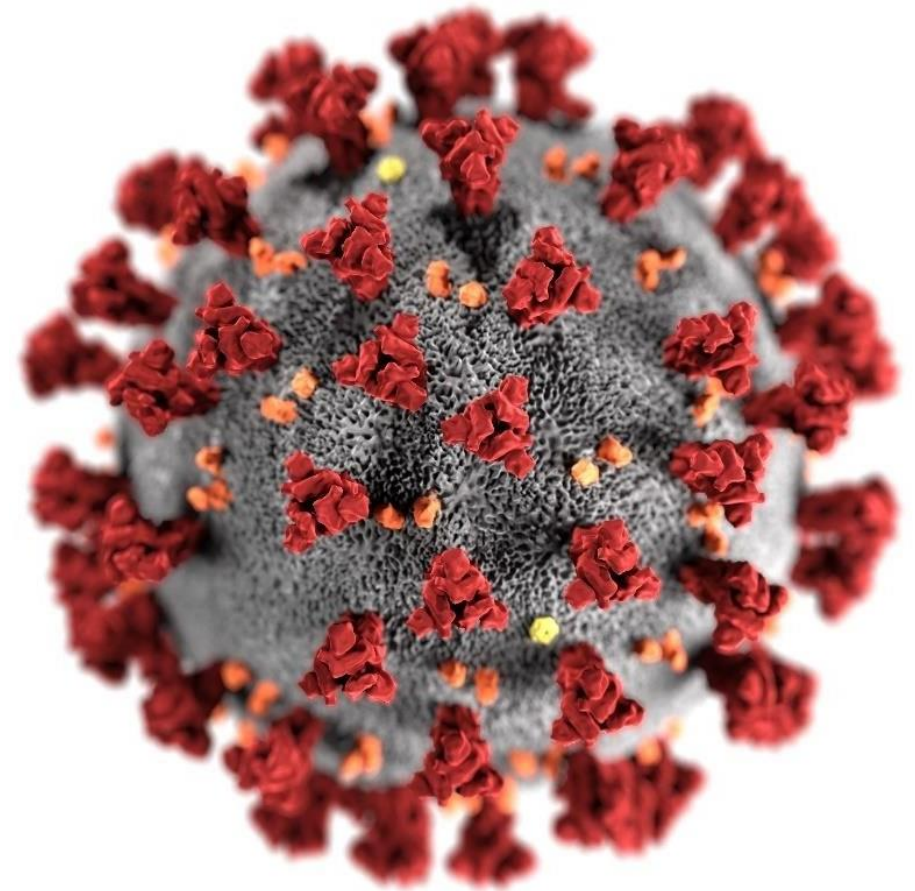


# COVID-19 Vaccine Stakeholder Listening Session

October 14, 2020



# Goals for today

- Purpose of today's session is to solicit preliminary feedback on key areas of vaccine planning based on what is known today.
- There will be further sessions to discuss and plan specific areas of vaccine administration.
- U.S. CDC has asked states to submit their preliminary draft vaccine plans this upcoming Friday, October 16, 2020.
- U.S. CDC has stressed that these initial plans will be revised frequently as we receive additional feedback from you.
- Contact us: [C19Vaccine.MECDC@maine.gov](mailto:C19Vaccine.MECDC@maine.gov) or leave questions in the chat

# Agenda

- COVID-19 vaccine planning and implementation
- Vaccine prioritization
- Communications
- Areas for initial feedback

