

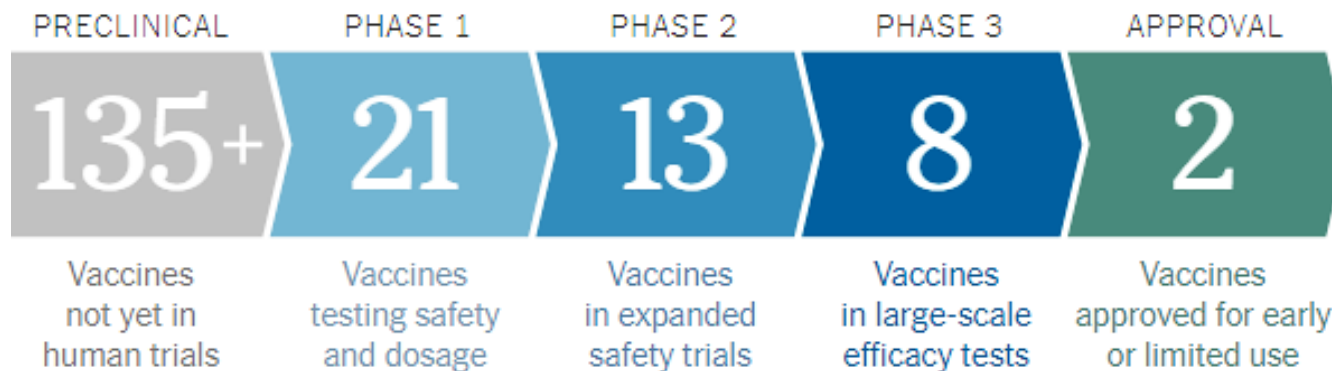
COVID-19 Vaccine Planning

What we know (or have been told):

Coronavirus Vaccine Tracker

delivering today.

By Jonathan Corum, Denise Grady, Sui-Lee Wee and Carl Zimmer Updated August 21, 2020



Phases 3 Western leaders:

- University of Oxford/AstraZeneca – US \$1.2 Billion of support.
- BioNTech/Fosun Pharma/Pfizer – US awarded \$1.9 Billion for 100 million doses. Pfizer expects 1.3 Billion doses by end of 2021
- Moderna/NIAID – US awarded \$1.5 Billion for 100 million doses.

What We Know

- CDC wants jurisdictions' plans done by end of September
- Limited doses – October to December
- Scaled-up doses available from January onward
- Centralized distribution of more than one type of vaccine
- Immunization Registries (NMSIIS in NM) to order, and account for doses
- Providers must enroll with Immunization Program
- Probably can bill an administration fee to insurance
 - No cost to patients
- Allocations to Tribes will be through Indian Health Services in coordination with jurisdictions

