

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



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Roadmap

- **Overview**
- Distribution
- Administration & Monitoring
- Challenges



Critical components to COVID-19 vaccine implementation



Prioritizing Population



Allocation of Vaccine



Distribution



Administration



**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

Jurisdictions must plan to:

- 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 4

General population

- Everyone living in the US who previously did not receive the vaccine



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

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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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