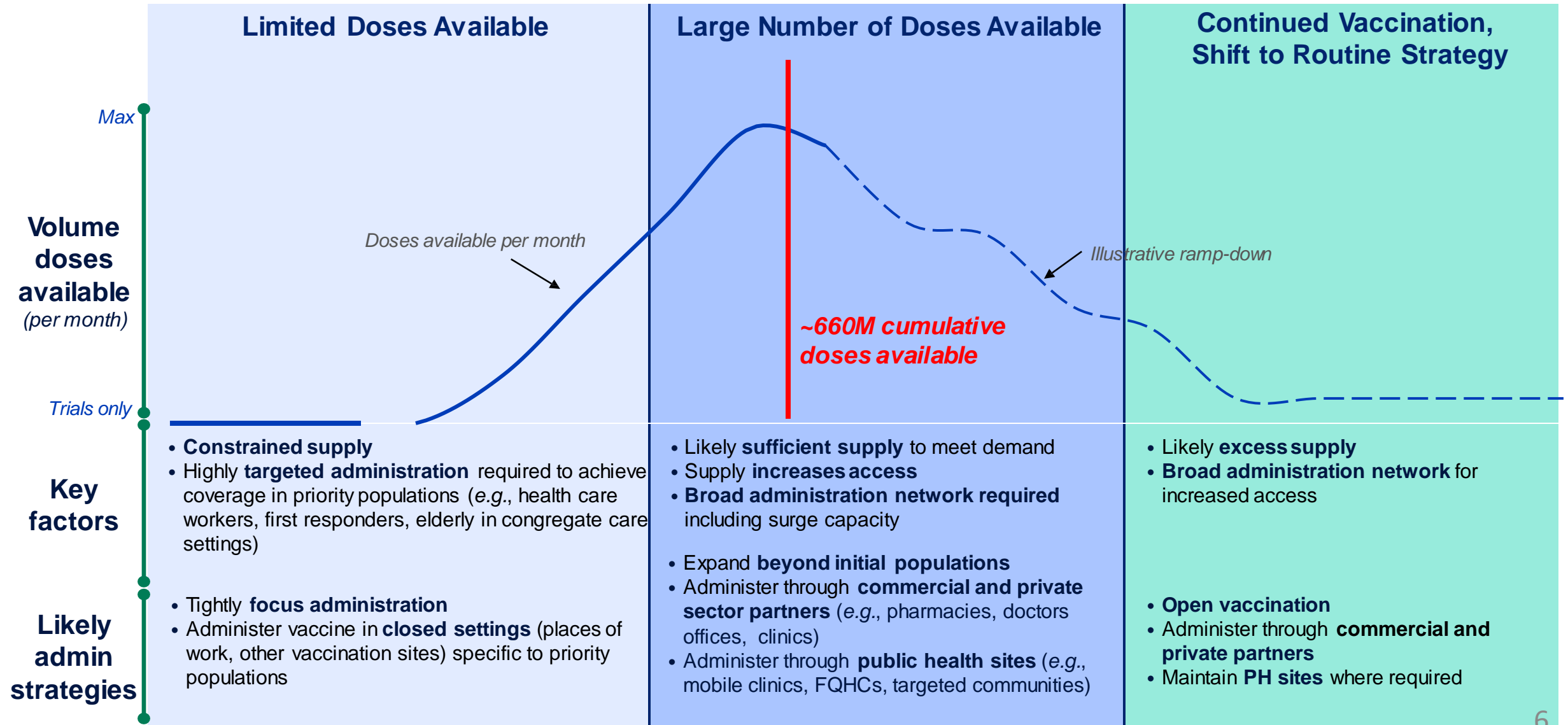
# Agenda

- **COVID-19 vaccine planning and implementation**
- Vaccine prioritization
- Communications
- Areas for initial feedback

