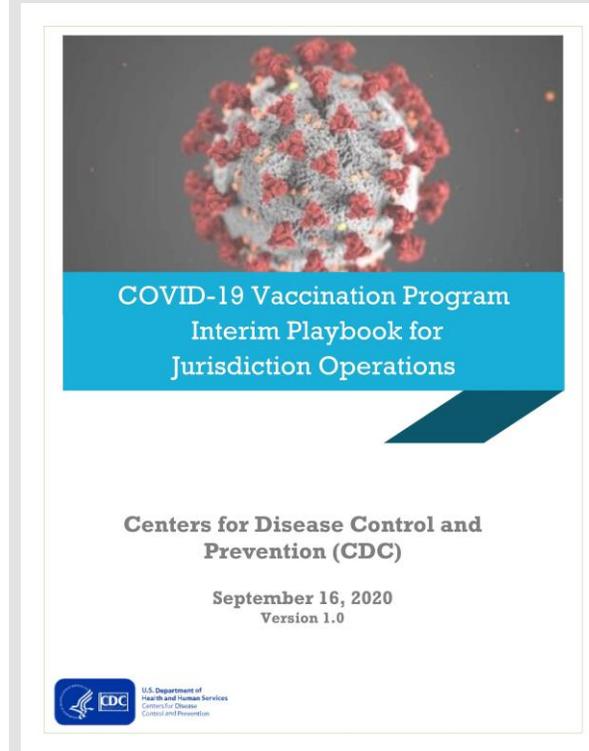


OVERVIEW OF CDC COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS

(released September 16, 2020)



This [CDC document](#) serves as an **interim playbook** for state, territorial, and local public health programs and their partners on **how to plan and operationalize a vaccination response** to COVID-19 within their jurisdictions.

The playbook is more directed towards states than it is towards municipal public health, and indicates what the state should be thinking about as they build out their vaccination program plans. It is **not** a listing of expectations of municipal public health, but will inform what the state asks of local public health partners.

In MA:

- **MA COVID-19 Command Center has created a COVID-19 Vaccination Planning Taskforce**
- **MA DPH/OPEM chairing logistics committee**
 - Meeting every other week moving forward
- **Expanded flu clinic funding and activity in fall of 20**
 - (flu clinics can serve as testing for vaccination modalities)

Playbook Sections

- 1: Public Health Preparedness Planning
- 2: COVID-19 Organizational Structure and Partner Involvement
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1: Public Health Preparedness Planning

Many unknowns and unanswered questions at this time. For example, **it is not yet known:**

- which vaccines will be available
- in what volumes
- at what time
- with what efficacy
- with what storage and handling requirements.

However, jurisdictions should review all current planning assumptions to assist with early planning efforts. (See *Appendix A: COVID-19 Vaccination Planning Assumptions for Jurisdictions*.)

1: Public Health Preparedness Planning

After plans have been drafted, it is important to identify any weaknesses by conducting exercises, including workshops or tabletop, functional, or full-scale exercises.

- This may be particularly valuable for any activities planned with external partners.
 - Vaccination clinics in temporary or off-site settings, such as those planned for essential workers, are an excellent opportunity for exercises.
 - Specific procedures to assess could include:
 - cold chain management,
 - vaccine administration and documentation,
 - traffic flow,
 - social distancing and sanitation measures.

2: COVID-19 Organizational Structure and Partner Involvement

- State-level personnel must closely monitor activities at the local level to ensure the vaccination program:
 - is implemented in adherence with federal guidance and requirements, and
 - that there is equitable access to COVID-19 vaccination across all areas.

2: COVID-19 Organizational Structure and Partner Involvement

- Emergency management agencies
- Healthcare coalitions
- Immunization coalitions
- Local health departments
- Health systems and hospitals
- Community health centers
- Rural Health Clinics (RHCs)
- Pharmacies
- Long-term care facilities
- Businesses and occupational health organizations
- Health insurance issuers and plans
- Education agencies and providers
- Correctional facilities
- Churches or religious leaders and institutions
- Tribal leaders
- Organizations serving racial and ethnic minority groups
- Organizations serving people with disabilities
- Organizations serving people with limited English proficiency
- Community representatives
- Entities involved in COVID-19 testing center organization

3: Phased Approach to COVID-19 Vaccination

Vaccine **supply will be limited at the beginning of the program**; allocation of doses must focus on vaccination providers and settings for vaccination of limited critical populations.

Populations of focus for initial COVID-19 vaccination may include:

- Healthcare personnel 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

3: Phased Approach to COVID-19 Vaccination

Phase 1: Potentially Limited COVID-19 Vaccine Doses Available

- Likely concentration of early COVID-19 vaccine administration efforts on initial critical populations.
- Provision of 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 Likely to Meet Demand

A surge in demand is possible, so a broad vaccine administration network will be necessary. Low COVID-19 vaccine demand is also a possibility; jurisdictions should monitor supply and adjust strategies to minimize waste.