What We Don't Know

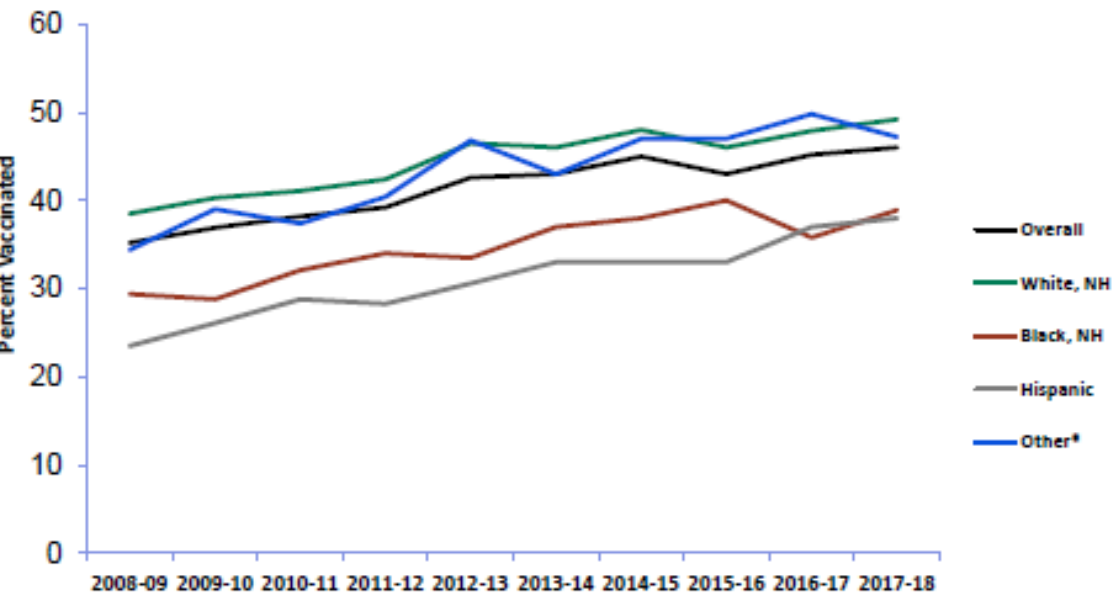
- More than one vaccine will be approved – don't know which products or types
- Priority groups to receive initial doses not finalized, though likely will be those in critical workforce, essential services, staff/residents of long-term care facilities. Groups should expand when more doses are available
- May be two-dose series, separated by ≥ 21 or ≥ 28 days (must use same vaccine product in series)
- Insurance? What about under/uninsured?
- Cold storage unknown (storage temp for some vaccine candidates products may be -70°F)
- Ancillary supplies will be provided with vaccine(s) by federal government but will there be additional funding to jurisdictions to support vaccination activities?

What Needs to Happen

- Partnerships of all sectors to vaccinate
- Early public information to gain acceptance
- Plan on both high and low demand scenarios
- Extend work force with nursing and pharmacy students, retired workers (MRC), MAs, etc.
- High level planning group & all stakeholders
- Shared calendar for vaccination events
- Ability to register patients online to lessen crowds
- Routine recommended vaccination for children, adolescents and adults needs to continue

Rising to the challenge to achieve high coverage with COVID-19 vaccines

Influenza Vaccination Coverage, ≥18 years, by Race/Ethnicity:
2008-09 – 2017-18



*Other includes Asian, American Indian/Alaska Native, and multiple race.