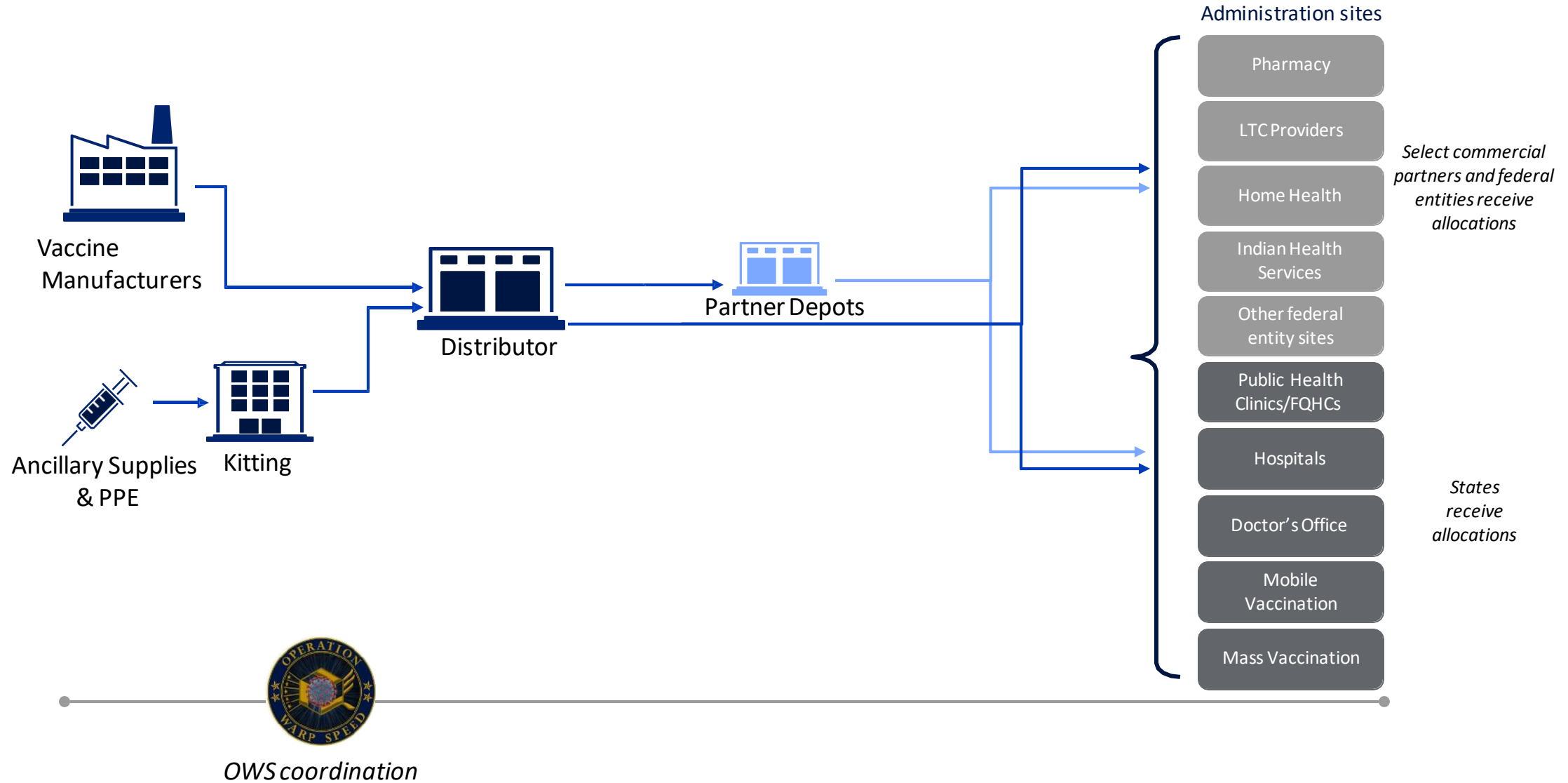
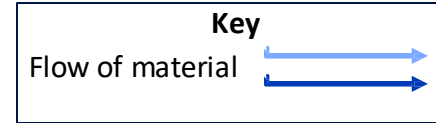
# COVID-19 Vaccine Planning Considerations

- One vs. two dose series
- Products not interchangeable
- Potential varying efficacy and adverse event profile in different populations (*e.g.*, minority groups, elderly, etc.)
- Varying cold-chain requirements
- Use in children and pregnant women
- Need for physically distanced vaccination practices
- Instilling vaccine confidence
- Data entry within 24 hours

# Phased Approach: Distribution Will Adapt as Vaccine Doses Increase, Moving from Targeted to Broader Populations



# Overview of Distribution and Administration



# Agenda

- COVID-19 vaccine planning and implementation
- **Vaccine prioritization**
- Communications
- Areas for initial feedback



# Potential Prioritization of Vaccine Administration

- The National Academies of Sciences, Engineering, and Medicine (NASEM) has considered who should receive the early, limited doses of COVID-19 vaccine.
- As more vaccine becomes available, the goal is for everyone to be able to easily obtain a COVID-19 vaccine.
- The U.S. CDC ACIP will review clinical data and make recommendations regarding efficacy in different populations.
- Maine CDC is reviewing the NASEM report and would like feedback on the applicability of its approach in Maine.

## Phase 1

### Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

### Phase 1b

- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
- Older adults living in congregate or overcrowded settings

## Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at *moderately* higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

## Phase 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

## Phase 4

- Everyone residing in the United States who did not have access to the vaccine in previous phases

**Equity is a crosscutting consideration:**

In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

NATIONAL ACADEMY OF MEDICINE

The National Academies of  
SCIENCES • ENGINEERING • MEDICINE

# Agenda

- COVID-19 vaccine planning and implementation
- Vaccine prioritization
- **Communications**
- Areas for initial feedback

# Communication, community engagement, and cultural competency will be critical to robust vaccine uptake



**Our efforts will prioritize** targeted messaging, community engagement and support, and culturally competent interventions **to promote equitable acceptance and uptake of adult immunizations.**



