

Oregon COVID-19 Vaccination Planning Update

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Overview

- Potential vaccines
- Distribution plan
- Prioritization changes
- Engaging stakeholders
- Communications

Vaccines on the horizon

Two mRNA vaccines are poised to receive Emergency Use Authorization approval and be delivered to states within weeks

Pfizer/BioNtech

- Ultra-cold storage and limits the distribution range

Moderna

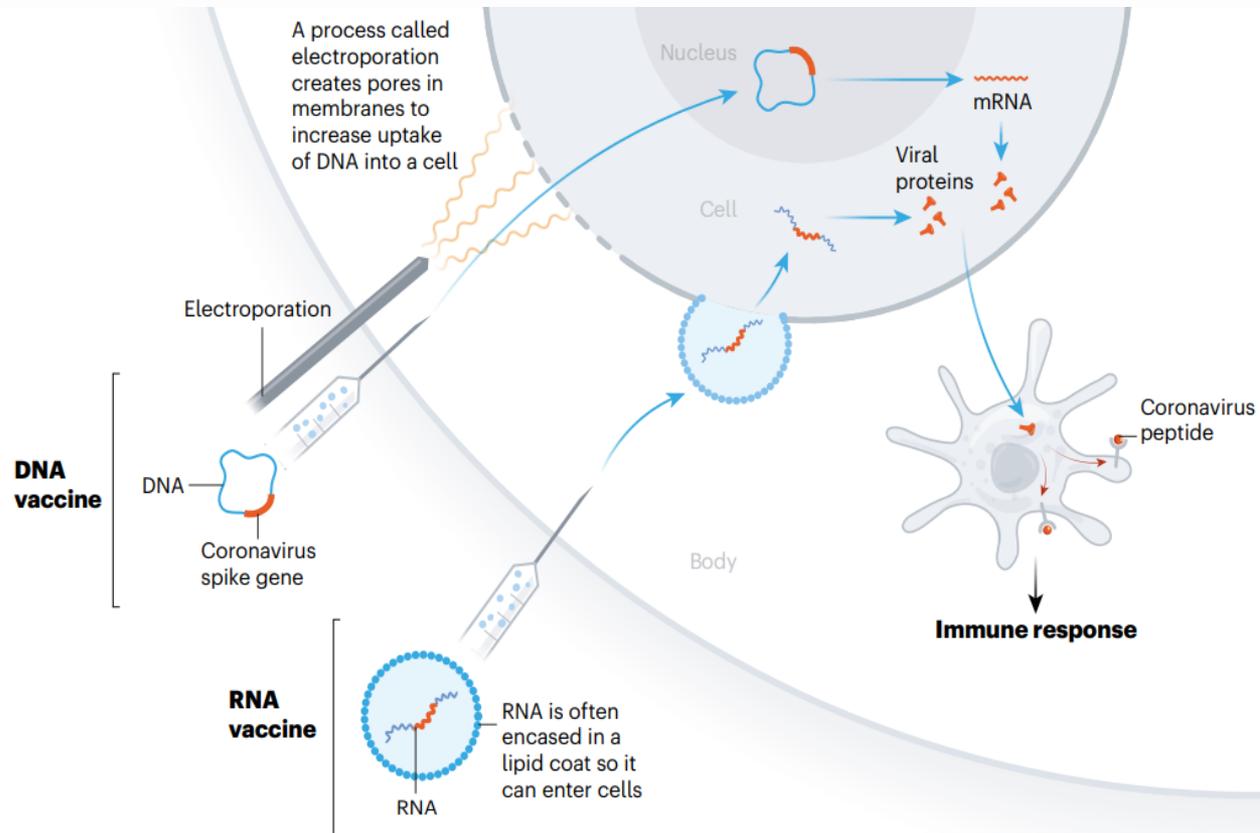
- Standard refrigeration and storage

mRNA Vaccines- How do they work?

