

COVID-19 Vaccine Distribution: Overview of State Perspectives

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Vaccine Distribution—Phased Approach (National Academy of Medicine recommendations)

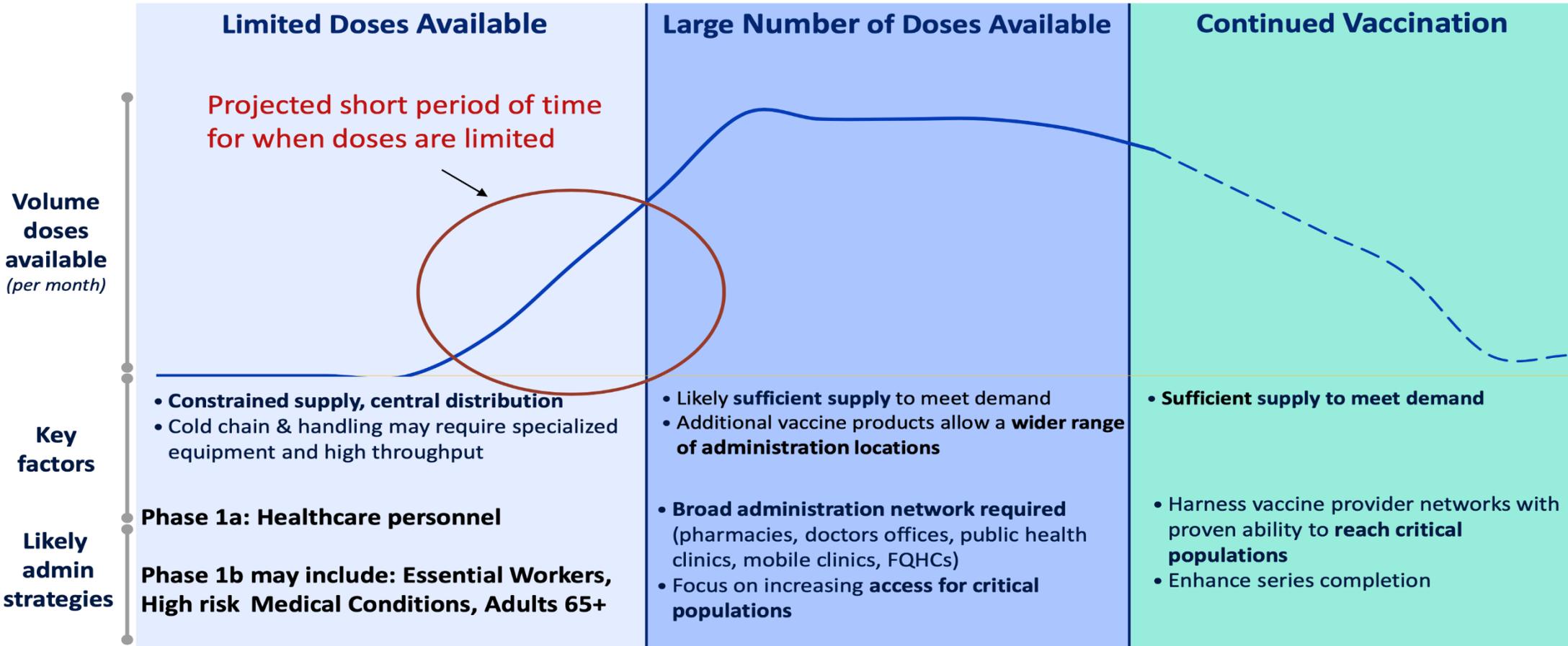
Phase 1	Phase 2	Phase 3	Phase 4
<p><u>Phase 1a "Jumpstart"</u></p> <ul style="list-style-type: none"> • High-risk HCP • First responders <p><u>Phase 1b</u></p> <ul style="list-style-type: none"> • People with <i>high</i> clinical risk • Older adults in congregate settings 	<ul style="list-style-type: none"> • K-12 teachers, staff, childcare workers • Workers in <i>critical</i> societal industries <i>and</i> with exposure risk • People with <i>moderate</i> clinical risk • People, staff in homeless shelters or group homes for mental, developmental, intellectual, or physical disabilities • People, staff in prisons, jails, detention centers • All other older adults 	<ul style="list-style-type: none"> • Young adults • Children • Workers in other <i>important</i> societal industries <i>and</i> increased exposure risk 	<p>Everyone else</p>

Cross-cutting: in each group above, prioritize geographies with high CDC Social Vulnerability Index score.

If multiple vaccines are available, allocate to different groups above according to ACIP's recommendations for each vaccine's performance for any given group.

