Oregon COVID-19 Vaccination Planning Update

December 4, 2020

Rex Larsen
COVID-19 Vaccine Planning Unit Manager
Oregon Immunization Program
Oregon Health Authority
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.

A process called electroporation creates pores in membranes to increase uptake of DNA into a cell.
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

Phase 1: Potentially Limited Doses Available
- Projected short period of time for when doses may be limited
- Supply may be constrained
- Tightly focus vaccine administration
- Administer vaccine in closed settings best suited for reaching initial critical populations (workplaces, other vaccination sites) specific to Phase 1-A populations

Phase 2: Large Number of Doses Available
- Likely sufficient supply to meet demand
- Expand beyond initial populations
- Use a broad provider network and settings including:
  - Healthcare settings (doctor's offices, clinics)
  - Commercial sector settings (retail pharmacies)
  - Public health venues (public health clinics, mobile clinics, FQHCs, community settings)

Phase 3: Continued Vaccination, Shift to Routine Strategy
- Likely sufficient supply
- Open access to vaccination
- Administer through additional private partner sites
- Maintain public health sites where required

Populations of Focus*

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
</table>
| Phase 1-A:
- Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home. | • Remainder of Phase 1 populations
• Critical populations**
• General population | • Remainder of Phase 1 populations
• Critical populations**
• General population |
| Phase 1-B:
- Other essential workers
- People at higher risk of severe COVID-19 illness, including people 65 years of age and older | | |

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
Federal Pharmacy Partnerships

Skilled Nursing Facilities (SNFs) Enrolled in Pharmacy Partnership for Long-Term Care Program (as of 11/15)

99% of total SNFs nationwide have enrolled (N=15,353)

States with 100%+ enrollment: AL, DE, HI, KS, LA, ME, MS, NH, NJ, NM, OH, OR, SC, UT, VA, VT

Lowest enrollment:
- AK (85%)
- ND (83%)
- Puerto Rico (67%)

* States >100% enrollment: Numerator may include non-CMS-certified SNFs. Denominator is only CMS-certified SNFs.

Oregon Health Authority
# Vaccine Allocations - preliminary

<table>
<thead>
<tr>
<th></th>
<th>Dec 15</th>
<th>Dec 22</th>
<th>Dec 29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>35,100</td>
<td>40,950</td>
<td>48,750*</td>
</tr>
<tr>
<td>Moderna</td>
<td>-</td>
<td>71,900</td>
<td>31,700*</td>
</tr>
</tbody>
</table>

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

Patients are expected to receive the 2\textsuperscript{nd} 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

- Contracted OWS Manufacturers
- Ancillary Supplies & PPE
- Distributor
- Partner Depots
- Administration sites:
  - Pharmacy
  - LTC Providers
  - Home Health
  - Indian Health Services
  - Other federal entity sites
  - Public Health Clinics/FQHCs
  - Hospitals
  - Doctor’s Office
  - Mobile Vaccination
  - Mass Vaccination

Key:
Flow of material →

Select commercial partners and federal entities receive allocations
States receive allocations

OWS coordination
Ultra Cold Distribution Hub Model

Day 0

Site receiving vxn
- 195 vials (975 doses) in thermal shipping container
  - Receive product
  - Re-ice thermal shipping container (provides 5 days to move vaccine at ultra-cold temperature)

Site 1
- 195 vials (975 doses) left
  - Move shipper to Site 1
  - Remove ~40 vials (200 doses) and thaw

Site 2
- 155 vials (775 doses) left
  - Move shipper to Site 2
  - Remove ~40 vials (200 doses) and thaw

Site 3
- 115 vials (575 doses) left
  - Move shipper to Site 3
  - Remove ~40 vials (200 doses) and thaw

Site 4
- 75 vials (375 doses) left
  - Move shipper to Site 4
  - Remove ~40 vials (200 doses) and thaw

Site 5
- 35 vials (175 doses) left
  - Move shipper to Site 5

Can be done in 5 days or fewer

Site stores doses at 2°-8°C in refrigerator
- Site has 5 days to administer 200 doses (40 doses / day)

Either:
- Remove ~35 vials (175 doses) and thaw
- Re-ice thermal shipping container for another 5 days at -60°C to -80°C and repeat cycle

TBD depending on distribution chosen above

If needed, site has 5 days to administer remaining 175 doses (35 doses / day)
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.
“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?