



**IOWA
MEDICAL
SOCIETY**

Preparing for a COVID-19 Vaccine Planning & Distribution Update

The Iowa Department of Public Health (IDPH) has convened a stakeholder workgroup, comprised of IMS and other leaders within the provider and public health community, to assist with planning and distribution of an anticipated 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.

December 29, 2020

COVID-19 vaccination with both the Pfizer-BioNTech and Moderna vaccines is now underway throughout the state. To date, the state has received 80,125 vaccine doses – 26,325 from Pfizer and 53,800 from Moderna. As of Sunday at midnight, 25,223 healthcare personnel eligible within Phase 1a priority populations have received their first dose, representing administration of 31% of delivered doses.

A significant increase in vaccination activity is expected this week as statewide distribution expands and the logistical systems for local administration are fully stood up. Independent health systems who signed up as vaccine providers have begun receiving initial allocations this week.

Current projections, based on number of known licensed healthcare providers in the state and vaccine allocation estimates, indicate that Iowa may reach 100% first-dose saturation among healthcare providers by end of January. While these estimates for saturation do not include the unknown numbers of non-licensed healthcare providers

and staff, those personnel are still included in Phase 1a eligible populations and should be included in vaccine administration efforts.

Vaccination among long-term care facility residents and staff began this week with the official start of the LTC-Pharmacy Partnership Program. All state first dose allocations of the Pfizer-BioNTech vaccine are being directed for use within this program from now until the end of January when 100% vaccination saturation is projected for all accepting residents and staff.

Phase 1a Populations Guidance

On December 21, IDPH formally accepted final recommendations from the Infectious Disease Advisory Council (IDAC) providing further guidance to support vaccine allocation and administration among Phase 1a priority populations as initially established by the CDC's Advisory Council on Immunization Practices (ACIP). This guidance was prepared to best support local vaccination planning and administration, recognizing that it will take several weeks for the state to receive adequate vaccine supplies to provide vaccination to all persons potentially encompassed within Phase 1a populations.

The [Phase 1a Administration of COVID-19 Vaccination Final Recommendations](#) reinforce ACIP's initial prioritization of healthcare personnel and residents of long-term care facilities with the following additional guidance which shall be considered in further sub-prioritization:

- Highest risk of exposure to COVID-19 and the highest risk of complications from COVID-19 should receive priority consideration.
- Facilities should take into account the risk of exposure, frequency of exposure, immediacy of exposure, and duration of exposure to COVID-19 patients.
- Facilities should consider the full spectrum of staff who have exposure to COVID-19, inclusive of paid and unpaid persons serving in health care settings and those with potential direct or indirect exposure to patients or infectious materials.

Examples of potential settings of prioritization within these criteria are provided in the formal recommendations, though these examples are not all-inclusive nor intended to be limiting, as local knowledge and discretion is appropriate to ensure optimized and efficient use of vaccine supplies in individual communities.

Local Provider Vaccine Distribution

Local vaccine allocation is determined based upon priority population per county. Each week, IDPH provides local allocation figures to each local public health agency (LPHA) through the Health Alert Network (HAN). LPHAs then determine countywide allocation among local healthcare organization and notify these providers via IRIS. While initial vaccine distribution focused on hospitals and long-term care facilities, distribution expanded this week to include outpatient settings and independent systems as additional vaccine allocations have been received in the state.

Providers who are approved to administer the COVID-19 vaccine will receive a notice from their LPHA as local vaccine supplies become available and are allocated to their practice. Each local public health agency has a list of licensed healthcare providers in their county and recognizes that for each licensed provider there are additional non-licensed providers and practice staff who are also eligible for vaccination within the Phase 1a population.

