

# **Local Public Health COVID-19 Vaccination Frequently Asked Questions**

**September 18, 2020**

## **General Questions**

### **What partners should we bring to the table during planning & implementation of a COVID vaccination program?**

Consider representatives from your immunization program, preparedness program, emergency management agency, health care coalition, media/public affairs, and crisis and emergency risk communications to develop plans and coordinate activities.

Consider establishing COVID-19 vaccine implementation committee(s) of community members with expertise in care and access issues for critical populations to enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery.

Include representatives from key vaccination providers for groups identified by CDC as being at increased risk of severe COVID-19 and others likely to be prioritized for initial vaccination.

Include representatives from other sectors within the community, such as health systems, pharmacies, long-term care/assisted living facilities, business, education, corrections, religious, tribal, and racial and ethnic minority-serving organizations, etc. *Refer to page 9 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 1 for more detail.*

### **How will counties request vaccination resources?**

Ancillary supplies will be packaged in kits. A minimal supply of personal protective equipment (PPE), including surgical masks and face shields, for vaccinators will be in the kits and shipped separately from the vaccine, but timed to arrive together. If you need additional resources, you may submit a request using the usual request process via WebEOC and/or ReadyOp form.

Ancillary Supply kits will contain supplies to administer 100 doses of vaccine, including:

- Needles, 105 per kit (various sizes for the population served by the ordering vaccination provider)
- Syringes, 105 per kit
- Alcohol prep pads, 210 per kit
- 4 surgical masks and 2 face shields for vaccinators, per kit
- COVID-19 vaccination record cards for vaccine recipients, 100 per kit

### **Should the LHD wait on the State vaccine plan to being planning?**

No. Local health departments should begin planning now. Consider reviewing your H1N1 plan and after-action/improvement plans from the H1N1 pandemic. *Refer to page 6-9 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 1 for more detail.*

### **What should LHDs be doing right now?**

Consider convening internal planning and coordination team(s) whose members represent a wide array of expertise. Assign roles and responsibilities based on areas of expertise. Assess your capacity for offsite vaccination clinics, and other resources needed COVID-19 vaccination efforts. Also, review your All Hazards Mass Vaccination Plan. Begin development of a list of providers in your county that can provide COVID-19 vaccine.

### **What documents are available now for LHDs to reference?**

Local health departments may reference the following documents: CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, the CDC vaccine plan template, the Operation Warp Speed (OWS) Vaccine Distribution Process Infographics, and From Factory to the Frontlines OWS strategy for Distributing a COVID-19 Vaccine. Keep in mind, the playbook is a programmatic guide for state programs, however there are many key points that are pertinent to LHDs.

### **Vaccine Trials**

#### **How can people enroll in trials?**

People interested in enrolling in COVID-19 vaccine trials may visit the following website <https://www.coronaviruspreventionnetwork.org/clinical-study-locations/>.

#### **Are all US vaccine trials on the same timeline for potential approval and distribution?**

Under Operation Warp Speed – The broad strategy is to accelerate development, manufacturing and distribution of COVID-19 countermeasures by having many of the processes happen simultaneously instead of one after the other. Over 125 vaccines are currently in development; over 25 in clinical trials are currently running. Two COVID-19 vaccines approved in other countries (Russia and China), however none are currently approved for use in the US. Six manufacturers already have federal contracts for vaccine purchase when the vaccines are approved.

### **Distribution and Receipt of Vaccine**

#### **Will ancillary supplies be shipped with the amount of vaccine or will we need to request that separately?**

Ancillary supply kits will come with the vaccine and 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. *Refer to page 1 above to see exact supplies and amounts and page 25 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 1 for more detail.*

### **How will the vaccine be distributed?**

CDC will use its current centralized distribution contract to fulfill orders for most COVID-19 vaccine products as approved by jurisdiction immunization programs. Some vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer. COVID-19 vaccination providers will be required to report administration within 24 hours of the administration and ongoing COVID-19 vaccine inventory at least daily.

Vaccine orders will be approved and transmitted by the state in CDC's Vaccine Tracking System (VTrckS) for vaccination providers. *Refer to pages 25-26 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 1 for more detail.*

### **Storage and Handling**

#### **Should we purchase a freezer unit now to prevent a delay in receiving vaccine if these ultra-low temp freezers are not available?**

Local health departments are not advised to purchase ultra-low temperature freezers at this time. Ultra-cold vaccine may be shipped from the manufacturer in coolers that are packed with dry ice. *Refer to page 45 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 1 for more detail.*

### **Accountability, Data Management, Reporting, Billing & Insurance (Administrative Functions)**

#### **Will there be a cost to the public for the vaccine?**

The goal of the federal government is for there to be no upfront costs to providers and no out-of-pocket cost to the vaccine recipient. Various plans, supported by the CARES Act and the Families First Coronavirus Response Act, are under development with the objective of ensuring no one will be charged any out-of-pocket expenses for the administration of the vaccine either. The objective is to ensure no one desiring vaccination will face an economic barrier to receiving one. Section 3203 of the CARES Act (P.L. 116-136) requires health insurance issuers and plans to cover any ACIP-recommended COVID-19 preventive service, including vaccines, without cost sharing within 15 days of such recommendation to the CDC. *Refer to page 7 of the USDHHS From Factory to the Frontlines the Operation Warp Speed strategy for Distributing a COVID-19 Vaccine.*

### **Flu and COVID-19**

#### **The "flu" vaccine will not prevent covid-19, but how will it help keep respiratory systems healthier?**

It is likely seasonal flu and the virus that causes COVID-19 will both spread this fall and winter. While getting a flu vaccine will not protect against COVID-19, it does reduce the risk of flu illness, hospitalization, and death as well as saves healthcare resources for the care of patients with COVID-19.

