to include members of the general population, if supply levels permit.

Phase 3
When vaccine supply meets demand, Rhode Island will broaden vaccine availability to all members of the general public, prioritizing young adults, children, and workers in industries important to the functioning of society.
Lessons learned from efforts in Phase 1 and 2 will be incorporated into the selection and implementation of vaccination strategies in Phase 3.
The following strategies may be adopted to administer vaccines during Phase 3:

- Ensuring availability of vaccine to all healthcare providers authorized to administer them.
- School-based PODs or vaccine clinics.
- General public PODs operated by municipalities.
- General public vaccine clinics operated by mass vaccinators.

At 13-15, COVID-19 Vaccination Plan (Interim Draft), v. 1, Rhode Island Dept. of Health (Oct. 16, 2020), available at https://health.ri.gov/publications/plans/RI-COVID-19-Vaccination-Plan-Interim-Draft.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Interim Draft): https://health.ri.gov/publications/plans/RI-COVID-19-Vaccination-Plan-Interim-Draft.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/rhode-island-jurisdiction-executive-summary.pdf

South Carolina:

I. "South Carolina officials said they expected 200,000 to 300,000 doses in December, but would not be sure of the amount until the shipments arrived."[49]

II. South Carolina plans for the three-phased approach as following:

> **Phase 1: Limited Doses Available**.
> … a. Identification of Phase 1 Critical Populations
> (1) Populations of focus for initial COVID-19 vaccine doses are expected to include healthcare personnel, people at high risk, and critical infrastructure workers, other essential workers, and people at higher risk for severe COVID-19 illness.
> (2) Per federal guidance, DHEC has convened a COVID-19 Vaccine Advisory Committee engaging representatives from state agencies and professional and community organizations representing critical partners and populations to assist in the formulation of recommendations for the equitable access to COVID-19 vaccines.
> (3) The COVID-19 Vaccine Advisory Committee's recommendation will help inform decisions regarding critical population prioritization and public messaging. These recommendations will be reviewed by the Unified Command Group (UCG).
> (4) Due to likely insufficient vaccination supply, DHEC will prioritize vaccine allocation to the initial subsets outlined by CDC:
>
> - Phase 1-A: Paid and unpaid people serving in healthcare settings to initially maximize vaccination for those serving in roles that reduce COVID-19 morbidity and mortality, and reduce the burden on strained health care capacity and facilities or who can potentially or indirectly be exposed to patients or infectious materials.
> - Phase 1-B: People who play a crucial role in sustaining essential functions of society running and cannot socially distance in the workplace (e.g., healthcare personnel not included in Phase 1-A, emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, and childcare providers), and people at increased risk for severe COVID-19 illness, including people 65 years of age or older. https://www.osha.gov/SLTC/covid-19/hazardrecognition.html
>
> b. Vaccine Allocation
> (1) The federal government will determine the amount of COVID-19 vaccine designated for each state. The Tiberius Platform is a planning tool provided by U.S. Department of Health and Human Services (HHS) Operation Warp Speed that allows the State to view allocations to Federal entities (i.e. Indian Health Services (IHS)) and to the State in real-time.
> (2) SC Phase 1 allocation method will be based on:
>
> - SC Vaccine Advisory Committee recommendations
> - Actual number of doses allocated to the state and timing of availability
> - Populations served by vaccination providers and geographic locations to ensure distribution throughout the jurisdiction
> - Vaccination provider site capacity for vaccine storage and handling capacity
>
> (3) An algorithm that accounts for each of the factors listed in the following bullets aids in the allocation process during limited supply.

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[49] Ivory *et al.*, *supra* note 2.

• Initially:
  ▪ The number of Phase 1-A recipients a site can vaccinate
  ▪ A site's vaccine storage and handling capacity
  ▪ A site's geographic location
  ▪ Allocation(s) received and timing
• Once all Phase 1-A recipients choosing to be vaccinated have received at least the 1st dose:
  ▪ Allocation(s) received on a manufacturer/product specific level and timing
  ▪ The number of Phase 1-B recipients a site can vaccinate.
  ▪ A site's vaccine storage and handling capacity ▪ A site's geographic location

(4) The State Epidemiologist and DHEC Public Health Director or designees will review the COVID-19 Vaccine Advisory Committee's recommendations and provide directions to the DHEC Immunization Branch to implement the recommendations that are in keeping with the algorithm for the allocation process and are determined to maximize benefit and minimize harm to the population as a whole.
(5) Select federal entities will receive direct allocation from CDC (e.g., select tribal nations via IHS, the Veterans' Administration's hospitals and nursing homes, and US Department of Defense instillations)…

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

a. Vaccine Provider Recruitment and Enrollment

(1) Recruit and enroll providers to vaccinate additional critical populations and eventually general populations when sufficient vaccine supply becomes available.
(2) Recruit and enroll non-federal pharmacy partners and Federal Qualified Health Centers (FQHC), especially in rural areas, to ensure that rural populations can access vaccines.
(3) Recruit and enroll non-traditional COVID-19 vaccine providers and settings (i.e. colleges/universities, homeless shelters, independent living communities, dentists, and ophthalmologists)
(4) Providers will continue to enroll via State's Immunization program.
(5) Activation of Phase 2 providers will increase due to the need to vaccinate the general public and complete remaining Phase 1 critical populations.

b. Vaccine Allocation and Ordering

(1) DHEC's Immunization Branch will continue to process orders via VAMS and upload orders to VTrckS.
(2) Allocations to Phase 1 providers will continue to be prioritized to ensure vaccination of Phase 1 critical populations.
(3) Begin transitioning vaccination services to general population.
(4) Select Federal entities in South Carolina will enroll directly with CDC to order, receive and administer COVID-19 vaccine. CDC will notify the state of any entities receiving direct allocations. Figure 5 outlines federal entities in SC to receive direct allocation…

c. Vaccine Distribution

(1) Begin demobilization of State RSS site. End goal is to have all vaccines directly shipped to enrolled providers.
(2) COVID-19 vaccines will be directly shipped to enrolled providers (to include DHEC regional health departments) by the CDC.
(3) The state will continue to supplement federal ancillary kits until providers are capable of ordering and receiving adequate supplies...
Phase 3: Likely Sufficient Supply
a. Vaccine Allocation
(1) Continue to focus on equitable access to vaccination services
(2) Monitor COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations
b. Vaccine Distribution
(1) RSS Operations have been demobilized. All active and enrolled providers will be able to receive vaccines directly from CDC.
(2) State ancillary kits will be provided to DHEC coordinated clinics.
c. Vaccine Administration
(1) COVID-19 Vaccine will be widely available and integrated into routine vaccination program, run by both public and private partners.
(2) COVID-19 vaccine will be available at DHEC Health Departments. Clients will utilize the Careline to schedule COVID-19 vaccine appointment.
(3) As federal guidance becomes available about the safety and efficacy of COVID-19 vaccines for children (under 18 y/o), it would be included into the routine Vaccine for Children (VFC) program…