NUCLEIC-ACID VACCINES

At least 20 teams are aiming to use genetic instructions (in the form of DNA or RNA) for a coronavirus protein that prompts an immune response. The nucleic acid is inserted into human cells, which then churn out copies of the virus protein; most of these vaccines encode the virus's spike protein.

RNA- and DNA-based vaccines are safe and easy to develop: to produce them involves making genetic material only, not the virus. But they are unproven: no licensed vaccines use this technology.



Anticipated challenges

Distribution of the ultra-cold Pfizer vaccine is technically challenging

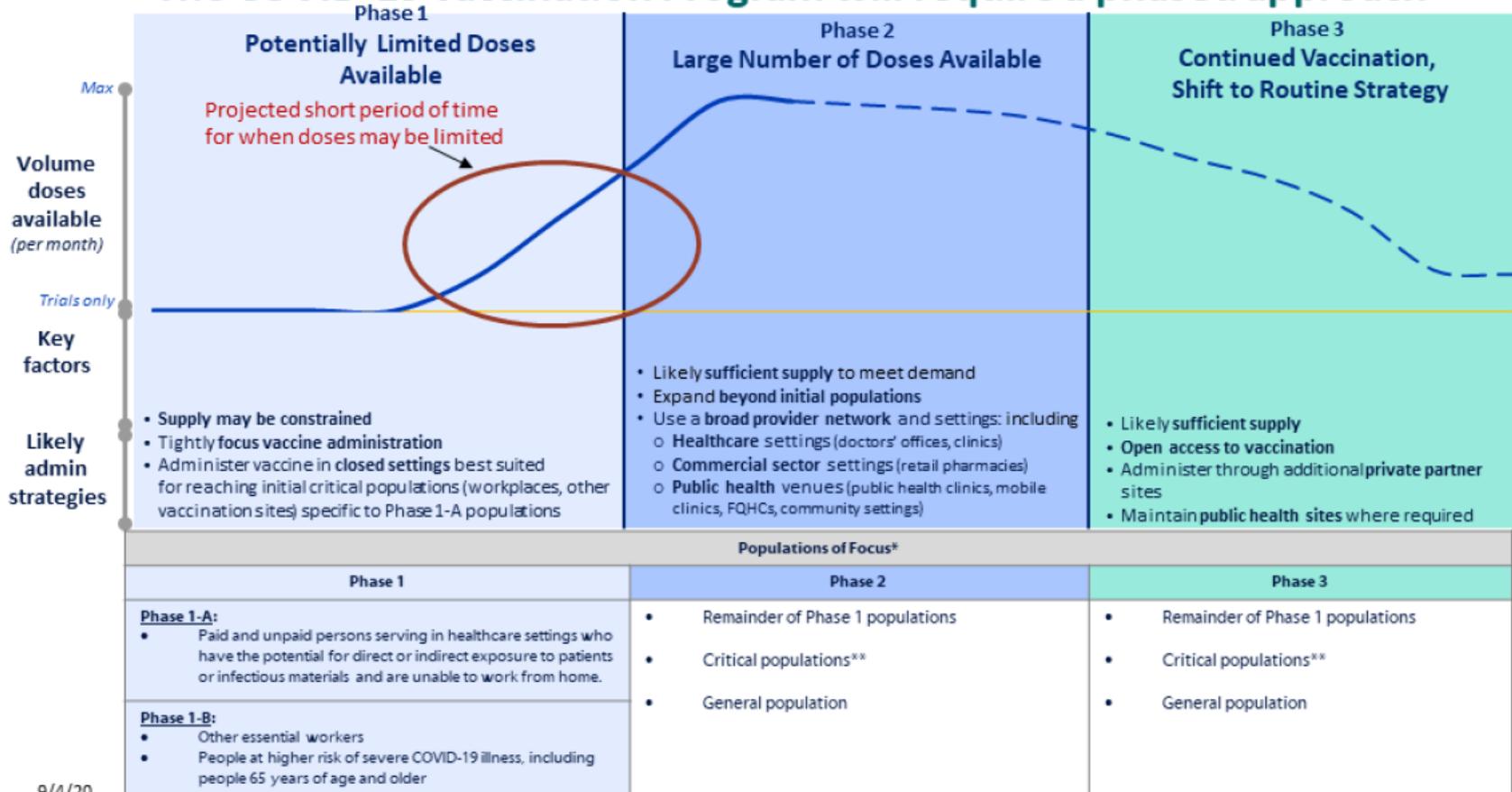
- Planning focuses on ultra-cold vaccine going to sites with existing storage, with easier-to-store vaccine anticipated to arrive 1 week later