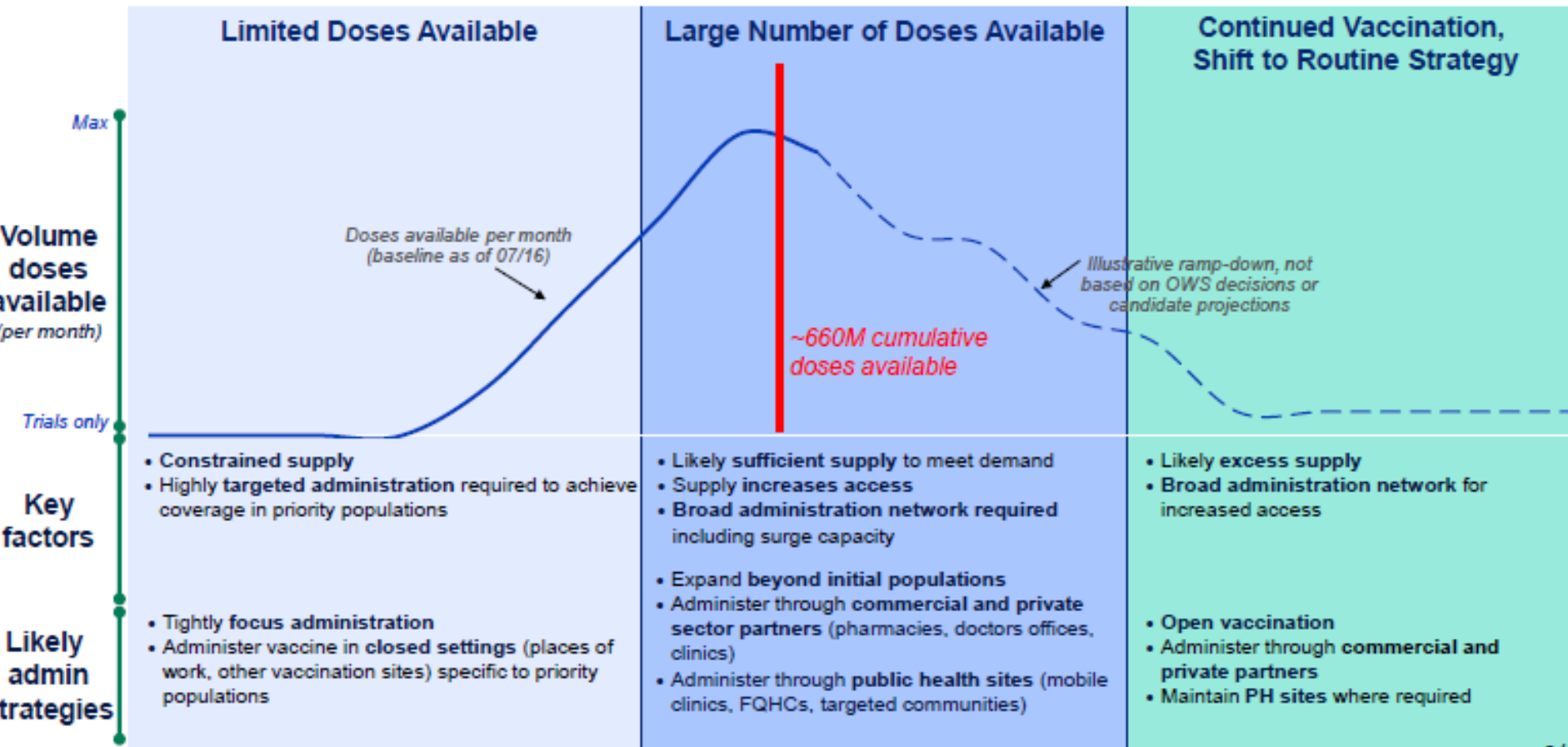
- Vaccination coverage of racial and ethnic minorities is consistently lower than that of white populations
- We need novel and more robust strategies to increase uptake of COVID-19 vaccine, once available



Source: Vaccination Coverage among Adults in the United States, National Health Interview Survey, CDC, 2017. NH = Non-Hispanic. Vaccinations included in this assessment include influenza, pneumococcal, Td, Tdap, Zoster, HepA, HepB, and HPV.