At 6-21, COVID-19 Vaccine Plan, South Carolina COVID-19 Response Plan (Dec. 2020), available at https://scdhec.gov/sites/default/files/media/document/COVID-19%20Vaccine%20Plan%20Updated%20120720_0.pdf

More information can be found at:

a) South Carolina COVID-19 Response Plan:
https://scdhec.gov/sites/default/files/media/document/COVID-19%20Vaccine%20Plan%20Updated%20120720_0.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/south-carolina-jurisdiction-executive-summary.pdf

South Dakota:

I. "The South Dakota Department of Health expects about 7,800 doses of Pfizer vaccine in December, officials there said."[50]

[50] Ivory *et al*., *supra* note 2.

II. South Dakota's plan for the three-phased approach for COVID-19 vaccination is as follows:

Phase 1: Potentially Limited Doses Available

SDDOH will focus initial efforts on reaching critical populations identified by the ACIP and incorporating the SD Vaccination Allocation matrix.

SDDOH recruited the three primary South Dakota Healthcare Systems. Avera, Sanford, and Monument Health, which include hospital, clinic, and long-term care facilities, will provide vaccination services to the priority populations across the state throughout Phase 1 and Phase 2. Prairie Lakes Healthcare System and Mobridge Regional Hospital will participate in Phase 1 vaccinations. The healthcare systems have a vast network of facilities that will be used as vaccination sites. Systems will vaccinate all eligible individuals in the priority populations as allocation allows. Systems will not prioritize vaccinations to staff or patients solely within their system of care. Vaccination will be available at system locations and open to internal and external workforce ensuring the independent facilities participate in vaccination opportunities. SDDOH and the healthcare systems will select Phase 1 vaccination locations by leveraging their healthcare network facilities…

Vaccination clinics will be held in closed PODs which target specific populations requiring vaccination during a short time frame. The systems will provide notice to SDDOH of vaccination services a minimum of seven days in advance. As vaccination supply increases and SDDOH transitions to Phase 2, we will increasingly use alternate methods of vaccination such as drive through clinics, and open PODs. Open PODs allow for larger populations to be vaccinated. The healthcare systems will plan, schedule, vaccinate, and report clinic vaccination data to the SDIIS within 24 hours of a vaccination clinic.

SD Tribes elected to receive a direct allocation of the COVID-19 vaccine from the federal government to receive the COVID-19 vaccine. Tribes completed the Tribal Engagement tool to indicate their vaccine allocation preference. SDDOH will make available training and technical assistance support to Tribes and IHS facilities.

Long-term care facilities may elect to receive vaccination services for residents during Phase 1b through pharmacies contracted with the federal government (CVS and Walgreens) or to select their current vaccination provider. SDDOH and federal partners will survey pharmacies to determine preferences and coordinate with nationally contracted chain pharmacies. Long-term care facilities electing to work with pharmacies unable to provide vaccination services will be vaccinated through the contracted healthcare systems.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

SDDOH will continue with phase one activities while expanding provider enrollment to include smaller providers, private clinics, rural and federally qualified health centers, pharmacies, employers, and non-traditional vaccinators. SDDOH will adapt the content and target audience of public messaging to ensure outreach to the targeted population. As vaccination supply increases and SDDOH transitions to Phase 2, we will increasingly use open PODs.

Providers will place COVID-19 vaccine orders using the SDIIS order function. SDDOH will evaluate the order and compare the doses ordered to the providers' reported patient

population size. SDDOH will contact providers with discordant orders and work with providers to determine the appropriate doses for their location.
Providers will initiate traditional vaccination services including clinic appointments and/or walk-ins, mobile vaccination clinics, and vaccination strike-teams. SDDOH will identify rural areas without access to care within a 50-mile radius and organize PODs for initial and second dose vaccination. Providers will incorporate reminder recall activities for those requiring a second dose using their EMR, SDIIS, and COVID-19 vaccination cards provided at the first dose.

Phase 3: Likely Sufficient Supply, Slowing Demand
SDDOH anticipates an ample COVID-19 vaccine supply that will outreach demand. SDDOH will analyze SDIIS and Tiberius data by county to determine under-vaccinated populations. Public events, PODs, and alternate delivery methods will target pockets of need and data will be shared with area providers for awareness. Providers will return to routine vaccination services. SDDOH will maintain Community Health offices for Safety Net COVID-19 vaccination.

At 9-10, COVID-19 Vaccination Plan, V. 3.0, South Dakota Dept. of Health (Dec. 14, 2020) available at: https://doh.sd.gov/documents/COVID19/SD_COVID-19VaccinationPlan.pdf

More information can be found at:

a)COVID-19 Vaccination Plan: https://doh.sd.gov/documents/COVID19/SD_COVID-19VaccinationPlan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/south-dakota-jurisdiction-executive-summary.pdf

Tennessee:

I. Pfizer vaccine: One tray (975 doses) of the State's allocation of Pfizer vaccine will be reserved by the State in case of spoilage of vaccine shipped to facilities. The remaining doses will be allocated to hospitals that will be able to administer 975 doses of vaccine to Phase 1a individuals within 14 days. The State anticipates receipt of approximately 58 trays (56,550 doses) of Pfizer vaccine with the first distribution, and a similar allocation in the second distribution that will be used to provide the second dose to the first vaccinated cohort
Moderna vaccine: Five percent (approximately 5,000 doses) of the State's allocation of Moderna vaccine will be reserved by the State in case of spoilage or vaccine shipped to facilities. Each county health department will receive a minimum of one box (100 doses) of vaccine from the first allocation. The remaining doses will be allocated to county health departments and hospitals that did not receive Pfizer vaccine for the purpose of vaccinating the Phase 1a population. In addition, a portion of the initial allocation will be held back by the federal government for the purpose of vaccinating residents and staff of long-term care facilities.

