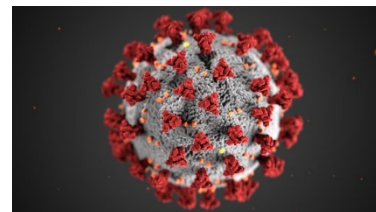


EARLY COVID-19 VACCINATION PROGRAM ACTION ITEMS FOR JURISDICTIONS

Use this checklist to assist in **early** planning for the COVID-19 vaccination program. Jurisdictions must be prepared to **immediately** vaccinate identified critical populations when the earliest COVID-19 vaccine doses are available and approved by the U.S. Food and Drug Administration (FDA). Jurisdictions should also begin planning for vaccination of the rest of the general population when COVID-19 vaccine supply allows.



DETERMINE ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

- Convene internal planning and coordination team(s) whose members represent a wide array of expertise.
 - Include representatives from immunization program, preparedness program, emergency management agency, health care coalition, media/public affairs, and crisis and emergency risk communications to develop plans and coordinate activities.
 - Assign roles and responsibilities based on areas of expertise.
- Establish COVID-19 vaccine implementation committee(s) of community members with expertise in care and access issues for critical populations to enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery.
 - Include representatives from key vaccination providers for groups identified by CDC as being at increased risk of severe COVID-19 and others likely to be prioritized for initial vaccination.
 - Include representatives from other sectors within the community, such as health systems, pharmacies, long-term care/assisted living facilities, business, education, corrections, religious, tribal, and racial and ethnic minority-serving organizations, etc.

IDENTIFY GAPS IN PREPAREDNESS

- Review and use current CDC-provided planning assumptions.
- Review experience and lessons learned from 2009 H1N1 pandemic vaccination campaign.
- Consider tabletop, functional, or full-scale exercises to test operational plans and capabilities for access to vaccine, communications, data reporting, and possible cold chain challenges.
- Determine baseline readiness and address any barriers to launching the COVID-19 vaccination program.

REVIEW REQUIREMENTS AND ASSESS CAPACITY OF IMMUNIZATION INFORMATION SYSTEM (IIS) OR OTHER REPORTING SYSTEM

- Determine baseline IIS capacity for a substantial increase in users, documenting vaccine administration, dose-level accountability, ordering, inventory management, and reporting CDC-defined core data elements.
- Facilitate onboarding to the Immunization Gateway (IZ Gateway) for both Connect and Share to use a national immunization data exchange solution for mass vaccine administration.
- Identify vaccination providers not currently reporting to the IIS for outreach and onboarding opportunities.
- Determine internal processes (e.g., Institutional Review Board [IRB] review, internal department reviews, etc.) needed to execute the signing of Data Use Agreements with CDC and/or other entities deemed critical by CDC.
- If the IIS does not meet all of CDC's technology and data requirements, develop a plan to use the

Vaccine Administration Management System (VAMS), including necessary training of immunization program staff and providers.

- Identify opportunities to adopt 2D barcode scanning technology during vaccine inventory management and administration to improve data quality and minimize transcription errors during mass vaccination events.

IDENTIFY CRITICAL POPULATIONS

- Identify and estimate sizes of critical populations, particularly those to receive first available doses of vaccine, and other populations that may require special consideration in each jurisdiction for distribution and expanded access:
 - Critical infrastructure/essential workers (e.g., health care, homeland and national security, public safety, education, food, and agriculture workers)
 - People at increased risk for severe illness (e.g., persons ≥ 65 years of age, people with underlying medical conditions that are risk factors for severe COVID-19, long-term care/assisted living facility residents, people from tribal communities, and people from racial and ethnic minority populations)
 - People living in group settings (e.g., people who are incarcerated/detained, experiencing homelessness or living in shelters, attending colleges/universities)
 - People with limited access to vaccination services (e.g., rural communities, individuals with disabilities, under- or uninsured people)
- Describe and identify where these critical populations live, including places of employment for critical workforce.

