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## COVID-19 Pandemic Vaccination Planning: High-Level Overview for State and Local Public Health Programs

### Background

The SARS-CoV-2 virus, which causes COVID-19 disease, continues to seriously threaten the health of Americans and society. The U.S. Department of Health and Human Services (HHS) is working with partners, including vaccine manufacturers, to develop vaccine candidates against SARS-CoV-2 infection. Thoughtful allocation of COVID-19 vaccines will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society. COVID-19 vaccination response operational guidance is forthcoming, providing instructions to public health programs for implementation of state and local COVID-19 vaccination response. In the interim, public health programs can begin initial COVID-19 vaccination response planning, using the preliminary assumptions and recommended initial action steps below.

### Planning Assumptions

Many vaccine candidates are in development, and it is not known what vaccine(s) will be used. However, certain vaccination campaign planning assumptions can be made:

- Limited COVID-19 vaccine doses may be available as early as fall, 2020.
- Initial COVID-19 vaccination efforts should target those in the critical workforce who provide health care and maintain essential functions of society, and then those at highest risk developing complications from COVID-19, depending on supply.
- Initial doses of COVID-19 vaccine may be authorized for use under an [Emergency Use Authorization \(EUA\) issued by the Food and Drug Administration \(FDA\)](#), based upon available safety and efficacy data.
- Two doses of pandemic COVID-19 vaccine, separated by  $\geq 28$  days, may be needed for immunity, requiring the ability to track vaccination administration and provide patient reminders.
- Routine immunization programs will continue.
- Recommendations on groups to target will likely change throughout the response, depending on vaccine supply and disease epidemiology.
- Public demand for COVID-19 vaccination will likely be high, especially when there is limited supply and if there is severe disease in the community.
- Seasonal influenza vaccination will be particularly important for all persons  $\geq 6$  months of age, especially front-line HCPs, to limit influenza as another respiratory illness.

- Assuming COVID-19 will continue to spread in the community in the fall and next year, vaccination plans must ensure vaccine clinics will not put patients at risk for COVID-19, which in the setting of mass vaccination may need to include considerations for personal protective equipment (PPE), social distancing or spacing of persons vaccinated and staff, and scheduling individual vaccination appointment times, among other approaches
- IIS will be used to document vaccination and mass-vaccination modules in IIS may be needed, in addition, CDC is exploring additional systems and tools for targeting and tracking vaccination of critical workforce.

Although plans may change as the pandemic progresses, CDC currently assumes COVID-19 vaccine distribution and tracking will be conducted using principles exercised in influenza pandemic planning:

- When COVID-19 vaccine becomes available, distribution will be through existing infrastructure used for publicly funded routine vaccines. Distribution may be expanded to include additional health care organizations and vaccination providers who can provide pandemic vaccinations to targeted groups (<https://www.cdc.gov/flu/pdf/pandemic-resources/pandemic-influenza-vaccine-distribution-9p-508.pdf>).
- COVID-19 vaccine providers must enroll with their jurisdiction's immunization program to receive the vaccine.
- COVID-19 vaccine will be allocated proportional to each state's population size, will be centrally maintained, and directly distributed by CDC's distributor to COVID-19 vaccination providers.
- Enrolled vaccination providers will order COVID-19 vaccine from their immunization program's allocation.
- COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled pandemic vaccination providers and their patients.
- Immunization programs will be required to report timely vaccination data to CDC to provide tracking of vaccination administration and inform safety monitoring and assessment of vaccine effectiveness.

At this time, state and local public health programs should begin COVID-19 vaccination planning efforts by:

- Reviewing pandemic influenza vaccination plans, identifying strengths and gaps
- Formalizing plans with partners for targeting vaccination efforts for front-line health care personnel (HCP) who will be evaluating and caring for persons with COVID-19 in the late fall of 2020, when the first COVID-19 vaccine dose may be available
- Identifying other critical occupational groups in each jurisdiction (safety, emergency and other essential services which may include supermarket workers, delivery drivers, and others), and ensuring relationships and plans are in place for targeted vaccination efforts
- Conducting additional outreach to healthcare providers treating persons at highest risk for severe outcomes of COVID-19 (e.g. those with advanced age, hypertension, diabetes, cardiovascular disease, chronic obstructive pulmonary disease, immunosuppression, liver disease) to ensure efficient education and vaccination of these groups when COVID-19 vaccine supply increases
- Reviewing and enhancing IIS capacity for documenting and reporting vaccination efforts, including the ability for reminder and recall

Because influenza season will also be occurring when the risk of COVID-19 will likely remain high, public health programs should undertake activities to enhance seasonal influenza vaccination efforts to reduce demand on hospitals, protect healthcare workers, and reduce respiratory diseases among individuals. Encourage vaccination providers to order additional doses of influenza vaccine; work with these providers to consider how to safely administer influenza vaccine during COVID-19.

#### Critical Workforce Personnel Vaccination Resources

Although epidemiology of COVID-19 differs from that of pandemic influenza, when planning vaccination of critical workforce personnel, including front-line HCP, public health programs should review resources developed for pandemic influenza vaccination, including:

- [Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine during an Influenza Pandemic](#)
- [Pandemic Influenza Vaccine Targeting Checklist](#)
- [Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce](#)
- [Checklist of Best Practices for Vaccination Clinics Held at Temporary, or Off-site, Satellite Clinics](#)
- [Guideline for Large-Scale Influenza Vaccination Clinic Planning](#)

#### **COVID-19 Crisis Cooperative Agreement Vaccination Activities**

Public health program can use funds from the CDC's Division of State and Local Response's COVID-19 crisis cooperative agreement to begin the process of operationalizing COVID-19 vaccination plans. COVID-19 specific vaccination planning objectives in the current crisis cooperative agreement are:

- *Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including:*
  - *Enhancement of immunization information systems*
  - *Maintain ability for vaccine-specific cold chain management*
  - *(Ability to implement) mass vaccination clinics for emergency response*
  - *Assess and track vaccination coverage*
  - *Rapidly identify high-risk persons requiring vaccine*
  - *Plan to prioritize limited medical countermeasure material (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS)*  
*(NOTE: this includes potential COVID-19 vaccine)*
- *Ensure jurisdictional capacity for distribution of MCM and supplies.*  
*(NOTE: CDC has capacity for centralized distribution directly to most vaccination provider sites, so jurisdictions should not need to plan for significant COVID-19 vaccine storage, repacking, and redistribution at receive, stage, and store (RSS) sites)*