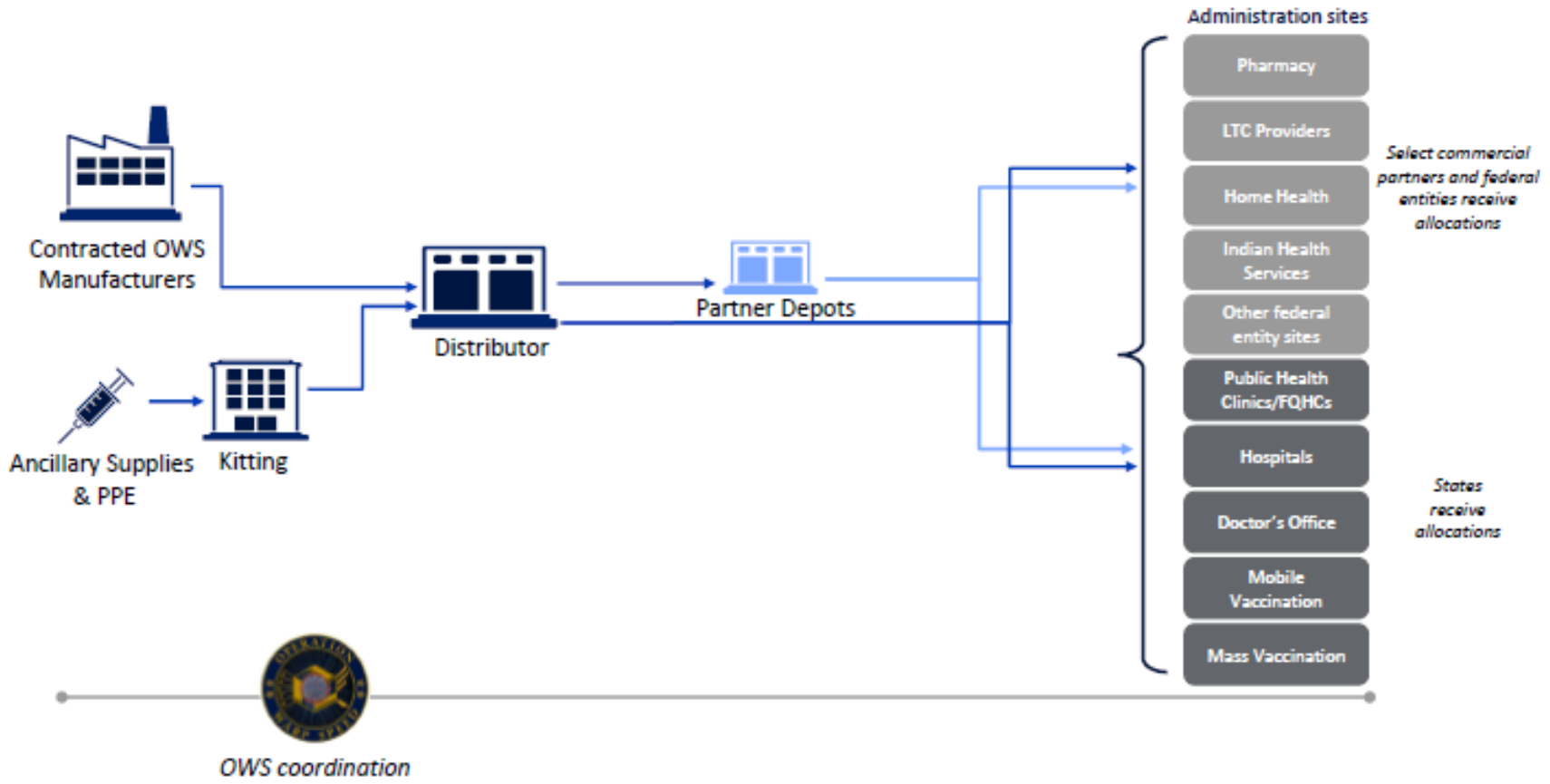
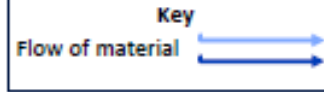
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Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)



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Overview of Distribution and Administration



Draft Concept of Operations for select target populations

Populations are not comprehensive; additional populations to be added

Target population	Est. population size	Vaccination site	CONOPS
Nursing Home / Assisted Living Facility residents	~3M	• Within NHs/ALFs	<ul style="list-style-type: none"> • States allocate vaccine to NHs/ALFs; direct allocation to pharmacy providers for CMS certified NHs • USG offers federal assistance with facility-level vaccination service • Vaccination occurs in facilities
Populations with Disabilities	TBD		
Healthcare workers	~17M		
Frontline essential workers	~14M		
Elderly (65 years & older)	~37M		
National Security populations	~2M		
Communities of color (Black, Hispanic, Native)	~100M		

Planning is everything...

COVID-19 vaccine implementation will look different than prior pandemic vaccine planning

- Variation and complexity of vaccines in clinical development
- Federal engagement and review of state plans
- Federal and state end-to-end visibility on vaccine supply and uptake
- Augment public health implementation with federal commercial partnerships



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