At 11, COVID-19 Vaccination, Draft, V. 2., Tennessee Dept. of Health (Dec. 2, 2020), available at: Planhttps://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID-19_Vaccination_Plan.pdf

II. Tennessee has specified the target groups during different vaccination phases as following:

Phase 1a1

- Hospitals/ Free-standing emergency department staff with direct patient exposure and/or exposure to potentially-infectious materials
- Home care staff
- COVID-19 mass testing site staff
- Student health providers
- Staff and residents of LTCF…
- First responders with direct public exposure
- First Priority
  - Age ≥65 yo
  - Cancer
  - Chronic Kidney Disease…

Phase1a2

Other health care workers with direct patient exposure

- Primary care provider and staff
- Outpatient specialty provider and staff working with acute patients
- Pharmacists and staff
- Patient transport
- Outpatient therapists
- Urgent visit center providers and staff
- Environmental services
- Oral health providers
- Behavioral health providers
- First Priority
  - Age ≥65 yo
  - Cancer
  - Chronic Kidney Disease…

Phase 1b

Adults with two or more high-risk conditions

- Cancer
- Chronic renal disease
- COPD/pulmonary fibrosis/Cystic Fibrosis/moderate-severe asthma
- Solid organ transplant
- Obesity (BMI ≥30)…
- First Priority
  - Age ≥65

Phase 2

- Critical infrastructure workers

- K-12 teachers, school staff and childcare workers
- All ages with comorbid/underlying conditions with moderate risk (one condition)
- Health individuals ages≥65
- Congregate care resides and staff
- Corrections residents and staff
- First Priority
  - Age ≥65yo within all groups

Phase 3
- Young adults
- Children
- Workers in industries/entities important to society and with higher risk of exposure
  - Universities
  - Entertainment
  - Goods-producing industries

Phase 4
- Anyone not already vaccinated

Additionally, phases may be sub-prioritized, with individuals in each population who have conditions or circumstances that place them at significant risk for poor outcomes given first opportunity to receive vaccine.

Id. at 12-15.

More information can be found at:

a) COVID-19 Vaccination Plan (Draft): https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID-19_Vaccination_Plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/tennessee-jurisdiction-executive-summary.pdf

Texas:

I. "Texas officials said they expected 1.4 million doses of vaccine in December."[51]

II. Texas plans to structure its phased approach to COVID-19 vaccination as the following:

Phase 1: Potentially Limited COVID-19 Vaccine Doses Available
In the initial phase, or Phase 1, of the COVID-19 Vaccination Program, doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. Key considerations in planning for this phase are:
- COVID-19 vaccine supply may be limited.

[51] Ivory *et al*., *supra* note 2.

- COVID-19 vaccine administration efforts must concentrate on the vulnerable and frontline populations to achieve vaccination coverage in those groups.
- Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.

Texas will prioritize enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to vulnerable and frontline populations of focus for Phase 1, and considering those who live in remote, rural areas and who may have difficulty accessing vaccination services. Allocations will be equitable among geography and facility types. Simultaneously, Texas will develop operational procedures for any temporary or mobile clinics planned for Phase 2.

Phase 2: Large Number of Doses Available; Supply Likely to Meet Demand

As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives:

- Provide equitable access to COVID-19 vaccination for all vulnerable and frontline populations to achieve high COVID-19 vaccination coverage in these populations.
- Ensure high uptake in specific populations, particularly in groups that are at higher risk for severe outcomes from COVID-19.

The key considerations in planning for Phase 2 are:

- COVID-19 vaccine supply will likely be sufficient to meet demand for vulnerable and frontline populations as well as the public.
- Additional COVID-19 vaccine doses available will permit an increase in vaccination providers and locations.
- A surge in COVID-19 vaccine demand is possible, so a broad vaccine administration network for surge capacity will be necessary.
- Low COVID-19 vaccine demand is also a possibility, so jurisdictions should monitor supply and adjust strategies to minimize vaccine waste.

Texas will adapt to the increase in COVID-19 vaccine supply levels by:

- Expanding vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for all populations.

During Phase 2, Texas expects to administer vaccine through:

- Commercial and private sector partners (pharmacies, doctors’ offices, clinics).
- Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health clinics, temporary/off-site clinics).
- Specialized vaccine teams to target areas with limited access in coordination with local and regional leadership.

Phase 3: Likely Sufficient Supply

Ultimately, COVID-19 vaccine will be widely available and integrated into routine vaccination programs, run by both public and private partners. The key considerations in planning for Phase 3 are:

- The COVID-19 vaccine supply will likely be sufficient, and supply might exceed demand.

- A broad vaccine administration network will become available for increased access.

Strategies that Texas will consider:

- Continuing to focus on equitable vaccination access to vaccination services.
- Monitoring COVID-19 vaccine uptake and coverage in vulnerable and frontline populations and enhancing strategies to reach populations with low vaccination uptake or coverage.
- Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available.
- Monitoring supply and repositioning refrigerated vaccine products to minimize vaccine waste

Phase 4: Sufficient supply

COVID-19 vaccine will be at a decreased need due to most of the population being vaccinated previously. May include boosters or annual vaccines if required. Strategies that Texas will consider:

- Vaccine availability open throughout private providers. Population able to visit provider of choice.
- Monitoring COVID-19 vaccine uptake and coverage in vulnerable and frontline populations and enhancing strategies to reach populations with low vaccination uptake or coverage.
- Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available.
- Monitoring supply and repositioning refrigerated vaccine products to minimize vaccine waste.

At 9-11, COVID-19 Vaccination Plan, Texas Dept. of State Health Services (Draft) (Oct. 16, 2020), available at https://www.dshs.state.tx.us/news/updates/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Draft): https://www.dshs.state.tx.us/news/updates/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/texas-jurisdiction-executive-summary.pdf

Utah:

I. “Utah officials said they expected to receive 154,400 doses of vaccine in three December shipments, including an initial batch of 23,400 Pfizer doses. ”[52]

[52] Ivory *et al.*, *supra* note 2.

II. The following is Utah’s plan for its three-phased approach:

Phase 1: Potentially Limited Doses Available

Phase 1: As mentioned earlier, Utah has a PW that includes many partners. With limited supply of vaccine, this prioritization workgroup will meet on a weekly basis to make a determination based on CDC and ACIP guidelines of healthcare providers to receive the vaccine during this phase. A survey will be sent to identified hospitals to receive the vaccine as identified by the PW. The survey will help the UIP identify volumes per group …

Wave 1 - Limited Doses
A select number of hospitals with the highest COVID-19 response will be enrolled to conduct vaccination among their healthcare personnel (HCP) who are identified as most at-risk by their health organization system.

Wave 2 & 3
As additional doses become available, facilities receiving doses within Wave 1 will begin to receive 2nd dose shipments for vaccinated personnel. Remaining hospital facilities will be enrolled to vaccinate their healthcare personnel most at-risk. Then remaining healthcare personnel, including clinics, pharmacy staff, COVID-19 Testing Center Staff, Long-Term Care/Assisted Living/Skilled Nursing staff and other healthcare personnel, will be included for vaccination and potential enrollment depending upon their storage and utilization.

