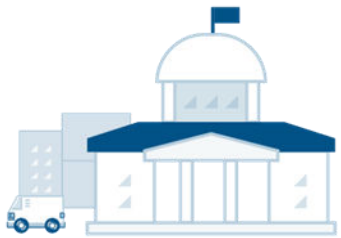
Large-Scale Vaccination Implementation

Sample Workshop Slides | October 2020



INSTRUCTIONS — READ FIRST

DELETE THIS SLIDE IN YOUR FINAL PRESENTATION

- FEMA developed this Exercise Starter Kit (ESK) with sample slides and a facilitator guide for your organization to conduct your own workshop on large-scale vaccination implementation.
- Tailor this sample slide deck by selecting questions that address your organization's needs.
- Use this document in tandem with the sample **facilitator guide**. Any changes made to this sample slide deck should also be made to the facilitator guide.
- Slides with a blue background are instructions and tips to help you design your workshop for your own organization. Delete all the slides with blue backgrounds in your final presentation.
  - IMPORTANT: Update the slide numbers in the **facilitator guide** to reflect the slide numbers in this sample **slide deck** after you finalize it.
- Update content in red text based on individual deliveries of this workshop.

BACKGROUND INFO (1 of 2)

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- This ESK's purpose is to assist state, local, tribal and territorial (SLTT) officials in preparing for the release of at least one vaccine.
- The questions and considerations in the ESK use the Centers for Disease Control and Prevention (CDC) Vaccination Program Interim Playbook for Jurisdiction Operations, the Department of Health and Human Services (HHS) Operation Warp Speed guidance on the release of a safe and effective vaccine(s) and FEMA's COVID-19 policies and procedures guidance.
- This workshop is intended to be guided by a facilitator from your organization. Its planning considerations and discussion questions help guide internal conversations and decisions around conducting operations tailored to your organization's unique needs and missions.

BACKGROUND INFO (2 of 2)

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- The suggested discussion questions focus on three checklist topics: **SLTT Coordination**, **Program Infrastructure** and **Public Messaging**.
  - Use the "What If" questions on the final slide if additional discussion is warranted or needed for your jurisdiction/organization.
- The desired outcome is a large-scale vaccination strategy tailored to your unique needs and missions.
- If you are conducting this workshop remotely, address specific protocols (e.g., muting your microphones when not speaking, using a "raise hand" feature) to provide an effective virtual meeting.
- ****This workshop is based on COVID-19 vaccine guidance as of December 2020. This information is subject to change, as are the reference materials cited. Please ensure use of up to date guidance****

Welcome and Introductions

- [Name]
- [Title]
- [Organization]

- [Name]
- [Title]
- [Organization]

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- This workshop is designed for remote/virtual delivery. Determine the appropriate duration based on your own needs.
- Multiple workshop sessions may be needed.
- Consider building a team with expertise across relevant disciplines (e.g., emergency managers, public safety representatives, healthcare professionals, public health officials) to help plan the workshop sessions and participate in the discussion.
- Before the workshop, participants should review CDCs Vaccination Program Interim Playbook for Jurisdiction Operations Health, and Early COVID-19 Vaccination Program Action Items for Jurisdictions, as well as the Human Services (HHS) Operation Warp Speed guidance on the release of a safe and effective vaccines, and FEMA's COVID-19 policies and guidance.
- Revise the "Workshop Schedule" and "Workshop Overview" slides as needed.

Workshop Schedule

- Welcome and introductions
- Workshop schedule
- Workshop overview
- Scene setter
- Facilitated discussion
- Action items and takeaways
- Closing remarks

Workshop Overview

- **Purpose:** Provide [your organization name] an opportunity to discuss and build strategies and capabilities for large-scale vaccination in a pandemic environment
- **Scope:**
  - This will be a [insert duration] discussion-based workshop
  - Following an overview of the current situation, participants will engage in a discussion based on the release of one or two COVID-19 vaccines
  - Discussion questions are organized based around three topics: **SLTT Coordination**, **Program Infrastructure**, and **Public Messaging**

Workshop Objectives

1. **SLTT Coordination:** Validate the mechanisms to integrate SLTT decision-making and processes during large-scale vaccination implementation
2. **Program Infrastructure:** Explore SLTT and partner abilities to store, distribute, dispense, and/or report one or more COVID-19 vaccines
3. **Public Messaging:** Explore SLTT and partner abilities to effectively communicate to critical populations when faced with challenges such as vaccine hesitancy and misinformation

Workshop Guidelines

- The desired outcome from this workshop is a large-scale vaccination strategy tailored to our unique needs and missions
- This is an open, no-fault environment – varying viewpoints, even disagreements, are expected
- Please base your responses on any current guidance and plans, policies, procedures, capabilities and resources
- Consider different approaches and suggest improvements
- There is no “hidden agenda” nor any trick questions
- [Insert additional guidelines as appropriate.]

