

In this issue: How will federally purchased vaccines be available?

The process for making federally procured COVID-19 vaccines available is an historic task which will require collaboration, flexibility, and adaptability with many stakeholders and is a complex work-in-progress. This newsletter will give an overview of current plans with updates in future newsletters. Where Tennessee and Virginia differ, we will try to note those differences.

A few challenges to success in offering a vaccination to the region include:

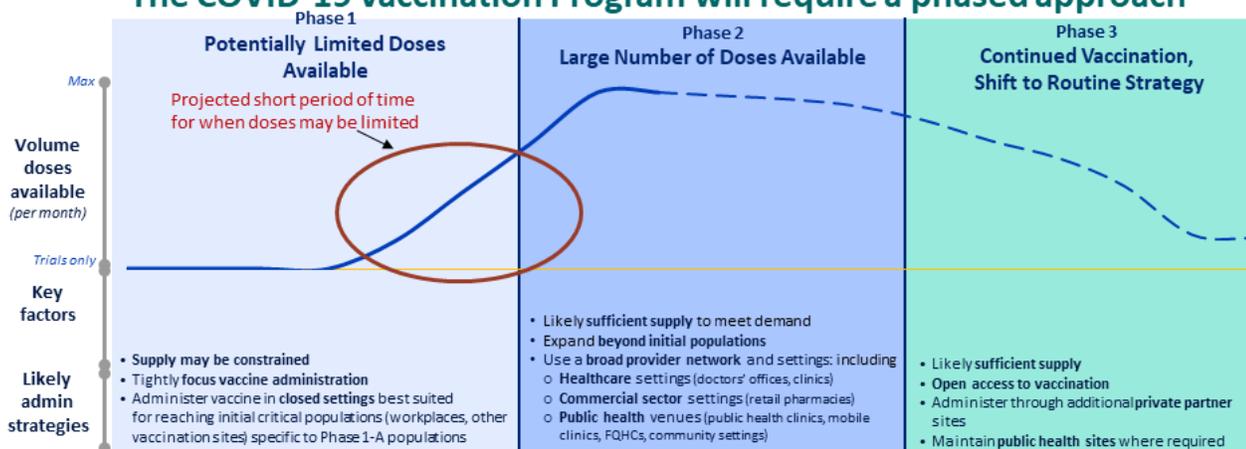
- Unprecedented scale of, and timeline for, vaccination
- Multiple vaccines will likely be available in various quantities, with different storage requirements (including storage at -70°C for the Pfizer/BioNTech vaccine), different administration schedules and possibly different efficacy for specific populations

- Limited vaccine availability initially with federal prioritization for highest risk people
- The need for informed consent and ongoing safety monitoring

Creating the vaccine distribution program is currently the intense focus of federal, state, and regional partners. Success will require close collaboration among all partners. Key areas include:

1. Planning will take place in the context of many unknowns, however over the last 10 days the details have been coming into focus. It will likely be helpful to conduct exercises to test plans after development.
2. A three-phased approach to vaccination will be used:

The COVID-19 Vaccination Program will require a phased approach



3. Priorities are being established at the federal level for who will be offered vaccination during the phases, with tighter focus and control of vaccines in Phase 1, where supply is most limited. This newsletter will focus on people in Phase 1.

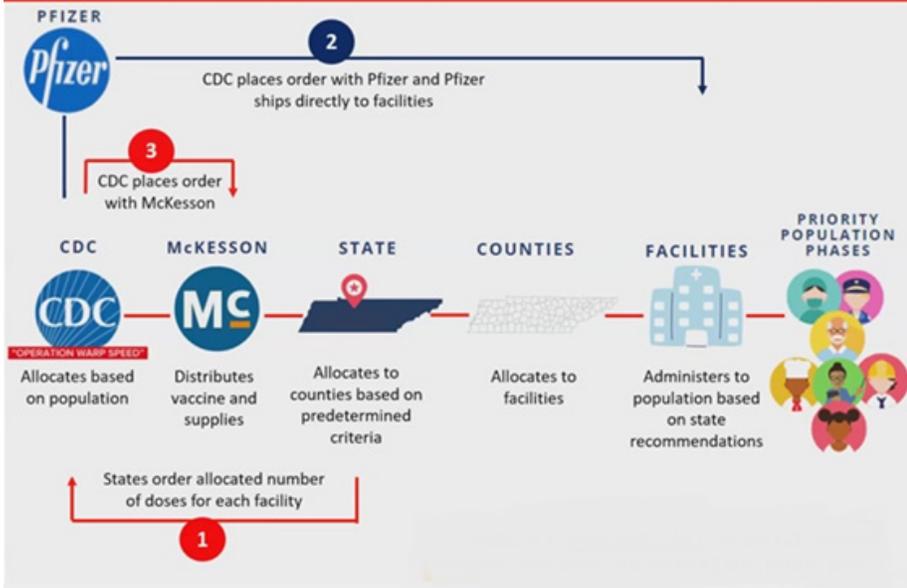
- Phase 1a - High-risk healthcare workers (HCW) and first responders with **direct patient exposure**
 - i. Hospital clinical staff and unlicensed staff with **direct patient care exposure**