Jurisdictions should adapt to the increase in COVID-19 vaccine supply levels by 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 clinics, temporary/off-site clinics)

Phase 3: Likely Sufficient Supply

COVID-19 vaccine will be widely available and integrated into routine vaccination programs, run by both public and private partners.

4: Critical Populations

The first step in planning is to identify and estimate the critical populations within a jurisdiction.

These populations (listed in no particular order) may include but are not limited to:

Critical infrastructure workforce

- Healthcare personnel
- Other essential workers

People at increased risk for severe COVID-19 illness

- LTCF residents (i.e., nursing home, assisted living, independent living facility residents)
- People with underlying medical conditions that are risk factors for severe COVID-19 illness
- People 65 years of age and older

People at increased risk of acquiring or transmitting COVID-19

- People from racial and ethnic minority groups
- People who are incarcerated/detained in correctional facilities
- People living and working in other congregate settings

People with limited access to routine vaccination services

- People living in rural communities
- People with disabilities
- People who are under- or uninsured

4: Critical Populations

Partnerships with trusted community organizations can facilitate early agreement on communication channels and methods for rapidly disseminating information and ensuring access.

Some of these partners could include:

- Community Health Centers
- FQHCs
- Critical access hospitals
- Pharmacies
- Organizations and businesses that employ critical workforce
- First responder organizations
- Non-traditional providers (e.g., community health workers, doulas) and locations (e.g., dialysis centers, community centers) serving people at higher risk for severe illness
- Facilities for shared or congregate housing serving people at higher risk for severe illness (e.g., homeless shelters, group housing, correctional facilities, senior living)
- Locations where people 65 years of age and older gather (e.g., senior centers, food pantries)
- Religious groups and other community groups
- In-home care organizations
- Schools and institutions of higher learning

5: COVID-19 Vaccination Provider Recruitment and Enrollment

Jurisdictions should **concentrate early planning efforts on engaging those vaccination providers and services that can rapidly vaccinate initial populations** of focus .

(Subsequent planning should include measures for recruiting and enrolling enough providers to vaccinate additional critical populations and eventually the general population when sufficient vaccine supply is available in Phases 2 and 3).

Suggested early COVID-19 vaccination providers/settings include:

- Large hospitals and health systems
- Commercial partners* (e.g., pharmacies)
- Mobile vaccination providers
- Occupational health settings for large employers
- Critical access hospitals, RHCs, community health centers, or other central locations that can provide vaccination services for a broad area

6: Understanding a Jurisdiction's Vaccine Administration Capacity

Once vaccine supply increases, a variety of community COVID-19 vaccination providers and settings will be essential to providing equitable access to COVID-19 vaccination.

When assessing **vaccine administration capacity**, important factors to consider include:

- COVID-19 **vaccine storage capacity** at a given location (e.g., quantity of COVID-19 vaccine that can be stored, storage equipment and temperature monitoring devices that meet CDC requirements)
- Existing **vaccine administration capacity** during seasonal influenza or other high vaccination periods
- Current **staffing levels**
- **Routine immunization programs being conducted simultaneously** that may affect throughput for COVID-19 vaccination in certain vaccination provider settings
- **Infection control measures** (i.e., scheduling, distancing, donning and doffing personal protective equipment, cleaning/sanitation procedures) **that may slow the vaccination process**
- **Timing and duration of COVID-19 vaccination provider participation** due to changes in staffing or other resources throughout the response

7: Vaccine Allocation, Ordering, Distribution, and Inventory Management

Jurisdictions should **anticipate allocations to shift during the response** based on supply, demand, vaccine characteristics, and disease epidemiology and should plan for high-demand and low-demand scenarios.

The federal government will determine the amount of vaccine designated for each jurisdiction.

The jurisdiction's immunization program will then be responsible for managing and approving orders from enrolled providers within their jurisdiction using this allotment.

The amount allotted will change over time, which may be based on critical populations recommended for vaccination, COVID-19 vaccine production and availability, and overall population of the jurisdiction.

8: COVID-19 Vaccine Storage and Handling

Jurisdictions should work with staff at each COVID-19 vaccination provider site to ensure appropriate vaccine storage and handling procedures are established and followed.

Cold chain storage and handling requirements for COVID-19 vaccine products could vary in temperature from refrigerated (2°C to 8°C) to frozen (-15 to -25°C) to ultra-cold (-60°C to -80°C in the freezer or within the dry ice shipping container in which product was received).

9: COVID-19 Vaccine Administration, Documentation, and Reporting

Jurisdictions should assess the capability of COVID-19 vaccination providers to meet federal and jurisdiction-specific reporting requirements before or upon enrollment.

COVID-19 vaccination providers may view the data requirements on CDC's IIS website.

Jurisdictions should be prepared to provide additional support or technical assistance for smaller vaccination providers or rural clinic settings.