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- On the following slide, provide the current status of the pandemic, relevant guidance and a summary of your organization's activities so that your workshop reflects the most recent developments.
  - Include current information regarding the pandemic outbreak. Use the website links in the facilitator guide for suggestions.
  - Include current information on the status of the vaccination roll out.
  - Include information from the relevant state and local authorities where your organization has facilities, as appropriate.
  - Briefly summarize key actions that your organization has taken up to this point.

Scene Setter

- The two-dose vaccines are available for procurement and distribution in limited amounts
- In anticipation, emergency management and public health partners begin implementing vaccination plans that account for data collection and communication, public messaging, interagency coordination and logistics for arranging personnel, facilities and cold chain infrastructure.
- As operations are underway, state governors, local, tribal and territorial leaders and their staffs are invited to an Operation Warp Speed (OWS) briefing that informs them the specific date to expect vaccine availability and in what quantities

Scenario 1 – Release of Vaccine A Only

- Three separately acquired components
- Ultra-cold (-70°C), for large sites only, mixing on-site is required
- Requires two doses 21 days apart (same brand)
- Availability Assumptions
  - End of Dec 2020*: ~10–20M doses
  - End of Jan 2021*: 20–30M doses

Vaccine A	

SHIPMENT
Three separately acquired components (mixed on site)
• Vaccine
  ○ Direct to site from manufacturer (on dry ice)
  ○ Multidose vials (five doses/vial)
• Diluent
  ○ Direct to site from USG (at room temperature)
• Ancillary supply kits
  ○ Direct to site from USG (at room temperature)
	ON-SITE VACCINE STORAGE
	Frozen (-70°C ± 10°C)
	• Must be used/recharged within 10 days
	• Storage in shipping container OK (replenish dry ice as needed)
	Thawed but NOT reconstituted (2–8°C)
	• Must use within 24–48 hours
	Reconstituted (room temperature)
	• Must use within six hours

ORDERS *Large quantities to large administration sites only* • Minimum order: ~1000 doses • Maximum order: ~5000 doses	**ADMINISTRATION** *Two-dose series (21 days between doses)* • On-site mixing required; reconstitute with diluent just prior to administration • Administer by intramuscular (IM) injection

PRIORITIZED POPULATIONS AND ANTICIPATED VACCINE ADMINISTRATION SITES	
Healthcare professionals (including LTCF staff)	Public health closed temporary mass vaccination clinics + potential for mobile clinics
Essential workers (specifics TBA)	Public health closed temporary mass vaccination clinics + potential for mobile clinics
National Security populations	Public health closed temporary mass vaccination clinics + DoD sites
LTCF residents and staff	Potential for mobile clinics to facilities

Scenario 2- Release of Vaccine B only

- Two separately shipped components, central distribution capacity required (-20°C)
- No on-site mixing required
- Requires two doses 28 days apart (same brand)
- Availability Assumptions
  - End of Dec 2020*: ~10M doses
  - End of Jan 2021*: ~15M

Vaccine B	

SHIPMENT
Two separately shipped components
• Vaccine
  ○ To central distributor (at -20°C)
  ○ Multidose vials (10 doses/vial)
• Ancillary supply kits
  ○ Direct to site from USG (at room temperature)
	ON-SITE VACCINE STORAGE
	Frozen (-20°C)
	• Storage in shipping container OK (replenish dry ice as needed)
	Refrigerated (2–8°C)
	• Must use within 7–14 days
	Room temperature
	• Must use within six hours

ORDERS *Central distribution capacity required* • Required by December 2020 • Maintained at -20°C	**ADMINISTRATION** *Two-dose series (28 days between doses)* • No on-site mixing required • Administer by intramuscular (IM) injection
PRIORITIZED POPULATIONS AND ANTICIPATED VACCINE ADMINISTRATION SITES	
Healthcare professionals (including LTCF staff)	Healthcare clinics + healthcare occupational health clinics + public health closed temporary mass vaccination clinics + mobile clinics
Essential workers (specifics TBA)	Hospital occupational health + hospital clinics + public health closed temporary mass vaccination clinics
National Security populations	DoD + closed temporary mass vaccination clinics + mobile clinics
LTCF residents and staff	Commercial pharmacy partners + mobile clinics

Scenario 3- Release of Vaccines A and B Simultaneously

- Vaccine A
  - Three separately acquired components
  - Ultra-cold (-70°C), for large sites only, mixing on-site is required
  - Requires two doses 21 days apart (same brand)
- Vaccine B
  - Two separately shipped components, central distribution capacity required (-20°C)
  - No on-site mixing required
  - Requires two doses 28 days apart (same brand)