## Targeted Communication

Epidemics do not increase vaccine acceptance in racial or ethnic minorities, meaning targeted communication from trusted messengers remains necessary. When a vaccine is new, data on safety or risks are limited, and negative informal messaging occurs



## Community Engagement

Sustained community engagement is key in identifying the education and support required to implement health efforts—especially in communities that face instability with basic needs, such as employment, food, shelter, and clean water



## Cultural Competency

Health care staff and first responders should provide culturally competent messaging and care—and include minority groups in planning—to encourage equitable engagement and outcomes in a pandemic response



# Vaccinate with **Confidence**

## Protect communities

### Strategy: Protect communities at risk from under-vaccination

- ✓ Leverage immunization data to find and respond to communities at risk
- ✓ Work with trusted local partners to reach at-risk communities before outbreaks
- ✓ Ensure vaccines are available, affordable, and easy-to-get in every community

## Empower families

### Strategy: Get providers and parents effective information resources

- ✓ Expand resources for health care professionals to help them have effective vaccine conversations with parents
- ✓ Work with partners to start conversations before the first vaccine appointment
- ✓ Help providers foster a culture of immunization in their practices

## Stop myths

### Strategy: Stop misinformation from eroding public trust in vaccines

- ✓ Work with local partners and trusted messengers to improve confidence in vaccines among key, at-risk groups
- ✓ Establish partnerships to contain the spread of misinformation
- ✓ Educate key new stakeholders (e.g., state policy makers) about vaccines

# Agenda

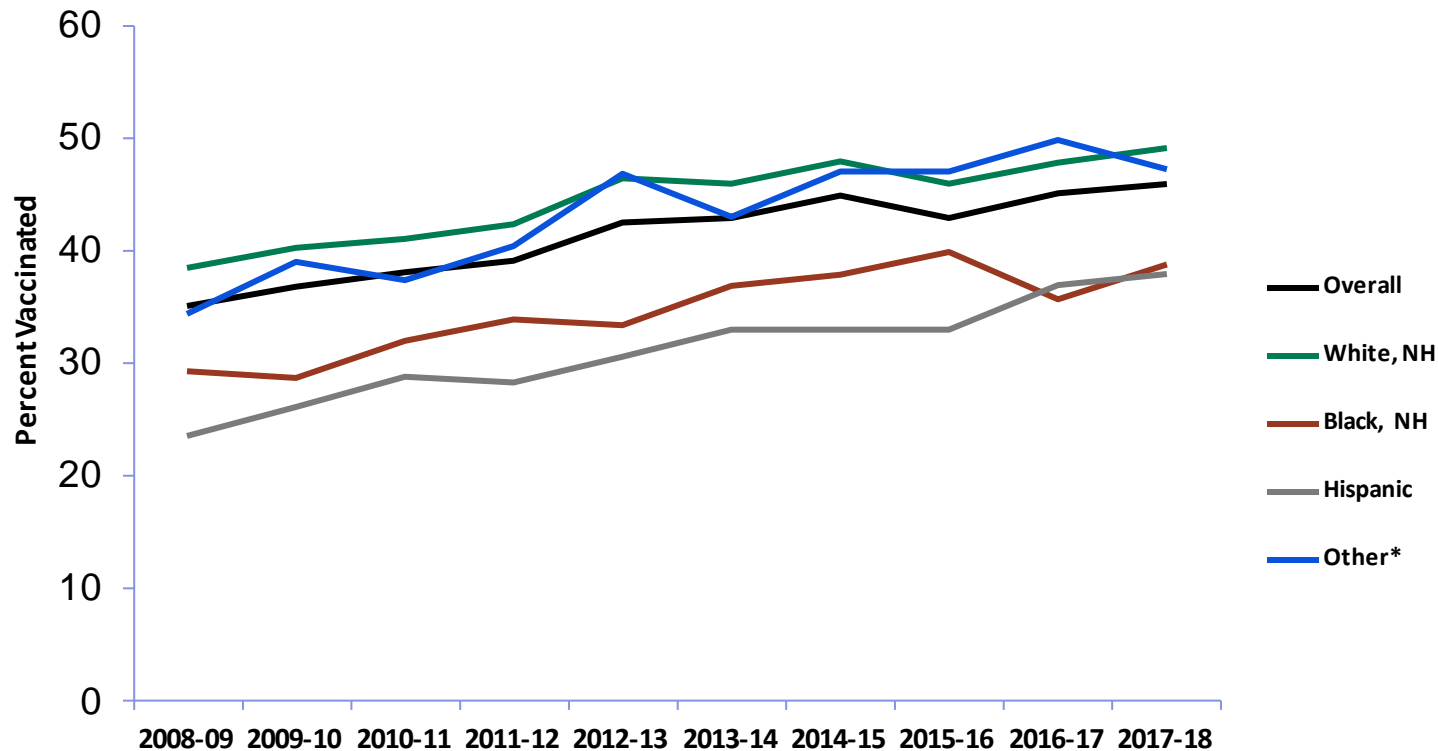
- COVID-19 vaccine planning and implementation
- Vaccine prioritization
- Communications
- **Areas for initial feedback**
  - Racial/ethnic disparities
  - Prioritization
  - Data reporting/analysis
  - Others