Vaccine side effects

- Sore injection site, headache, achy muscle, low grade fever and fatigue are common side effects
- Significant proportion of individuals expected to have these side effects

Allocation and phased approach

The COVID-19 Vaccination Program will require a phased approach



9/4/20

Prioritization guidelines still under development

Many ethical frameworks identify Phase 1a recipients as:

- Health care workers
- First responders
- Workers in long-term care facilities and congregate care settings
- Long term care facility residents

Hospitals will be the primary site for immunization of the 1a group

- The majority of those in this group will work in or near the hospital
- They can manage the ultra-cold chain required by the Pfizer vaccine
- Centering it at the hospital allows for high throughput
- It protects our hospital employees to maintain adequate staffing

Advisory Committee on Immunization Practices (ACIP) recommended 1A sequence

	Phase 1c Adults with high-risk medical conditions Adults 65+	
	Phase 1b Essential workers (examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)	
Phase 1a HCP LTCF residents		

Vaccine Allocations - preliminary

	<i>Dec 15</i>	<i>Dec 22</i>	<i>Dec 29</i>
Pfizer	35,100	40,950	48,750*
Moderna	-	71,900	31,700*

**includes the second dose for patients that received vaccine from the prior distribution*

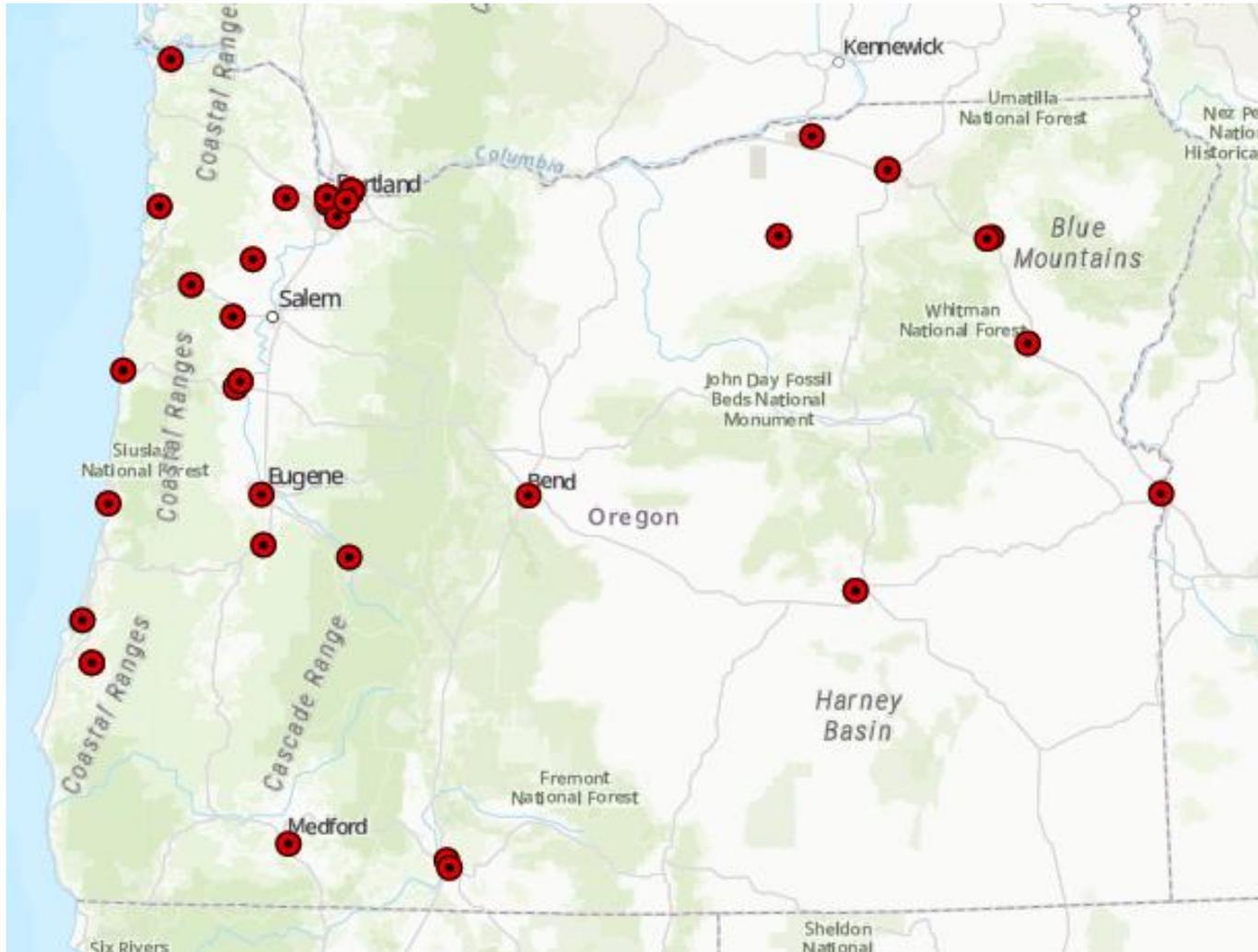
Patients are expected to receive the 2nd dose 21 or 28 days later depending upon vaccine

