CORONAVIRUS - VACCINE ALLOCATION AND DISTRIBUTION

An overview of federal guidelines for COVID-19 vaccine distribution efforts including distribution logistics, phased allocation, administration, data monitoring and potential implementation barriers

NOVEMBER 23, 2020
Roadmap

- Overview
- Distribution
- Administration & Monitoring
- Challenges
Critical components to COVID-19 vaccine implementation

Prioritizing Population
Allocation of Vaccine
Distribution
Safety, Effectiveness, Uptake, and Second Dose
Vaccine Recovery

Key Considerations:

1. Collaborate with state, tribal, local governments and the public to coordinate vaccine allocation process and promote vaccine uptake

2. Distribute vaccine using phased allocation strategy upon receiving emergency use authorization

3. Support safe administration efforts in local jurisdictions

4. Monitor vaccine data including distribution and administration using IT system
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Operation Warp Speed has developed a centralized distribution plan for the COVID-19 vaccine.

**Issue Brief**
Historically, the CDC has worked with all 50 states, 6 localities, tribal governments, and other territories under cooperative agreements to ensure each jurisdiction's public health system has a systematic, sustainable immunization structure; these plans will be adapted to carry out the wide-scale coronavirus vaccine program.

**Partnerships**
- Local and state gov’t are to use CARES Act funding to develop mass vaccination program; must ensure adequate staff for vaccine administration and engage with stakeholders during outreach efforts
- Coordinate among federal agencies, national chain partners, vaccination of critical work forces and underserved populations
- Identify key vaccination sights as well as logistical requirements (i.e. onboarding providers to IT system, establishing [guidelines on prioritized populations](#))

**Centralized distribution**
- Federal government oversight and ability to shift resources, if necessary
- McKesson to distribute doses to designated locations, mostly directly to administration centers or within jurisdictions to be further disseminated to local health network
- Any vaccines requiring freezing storage conditions can be shipped directly to administration sites

**Tracking system**
- Utilize HHS Vaccine Tracking System (VTrckS) to track, purchase, and distribute vaccine; currently used to manage publicly funded vaccine supply chain
The National Academies committee released their guiding principles for equitable allocation:

1. Risk of infection
   - Prioritize those that are likely to be exposed to COVID-19 and at higher risk of infection

2. Risk of mortality
   - Prioritize those that if infected would face severe illness or death

3. Risk of negative social impact
   - Prioritize those working in the health industry or those upon whom other people’s livelihood/lives depend on

4. Risk of transmission
   - Prioritize those who are more likely to transmit to others
Committee proposed a four-phased approach for vaccine allocation to maximize societal benefit

**Phase 1**
- **Jumpstart phase**
  - 1a: High risk health care workers and first responders
  - 1b: Those with underlying conditions at higher risk and older adults in living communities.

**Phase 2**
- **High-risk essential workers**
  - School staff
  - Individuals with chronic health conditions
  - All older adults
  - People living in group settings (prisons, shelters)

**Phase 3**
- **Low risk population**
  - Young adults, ages 18-30
  - Children
  - Workers in essential industries that weren’t vaccinated in phases 1 and 2

**Phase 4**
- **General population**
  - Everyone living in the US who previously did not receive the vaccine
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State and local governments to collaborate with providers to ensure swift and safe vaccine administration

1. Delivery and cost
   - Section 3203 of the CARES Act requires health insurers cover all ACIP-recommended COVID-19 preventative services without any cost-sharing
   - CDC director must adopt ACIP recommendation to ensure coverage for Medicaid recipients

2. Ancillary supplies
   - Operation Warp Speed has obtained 6.6 million ancillary supply kits, which includes needles, syringes, alcohol pads, vaccination cards, and limited PPE
   - BARDA and DoD have worked to increase needle and syringe capacity

3. Administration sites
   - When vaccine doses are limited in supply, administration sites will be more restricted to ensure reaching target populations
   - As dose supply increases, number of administration sites will expand to include PCPs and pharmacists
Current CDC vaccine tracking infrastructure must be improved for the COVID-19 vaccination program

Issue Brief
Sophisticated data monitoring infrastructure will be necessary to support the COVID-19 mass vaccination program. The IT system used must monitor claims/payment information, reminders for 2nd dose administration, outcomes, adverse events, and account for products purchased with the use of federal funds.

Building the IT infrastructure
- Trump administration plans to use Immunization (IZ) Gateway system as the centralized IT infrastructure to track local immunization programs.
- The IT system is based on Immunization Information Systems (IIS) currently used among those delivering public vaccinations.

Federal tracking
- Data from IIS, electronic health records, and pharmacy systems will be pooled into this common IT infrastructure for reporting and analysis.
- This aggregated data will be anonymized and deidentified to protect privacy of individuals.
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Local and state health departments will be facing challenges to vaccine distribution

**Cost**
- CDC has allocated $200 million to states for vaccination efforts and will provide states with another $140 million in December
- States are estimating that will take about $8.4 billion to launch a comprehensive vaccination campaign, which includes workforce hiring and training, sharing electronic health records with federal government, and a public health messaging campaign
- State public health officials have recognized that fund shortages will slow state vaccine program implementation

**Logistics**
- States are not aware how many doses they will receive; thus, affecting their planning abilities around which priority populations to vaccinate
- Some states have yet to agree to sharing patient data with the CDC, due to state privacy laws, posing a challenge for the CDC’s ability to track those vaccinated and then monitoring those who will need a 2nd dose.
- Challenges specific to some vaccine candidates include freezing and storage requirements

**Public trust**
- Polling data indicates that 34% of the US population would probably not or definitely not take a COVID-19 vaccine even if it was free to everyone who wanted it and considered safe by scientists.
- The lack of trust is more evident among Black Americans, with 40% saying they would probably not or definitely not take a COVID-19 vaccine citing safety concerns and lack of trust in the health care system and/or government.
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