**Leave comments in the chat or email:**

[C19Vaccine.MECDC@maine.gov](mailto:C19Vaccine.MECDC@maine.gov)

# Reducing Racial/Ethnic Disparities

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



- Vaccination coverage in racial and ethnic minorities is consistently lower than that of other populations
- We are working to design novel and robust strategies to increase uptake of COVID-19 vaccine, once available
- **Stakeholder engagement will be critical to this process**

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.



## Phase 1

### Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

### Phase 1b

- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
- Older adults living in congregate or overcrowded settings

## Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at *moderately* higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

## Phase 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

## Phase 4

- Everyone residing in the United States who did not have access to the vaccine in previous phases

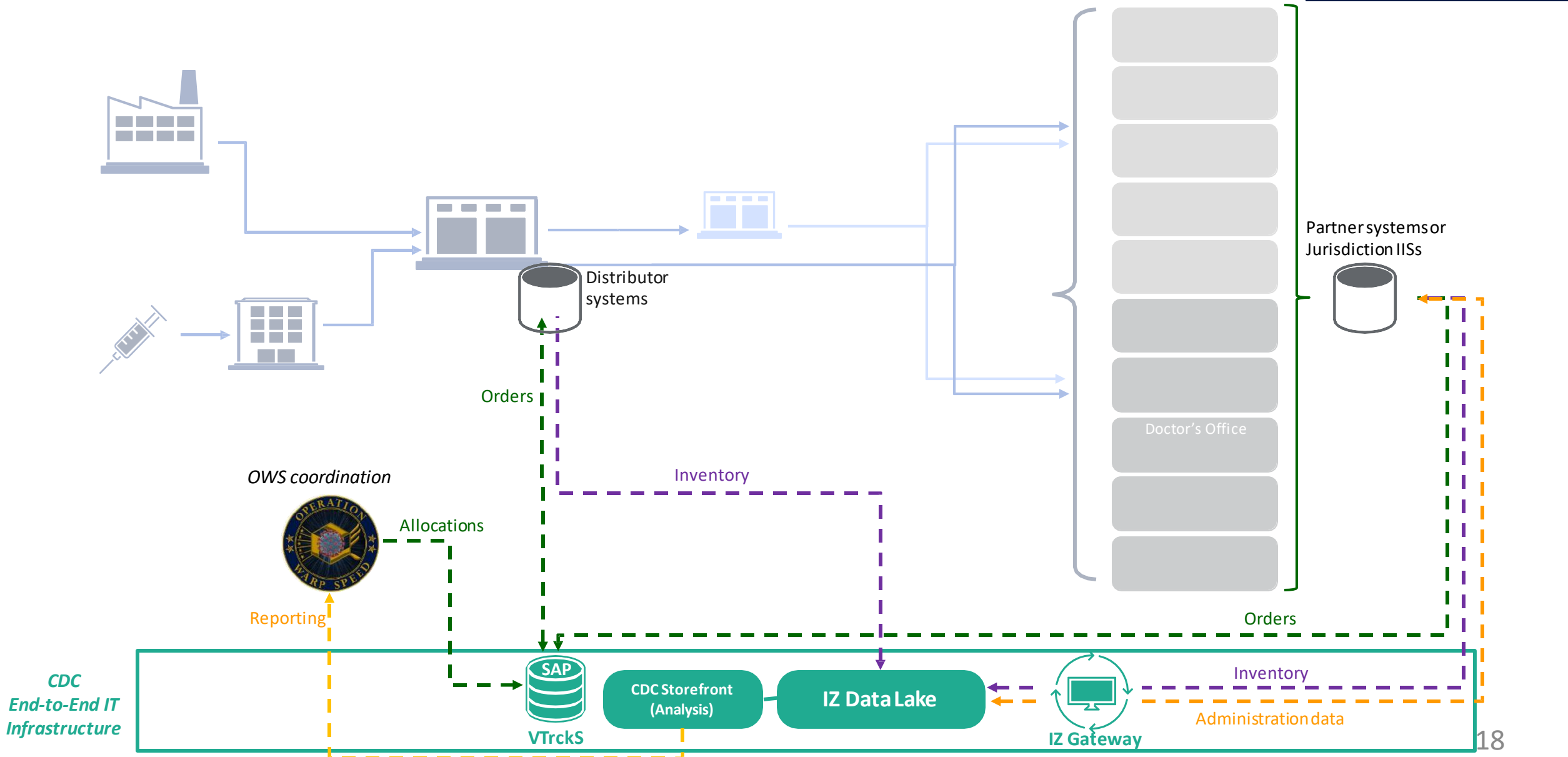
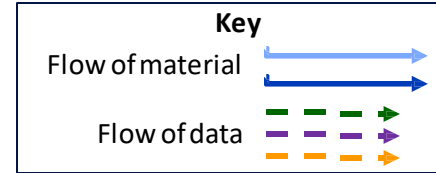
**Equity is a crosscutting consideration:**

