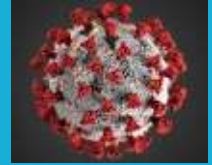


# COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



## Section 3: Phased Approach to COVID-19 Vaccination

Due to changing vaccine supply levels at various points during the COVID-19 Vaccination Program, planning needs to be flexible but as specific as possible to accommodate a variety of scenarios. A key point to consider is that vaccine supply will be limited at the beginning of the program, so the allocation of doses must focus on vaccination providers and settings for vaccination of limited critical populations as well as outreach to these populations. The vaccine supply is projected to increase quickly over the proceeding months, allowing vaccination efforts to be expanded to additional critical populations and the general public. It is important to note that recommendations on the various population groups to receive initial doses of vaccine could change after vaccine is available, depending on each vaccine's characteristics, vaccine supply, disease epidemiology, and local community factors.

Final decisions are being made about use of initially available supplies of COVID-19 vaccines. These decisions will be partially informed by the proven efficacy of the vaccines coming out of Phase 3 trials, but populations of focus for initial COVID-19 vaccination may include: (see *Section 4: Critical Populations*)

- Healthcare personnel (paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials)
- Non-healthcare essential workers
- Adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness
- People 65 years of age and older (including those living in LTCFs)

Jurisdictions should be planning in terms of three phases:

### 1. Phase 1: Potentially limited supply of COVID-19 vaccine doses available

- Concentrate efforts on reaching the initial populations of focus for COVID-19 vaccination listed above, including those who may be part of other critical populations that might require additional vaccination efforts to ensure access to vaccine. Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake.

### 2. Phase 2: Large number of vaccine doses available

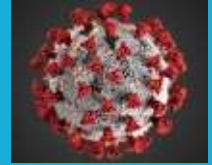
- Focus on ensuring access to vaccine for all critical populations who were not vaccinated in Phase 1, as well as for the general population; expand provider network.

### 3. Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)

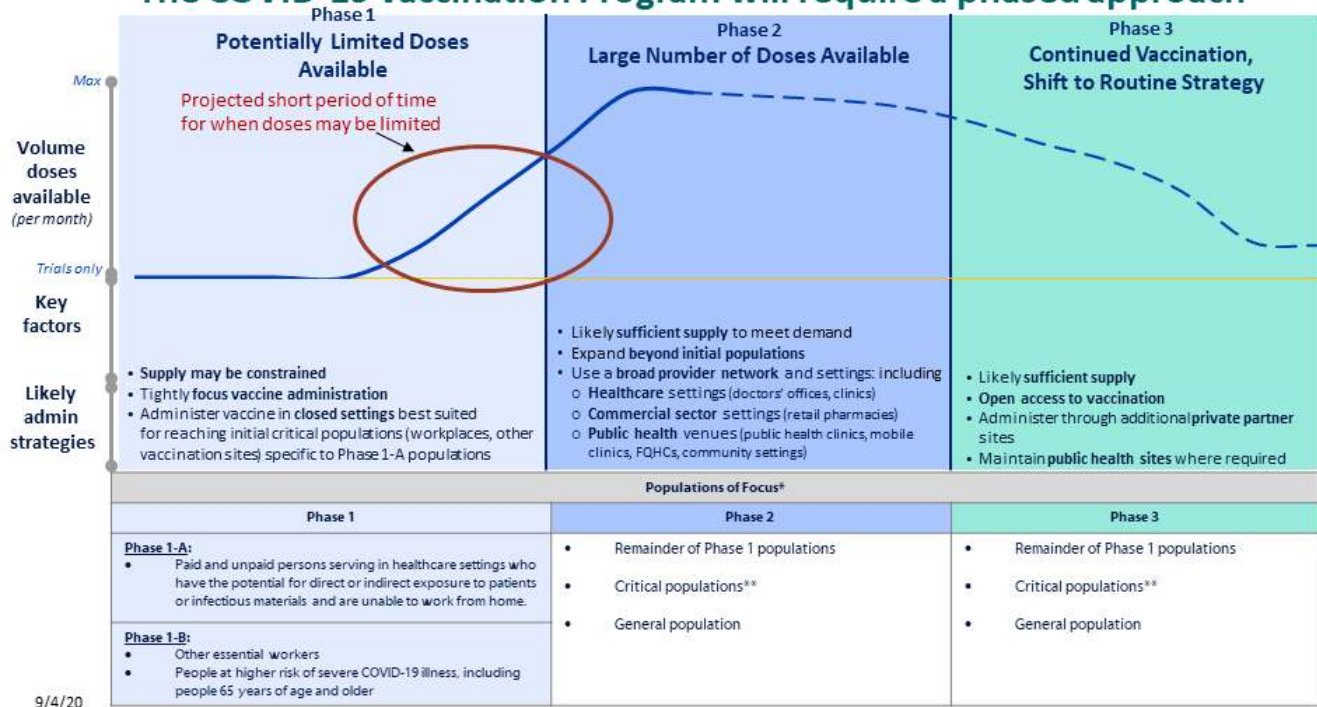
- Focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.