10: COVID-19 Vaccination Second-Dose Reminders

- For most COVID-19 vaccine products, two doses of vaccine, separated by 21 or 28 days, will be needed.
- Because different COVID-19 vaccine products will not be interchangeable, a vaccine recipient's second dose must be from the same manufacturer as their first dose.
- Second-dose reminders for vaccine recipients will be critical to ensure compliance with vaccine dosing intervals and achieve optimal vaccine effectiveness.
- COVID-19 vaccination providers should make every attempt to schedule a patient's second-dose appointment when they get their first dose.

11: COVID-19 Requirements for Immunization Information Systems or Other External Systems

IISs, also known as “vaccine registries,” are confidential, population-based, computerized databases for recording information on vaccine doses. IISs are maintained by a jurisdiction’s immunization program.

- **Jurisdictions may conduct nontraditional COVID-19 vaccination clinics, such as temporary, off-site, or mobile vaccination clinics to reach critical populations, particularly during early vaccination efforts.** This may require jurisdictions to identify, enroll, and train additional partners to report doses administered in the system designated to support those efforts.

12: COVID-19 Vaccination Program Communication

COVID-19 Vaccination Communication Objectives

- Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines and that situations are continually evolving.
- Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.
- Help the public to understand key differences in FDA emergency use authorization and FDA approval (i.e., licensure).
- Ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key state/local partners and the public about COVID-19 vaccines.
- Provide guidance to local health departments, clinicians, and other hosts of COVID-19 vaccination provider locations.
- Track and monitor public receptiveness to COVID-19 vaccination messaging.

12: COVID-19 Vaccination Program Communication

Messaging should be timely and applicable for the current phase of the COVID-19 Vaccination Program:

- Before vaccine is available
- Vaccine is available in limited supply for certain populations of early focus (Phase 1)
- Vaccine is increasing and available for other critical populations and the general public (Phase 2)
- Vaccine is widely available (Phase 3)

13: Regulatory Considerations for COVID-19 Vaccination

Initially available COVID-19 vaccines may be authorized for use under an EUA issued by FDA or approved as licensed vaccines.

The Emergency Use Authorization authority allows FDA to authorize either:

- (a) the **use of an unapproved medical product** (e.g., drug, vaccine, or diagnostic device) **or**
- (b) the **unapproved use of an approved medical product** during an emergency based on certain criteria.

The EUA will outline how the COVID-19 vaccine should be used and any conditions that must be met to use the vaccine.

- Product-specific EUA fact sheet for COVID-19 vaccination providers will be made available that will include information on the specific vaccine product and instructions for its use.
- An EUA fact sheet for vaccine recipients will also be developed, and both will likely be made available on the FDA website and through the CDC website.

14: COVID-19 Vaccine Safety Monitoring

Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems with vaccines. Anyone—a doctor, nurse, pharmacist, or any member of the general public—can submit a report to VAERS.

VAERS is not designed to detect whether a vaccine caused an adverse event, but it can identify “signals” that might indicate possible safety problems requiring additional investigation.

Jurisdictions should ensure that the COVID-19 vaccination providers they enroll understand the procedures for reporting adverse events to VAERS.

15: COVID-19 Vaccination Program Monitoring

To provide situational awareness for jurisdictions and the general public throughout the COVID-19 vaccination response, **CDC will have two dashboards available:**

The **Weekly Flu Vaccination Dashboard** will include weekly estimates of influenza vaccination using existing and new data sources.

The **COVID-19 Vaccination Response Dashboard** will include:

- Data for planning (e.g., estimates of critical population categories, number and attributes of healthcare providers and facilities)
- Implementation data (e.g., number of enrolled COVID-19 vaccination providers, COVID-19 vaccine supply and distribution, COVID-19 vaccine administration locations)
- COVID-19 vaccine administration data

The COVID-19 Vaccination Response Dashboard will be implemented in stages based on data availability and shareability.

Both dashboards will include a view tailored for jurisdictions, and a view for the general public.

Key Takeaways

- Planning at the state level is beginning
- Still many unknowns
- Vaccine dispensing planning is not new to the region
- Scope and scale of municipal involvement remains to be seen
- Much of the participation requirements by the state are already in place via the MIIS
- Current flu season preparation includes looking out to potential COVID-19 vaccine dispensing
- COVID-19 vaccine development and planning is rapidly evolving and information is subject to change

Next Steps

- **Review the CDC's [COVID-19 Vaccination Program Playbook for Jurisdiction Operations](#)**
 - Make note of Appendix A: Planning Assumptions for Jurisdictions
- **Be aware of the concerns, activities, and resources within your PHEP Coalition**
 - Unfamiliar with your PHEP Coalition's EDS work? Contact [Mark Maloni](#) to identify appropriate contacts
- **Review your municipal/regional EDS Plan**
 - Participate in upcoming flu clinics, particularly those that will serve as drills
 - Review [draft Drive-through EDS Annex](#)
- **Prepare to assist your region in identifying community partners for messaging and outreach**
 - Familiarize yourself with the [WRHSAC message mapping tools](#) to aid in developing all stages of vaccination messaging