- ii. Home care staff
- iii. Long-term care facility staff
- iv. Public Health nurses and providers
- v. Student health staff
- vi. Staff caring for those with intellectual and developmental disabilities in congregate living settings
- vii. First responders with **direct public exposure**

Note: If quantities are initially insufficient for all of these workers, then prioritization within Phase 1a will be by the presence of co-morbidities, including age ≥65 (TN only), cancer, CKD, COPD, solid organ transplant, obesity (BMI ≥30), serious cardiac disease, or diabetes.

- Phase 1b – Other non-hospital HCWs with **direct patient exposure**, such as outpatient medical providers and staff, behavioral health, and oral health providers
 - Phase 1c – Adults with two or more high-risk conditions and older adults in congregate or overcrowded living settings
 - Phase 2 – K-12 teachers and school staff, essential workers who secure critical infrastructure (such as food supply, public transit, and utilities), all ages with one comorbid condition and moderate risk, homeless shelters/group homes and staff, and inpatient drug treatment, prisons, jails, detention facilities and staff
 - Phase 3 – Young adults, children (if vaccine indications include), industries with higher risk of exposure (e.g. universities, goods-producing industries, and entertainment)
 - Phase 4 – Everyone else
4. Vaccination provider enrollment and training is expected to follow a phased approach and will involve public and private sectors. Requirements for vaccine providers include:
 - Provider organizations must enroll in the federal program which is coordinated through the state immunization program. Any entity wishing to administer vaccine needs to apply through the state to become a vaccine provider. The CDC fillable pdf form is attached to the email and you can read more from the Tennessee Department of Health [here](#). Information from the Virginia Department of Health will be coming soon.
 - Comply with requirements for vaccine storage and handling
 - Administering the vaccine in accordance with [ACIP recommendations](#) (which will be formulated after EUA is granted)
 - Administer the vaccine regardless of the patient's ability to pay
 - Recording the vaccination and report to the state vaccination program (e.g. in TennIIS for TN vaccinations or in VIIS for VA)
 - Report unused, spoiled, expired, or wasted vaccine
 - Report any vaccine administration errors, serious adverse events, and provide a vaccination card to patients with the date of any needed follow-up vaccine dose
 - Vaccinating facilities will be onboarded with hospitals initially, then pharmacies, then outpatient providers
 5. Vaccine distribution is expected to flow from CDC order to the state Department of Health to facilities. Two exceptions appear to be the Pfizer/BioNTech vaccine (which will go to designated hospitals directly) and vaccines for LTCFs, for which CDC has contracts with CVS and Walgreens. Initially vaccine transport after receipt at the hospital may be limited (at least in TN) due to the requirement for storage at -70°C. Distribution will be in units of 975 doses in containers using 50 lbs. of dry ice for cooling.
 6. Communication with patients about COVID-19 vaccines will be critically important. Already messages not based on actual clinical trial results are rampant on social media. There will be regional efforts to make evidence-based vaccine information available and national organizations will have patient educational handouts available. For example, see [here](#).
 7. Education will be available for each of the above areas and for other program aspects. For example, 10 Things Healthcare Professionals Need to Know About US COVID-19 Vaccination Plans is available [here](#).
 8. The latest CDC COVID-19 Vaccination Program Interim Playbook is [here](#). The link to TN Department of Health site is [here](#). The VA Department of Health site is [here](#).

Vaccine Allocation and Distribution



Source: Tennessee Department of Health

For additional detail, please see COVID-19 vaccine trackers:



Vizient is a healthcare performance improvement company [Vizient vaccine tracker](#)

The Regulatory Affairs Professionals Society (RAPS) <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-vaccine-tracker>

The New York Times tracker has won wide endorsement, including from the Hopkins Coronavirus Resource Center [COVID-19 Vaccine Tracker](#)

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