In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

NATIONAL ACADEMY OF MEDICINE

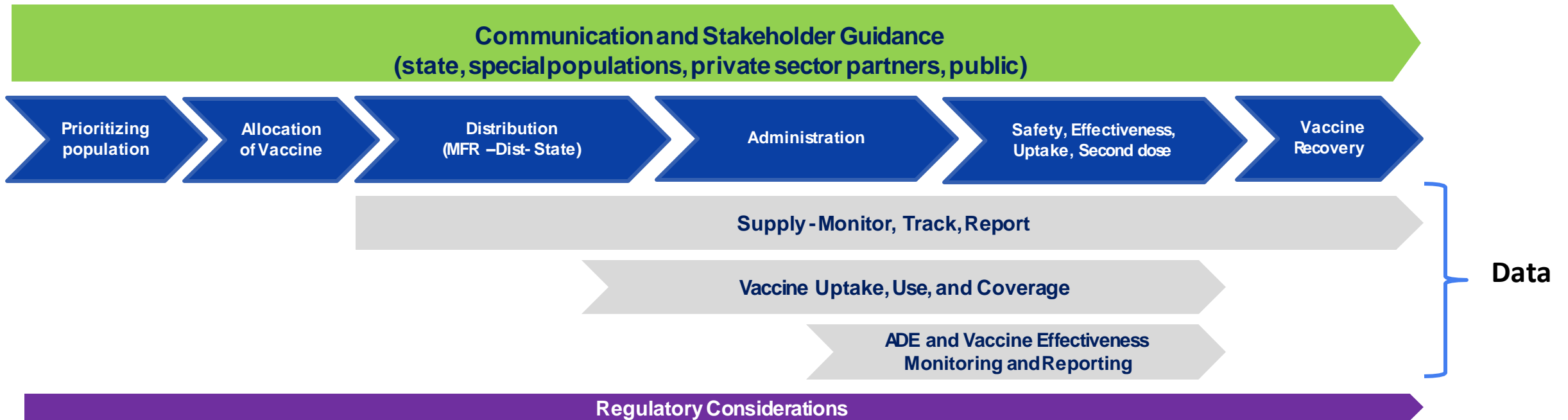
The National Academies of  
SCIENCES • ENGINEERING • MEDICINE

# Data Reporting/Analysis



# RESOURCE SLIDES

# Critical Components of Vaccine Implementation



Public health impact relies on rapid, efficient, and widespread uptake of vaccinations, with focus on high-risk groups

# Vaccine Planning Process Will Address Several Key Areas

## Key planning areas

- Initial vaccine allocation from U.S. CDC
- Outreach to underserved populations and communities of color
- Vaccination capacity during phase of widespread vaccine availability
- Vaccination strategies for targeted populations
- Expanded role of pharmacies
- Identification of additional temporary vaccination clinics, including logistics & operational needs
- Coordination with local-level partners
- Requirements and plans for data / technology to support dose-level accountability for ordering, distribution, and administration

## Desired outcomes from planning

- Maps of vaccination sites for nursing home residents / staff and frontline healthcare workers (inpatient and outpatient)
- Maps of vaccination sites for entire population, by population density, race/ethnicity, including potential temporary vaccination clinics
- Specific outreach plan for minority populations
- Ability to schedule, track, and report vaccine administration to all stakeholders