If your system or practice is signed up and approved as a COVID-19 provider, local public health will reach out to confirm direct delivery of vaccine supplies at the time that they are available. **There is not a firm schedule or timeline as to when local providers should expect direct supplies.** Local public health is working in real time to make those determinations as soon as each dose allocations is provided. If you or your practice are not set up as direct vaccine providers, please reach out to your [local public health agency](#) to inquire as to the local process to get yourself and your staff vaccinated. **All healthcare providers, regardless of COVID-19 vaccine provider status, are eligible and have been included in planning efforts.**

Planning for Additional Phases of Priority Populations

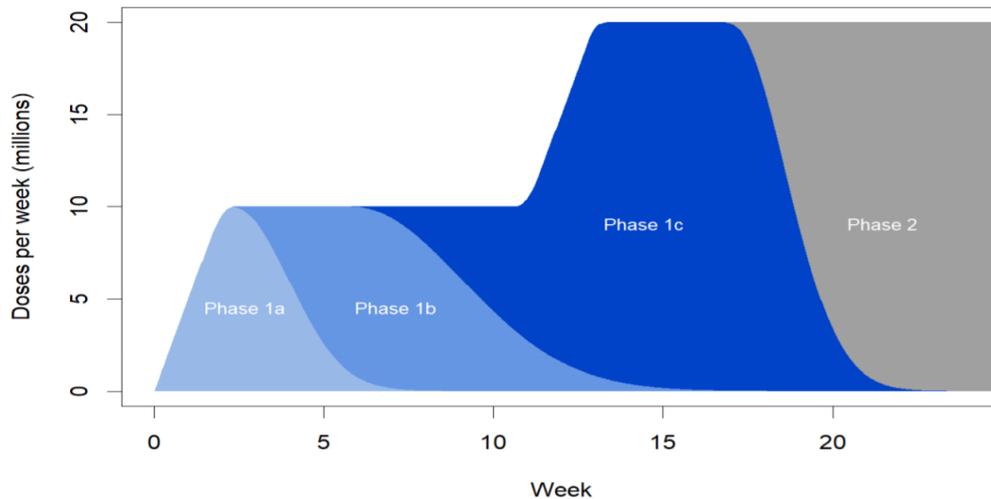
Preparations are underway for vaccination beyond Phase 1a populations, including high-risk patients outside of long-term care facility settings and essential worker populations. ACIP released recommendations for Phase 1b priority populations last week. Each state has the opportunity to review and adjust target populations based on state-specific needs and high-risk patient population demographics. The state IDAC team is actively meeting to discuss the ACIP recommendations and review lowa-specific COVID-19 epidemiological data to facilitate informed and evidence-based state

recommendations. Initial Phase 1b priority population recommendations from IDAC are expected in early January.

Vaccination among Phase 1b populations will necessitate careful and deliberate planning as it will encompass a greater number of potentially-appropriate persons and necessitate greater involvement with community partners. It is not anticipated that vaccination among these populations will not begin until late January or early February, or until adequate saturation among the Phase 1a population has been met.

The transition between population phases will be gradual with some ebb and flow between when Phase 1a vaccination and Phase 1b vaccination and so on as vaccination eventually expands to include the more general populations.

COVID Vaccination Phased Roll-Out, Example Timeline



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. If a clinic staff member does not receive their vaccine as part of Phase 1a vaccination but was eligible, they are able to receive their vaccine with the Phase 1b group or any group thereafter.

Next IMS Quick Connect: January 8

On Sunday, the latest COVID-19 package was signed into law. This federal legislation includes billions in new resources for testing and vaccine administration. A summary of

this legislation is available on the [IMS website](#). IMS will be hosting a special Quick Connect noon webinar on Friday, January 8 to provide an update on these new resources and the latest information on COVID-19 vaccination efforts across the state. [Register here](#) to attend.

IDPH COVID-19 Vaccine Resources

IDPH continues to field a large volume of similar questions regarding administration of the COVID-19 vaccine. The state has prepared numerous FAQ and training documents, which cover much of this information. Practices are encouraged to review the extensive materials on the [IDPH COVID-19 Vaccine Website](#) to familiarize themselves with the resources available prior to contacting the IDPH call center.

IMS Contacts

Kady Reese

kreese@iowamedical.org

Dennis Tibben

dtibben@iowamedical.org

IDPH Contacts

Provider Call Center

[\(800\) 831-6293](tel:(800)831-6293)

Provider Email

covid19vaccine@idph.iowa.gov

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.