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	Phase 2	Phase 3	Phase 4
 High-risk workers in healthcare settings High-risk first responders People with comorbid and underlying conditions that put them at <i>significantly</i> 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 	 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 <i>moderately</i> higher risk (1 comorbidity or condition) People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, development and 	mitigate he are disprop social factor	 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 Dulation groups have been prioritized with an aim to halth inequities recognizing that specific populations portionately impacted by COVID-19 due to external ars and systemic inequities. Examples of populations onately affected due to such factors include:
and underlying conditions (example settings: long-term care facilities; farmworker housing; prisons; group homes; homeless shelters)	 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 	 People of color People with limited E People in shared hou multi-generational ho People in poverty and People with disabilititi People with access ba 	ising, crowded housing, and omes d low-wage earners es
 Critical workers at highest risk of exposure working in congregate settings (example worker groups: agricultural; food processing) 	centers, and similar congregate facilities, and staff who work in such settings	determinants factors (e.g., socio-eco	d a social vulnerability index which includes social nomic, ethnicity/language, housing/transport, etc.) to hat will be one of several inputs informing vaccine

Red = Differences from **NAM Framework**

 All people ≥ 65 years of age not covered in Phase 1

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

allocation decisions to ensure equitable allocation.

identify highest vulnerability areas that will be one of several inputs informing vaccine



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

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf

Vaccine Doses to King County

Known

Unknown



 \checkmark 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



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	Number of Facilities	% of Facilities Enrolled	National	Total Staff			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.