

**Texas Department of State Health Services** 

# 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.

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## **Operation Warp Speed**

Manufacturer	Platform	Dose	Timing	Storage/Handling
Moderna <sup>1</sup>	mRNA	2	0, 28 days	-20°C ~ 7 days at 2°C - 8°C
Oxford/AstraZeneca <sup>1*</sup>	Non-replicating Viral Vector	2	4 weeks apart	2°C - 8°C
Janssen/Johnson & Johnson <sup>1</sup>	Non-replicating Viral Vector	1	N/A	-20°C ~ 3 months at 2°C - 8°C
Novavax	Recombinant Protein Subunit	2	0, 21 days	2°C - 8°C
Pfizer/BioNTech <sup>1</sup>	mRNA	2	0, 22 days	-70°C ~ 24 hours at 2°C - 8°C
Sanofi/GSK	Recombinant Protein Subunit	2	0, 21 days <sup>2</sup>	2°C - 8°C

<sup>1\*:</sup> On hold in the US, resumed in UK//Brazil 2. Phase 1/2: Final dose/interval still in development

## **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 ultracold 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**

#### **People with** People at high risk for **Critical** limited access to People living in group severe illness or infrastructure/ settings vaccination **Essential workers COVID-19** impact services Healthcare workers Rural or medically People who are Nursing home, long-(ex: frontline or underserved incarcerated or detained term care residents inpatient hospital, communities Multigenerational long-term care or ≥65 years old People with households direct care to people High-risk medical disabilities that at high risk, EMS, State-supported living conditions make it difficult pharmacy, public centers or state hospitals People who are for them to access health) People experiencing disproportionately healthcare Critical Infrastructure homelessness or living in affected because of Adults who are

race, ethnicity or tribal

affiliation

uninsured or

under-insured

Recommendations for prioritization of these populations for early vaccination are still in development.

Colleges and universities

shelters

(ex: public safety, fire,

education, food and

agriculture)

## 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

Continued Vaccination, **Large Number of Doses Available Limited Doses Available** Shift to Routine Strategy Max = Projected short period of time for when does are limited Volume doses available (per month) Trials only Constrained supply Likely sufficient supply to meet demand Likely excess supply Highly targeted administration required to Supply increases access Broad admin, network for increased access Key achieve coverage in priority populations · Broad administration network required factors including surge capacity · Expand beyond initial populations Tightly focus administration Open vaccination Likely · Administer vx in closed settings (places of work, · Administer through private partner sites Administer through commercial sector partner admin other vx sites) specific to priority populations sites (pharmacies, doctors offices, clinics) . Maintain PH sites where required Administer through public health sites (mobile strategies clinics, FQHCs, target communities) 8/26/20

## **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

## EnrollTexasIZ.dshs.texas.gov

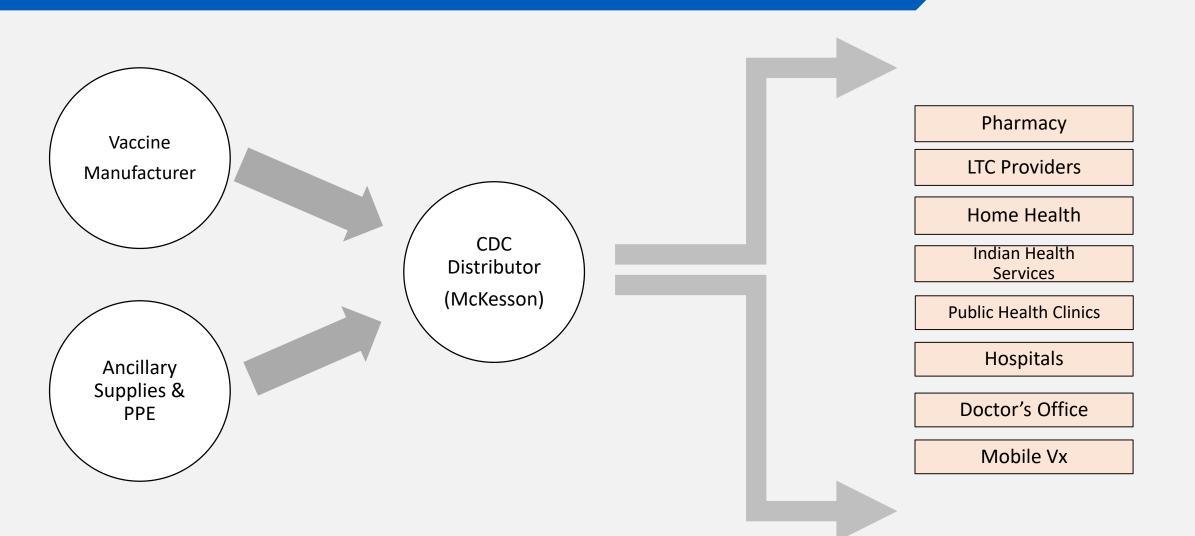
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## CDC Requirements for COVID-19 Vaccination Providers

- 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**



### **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

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