Adapted from: *Framework for Equitable Allocation of COVID-19 Vaccine*.
National Academies Press; 2020:25917. doi:[10.17226/25917](https://doi.org/10.17226/25917)

Administration of COVID-19 Vaccine Will Likely Follow a Phased Approach



Source: CDC, Sept 2020

Phase 1a: CDC/NAM Estimates

- Healthcare personnel
 - All paid and unpaid persons serving in healthcare settings how have the potential for direct or indirect exposure to patients or infectious materials - includes persons not directly involved in patient care but potential exposed while working in a healthcare setting
- First responders
 - All paid and unpaid EMS personnel, police, and firefighters

Estimated Population

~ 17 – 20 M

Examples:

- Hospitals
- LTCF/SNF
- Outpatient
- Home Health care
- Pharmacies
- Public Health

Phase 1b: CDC/NAM Estimates

- High clinical risk
 - Cancer, chronic kidney disease, COPD, immunocompromised from solid organ transplant, obesity (BMI \geq 30), serious heart condition, sickle cell disease, type 2 DM
- Older adults in congregate or overcrowded settings
 - Nursing home/residential living: CVS/Walgreens “whole facility” vaccination
 - Age \geq 65 living below poverty line
 - Age \geq 65 in multigenerational household

Estimated Population

- **High Clinical Risk:**
> 100 M – of which ~19-20 M may be at highest risk (multiple comorbidities)
- **Qualifying Older Adults:**
~ 17 M (~ 53 M if include all \geq 65 years)

Phase 2: CDC/NAM Estimates

- Teachers, staff, and child care workers
~ 9.1 M
- Essential workers (non-health care) with high risk of exposure
~ 2.6 M
- Moderate clinical risk
Unknown – anticipated to be tens of millions
- Homeless shelter/group home residents and staff
~ 1M
- Prisoners, detainees, and staff
~ 2.7 M
- All other older adults
~ 13 - 33 M without comorbid conditions

Estimated Population
>>> 38 M (likely ~ 100 M)

Phase 3: CDC/NAM Estimates

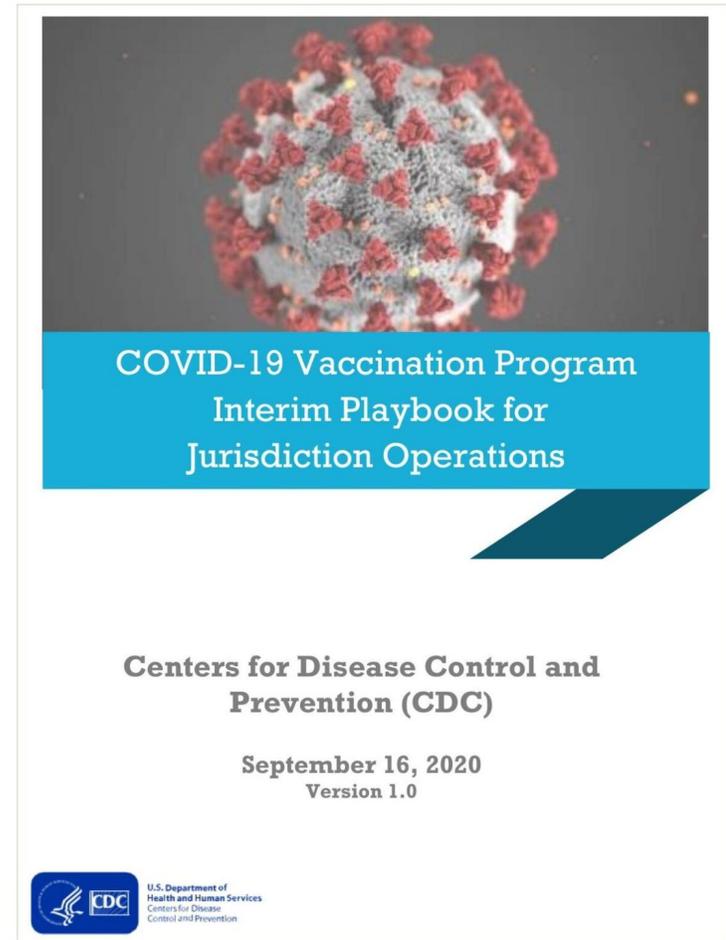
- Young Adults
 - ~ 46.5 M non previously included
- Children
 - ~ 80 M
- Essential workers with moderate risk of exposure
 - ~ 26 M