#### **How dangerous could it be to get covid-19 as well as the flu?**

It is possible to have flu, as well as other respiratory illnesses, and COVID-19 at the same time. Contracting COVID -19 and the flu could lead to severe respiratory illnesses. Many people at higher risk from flu also seem to be at higher risk from COVID-19. If you are at high risk, it is especially important for you to get a flu vaccine this year.

For more information on the 2020-21 seasonal Flu vaccine recommendations you may visit the CDC website at <https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>.

## **NC Prioritization of the COVID vaccine**

### **Where does NC stand with the prioritization framework for the vaccine?**

The NC Institute of Medicine has convened a COVID-19 Vaccine Advisory Committee to assist the state in multiple areas of COVID-19 vaccine planning. The first area is vaccine prioritization as it is expected that the prioritization groups provided from the federal government have populations exceeding the available supply of vaccine in the early stages. As of September 24, 2020 NCDHHS, has developed the draft framework for vaccine prioritization below. This draft is based on information from many sources including CDC, the National Academy of Medicine and John’s Hopkins. The ACIP is expected to release information on priority groups as well, but their September 22, 2020 vote has been delayed and not yet rescheduled. Upon its release the draft NC Framework will be reviewed with the ACIP framework and discussed for any revisions by the Advisory Group.

<b>Draft Straw Model Prioritization Framework</b>			
<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>
<p><i>Estimated 415,000 – 532,000 individuals</i>  <i>(Estimates based on percent of workforce in high risk settings and projected uptake of vaccine; includes health care workers that serve ECBI)</i>  <i>Estimated 2 dose regimen initial allocation 150,000-450,000</i></p>	<p><i>Estimated 303,000 – 388,000 individuals</i></p>	<p><i>Estimated 735,000 – 957,000 individuals</i></p>	<p><i>Estimated 4.3 M – 4.5 M individuals</i></p>
<p><b>Phase 1a: ~ 68,000 – 79,000 individuals</b></p> <ul style="list-style-type: none"> <li>Health care workers at high risk for exposure based on work duties               <ul style="list-style-type: none"> <li>e.g., nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, morticians/funeral home workers</li> </ul> </li> <li>In hospitals, nursing homes, providing home medical/nursing care,</li> <li>Caring for COVID-19 patients, cleaning areas where COVID-19 patients admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID-19               <ul style="list-style-type: none"> <li>List of individuals can be generated by employer based on classifications</li> </ul> </li> <li>Long Term Care (LTC) staff in settings where most residents have multiple high-risk comorbidities (e.g., all Skilled Nursing Facilities staff and subset of other LTC facilities - list of individuals can be generated by facilities)</li> </ul> <p><b>Phase 1b: ~ 347,000 – 388,000 individuals</b></p> <ul style="list-style-type: none"> <li>All other LTC staff and residents not included in Phase 1A (e.g., assisted living home, ICF-I/DDs, group homes, home caregivers – list of individuals identified by facilities) <b>[Moved from Phase 2]</b></li> <li>Essential workers at high risk of exposure and who have multiple high-risk comorbidities (e.g., workers in meat packing plants and migrant farm workers. Individuals would self-identify)</li> <li>Adults with multiple high-risk comorbidities (individuals would self-identify)               <ul style="list-style-type: none"> <li>Cancer</li> <li>Chronic kidney disease</li> <li>COPD</li> <li>Immunosuppressed from organ transplant</li> <li>Obesity</li> <li>Serious heart conditions</li> <li>Sickle cell disease</li> <li>Type 2 diabetes</li> </ul> </li> <li>Adults in congregate settings with multiple high-risk comorbidities (e.g., incarcerated and homeless individuals - list of individuals can be generated by settings)</li> </ul>	<ul style="list-style-type: none"> <li>Health Care workers at moderately high risk of exposure (include CHWs)</li> <li>Residents in congregate settings not in Phase 1</li> <li>Essential workers who are both in industries essential to the functioning of society and at substantially high risk of exposure</li> <li>65+ year old with no or one chronic condition</li> <li>Teachers and school staff</li> </ul>	<ul style="list-style-type: none"> <li>Health care workers at moderate risk of exposure</li> <li>Workers in industries essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2 (including home visitors)</li> <li>K-12, college students</li> </ul>	<ul style="list-style-type: none"> <li>All other healthcare workers not included in Phase 1, 2, or 3</li> <li>Remaining population</li> </ul>

Sources:

Centers for Disease Control. (2020). COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations. Version 1. Retrieved 9/17/2020 at [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)

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Centers for Disease Control. What are the benefits of flu vaccination? Retrieved 9/17/2020 at <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm>.

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NC DHHS. Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points. (1 September 2020). Early COVID-19 Vax Action Items\_8-27-2020\_FINAL.pdf

USDHHS. From Factory to the Frontlines. The Operation Warp Speed strategy for Distributing a COVID-19 Vaccine.