Once this population is identified through the survey, onboarding documents such as the CDCCOVID Vaccination Provider Agreement and Provider Profile will be sent to the initial healthcare facilities to get registered to receive the vaccine. Ongoing enrollment will be conducted in the Utah Statewide Immunization System (USIIS) when the new module is available.

Note: People serving in the healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.

Phase 1B:

Wave 1
LTCF residents (e.g., nursing home, assisted living, independent living facility residents)

Wave 2
First responders, EMS personnel, commercial and private sector partners (e.g. pharmacies, doctors’ offices, clinics)

Wave 3
Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHC), public health clinics

Big chain pharmacies will receive vaccines from the federal government once the agreements are signed. They will not receive the vaccine through the UIP. Big chain pharmacies will contact LTCF to vaccinate residents. Pharmacies have teams that will go to the LTCF in urban and rural areas and vaccinate the residents.

●Staff and resident recommendations - On-site vaccination services provided by pharmacy partners receiving direct federal allocations.

●Self-administration or administration by a provider of their choice with vaccine from state allocation.

●Understanding staff and resident recommendations - It is recommended that staff and resident vaccinations occur at the same time when big chain pharmacies once their allocation from the federal government. It would make it easier for both groups to be vaccinated within LTCF and coordinated with big chain pharmacies.

●They will not receive the ultra-cold vaccine.

Note: People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace and people at increased risk for severe COVID-19 illness, including people 65 years of age or older.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

●With increased available supply UIP will expand provider enrollment.

●Provider enrollment will be conducted online through USIIS during phase 2.

●Smaller pharmacies, doctors' offices, and clinics will be allowed to enroll.

●At this point we expect that big chain pharmacies will continue to receive vaccines through the federal government, while smaller pharmacies, doctors' offices, clinics LHDs will receive vaccines through UIP.

●UIP will monitor surge in COVID-19 vaccine demand and adjust ordering strategies to minimize vaccine wastage.

Phase 3: Likely Sufficient Supply, Slowing Demand

●UIP and LHDs will continue partnerships within the public and private sectors to ensure access to the COVID vaccine.

●Public health will continue services throughout the community as identified by state and LHDs.

●Continued monitoring of COVID-19 vaccine uptake and coverage through population data, so the UIP and LHDs can enhance strategies that target areas that are low in coverage.

●Continued monitoring of vaccine to minimize vaccine wastage and improve vaccine coverage throughout the LHDs.

At 9-11, COVID-19 Vaccination Plan, V. 1,Rich Lakin, Immunization Program, Utah Dept. of Health (Oct. 16, 2020), available at: https://www.scribd.com/document/481070793/COVID-19-Vaccination-Plan

More information can be found at:

a) COVID-19 Vaccination Plan (Version Number 1): https://www.scribd.com/document/481070793/COVID-19-Vaccination-Plan

b)Vaccine Distribution Timeline: https://coronavirus-download.utah.gov/Health/Vaccine_Timeline.pdf

c) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/utah-jurisdiction-executive-summary.pdf

Vermont:

I. "Officials in Vermont said they had ordered 5,850 doses of vaccine and expected their initial shipment in mid-December. "[53]

II. Vermont has structured its vaccination allocation as the following:

Phase 1A and B:
To reach those populations identified in 1A and 1B, mass vaccination clinics will be provided across the state through a variety of vaccine clinic models. The current plan under development will:

- Determine the number in each designated critical population
- Enroll all health care facilities or organizations that will receive/administer COVID-19 vaccine as a COVID-19 Vaccination Provider.
- Facilities/organizations that enroll in the program and can vaccinate health care workers (hospitals) will be asked to conduct clinics.
- Facilities/organizations that have signed a Memorandum of Agreement to provide vaccination services to an identified "critical" population and meet all requirements will provide vaccine through a closed Point of Distribution (POD) will be utilized to reach critical populations.

[53] Ivory *et al.*, *supra* note 2.

• Based on current CDC guidance, residents of long-term care facilities (LTCF's) will be vaccinated by one of two national chain pharmacies that CDC will contract with. Further details are expected soon.
• VDH will determine the need for mass vaccination clinics (Open PODs) to address any gaps or regional needs. Open POD locations that have been previously designated will be used as allocation to provide these services.
• GIS mapping will be utilized to determine coverage and access needs
• VDH will work with the pharmacies, EMS providers, Federally Qualified Health Centers, Visiting Nurse Associations and others to supplement vaccine administration efforts

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand
In Phase 2, access will be expanded to provide COVID-19 vaccination fully utilizing Vermont's strong medical home system. The current system used by the Vermont Vaccination Program to provide over $16 million in vaccines annually to primary care providers, will be used to supply COVID-19 vaccination. In addition, pharmacies will be enrolled to expand access for adults 18 years and older.
Activities offered in Phase 1 may need to be continued and could include the addition of large drive-through clinics. Access may be expanded to specific population groups, depending on demand and access issues.
The Medical Reserve Corps (MRC) will be utilized for staffing support, as needed and available. The MRC are currently supporting influenza vaccine clinics in some areas of the state, gaining recent experience with vaccination clinics.

Phase 3: Likely Sufficient Supply, Slowing Demand
The primary care medical home system and pharmacies will be key players in ensuring access to COVID-19 vaccine in Phase 3. By Phase 3, it is expected that a majority of primary care providers (PCPs) currently enrolled in the Vermont Vaccine Program will be enrolled in the COVID-19 Vaccination Program.
Data will be essential in determining vaccination levels among various populations, to plan for targeted outreach in Phase 3, if indicated. The Vermont Immunization Registry and GIS mapping will be utilized to assess COVID-19 vaccination rates statewide and by county and town.
Use of PCP's to conduct outreach in rural and more urban communities, has been effective in expanding access to influenza vaccine this Fall. Funding for operational support to PCP's to offer off-site clinics has been shown to increase access to young children and school age children. Mass vaccination efforts will be limited to special situations.