About 127,00 first doses will arrive in Oregon in December

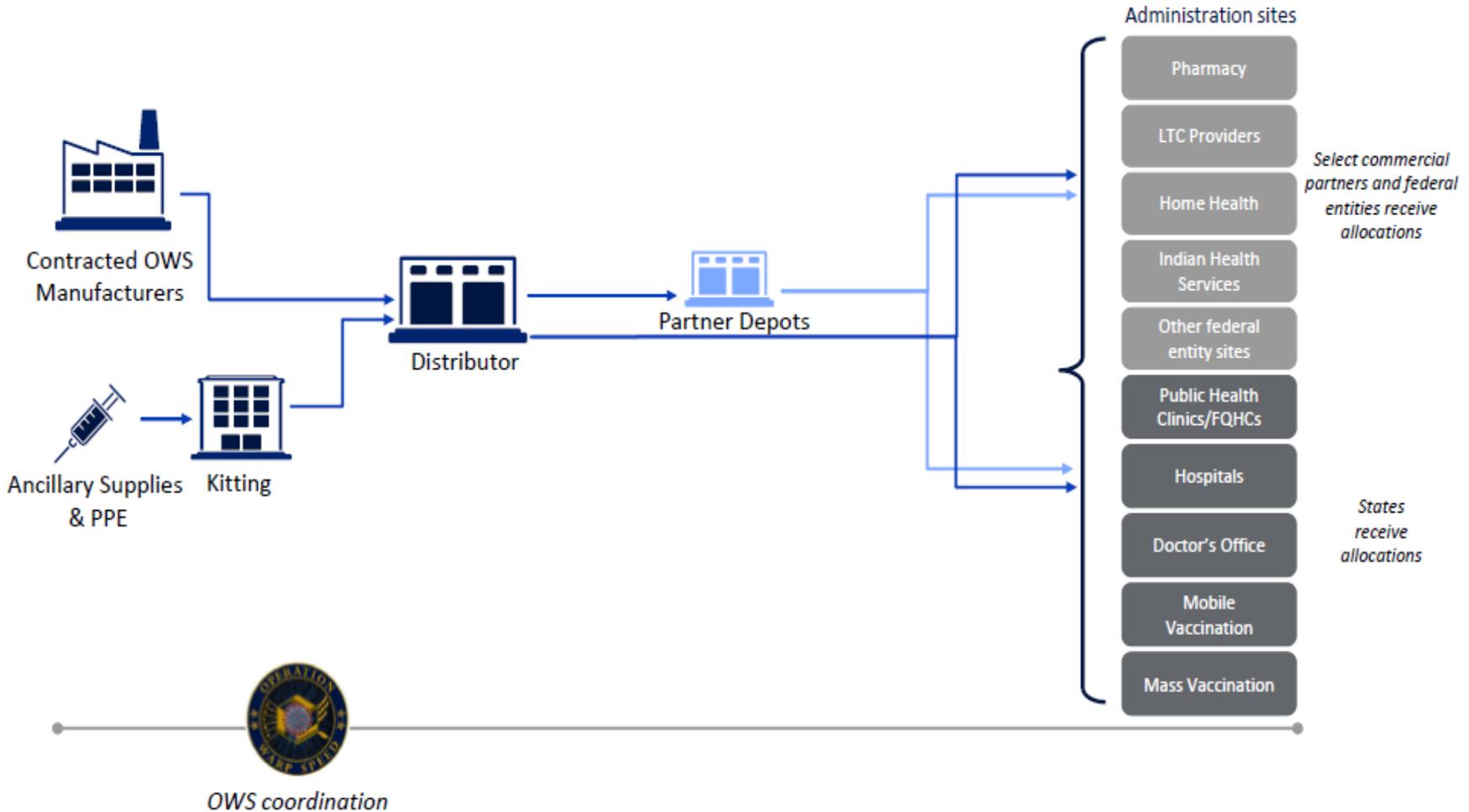
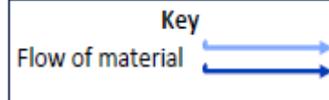
What will happen when vaccine arrives