Estimated Population
~ 152 M

State Vaccine Implementation Planning

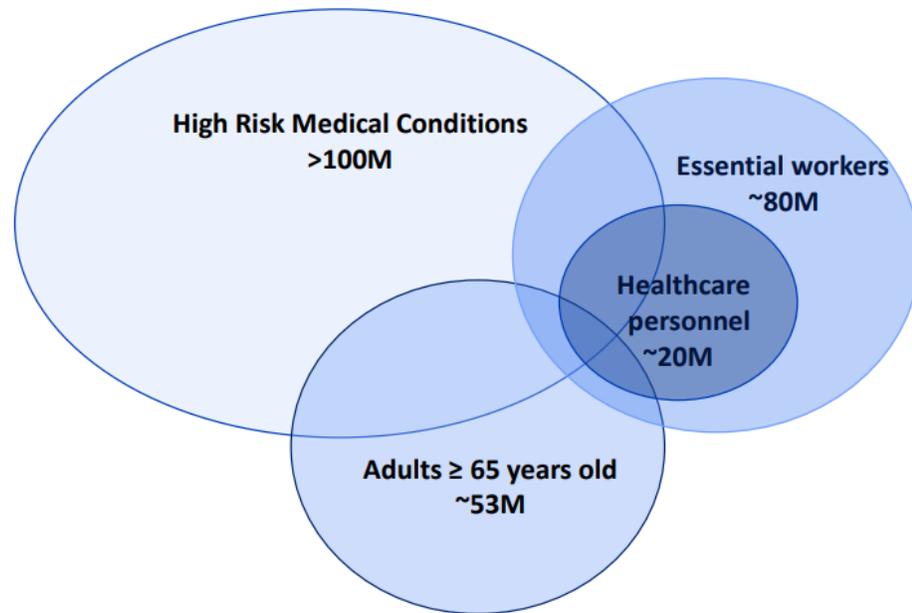
States were required to submit a COVID-19 Vaccination Plan to CDC outlining plans for:

- Identifying and allocating vaccines to critical populations
- Logistical planning to meet vaccine storage, handling, and administration requirements
- Supporting vaccine provider enrollment, vaccine ordering, distribution, storage, and handling
- Engaging providers, partners, and communities
- Vaccine program communications



Key Challenge: Identifying and Allocating Early Vaccine to Critical Populations

Possible Groups for Phase 1 Vaccination



- Vaccine supply will initially be limited - uncertain methodology for distributing to states.
- Need to adapt NASEM Framework/ACIP recommendations to state conditions, population, infrastructure.
- Develop clear, transparent process for allocation based on Federal recommendations and community input.
- Equity at the forefront.
- Healthcare workers first in line – work with providers/health systems to identify early populations, enroll providers, set up closed PODs.

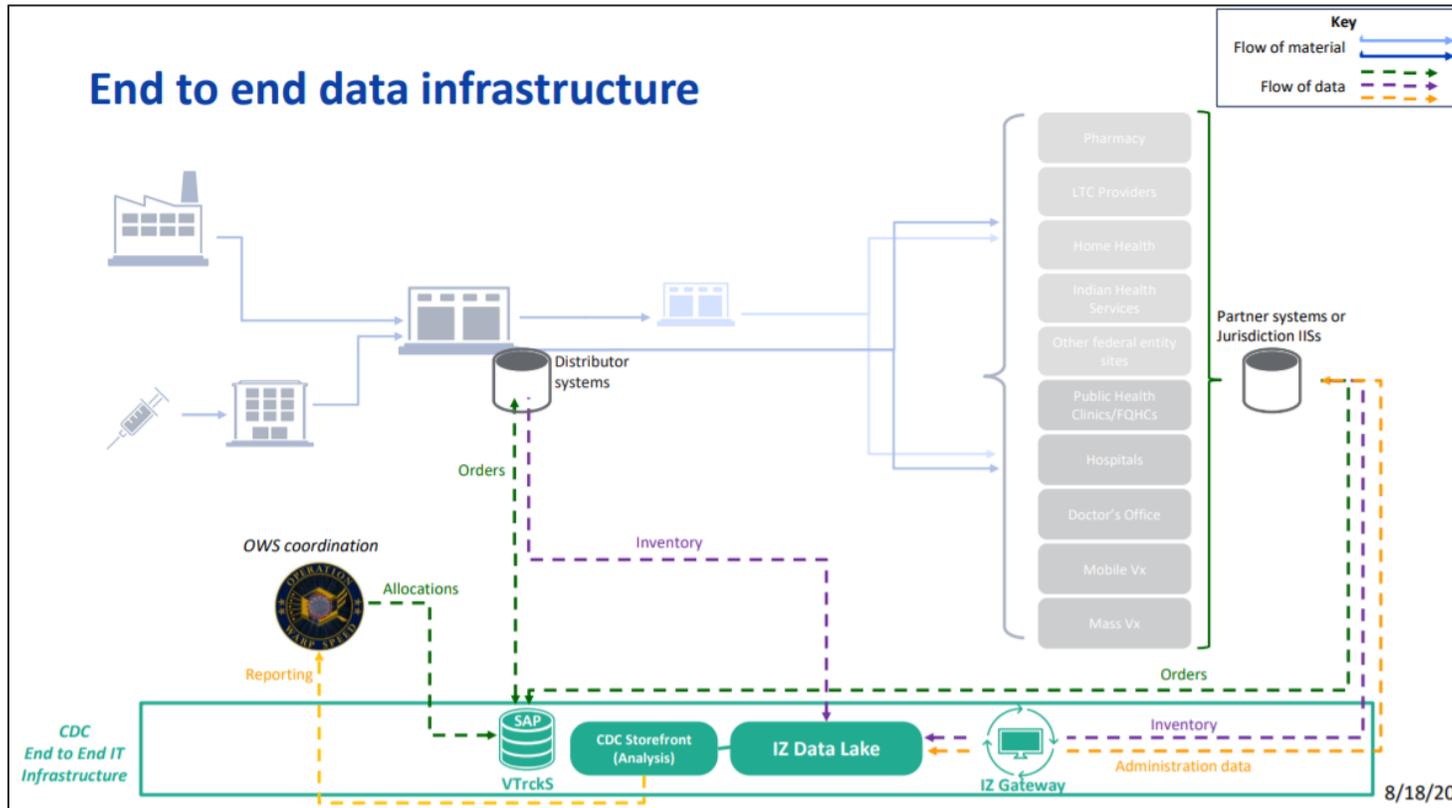
Source: ACIP COVID Vaccine Workgroup, September 22 Meeting.