At 10-11, COVID-19 Vaccination Plan (Draft), V.1, Christine Finley, Vermont Dept. of Health, available at:
https://www.healthvermont.gov/sites/default/files/documents/pdf/Vermont%20Jurisdictional%20COVID-19%20Vaccination%20Plan_Interim%20Draft.10.21.2020.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Draft):
https://www.healthvermont.gov/sites/default/files/documents/pdf/Vermont%20Jurisdictional%20COVID-19%20Vaccination%20Plan_Interim%20Draft.10.21.2020.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/vermont-jurisdiction-executive-summary.pdf

Virginia:

I. On December 22, 2020, Virginia Department of Health announced that it expects to have 140,000 doses of Moderna on December 23, 2020, pending the approval by the U.S. Food and Drug Administration. It was also allocated about 50,000 doses of Pfizer the week of December 22, 2020[54]

II. A part of Virginia's COVID-19 Vaccination Plan states:

> …In the event that Virginia's allocation during Phase 1 is insufficient to vaccinate all those included in the initial populations of focus, it is important for the Virginia Unified Command to identify and estimate the subset groups (i.e., Phase 1-A, Phase 1-B) within these initial populations of focus to determine who will receive the first available doses of COVID-19 vaccine. The Virginia Unified Command will review current ACIP work group considerations, along with the Virginia Vaccine Advisory Group's input, for assistance in identifying, prioritizing, and estimating Phase 1 sub-population groups. Considerations for Phase 1 subset groups may include, for example:
>
> - Phase 1-A: Paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials.
> - Phase 1-B: People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, childcare providers), adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness, and people 65 years of age or older (including those living in LTCFs).
>
> There may be insufficient COVID-19 vaccine supply initially to vaccinate all those who fall into the Phase 1-A subset, so the Virginia Unified Command should plan for additional subsets within that group. Phase 1-B and Phase 2 planning may also benefit from identifying subsets of population groups if there is high demand for vaccine.
>
> VI. Vaccine Provider Recruitment and Enrollment
> An adequate network of trained, technically competent COVID-19 vaccination providers in accessible settings is critical to COVID-19 Vaccination Program success. For this reason, COVID-19 vaccination provider recruitment and enrollment may be the most critical activity conducted before vaccine becomes available. Early planning efforts will

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[54] Virginia Begins Receiving Moderna Vaccine this Week, Virginia Dept. of Health, (Dec. 22, 2020), available at: https://www.vdh.virginia.gov/blog/2020/12/22/virginia-begins-receiving-moderna-vaccine-this-week/

> focus on engaging those vaccination providers and services that can rapidly vaccinate initial populations of focus … as soon as a COVID19 vaccine is available in Phase 1. Concurrent and subsequent planning will include measures for recruiting and enrolling enough providers to vaccinate additional critical populations and eventually the general population when sufficient vaccine supply is available (Phases 2 and 3).

At 29-30, COVID-19 Vaccination Plan (Interim Draft), V.2., Virginia Dept of Health (Nov. 16, 2020), available at: https://www.vdh.virginia.gov/content/uploads/sites/11/2020/11/DRAFT-Virginia-COVID-19-Vaccine-Campaign-Plan.pdf

> **Federal Direct Allocation to Pharmacy Partners during Phase 2**
>
> To vaccinate a broader population group in Phase 2, vaccine will be allocated and distributed directly from the federal government to select pharmacy partners. Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government. As part of such agreement, before receiving COVID-19 vaccine, the partner must propose, in writing, its minimum capacity for vaccine administration, including a) the number and location of facilities that will administer COVID-19 vaccine, b) the estimated number of COVID-19 vaccine doses that each facility will be able to administer within defined periods, and c) estimated cold chain storage capacity.
>
> On a daily basis, pharmacy partners must report to CDC via designated methods the number of doses of COVID-19 vaccine a) ordered by store location; and b) on hand in each store reported through *VaccineFinder*. Pharmacy providers will also be required to report CDC-defined data elements related to vaccine administration to VIIS. CDC will provide information on these data elements and reporting methods if stores are not able to directly provide data to VIIS.
>
> CDC partnerships with pharmacies located in the Commonwealth will need to be synchronized with VDH to improve vaccination coverage and ensure transparency across the COVID-19 Vaccination Program. VDH will have visibility on vaccine supply and uptake data by store within the state…

Id. at 38.

More information can be found at:

a) COVID-19 Vaccination Plan (Interim Draft): https://www.vdh.virginia.gov/content/uploads/sites/11/2020/11/DRAFT-Virginia-COVID-19-Vaccine-Campaign-Plan.pdf

b) Vaccine Distribution Process: https://www.vdh.virginia.gov/content/uploads/sites/11/2020/11/HHSFlowchart.jpg

c) Interim COVID-19 Vaccination Plan (Executive Summary, Draft): https://www.cdc.gov/vaccines/covid-19/downloads/virginia-jurisdiction-executive-summary.pdf

Washington:

I. "Washington State officials said they expected 222,000 doses of the Pfizer vaccine and 183,000 doses of the Moderna vaccine before the end of December, including an initial shipment of about 62,000 Pfizer doses. "[55]

II. State of Washington plans to structure its COVID-19 Vaccination program as the following:

Phase 1: Potentially Limited Doses Available

Phase 1 vaccination will be at specific sites highly targeted at those recommended first to receive FDA approved vaccine that is safe and effective. Recommendations for who receives vaccine in phase 1 will be based on ACIP recommendations, the National Academies' Framework for Equitable Allocation, and state allocation framework developed with input from partners and communities collected through mixed methods during fall 2020. Our goal is to use a staged approach and create points of access to reach those recommended to receive vaccine first.

Table 1 below lists groups that are identified for phase 1 vaccination (from national discussions and frameworks for the equitable allocation of vaccine), estimated state-level population sizes, and example locations for vaccination for each group. Further refinement, sub-prioritization, and sequencing work is needed to develop and operationalize allocation strategies during time-period of limited supply.

Possible Phase 1 Groups	State-level data – population size	Example locations for phase 1 vaccination
High-risk workers in health care settings (Table 1. Possible groups for phase 1 vaccination based on NASEM framework and ACIP discussions…)	~500,000 workers in health care settings (further prioritization required)	Hospitals, health care systems
High-risk first responders	EMS: 16,900 Police/law: 16,500 Firefighters: 7,800 Ambulance: 12,000 Total: 53,200	Mass vaccination points of dispensing (PODs), health care systems
People of all ages with comorbidities	Over 3 million (further prioritization required)	Pharmacies, health care systems, outpatient clinics
Older adults in congregate/crowded settings	Long-term care facility residents: 33,000	Long-term care facilities (with or without pharmacy partnerships)
Essential workers	TBD	Employer or occupational site PODs, pharmacies, mobile clinics, labor union partnerships

Planning work to identify and recruit vaccination sites for phase 1 will include collaboration with local health jurisdictions, health care systems, health care coalitions,

[55] Ivory *et al.*, *supra* note 2.

pharmacies, professional associations, and long-term care. We will seek input from internal and external groups about Phase 1 vaccination implementation; this input will inform us on prioritized allocation of at-risk health care providers and other essential workers for potentially limited doses of vaccine. The state's allocation framework also will be informed by cross-cutting equity considerations based on community and partner input. This could include considerations for areas of high COVID-19 disease or high social vulnerability indexes. Identifying and recruiting provider sites for phase 1 will also include assessing the capacity of health care systems, hospitals, and pharmacies to manage procedures as outlined in the CDC COVID-19 Vaccine Provider Agreement Form, CDC COVID-19 Vaccine Provider Profile, and the CDC COVID-19 Vaccine Storage and Handling Requirements.