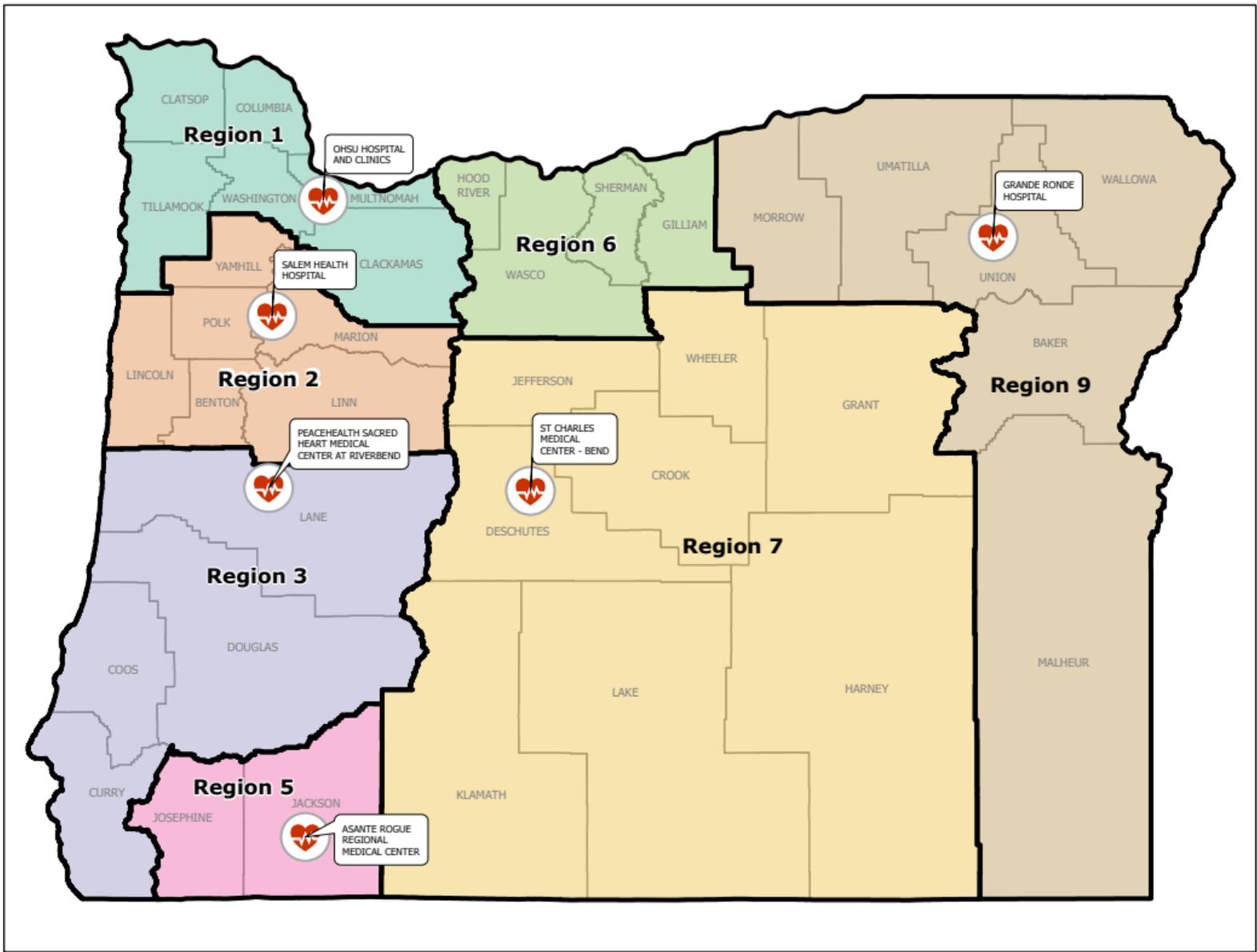
- Shipments of Pfizer vaccine will be delivered directly to the 5 identified sites with ultra-cold storage and to other hospitals within days
- Hospitals will administer vaccines to their staff as part of Phase 1a
 - Phase 1a prioritization flexibility is limited
 - Inclusion of LTCF staff and residents in this population is a state decision
- Guidance on who is eligible to receive vaccines will be modified as vaccine supply increases and distribution moves into Phase 1b and Phases 2-3
 - Vaccine Advisory Committee will inform this prioritization