Key Challenge: Operational Planning for Distribution

- Multiple vaccines with the potential for different efficacy across groups and differing handling and storage requirements
 - Cold chain storage (frozen, ultra-cold)
 - Non-interchangeable second dose at 3-4 weeks
 - Required bedside mixing or reconstitution
 - Packaged in 100-1000 dose increments
- How to support high volume mass vaccinations in socially distanced environment?
- Leveraging existing infrastructure and outreach efforts (testing/flu)
- Responding to local conditions – rural challenges, healthcare infrastructure, weather
- Early distribution will occur in healthcare and congregate settings (LTCs, corrections). As supply increases, need to focus on “push” into community settings

Key Challenge: Building a Data Infrastructure

Overview of OWS/CDC Vaccine Infrastructure



State responsibilities:

- IIS or complimentary data systems must be capable of supporting provider enrollment, vaccine ordering and inventory management, tracking dose-level administration, and reporting to Federal systems
- Legal or regulatory changes may be needed to share vaccine info with the federal system BUT more information is needed on required data elements

Source: Nancy Messonnier presentation to Council of State Governments, August 18, 2020.

Key Challenge: Vaccine Communications

Challenges:

- Diminished public confidence in integrity of FDA approval process
- Rising levels of vaccine hesitancy, organized misinformation on social media
- Healthcare disparities, distrust and historical trauma for racial and ethnic communities
- Unknowns for safety and effectiveness, supply

Strategies:

- Engaging trusted messengers
- Culturally and linguistically-appropriate materials
- Communicate with the public in clear, transparent terms
- Lessons learned from flu season

HEALTH CARE

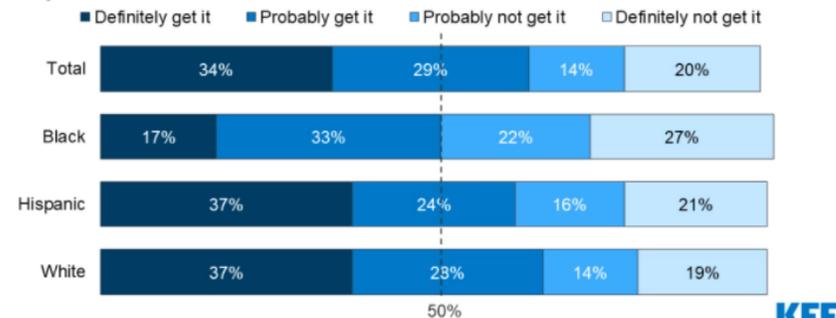
Vaccine-makers promise safety amid shaky public confidence in Covid developments

Public confidence in the shots has dropped as President Donald Trump repeatedly predicts a vaccine could come before the Nov. 3 election.

Figure 13

Black Americans Less Likely To Say They Would Get COVID-19 Vaccine Even If It Was Free And Determined Safe By Scientists

If a coronavirus vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?



SOURCE: KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

KFF

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THE SHIFT

Get Ready for a Vaccine Information War

Social media is already filling up with misinformation about a Covid-19 vaccine, months or years before one even exists.



The anti-vaccine community is more organized and strategic than many of its critics believe. Bill Zakaria/CNN, via Getty Images

Thank You!

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