COVID-19 Vaccine Distribution Plan

October 7, 2020
Agenda

• Landscape for COVID-19 Vaccine
• Critical Populations for COVID-19 Vaccine Planning
• Expert Vaccine Allocation Panel
• Phased Approach Overview and Timelines
• Provider Registration
• Provider Requirements
• Distribution and Allocation Process
• Role of Hospitals/THA
DISCLAIMER

The information presented today is based on CDC’s recent guidance and MAY change.

October 7, 2020
## Operation Warp Speed

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Platform</th>
<th>Dose</th>
<th>Timing</th>
<th>Storage/Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna¹</td>
<td>mRNA</td>
<td>2</td>
<td>0, 28 days</td>
<td>-20°C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>~ 7 days at 2°C - 8°C</td>
</tr>
<tr>
<td>Oxford/AstraZeneca¹*</td>
<td>Non-replicating Viral Vector</td>
<td>2</td>
<td>4 weeks apart</td>
<td>2°C - 8°C</td>
</tr>
<tr>
<td>Janssen/Johnson &amp; Johnson¹</td>
<td>Non-replicating Viral Vector</td>
<td>1</td>
<td>N/A</td>
<td>-20°C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>~ 3 months at 2°C - 8°C</td>
</tr>
<tr>
<td>Novavax</td>
<td>Recombinant Protein Subunit</td>
<td>2</td>
<td>0, 21 days</td>
<td>2°C - 8°C</td>
</tr>
<tr>
<td>Pfizer/BioNTech¹</td>
<td>mRNA</td>
<td>2</td>
<td>0, 22 days</td>
<td>-70°C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>~ 24 hours at 2°C - 8°C</td>
</tr>
<tr>
<td>Sanofi/GSK</td>
<td>Recombinant Protein Subunit</td>
<td>2</td>
<td>0, 21 days²</td>
<td>2°C - 8°C</td>
</tr>
</tbody>
</table>

1. Phase 3
2. Phase 1/2: Final dose/interval still in development

¹: On hold in the US, resumed in UK/Brazil
Evolving Landscape for COVID-19 Vaccine

Key Assumptions for COVID-19 Vaccine

- **Limited doses** may be available by early November 2020, but supply will increase substantially in 2021.
- Initial supply will either be approved as a licensed vaccine or authorized for use under an EUA issued by the FDA.
- **Cold chain storage** and handling requirements are likely to vary from refrigerated to ultra-cold frozen.
- Two doses, separated by ≥21 or 28 days, will be needed for immunity for most COVID-19 vaccines.
# CDC Priority Populations for COVID-19 Vaccine

**Critical infrastructure/Essential workers**
- Healthcare workers (ex: frontline or inpatient hospital, long-term care or direct care to people at high risk, EMS, pharmacy, public health)
- Critical Infrastructure (ex: public safety, fire, education, food and agriculture)

**People living in group settings**
- People who are incarcerated or detained
- Multigenerational households
- State-supported living centers or state hospitals
- People experiencing homelessness or living in shelters
- Colleges and universities

**People at high risk for severe illness or COVID-19 impact**
- Nursing home, long-term care residents
- ≥65 years old
- High-risk medical conditions
- People who are disproportionately affected because of race, ethnicity or tribal affiliation

**People with limited access to vaccination services**
- Rural or medically underserved communities
- People with disabilities that make it difficult for them to access healthcare
- Adults who are uninsured or under-insured

Recommendations for prioritization of these populations for early vaccination are still in development.
New Phases and Timeframe of COVID-19 Vaccine Distribution

Draft – for planning purposes only and subject to change

Administration of COVID-19 vaccine will require a phased approach

Limited Doses Available

- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations

Projected short period of time for when doses are limited

Large Number of Doses Available

- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity

Continued Vaccination, Shift to Routine Strategy

- Likely excess supply
- Broad admin. network for increased access

Key factors

- Tightly focus administration
- Administer vx in closed settings (places of work, other vx sites) specific to priority populations

- Expand beyond initial populations
- Administer through commercial sector partner sites (pharmacies, doctors offices, clinics)
- Administer through public health sites (mobile clinics, FQHCs, target communities)

Likely admin strategies

- Open vaccination
- Administer through private partner sites
- Maintain PH sites where required

Max

Volume doses available (per month)
Prioritization and Public Input

Expert Vaccine Allocation Panel
• Made of external and internal subject matter experts
• Make recommendations to the Commissioner
  • Establish prioritization of critical populations for Phase 1 and Phase 2 distribution
  • Weekly review of the data to guide allocation recommendations

Public hearing (mid-October)
Request public comment at a formal meeting of the Infectious Disease Task Force
• Proposed critical populations and
• Guiding principles allocation/distribution
Welcome to the Texas DSHS Immunization Program Portal

Here health care providers and pharmacies may register to be considered to receive COVID-19 vaccine.

Pandemic Vaccine Provider Registration

COVID-19
Click to Register

Browser Compatibility Notice

For the best results using this application use Google Chrome or Microsoft Edge.
CDC Requirements for COVID-19 Vaccination Providers

• Must have an active NPI/TPI number
• Must follow ACIP requirements and recommendations
• Must comply CDC requirements for COVID-19 vaccine management and maintain adequate storage capacities to maintain integrity of the vaccine cold-chain requirements
• Must report dose usage within 24 hours to the state immunization registry, ImmTrac2.
• Must report of all doses received including those administered, lost, wasted, etc.
• Must report any adverse event related to receiving the vaccine.
Supply Chain/Distribution Methodology

Vaccine Manufacturer

Ancillary Supplies & PPE

CDC Distributor (McKesson)

- Pharmacy
- LTC Providers
- Home Health
- Indian Health Services
- Public Health Clinics
- Hospitals
- Doctor’s Office
- Mobile Vx
How Hospitals and THA Can Help

• Enroll as providers
  • Hospitals have prioritized populations and infrastructure

• Help get CDC survey to hospitals
  • How to distribute and ensure timely and complete feedback?

• Assist with identification of facilities that might be willing to act as depot stations of ultracold vaccine
REMINDER

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