The process for placing vaccine orders in phase 1 may differ from later phases when vaccine supply is more readily available. Early in the vaccination response with limited vaccine, the department may develop a process to push vaccine doses to specific locations instead of using a traditional vaccine ordering process through the state immunization information system (IIS). This would involve developing an allocation process for targeted provider sites identified to receive vaccine first and require close communication and collaboration with provider sites to coordinate the distribution of vaccine. This provider site identification and pre-booking process concept would be similar to what was used during early phases of the 2009 H1N1 vaccine distribution. In later phases, as vaccine supply increases to meet demand, vaccine ordering will transition to traditional methods using the IIS.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

During phase 2 when there is sufficient supply to meet demand, the state will need many vaccine administration locations. We will use a broad network of provider settings, including community health centers, pharmacies, primary care providers, community or business points of dispensing (PODs), long-term care facilities, congregate living facilities, and occupational health clinics. Both traditional and nontraditional vaccination sites will deliver vaccine to ensure that all people who are recommended to receive it have many access points. This is especially helpful to increase uptake among critical groups at highest risk for severe outcomes from COVID-19 disease.

While the partners previously mentioned will handle most vaccine distribution, mass vaccination clinics may supplement these efforts to provide access for specific communities or populations.

The department will partner with health care coalitions, business, labor and industry representatives, long-term care, education, and community organizations throughout the state to inform programmatic work, ensure vaccine uptake, and provide consistent messaging to build vaccine confidence and trust within communities.

Phase 3: Likely Sufficient Supply, Slowing Demand

Phase 3 moves to a steady state where there is sufficient supply to meet demand and vaccination continues to grow using routine provider networks proven to reach critical

> populations. While the department and our partners will promote completion of vaccination series, phase 3 will be an opportunity to enhance efforts to remind or recall individuals to complete any missing doses…

At 27-29, Interim COVID-19 Vaccination Plan, V. 1., Washington State Dept. of Health (Oct. 2020), available at: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/WA-COVID-19-Vaccination-Plan.pdf

More information can be found at:

a) Interim COVID-19 Vaccination Plan:
https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/WA-COVID-19-Vaccination-Plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/washington-jurisdiction-executive-summary.pdf

District of Columbia (Washington, D.C.):

I. "Washington, D.C.'s government said it expected to receive an initial allotment of 6,825 doses of the Pfizer vaccine."[56]

II. The District of Columbia Department of Health has planned for its three-phased approach as following:

> **Phase 1: Potentially Limited Doses Available**
>
> While implementing Phase 1 of the vaccine distribution plan, DC Health will continue SARS-CoV-2 mitigation and containment strategies, in addition to active influenza surveillance. Epidemiologic data from ongoing surveillance activities will be used to provide context regarding the critical populations to serve as priority groups for vaccinations in Phase 1 (and remaining groups during Phase 2), including shifts in data trends that may impact identified target groups…
>
> **Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand**
>
> The DC COVID-19 Vaccine Planning Group will lead the planning for logistical scenarios related to vaccine availability, procurement, and supply management. This will be in coordination with the District's Emergency Operations Center, DC's Health and Medical Coalition, and key agency partners such as the Homeland Security and Emergency Management Agency.
>
> DC Health will manage inventory and ordering through the new IIS for enrolled providers, who are authorized to administer the COVID-19 Vaccine. The new IIS will

[56] Ivory *et al.*, *supra* note 2.

also support vaccine management and distribution and redistribution, as needed. The various data dashboards will direct the Planning Team to areas of greatest need, which can be communicated to the public by linkages to facilities administering vaccines in their respective areas. If there are still vaccination gaps or pockets of need, mass clinics can be activated.

The first recommendation for the public is to utilize their medical home since the District has high access to primary care across all eight Wards and high health insurance coverage. However, DC recognizes the vaccine storage and handling barriers for many providers. Providers who enrolled as COVID-19 vaccinators will be encouraged to register for vacccinefinder.org in advance of Phase 1.

Phase 3: Likely Sufficient Supply, Slowing Demand

Data monitoring and reporting will continue to drive vaccine allocation and access for Phase 3. As more regular supply of vaccine becomes available, providers who are registered for vaccinefinder.org, will have their locations published to inform residents of locations for available vaccine. This will be in combination with focused public health messaging to communities that have been disproportionately affected by the COVID-19 pandemic but who also have high rates of vaccine hesitancy. Lessons learned from Phases 1 and 2 will support the planning and distribution of a future pediatric vaccine and vaccine for pregnant women.

At 19-22, COVID-19 Vaccination Plan, Draft, the District of Columbia Dept. of Health (Nov. 27, 2020), available at:
https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/DC_COVID-19%20Vaccination%20Plan%2011.27.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Draft):
https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/DC_COVID-19%20Vaccination%20Plan%2011.27.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):

West Virginia:

I. "Gov. Jim Justice said the state expected about 60,000 doses of Pfizer vaccine and about 32,600 doses of Moderna vaccine in December. "[57]

[57] Ivory *et al.*, *supra* note 2.

