

2019 Novel Coronavirus Pandemic Vaccination Planning Assumptions

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Purpose

Provide the most recent information regarding the allocation, distribution and administration of COVID-19 vaccines

Prioritization of COVID-19 Vaccines

- Priority populations are being considered by ACIP and the National Academy of Medicine
- Initial priority groups will likely include critical workforce who provide health care, essential function of society and residents of LTC facilities
- Priority groups will likely change throughout the response
- Initially, public demand may be high with limited vaccine availability
- IDPH plans to follow federal guidance for priority groups

COVID-19 Vaccine Planning Assumptions

- Many vaccines in development - Phase 3 clinical trials
- Unknown which vaccines will be approved and the timing for each product
- Vaccine is being produced at the same time as clinic trials
- Possibility of limited doses available in November/December
- Vaccine supply will quickly ramp up in early 2021

COVID-19 Vaccine Planning continued

- Variety of presentations, routes, dosage
- Two doses of COVID-19 vaccine, separated by ≥ 21 or > 28 days, will be necessary for immunity
- Interchangeability of vaccines will not be accepted requiring completion of the vaccine series with the same manufacturer
- IRIS and possibly other federal systems will be used to distribute, document doses administered and track coverage

COVID-19 Vaccine Planning continued

- Initial doses of COVID-19 vaccine may be authorized for use under an Emergency Use Authorization (EUA) issued by the FDA, based upon available safety and efficacy data
- Minimum order size of 100 doses – 100 dose vials (Initial phase)
- Vaccine cold chain requirements
 - Ultra cold -80°C
 - Frozen -20°C
 - Refrigerated $2-8^{\circ}\text{C}$

National Vaccine Distribution Assumptions

- COVID-19 vaccine will be allocated to Iowa based on population size and target populations
- CDC may distribute COVID-19 vaccine directly to select commercial (e.g., chain drug stores) and federal partners (e.g., veterans administration)
- Iowa health care providers who intend to provide COVID-19 vaccine will need to complete a COVID-19 Pandemic Vaccine Provider Agreement
- Federal provider agreement is forthcoming and will be made available as soon as received

National Vaccine Distribution Assumptions Continued

- HCPs must enroll in IRIS to be eligible to receive COVID-19 vaccine
- Vaccine will be sent directly to Iowa health care providers from a central distributor contracted by the federal government
- Required to report timely vaccination data to CDC; track vaccine administration to inform safety monitoring and assess effectiveness
- Reporting vaccine administration via IRIS and/or other federally developed systems

Iowa Assumptions

- COVID-19 vaccine will be allocated proportionally to counties based on population size, target populations and disease epidemiology
- Counties/LPHA will receive allocations of COVID-19 vaccine through IRIS
- COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to Iowa health care providers
- Ancillary supplies will include but is not limited to: needles, syringes alcohol preps, surgical masks, face shields and gloves

IDPH COVID-19 Vaccine Allocation Process

- Receive ongoing allocations of COVID-19 vaccines from CDC
- Allocate doses of vaccine to LPHAs based upon population size, target populations, disease epidemiology and availability of vaccines
- Import county vaccine allocation amounts into IRIS
- Notify counties/LPHAs when a vaccine allocation is available in IRIS and the timeframe for completion

LPHA COVID-19 Vaccine Allocation Process

- Counties/LPHAs receive allocation of COVID-19 vaccine from IDPH
- LPHAs are the only entities in each county able to allocate COVID-19 vaccine for health care providers
- LPHAs may allocate COVID-19 vaccine at their discretion consistent with the county's pandemic vaccine plan
- Health care providers will not order COVID-19 vaccines directly from the state or county
- Counties/LPHAs have the ability in IRIS to view all health care providers in their county who have completed a COVID-19 Vaccine Provider Agreement

LPHA COVID-19 Vaccine Allocation Process

- LPHAs can allocate all vaccine to health care providers in the county or all doses of vaccine may be allocated to the county LPHA
- Counties/LPHAs may choose not to allocate all doses of COVID-19 vaccine
- Doses of vaccine not allocated by a LPHA will be reallocated back to IDPH for redistribution to other counties
- Allocation of vaccines to a health care provider by the LPHA will create a vaccine order in IRIS

Next Steps

- Call to Action: IRIS ENROLLMENT - HCPs not already enrolled in IRIS should do so at this time (hospitals, clinics, pharmacists, long term care facilities, and others)
- Health care providers and organizations who enroll in IRIS are not obligated to provide COVID-19 vaccines
- Enrollment in IRIS does not guarantee the receipt of pandemic vaccines

Next Steps for LPHA

- Review County Vaccination Plans
- Identify partners to assist in the administration of COVID-19 vaccines
- Share IRIS Enrollment Forms – Immunization Program web page
- Review - CDC clinic planning guidance – Link in Pandemic Vaccination Planning Assumptions document

Thank you

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