Possible Release Dates	December 2020	January 2021	
Vaccine A	10M–20M	20M–30M	Ultra-cold (-70°C), for large sites only
Vaccine B	10M	15M	Central distribution capacity required (-20°C)
Totals	**20M–30M**	**35M–45M**	

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- Explain to participants that this is the facilitated discussion portion of this workshop, starting with a review of current operational status, followed by discussion questions in three checklist topics:
  - SLTT Coordination
  - Program Infrastructure
  - Public Messaging

Discussion Questions: SLTT Coordination (1 of 4)

1. Can you share any vaccination plans or strategies currently in place?
    a. Does the existing plan or strategy outline roles and responsibilities?
2. What coordination partners have been identified for the release and distribution of COVID-19 vaccinations?
3. What will be the specific roles and responsibilities of following organizations (as identified in the vaccination plan, or as assumed if no plan exists)?
    a. State/Tribal Public Health
    b. State/Tribal Emergency Management
    c. National Guard
    d. Private Sector
4. How would they work together (unity of effort) in this scenario?

Discussion Questions: SLTT Coordination (2 of 4)

5. Does your jurisdiction have a vaccine coordination/planning team?
    a. If so, does the coordination team include representation from the immunization program, preparedness program, legal affairs, media/public affairs and crisis and emergency risk communication?
6. How will SLLT partners receive vaccine availability information, and who will they receive it from?
    a. Who is responsible for coordinating to receive and distribute vaccine availability information?
7. How will state-level personnel monitor activities at the local level to confirm the COVID-19 vaccination program is implemented in adherence with federal guidance and requirements and that access is equitable?

Discussion Questions: SLTT Coordination (3 of 4)

8. Who will coordinate with groups likely to receive initial vaccinations, and how will this occur?
9. Does the release of vaccinations have a centralized method of information coordination?
10. How will information be coordinated with representatives from other sectors of the community, such as health systems, pharmacies, long-term care/assisted living facilities, education, corrections and other key organizations?

Discussion Questions: SLTT Coordination (4 of 4)

11. Is a strategy in place for maintaining vaccination level accountability and reporting (i.e., how many available, how many used and who the vaccines have been provided to)?
    a. What agency would maintain a tracking database?
    b. Would you utilize the HHS Immunization Gateway?
12. Who would coordinate/provide security for vaccination sites and transport?
13. What are the most critical issues to address in the coordination process in [your jurisdiction]?

Break

[Remove or adjust timing as needed]

Discussion Questions: Program Infrastructure (1 of 5)

1. How will you identify the populations to receive the vaccinations at each phase of the vaccinations release?
    a. Who has approval authority for building out these populations lists?
    b. Will you use the Critical Populations list from Section 4 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations?
2. How will you estimate the sizes of populations to receive first available doses?
3. What resources and capabilities are required to determine the key groups and estimate the number of vaccines needed for these groups?
4. What challenges do you foresee in identifying and coordinating with these groups?
5. Have you pre-identified sites with ultra-cold storage capabilities?

Discussion Questions: Program Infrastructure (2 of 5)

6. Who is responsible for identifying vaccination locations?
7. Is the responsible party considering:
    a. How the locations selected can impact/reach target populations?
    b. Cold chain requirements and the technology needed at sites to meet reporting requirements for vaccine supply and uptake?
    c. The ability of the public to access the site (e.g., parking for personal vehicles or nearby public transportation)?
    d. If the vaccinations can be given in a drive-through manner such as for testing:
        i. Does the site have ample space for drive-through operations?
        ii. Is space available if a recipient needs to stay for a 15–30-minute evaluation?

Discussion Questions: Program Infrastructure (3 of 5)

8. How will you establish trusted administration sites?
    a. Who is responsible for the provider agreements with sites?
    b. Would a specific agency be responsible for this?
    c. Will the locations be accessible to critical populations?
9. Who determines the need for additional vaccination services such as satellite, temporary or off-site clinics to address demand or needs not met?
10. How will vaccinations be transported to sites?
    a. Will they be distributed to points of distribution, with the last mile to sites being a jurisdictional responsibility?

Discussion Questions: Program Infrastructure (4 of 5)

11. How will these sites be staffed?
    a. If identifying staff not already deployed to testing and healthcare sites requires staffing from retired medical pools, nursing schools, etc., who is responsible for recruiting and training vaccination program staff and providers?
    b. How you enforce personal protective equipment and social distancing requirements?
12. How will individuals be tracked and reminded to receive their second dose?
    a. How will you confirm that second doses are of the same brand?
    b. What methods and systems will provide second dose reminders to individuals?
13. What challenges complicate vaccine administration and tracking?