The following graph illustrates the three phases of the COVID-19 Vaccine Program and populations of focus in each phase.

# COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



## The COVID-19 Vaccination Program will require a phased approach



\*Planning should consider that there may be initial age restrictions for vaccine products.

\*\*See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.

### Phase 1: Potentially Limited COVID-19 Vaccine Doses Available

In the initial phase, or Phase 1, of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. The key considerations in planning for this phase are:

- COVID-19 vaccine supply may be limited.
- COVID-19 vaccine administration efforts must concentrate on the initial populations of focus to achieve vaccination coverage in those groups.
- Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.

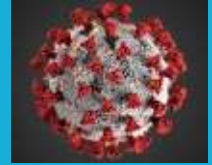
Jurisdictions can employ strategies to address these constraints, including:

- Concentrating early COVID-19 vaccine administration efforts on the initial critical populations identified above and in *Section 4: Critical Populations*.
- Providing 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](#))

# COVID-19 VACCINATION PROGRAM

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Jurisdictions should prioritize enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to the populations of focus for Phase 1, considering those who live in remote, rural areas and may have difficulty accessing vaccination services. Simultaneously, jurisdictions should develop operational procedures for any temporary or mobile clinics planned for Phase 1 prior to receipt of vaccine. Additional information on COVID-19 vaccination provider outreach and clinic settings is located in *Section 5: COVID-19 Provider Recruitment and Enrollment*.

Three scenarios are provided in *Appendix B: COVID-19 Vaccination Scenarios for Jurisdictional Planning – Phase 1, Q4 2020* to assist with planning for Phase 1. Each hypothetical scenario presents variations in product availability, number of vaccine doses allocated, storage and handling requirements, and administration by theoretical vaccine product. These three scenarios may be especially helpful in conducting any workshops or exercises.

As jurisdictions are performing Phase 1 activities, they should be thinking ahead to Phase 2. Jurisdictions may consider the need for additional vaccinators to staff PODs, contract needs for vaccination services, and reviewing state practice acts to allow for expanded professional practice, if necessary.

#### Phase 2: Large Number of Doses Available; Supply Likely to Meet Demand

As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives:

1. Provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations in the jurisdiction.
2. Ensure high uptake in specific populations, particularly in groups that are [higher risk for severe outcomes from COVID-19](#).

The key considerations in planning for Phase 2 are:

- COVID-19 vaccine supply will likely be sufficient to meet demand for critical populations as well as the general public.
- Additional COVID-19 vaccine doses available will permit an increase in vaccination providers and locations.
- A surge in COVID-19 vaccine demand is possible, so a broad vaccine administration network for surge capacity will be necessary.
- Low COVID-19 vaccine demand is also a possibility, so jurisdictions should monitor supply and adjust strategies to minimize vaccine wastage.

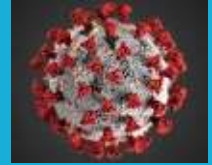
Jurisdictions should adapt to the increase in COVID-19 vaccine supply levels by:

- Expanding vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for all populations.
- 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, and federal, tribal, and Urban Indian health facilities)

# COVID-19 VACCINATION PROGRAM

## INTERIM PLAYBOOK FOR JURISDICTION

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#### Phase 3: Likely Sufficient Supply

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

The key considerations in planning for Phase 3 are:

- Likely sufficient COVID-19 vaccine supply where supply might exceed demand
- Broad vaccine administration network for increased access

Strategies that jurisdictions should consider:

- Continuing to focus on equitable vaccination access to vaccination services
- Monitoring COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- Monitoring supply and repositioning refrigerated vaccine products to minimize vaccine wastage

#### Related Guidance and Reference Materials

CDC's [Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce](#) provides additional information and tools for state and local planners on how to operationalize and implement specific plans for targeting critical workforce groups during an influenza pandemic response. The document also includes tools and resources for tracking progress on critical workforce vaccination planning and activities within a jurisdiction. Though currently specific to an influenza pandemic, it may help to inform the approach for COVID-19 vaccination planning for critical workforce.