



COVID-19 Vaccination in Iowa IDPH Planning & Distribution Update

The Iowa Department of Public Health (IDPH) has convened a stakeholder advisory council, comprised of IMS and other leaders within the provider and public health community, to assist with planning and distribution of the impending COVID-19 vaccine. IMS has prepared this update to quickly convey the latest updates and will continue to provide these regular updates as they become available. Please note, this information is rapidly evolving and may change. Practices are encouraged to contact IMS with any questions about this information.

January 15, 2021

Vaccination against COVID-19 continues throughout the state with nearly 110,000 doses administered as of data reported via the Immunization Registry Information System (IRIS) through January 12. These doses include both those administered via the federal long-term care (LTC) – pharmacy partnership program and those administered among eligible healthcare personnel by local health systems and public health partners. Among those who have received vaccination, 9,089 have received their second shots to complete their two-dose series.

Iowa currently ranks among the top 40% for vaccine administration progress nationally (per 100,000 population), according to CDC state-by-state figures with vaccine administration rates actively increasing as allocated distributions continue to be received, local administration strategies are bolstered, and the LTC-pharmacy partnership advances.

Expanded Phase 1a Administration

Vaccination among healthcare personnel eligible within Phase 1a has expanded with all counties working to get vaccines out to clinic staff and allied healthcare providers across settings. The process for vaccination is a county-by-county determination with most utilizing partnership approaches among local health systems, community pharmacy partners, and public health vaccine clinics.

Please contact your [local public health agency](#) to determine the process for staff vaccination in your area. The state is still receiving limited weekly vaccine allocations affecting pace for local administration. County distributions are being actively assessed to best direct supplies to meet need, including potential redistribution between counties and systems to high need areas. It is still anticipated that the state will be able to achieve a 70% threshold for vaccination among accepting healthcare personnel by the end of January. Patience and flexibility are requested as counties ramp up and adjust their strategies.

The [IMS COVID-19 Vaccine Administration Survey](#) remains open. If you have not yet shared your vaccine experience for yourself and your staff, you are encouraged to do so. Data from this survey is being utilized to better understand local vaccine execution and identify potential areas for additional attention.

This report is intended for informational purposes only and does not constitute legal guidance. Practices are encouraged to contact their legal counsel and medical liability carrier as they prepare for participation in the COVID-19 vaccine distribution program.

Phase 1b Population and Timeline

IDPH released the approved [final Phase 1b population recommendations](#) enacted from the Infectious Disease Advisory Council (IDAC) on January 12. Phase 1b recommendations maintain emphasis on prioritization based on highest risk of exposure and severe illness in alignment with CDC and Advisory Council on Immunization Practices (ACIP) guidance. IDAC’s recommendations also incorporate unique sub-prioritization based on: COVID-19 disease trends affecting populations; risks of exposure, transmission, or complications; and health equity considerations among eligible populations.

Iowa Phase 1b Priority Populations	
Persons aged ≥75 years	Other Identified Essential Populations: <ul style="list-style-type: none">• Individuals with disabilities dependent on attendant care staff• correctional facilities staff and incarcerated persons• Staff and individuals in congregate living communities (i.e. shelters, treatment centers; does not include college dormitories)• Close contact ag, food, distribution, and manufacturing workers• PreK-12 school staff, early childhood education, and childcare workers• First responders• Specified health and safety inspectors• Government officials and staff (continuity of needed government function)

In addition to identification of prioritized populations, the guidance establishes a 50/50 vaccine allocation intention between priority age populations and other identified essential populations while a vaccine shortage exists. Adjustment of the 50/50 distribution is allowable based upon local data and discretion for efficient use of vaccine.

Phase 1b vaccine administration will start by February 1. Transition between Phase 1a and 1b populations will overlap for a period. It is important to note that there is no final window for when any person previously eligible to be vaccinated must receive their vaccine or forfeit their “spot in line”. Once a person is included as part of a population for vaccination, they are able to receive their vaccine at any point thereafter.

Patient Vaccine Administration Logistics

As the state prepares for expanded vaccination among patient populations outside of LTC, local counties are working with enrolled COVID-19 vaccine providers to establish operational processes for broader vaccination. Local public health agencies are prioritizing patients’ existing medical homes for vaccine administration, recognizing the opportunity for access through concurrent care and needs for vaccine decision discussion between patient and provider.

IMS has confirmed that this will be inclusive of larger health systems, affiliates, and independent practices (so long as they are enrolled vaccine providers). Local provider offices will serve as a major hub for vaccination for both the ≥65 population as well as those aged 16-64 years with high-risk medical conditions. Pharmacies and public health clinics will focus vaccination access for other essential populations, including essential workforce and community-based populations.

2021 Vaccine Supply Strategy

Department of Health and Human Services (HHS) Secretary Alex Azar announced a major shift in the federal strategy on January 12. The proposed shift includes major changes to the federal strategy in play since vaccination began, though the changes do represent greater potential alignment with reported priorities and vaccine strategy intentions of the incoming Biden-Harris administration.

Intentions for the switch-up are to foster significantly increase vaccine supplies to states and to expedite vaccine administration across priority populations. The

- Cease the 5% vaccine supply withholding for emergency/contingency situations and immediately release those supplies to states.
- Cease reservation of second shot inventories, releasing those reserve supplies to states with allowance for use as primary doses.
- Emphasis on immediate expansion of vaccination administration across age-based (≥ 65) and high-risk medical condition prioritized populations.
- Urged expansion of vaccine administration sites and types.

Adjustments to how state vaccine allocations are calculated for have also been proposed with emphasis shifting from general population counts to emphasis on population size aged ≥ 65 years and state vaccine utilization rates (i.e. the more you use the more you'll receive). Both of these changes could be beneficial to the vaccine quantities afforded to Iowa as Iowa has a significant aging population and is performing well in comparison with other states for vaccine utilization/administration.

IDPH and IDAC have met to discuss what these shifts mean to Iowa's vaccination strategy. While preparing to pivot Iowa's strategy, it will take time for the federal changes to be fully enacted, necessitating bridge efforts as the state awaits the increased vaccine supplies necessary to implement expanded vaccine administration.

At this time, Iowa will continue the phased administration strategy. This strategy will be continuously monitored over the coming days and weeks. Once figures for increased vaccine supply solidify, IDPH and IDAC will revisit and revise plans to optimize ongoing vaccination administration across the state based on the latest resources available.

Timely Vaccine Documentation

A reminder to all systems and providers administering COVID-19 vaccine that all COVID-19 immunization needs to be entered into the IRIS system within 24 hours of administration. The timely submission of this data facilitates accurate dose monitoring and patient tracking. IRIS data will also serve as the basis for utilization tracking for future dose allocation determinations for the state. See IDPH's [COVID-19 Vaccine IRIS Instructions](#) for more information.

IDPH COVID-19 Vaccine Resources

The state has prepared numerous FAQ and training documents, routinely updating and adding as strategy progresses. Practices are encouraged to review the extensive materials on the [IDPH COVID-19 Vaccine Website](#).

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