II. The state of West Virginia plans its vaccine allocation as the following:

Phase 1: December - February

Phase 1-A (All ages)

- Hospital
  - Acute Care Tertiary and Q/ICU/ED/COVID Units
  - Airway specialists (ENT, G1,/heart/lung)
- Long-Term Care
  - Nursing home and assisted living staff
  - Nursing home and assisted living residents
- Pharmacy

Phase 1-B (All ages)

- Community Infrastructure
- Emergency Response
- Public Health Officials
- First Responders
  - Fire, Police, 911 Centers, Emergency Management, Corrections staff
  - Ambulance drivers/crew members, Local Health Departments
  - Dental/ortho/oral surgery. National Guard Members on COVID-19 support

Phase 1-C (Ages 50 and above FIRST)

Community Infrastructure and Resources

- Other Health Care
  - Remaining hospital staff
  - Clinics and higher risk settings
  - Home health/hospice

Phase 1-D (Ages 50 and above FIRST)

Community Infrastructure and Resources

- Other critical sectors vital to state/government services (includes, but not limited to):
  - Utilities, transportation and associations
  - Higher education and K-12 faculty and staff
  - Continuity of government

Phase 2: March

Phase 2-A (Prioritized by age)

- General Populace
  - Prioritized by age:
    - 80 and older
    - 70 and older
    - 60 and older
  - Pre-existing health problems with physician order

Phase 2-B (Ages 50 and above FIRST)
- Other Health Care and Critical Workers
  - (Remainder of 1-C and 1-D)

Phase 2-C
- General Populace

COVID-19 Vaccine Announcements, West Virginia Department of Health & Human Resources, (Updated Dec. 11, 2020), available at https://dhhr.wv.gov/COVID-19/Pages/Vaccine.aspx

More information can be found at:

a) COVID-19 Vaccine Announcements:
https://dhhr.wv.gov/COVID-19/Pages/Vaccine.aspx

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/west-virginia-jurisdiction-executive-summary.pdf

Wisconsin:

I. Wisconsin officials said 84,925 doses of Pfizer and 100,000 doses of Moderna have been allocated to Wisconsin. From December 14 through 20, 10,358 total doses of COVID-19 vaccine (Pfizer) have been administered.[58]

II. The state of Wisconsin plans its three-phased approach as the following:

Phase 1: Potentially Limited Doses Available

As initial planning assumptions for phase 1 have indicated health care workers will likely be in Phase 1A, health care entities themselves will be key vaccinators for individuals in their organization who fit this category. In addition, LHD are coordinating (and/or may provide) vaccination to smaller entities with Phase 1A eligible individuals, who either do not have vaccinating capacity (such as a long-term care facility) or a small entity that cannot use the available minimum order size (anticipated to be minimally 100 doses).

Phase 1B is anticipated to include residents of long-term care or assisted living facilities, essential workers and those aged 65 years or older. Wisconsin plans to participate in the federal pharmacy partner program, which pairs these entities with a vaccinating pharmacy, who will provide on-site vaccination to the residents. LHD will once again be coordinating (and providing in some instances) the vaccination of essential workers in

[58] COVID-19 Vaccine: What You Need to Know, Wisconsin Dept. of Health Services, COVID-19 (Updated Dec. 23, 2020), available at https://www.dhs.wisconsin.gov/covid-19/vaccine-about.htm

their communities. For those 65 years and older, it is anticipated that pharmacies and health care entities would play significant roles in ensuring this population is vaccinated. For phase 1, the state is exploring the ability to provide some mass vaccination capacity to address gaps during this phase.

All registered and approved providers will be sent communications about which priority groups are eligible for vaccination, and will be required to fill out a survey to indicate which priority groups they will be vaccinating, how many doses they will need and if they are ordering vaccine to vaccinate another entity (e.g., an LHD ordering vaccine to provide to LTC staff). Of note, at the time of this writing, Wisconsin has not determined if VAMS or another system will be used; and is dependent on the availability of further information and ability to implement. If one of these systems is employed, the plan will be revised to reflect the changes.

The vaccine requests for the priority groups will be shared with local public health jurisdictions (using a spreadsheet on the Sharepoint site) to review and compare to data collected as part of the PHEP grant deliverables, indicating if there are any phase 1 providers missing, if the number of doses requested do not look accurate and if there are any groups in phase 1 in their jurisdiction who are not receiving vaccine themselves or have a vaccinating entity. This feedback will then be used for follow-up by the LHD and/or state program. Once the orders are vetted, this information will be put into an allocation tool. This tool, designed by the state, and based on guidance from ACIP and the SDMAC for allocation of scarce resources, will determine the number of doses to be allocated to each vaccinator for the priority groups at hand. The resulting number of doses for each entity will be entered into the WIR ordering module. From there, the process will mimic what is typically done for state supplied vaccine (e.g., through the VFC program).

In brief, the ordering process is as follows: a request for vaccine, including type and number of doses, along with current inventory, is entered by the provider into the ordering module within WIR. This information is reviewed by state staff, and approved, denied or adjusted, as appropriate, in accordance with the available allocation from CDC. Providers can be notified of the status of the order (e.g., number of doses) by email or by looking in the WIR.

The order, including the shipping and contact information, is uploaded daily from WIR to VTrckS. Once the vaccine has been approved by CDC and the process to ship has started, an electronic file with the order shipping information is sent back to WIR. There, the provider can track the order and electronically accept it into their inventory once the vaccine has arrived in their office.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

As initial planning assumptions for phase 2 have indicated vaccine supply will be more plentiful, and eligible individuals would include those in Phase 1 as well as other critical populations and eventually the general public. Therefore, the range of vaccinators will be

> far broader, including commercial pharmacies, health care systems and individual providers, as well as mass vaccination clinics led by local public health as well as commercial mass vaccinators.
>
> The procedure will be similar to a situation when a vaccine is on allocation for the VFC program. All registered and approved COVID-19 vaccination providers will receive communication about the current allocation situation and groups that need to be prioritized, noting that they must ensure their orders for vaccine follow this guidance (per the CDC agreement).
>
> Ordering of vaccine by providers will be done through the WIR, and state staff will allocate to providers using the allocation tool that has been changed to reflect the current situation (as described above).
>
> If certain groups are still being prioritized, information from the CDC provider registration and initial survey about which groups they are serving will inform the allocation process.
>
> **Phase 3: Likely Sufficient Supply, Slowing Demand**
>
> Planning assumptions include that this phase will continue that from phase 2, ensuring that all sectors of communities have access to vaccine, and therefore, all partners described above will continue to be needed to complete the vaccination goals.
>
> During phase 3, all registered and approved COVID-19 vaccination providers will be able to order needed vaccine through the WIR. The process used will be similar to that for the VFC program when there is not an allocation. Steps on the provider side are similar to that described above, however, the allocation tool will not be needed (assuming allocations to the state meet the demand from Wisconsin providers.)