Discussion Questions: Program Infrastructure (5 of 5)

14. How will you provide vaccine sites with adequate resources to support vaccination efforts?
    a. Medical supplies?
    b. Medical waste removal?
    c. Biosafety cabinet for sites that need to mix vaccines?
    d. Backup generators and fuel to avoid losing refrigeration?
15. How will you augment community vaccination programs once the vaccine becomes more widely available?
    a. When additional vaccines become available but are not adequate for a complete public rollout, how will you identify additional target populations?
    b. What resources and capabilities are required?

Break

[Remove or adjust timing as needed]

Discussion Questions: Public Messaging (1 of 5)

1. Is a communication plan in place with phases, messages and strategies identified for the early release?
    a. Does it also include a messaging strategy as more vaccines become available and other populations are identified for vaccination?
    b. If plans are separate and/or have no information coordination, can you form a working group to help identify strategies?
2. Who are the “trusted agents” (i.e., that the public believes put out reliable information) in [your jurisdiction]?
    a. Are they being used to build trust in a forthcoming vaccine?
    b. How can we use existing partnerships with trusted agents?

Discussion Questions: Public Messaging (2 of 5)

3. How are the trusted agents getting the information needed to support building trust with the populations they serve?
    a. Healthcare and essential workers
    b. Vulnerable and culturally diverse populations
    c. Populations with accessibility concerns
    d. Religious groups
4. Are agencies in [your jurisdiction] using common terminology in public messaging?
    a. If not, can you reach an agreement to use a common set of words and phrases for consistent messaging regarding the vaccination release?

Discussion Questions: Public Messaging (3 of 5)

5. How do you determine culturally and linguistically responsive communication approaches to reflect the diversity of your communities?
    a. For initial populations and the general public in later phases?
6. How can messaging better penetrate a wider range of partners, stakeholders, communications, news and media outlets?
7. What are the strategies for communicating basic information that may change often (e.g., who can get vaccinated, where is it available, which vaccines are available, how much vaccine has been distributed and new safety and effectiveness data)?

Discussion Questions: Public Messaging (4 of 5)

8. How can we best communicate with audiences that may be skeptical (or fear) “authorities” such as the government, their employers, etc.?
9. Can we use the first populations vaccinated as ambassadors and spokespersons for later populations (e.g, “I got vaccinated” stickers, #igotvaxxed campaign on social media)?
10. What methods and systems will provide community-wide second dose reminders?
    a. Is technology available to do text, email, social media or other electronic reminders?

Discussion Questions: Public Messaging (5 of 5)

11. Is a communication plan in place for minority and other populations that tend to be fearful of authority and may be harder to reach with vaccination information?
12. What are some “outside the box” campaigns or strategies to encourage those who are hesitant to get vaccinated?
    a. Or for large second dose reminders?
13. What are some messaging strategies to prevent people from crossing brands on their second dose?
14. What resources and capabilities are required for public messaging to penetrate the target audiences?

Break

[Remove or adjust timing as needed]

INSTRUCTIONS — READ FIRST

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- In the Action Items and Key Takeaways section, prompt participants to review the three checklist topics (SLTT Coordination, Program Infrastructure, and Public Messaging) and identify next steps.
- Capture specifics!
  - Identify specific and actionable steps your organization needs to take in each topic area.
  - Prompt the group to identify who (person or group) is responsible for each action.
  - Agree on a timeline and set up a time to reconvene or report back.

Action Items and Takeaways

- For each of the three discussion areas, identify:
  - Major takeaways
  - Actions needed
  - Person or group responsible for those actions
  - Timeline to reconvene or report back
  - Next steps

- SLTT Coordination
- Program Infrastructure
- Public Messaging

Closing Remarks

- [Name]
- [Title]
- [Organization]

“What If” Questions for Additional Discussion

1. What if only one facility in the state is capable of the cold storage needed for these vaccinations?
   a. Will your jurisdiction/organization use temporary and satellite vaccination sites?
   b. Who would be responsible for securely transporting the vaccinations to the sites each day?
   c. Are transportation vehicles capable of keeping the vaccines at the correct temperature between locations?
2. What if these satellite locations cannot be used again for the second dose of the same vaccine?
   a. How do you communicate new location information to people who must get their second dose of the correct vaccine at a different location?
   b. How does this change the messaging strategy for second dose reminders?
3. How would a pandemic-related shutdown alter your second dose vaccination plans?
4. What are the impacts if your organization does not receive a shipment on time for scheduled second doses?