Enrolled Vaccination Sites as of 12/1

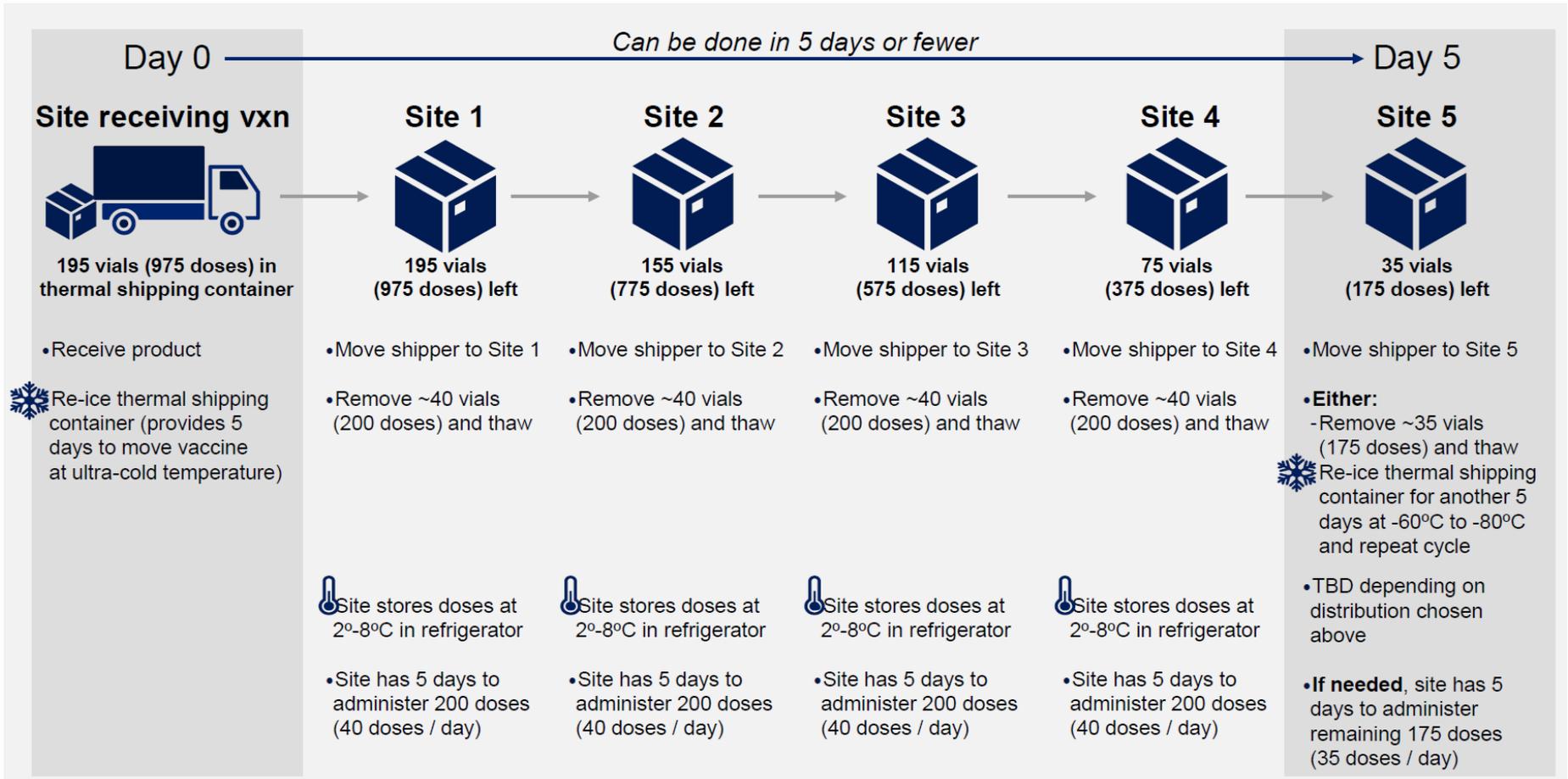


Overview of Distribution and Administration





Ultra Cold Distribution Hub Model



Co-creating healthy communities

- Inviting community and CBO representatives to participate in our COVID-19 vaccine advisory committee as decision makers.
- Ask communities what their vision is for prioritizing the state allocated COVID-19 vaccine.



Listening to community

“Western medicine hasn’t been created or studied around the lives of people from other cultures. Historically it’s been very white, leaving out a lot of people from other backgrounds. How can the Latino community trust that the vaccine was created with appropriate consideration to their lifestyles?”

- Listening session participant

Communications

Goal: Promote COVID-19 vaccination and achieve community immunity using culturally responsive strategies.

- Maintain commitment of 39 percent of Oregonians “certain” to take vaccine.
- Harden commitment of 49 percent “not certain” to get vaccine.