PREPARE FOR EARLY COVID-19 VACCINE ADMINISTRATION

- Identify vaccination providers and settings for rapid vaccination of early populations of focus: likely healthcare and other essential workforce. Focus on arrangements that will allow for maximum throughput of persons to be vaccinated while maintaining [social distancing and other infection control procedures](#). Consider collaborating with:
 - Large hospitals and health systems
 - Commercial partners (e.g., pharmacies)
 - Mobile vaccination providers
 - Occupational health for large employers
- Target these vaccination providers for immediate enrollment.
- Determine points of contact for each population group to be vaccinated and establish methods of communication and coordination.
- Secure locations for temporary clinics and develop logistical plans for each.

PLAN FOR EXPANSION OF COVID-19 VACCINATION PROVIDER OUTREACH AND ENROLLMENT

- After finalizing initial vaccination plans for healthcare and other critical workforce populations, determine vaccination provider types and settings to target for enrollment when vaccine supply increases to expand access to COVID-19 vaccination services.
- Identify all existing community vaccination providers and services to serve other critical populations as well as the general population. Consider:
 - Healthcare provider offices and other outpatient settings
 - Inpatient settings (e.g., hospitals, long-term care facilities)
 - Pharmacies
 - School-based health centers
 - Workplaces and other occupational health settings
 - Satellite, temporary, or off-site clinics
- Identify and document the locations of these vaccination providers and services.

- Develop and implement a vaccination provider outreach and training plan, focusing first on vaccination providers and services likely to serve remaining critical populations.
- Determine each vaccination provider's vaccination capacity by reviewing patient panel size and vaccine administration data from the peak week of 2019–20 influenza vaccination.
- Determine each vaccination provider's storage capacity *by volume* at routine refrigerated (2° to 8°C), frozen (-20°C), and ultra-cold (-60° to -80°C) temperatures. *Note: These temperatures are based on information available as of August 26, 2020. Updated information will be provided as it becomes available.*
- Determine need for additional vaccination services, such as satellite, temporary, or off-site clinics, to serve critical populations, particularly those with limited access to vaccination services. Work with partners to implement vaccination in these settings.
- Ensure all providers participating in the COVID-19 vaccination program:
 - Understand and have signed a *CDC COVID-19 Vaccination Program Provider Agreement*.
 - Collect and submit all CDC-required COVID-19 vaccination provider profile data elements to CDC.
 - Have capacity to store and handle COVID-19 vaccine according to manufacturer specifications.
- Onboard enrolled COVID-19 vaccination providers to the jurisdiction's chosen system for (1) vaccine ordering and (2) vaccine administration documentation and reporting.
- Provide training and related CDC resources to ensure providers understand:
 - COVID-19 vaccine recommendations, when available
 - Ordering and receiving COVID-19 vaccine
 - Vaccine storage and handling, including transport requirements, specific to COVID-19 vaccine
 - Vaccine administration, including reconstitution, use of adjuvants, diluents, etc.
 - Documenting and reporting vaccine administration via the jurisdiction's IIS or other mass vaccination module
 - Managing and reporting vaccine inventory (e.g., IIS, VAMS)
 - Documenting and reporting vaccine wastage/spoilage
 - Procedures for reporting to the Vaccine Adverse Event Reporting System (VAERS)
 - Providing Emergency Use Authorization (EUA) fact sheets and/or vaccine information statements (VISs) to vaccine recipients
- Enter ship-to site information for each enrolled provider into the Vaccine Tracking System (VTrckS).

DETERMINE COVID-19 VACCINE ALLOCATIONS

- Determine allocation method to COVID-19 vaccination providers for identified critical populations in early and limited supply scenarios.
- Base allocation plans on:
 - Advisory Committee on Immunization Practices (ACIP) recommendations (when available)
 - Estimated number of doses allocated to jurisdiction and timing of availability
 - Vaccination provider site vaccine storage and handling capacity

DEVELOP COMMUNICATIONS PLAN

- Determine process for frequent communication with participating COVID-19 vaccination providers about vaccine recommendations, supply, ordering, reporting, etc.
- Engage with community leaders and vaccination providers of critical populations on supplementary dose allocations when vaccine supply is limited.
- Determine culturally and linguistically responsive communication approaches for critical populations as well as the general public, based on CDC messaging.
- Explore use of multiple methods and systems to provide second-dose reminders for vaccine recipients as warranted.