At 15-16, COVID-19 Vaccination Plan, Wisconsin Department of Health Services, (Oct. 2020), available at: https://www.dhs.wisconsin.gov/publications/p02813a.pdf

More information can be found at:

a) COVID-19 Vaccination Plan:
https://www.dhs.wisconsin.gov/publications/p02813a.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/wisconsin-jurisdiction-executive-summary.pdf

<u>Wyoming:</u>

I. “Wyoming officials said they started distributing initial 4,875 vaccines from December 12, 2020. All Wyoming counties will receive the doses by the end of month.”[59]

II. The state of Wyoming plans for the three-phased approach as following:

Phase 1a (limited supply of COVID-19 vaccine doses):
Healthcare personnel (paid and unpaid persons serving in healthcare settings) who have the potential for direct or indirect exposure to COVID-19 patients or infectious materials are included in this group. Vaccinations of healthcare provider populations will be completed by hospitals, PHNOs and CHDs. PHNOs, CHDs, and hospitals will be enrolled as vaccine providers first to ensure appropriate planning to immunize healthcare providers in their county… If necessary additional early vaccine providers will be enrolled to ensure vaccination of healthcare providers.

The WDH will coordinate with the Eastern Shoshone Tribal Health Department to enroll as a COVID19 vaccine provider and provide vaccine for tribal members once enrolled. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

Minimum vaccine orders will be 100 doses of all but the ULT vaccine which the minimum order will be 975 doses. Early doses available to Wyoming may not allow for vaccine to be distributed to all counties and tribes…

Phase 1b (limited supply of COVID-19 vaccine doses):
Phase 1b critical populations may include people at increased risk for severe illness from COVID-19, including people with underlying medical conditions who possess risk factors for severe COVID-19 illness, people 65 years of age and older (including those living in long-term care facilities (LTCFs)), COVID-19 VACCINATION PLAN (Interim Draft 2) PAGE 15 OF 49 people 65 years of age and older, people at increased risk of acquiring or transmitting COVID-19, or people with limited access to routine vaccination services, and non-healthcare essential workers.

PHNOs and CHDs will be enrolled as early vaccine providers to ensure appropriate planning to immunize Phase 1b critical populations in their county. Hospitals will be enrolled as vaccine providers to assist with immunizing Phase 1b critical populations in their community. Planning will be necessary between the hospital and PHNO or CHD to ensure vaccination for all Phase 1b critical populations within the county. PHNOs and CHDs who identify a need for additional providers to assist with Phase 1b vaccinations will coordinate with the WDH to enroll additional providers as vaccine doses increase for Phase 1 vaccinations.

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[59] At 1, COVID-19: December Vaccine Distribution Information, Wyoming Department of Health (Dec. 23, 2020), available at https://health.wyo.gov/wp-content/uploads/2020/12/Vaccine-Distribution-Information-December-23-2020.pdf

PHNOs and CHDs are ESF #8 leads at the county level. Through planning for disasters and emergencies, PHNOs and CHDs have knowledge of the essential service entities in their county and will work with them to plan for vaccination of essential workers. PHNOs and CHDs will encourage large essential work sites that have medical personnel and the capability of being a vaccination provider to enroll as vaccine providers to vaccinate employees within Phase 1b. WDH has estimated numbers of population groups within potential priority populations and will provide estimates to counties for their use.

Additionally, PHNOs and CHDs work closely with partners and plan for vaccination of people with underlying medical conditions and people 65 years of age. There are a number of options available to vaccinate residents of LTCFs and assisted living facilities. The CDC is contracting with at least two national pharmacy chains (CVS and Walgreens) to provide vaccinations to residents of LTCFs and assisted living facilities within a 75-mile radius of the pharmacy, this is known as the Pharmacy Partners for Long-term Care Program. WDH is currently receiving information on LTCFs and assisted living facilities that have enrolled with the federal program. Facilities that chose not to enroll in the federal Pharmacy Partners for Long-term Care Program can also choose to work with PHNOs and CHDs to vaccinate residents as part of the county planning or the facilities may choose to use their own staff to provide the vaccinations in which case the facility would be enrolled as a vaccine provider. In some counties there may be additional vaccine providers in the county that will be essential for assisting in providing vaccinations to critical populations. WDH or PHNOs and CHDs will communicate with LTCFs and assisted living facilities not enrolled in the federal program to determine best options for vaccination of their residents. PHNOs and CHDs will coordinate with the WDH to ensure these partners are enrolled as Phase 1b vaccination providers.

WDH plans to participate in the pharmacy partnership for Long-term Care Program coordinated by CDC. Additional information regarding this program includes:

- Through Walgreens and CVS pharmacies in Wyoming this program provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments…
- LTCFs and assisted living facilities indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) their facility prefers to have on-site (or opt out of the services).
- CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage.
- CDC expects the Pharmacy Partnership for Long-term Care Program services to continue onsite at participating facilities for approximately two months.
- After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice…

The WDH is coordinating with the Eastern Shoshone Tribal Health Department to enroll as a COVID19 vaccine provider and provide vaccine for tribal critical populations. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

WDH facilities and other state facilities that have healthcare provider staff may be enrolled as early vaccine providers and vaccinate their residents if included in critical populations.

Phase 2 (greater supply of vaccine doses):
Phase 2 critical populations may include additional critical workers, people with underlying conditions, those in congregate settings, and people with limited access to vaccination services. As more vaccine doses are available later in Phase 2, the vaccine will be provided to all people that are recommended to receive the vaccine.

The WDH will use a PDF form version of the provider enrollment agreement for Phase 2 provider enrollment in the COVID-19 Vaccination Program. The WDH will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, etc. to communicate the process for enrolling providers. This will begin as soon as Phase 1 providers have been enrolled. As vaccine supply increases in Phase 2, the WDH will coordinate with PHNOs and CHDs to approve other providers in the county to begin ordering vaccine and vaccinating additional critical populations and the general public…

Wyoming plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC. Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government in Phase 2.

- Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies. All partners must sign a pharmacy provider agreement with the federal government.
- WDH will have visibility on the number of doses distributed to and administered by each partner location…

Phase 3 (Likely sufficient supply, slowing demand)
During Phase 3 vaccines will be available to all people who are recommended to be vaccinated. Vaccine will be available to all enrolled COVID-19 vaccination providers and ordering will be based on provider capacity and need.

At 14-17, COVID-19 Vaccination Plan, Interim Draft, Wyoming Department of Health, (Updated on Nov. 25, 2020), available at: https://health.wyo.gov/wp-content/uploads/2020/11/Draft-2-WDH-COVID-19-Vaccination-Plan.pdf

More information can be found at:

a) COVID-19 Vaccination Plan (Interim Draft 2):
https://health.wyo.gov/wp-content/uploads/2020/11/Draft-2-WDH-COVID-19-Vaccination-Plan.pdf

b) Interim COVID-19 Vaccination Plan (Executive Summary, Draft):
https://www.cdc.gov/vaccines/covid-19/downloads/wyoming-jurisdiction-executive-summary.pdf