# COVID-19 Vaccine Updates

December 15, 2020



# Vaccine Development - Operation Warp Speed

**Pfizer BioNtech Vaccine** – approved for Emergency Use Authorization by FDA and recommended for people age 16 and above.

Moderna – Currently under review by the FDA.



Source: https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.htmlVa

### State vs. Local Role

### State Dept of Health - lead entity

- Enroll providers
- Prioritization / allocation
- Distribution ship vaccine
- Verification/voucher system
- Reporting system, PrepMod
- Public information campaign

### PHSKC – local coordination

- Work with partners to develop operational plans to reach priority populations
- Identify and address gaps, ex) set up vaccination clinics as needed
- Locally tailored public information
- Community and BIPOC relationships and trust building

# Washington State December Allocation Estimate

Weekly Allocation	DOSES
Week 1	62,400
Week 2	162,100
Week 3	71,600
Total December	296,100



# ACIP Recommendation Phase 1 Sequence

Phase1c
Adults with high -risk medical conditions
Adults 65+

### Phase 1b Essential workers

(examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)

Phase 1a
Health care personnel
LTCF residents

**Final Recommendation** 

### Prioritization – Washington DOH Draft

#### Phase 1

#### 1A

- High-risk workers in healthcare settings
- · High-risk first responders

#### 1 B

- People with comorbid and underlying conditions that put them at significantly higher risk (2 or more comorbidities)
- People living in congregate or overcrowded settings where the majority are people ≥ 65 years of age and/or people with comorbid and underlying conditions (example settings: long-term care facilities; farmworker housing; prisons; group homes; homeless shelters)

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 Critical workers at highest risk of exposure working in congregate settings (example worker groups: agricultural; food processing)

Red = Differences from NAM Framework

#### Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings (incl. healthcare) – workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People with comorbid and underlying conditions that put them at moderately higher risk (1 comorbidity or condition)
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, development and intellectual disabilities, and physical disabilities or in recovery not already covered in Phase 1
- People with disabilities that prevent them from adopting protective measures
- People in prisons, jails, detention centers, and similar congregate facilities, and staff who work in such settings
- All people ≥ 65 years of age not covered in Phase 1

#### Phase 3

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

#### Phase 4

 Everyone residing in Washington State who did not have access to the vaccine in previous phases

### EQUITY IS A CROSS-CUTTING FOCUS OF THIS FRAMEWORK

Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:

- · People of color
- · People with limited English proficiency
- People in shared housing, crowded housing, and multi-generational homes
- · People in poverty and low-wage earners
- People with disabilities
- · People with access barriers to healthcare



Washington State has also developed a social vulnerability index which includes social determinants factors (e.g., socio-economic, ethnicity/language, housing/transport, etc.) to identify highest vulnerability areas that will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.

Note: the following factors DO NOT impact an individual's eligibility: immigration status or health insurance status

# State Dept of Health - Final Phase 1a Guidance



### PHASE 1 Guidance

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- Residents and staff of nursing homes, assisted living facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance

### Vaccine Doses to King County

### Unknown



- Known
  - ✓ Total of 16,575 arriving this week
  - ✓ First shipment to 5 health systems
  - ✓ Public Health and additional health system will receive by midweek

Allocation for Week 2

Allocation for January

# King County: Operational Plan for Phase 1a

Subgroup	Who?	How many?	Potential Access Points?					
High Risk Workers in Health Care Settings	Hospital Staff Outpatient Providers Public Health Staff	100,000+	Hospitals PHSKC Vaccination Clinics					
High Risk First Responders	EMTs Paramedics	5,000+	Hospitals PHSKC Vaccination Clinics					
Long Term Care Staff and Residents	Nursing Homes, Assisted Living, Adults Family Homes	40,000+	National Pharmacy Partnership (43% facilities are enrolled) PHSKC Vaccination Clinics PHSKC Mobile Vaccine Team First Responder Strike Teams Home health nurses					
King County								

# Public Health Vax Sites for 1a Priority Populations





**High Volume Sites** 

### CDC Pharmacy Partnership for LTC Program

End-to-end management of COVID-19 vaccination process



- Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months will likely 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 72 hours of administering each dose.

### King County LTCF 1a Population Estimates

Facility Type	of		Mational				Total Doses Needed (2 doses per person)
Skilled Nursing Homes (SNF)	51	96%	2	8288	5525	13,813	27,626
Adult Family Homes (AFH)	1203	34%	795	4210	5613	9823	19,646
Assisted Living (AL)	154	97%	4	7537	10,049	17,586	35,172
Totals:	1408	43%	801	20,035	21,187	41,222	82,444

Note: Population estimates based on licensed beds and staff per client assumptions. Other LTC groups who may be considered 1a such as Supported Living, home care and home health are not reflected in this table.

# Key Issues / Considerations for Phase 1a

- There will be many challenges in early weeks of the 1a launch. Brace for this to be messy:
  - Dues to the federal funding cliff, PH has a fraction of the staff needed to pull off this huge and complex and endeavor.
  - Initial allocation of doses will be far fewer than total 1a population depending on uptake, demand may exceed supply.
  - Vaccine hesitancy among 1a groups will be high, equivalent to general population.
  - Post-dose, many people will have COVID/Flu, will need sick leave, stagger units.
  - Verification and tracking systems may not be ready, we will need to set up alternative stop gap measures.
- The hope is that this process will smooth out starting in January as the supply chain widens and more providers receive doses, key systems come on-line and as more people are get vaccinated without ill effects.