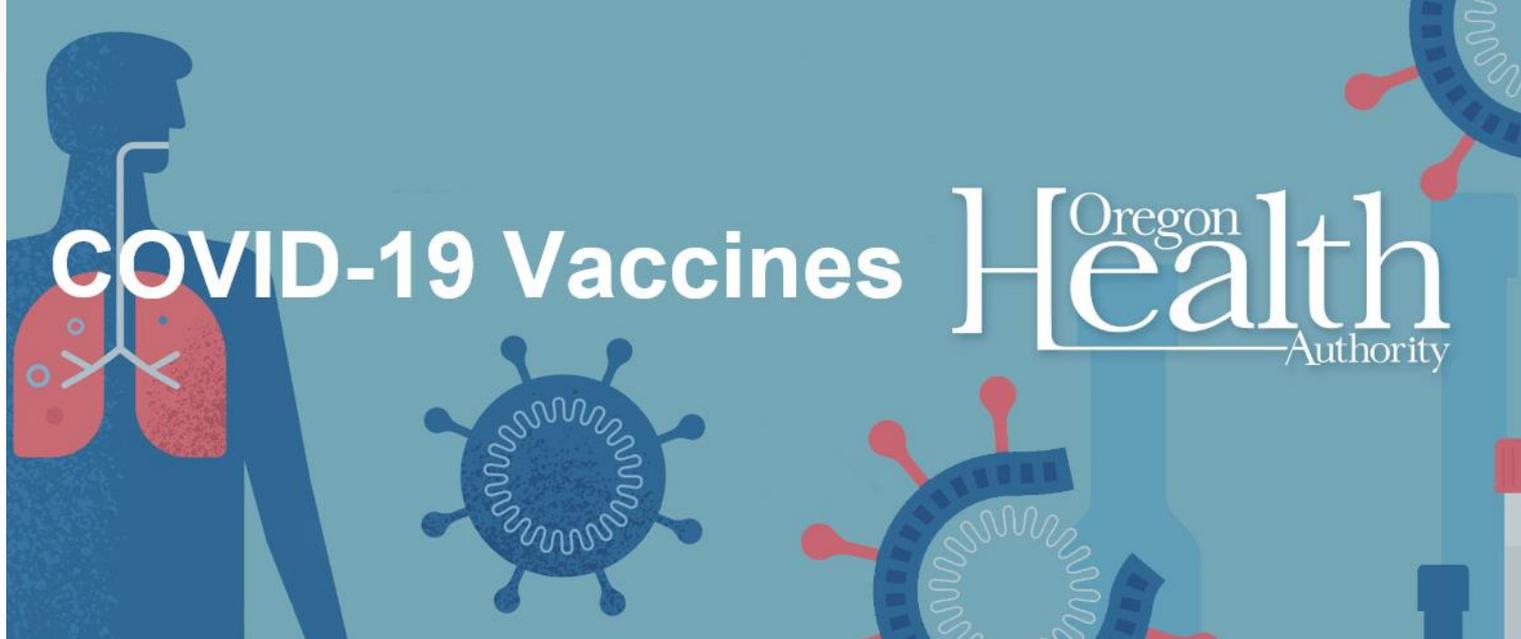
Objectives:

- **Build confidence:** Inform Oregonians about the safety and effectiveness of the new COVID-19 vaccines.
- **Educate and vaccinate:** When, where, how and by whom Oregonians can get vaccinated.
- **Manage expectations while building demand:** Inform Oregonians about OHA’s plan for rapid, equitable statewide distribution of vaccines, the priority populations for receiving the vaccines, and why.
- **Maintain prevention measures:** Wearing a mask and physically distancing, must continue as the vaccines are being rolled out.
- **Community engagement:** Support authentic and equitable community engagement and demonstrate OHA’s commitment to community buy-in.

Communications

Strategies:

- **Generate earned media** to raise public interest in the COVID-19 vaccine and keep Oregonians informed and engaged throughout vaccine distribution.
- **Mount major paid media campaign:** Build positive social pressure to support vaccine uptake using culturally responsive, targeted and tailored messages and messengers to reach a wide and diverse range of communities.
- **Leverage the influence of social media:** Organize influencers to reach hesitant communities, counter misinformation and establish vaccine as a social norm.
- **Engage providers as messengers:** Establish provider confidence in the vaccine, empower providers as effective and credible messengers, demonstrate provider uptake of the vaccine.



Visit our COVID-19 Vaccine website

<http://healthoregon.org/covidvaccine>

Spanish:

<http://healthoregon.org/vacunacovid>

Questions?