

COVID-19 Vaccine Distribution: Strategies & Challenges

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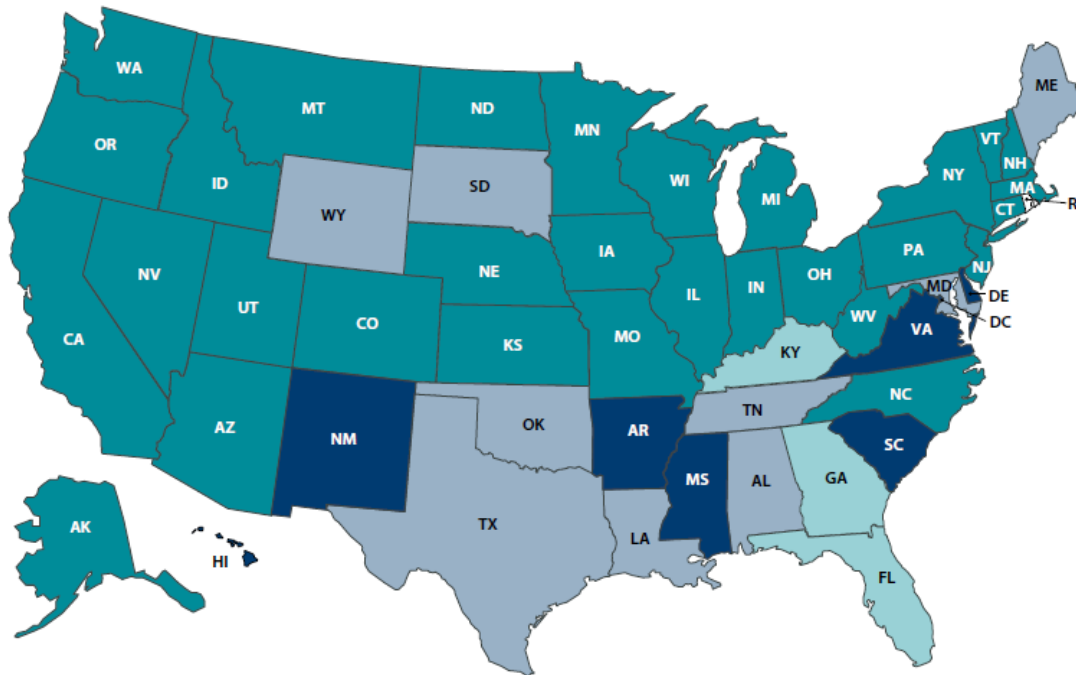
Who is NACCHO?

NACCHO
National Association of County & City Health Officials

NACCHO is comprised of nearly **3,000 local health departments** across the United States. Our mission is to serve as a **leader, partner, catalyst,** and **voice** with local health departments.

The Local Public Health Landscape

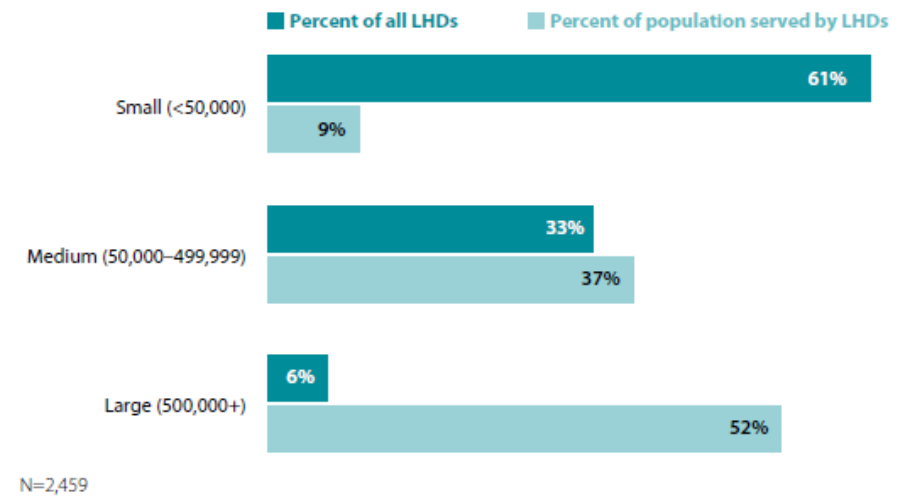
- Local (all LHDs in state are units of local government)
- State (all LHDs in state are units of state government)
- Shared (all LHDs in state governed by both state and local authorities)
- Mixed (LHDs in state have more than one governance type)



RI was excluded from the study
N=2,459

Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments

Figure 2.2 | Percent of United States population served by LHDs



Local Health Departments Provide Immunization Services

Figure 7.1 | Clinical programs and services provided directly by LHDs in the past year

Program/service	% of LHDs	Program/service	% of LHDs
Immunization		Maternal and child health services	
Childhood immunizations	88%	Women, Infants, and Children (WIC)	68%
Adult immunizations	88%	Early and periodic screening, diagnosis, and treatment	38%
Screening for diseases/conditions		Well child clinic	30%
Tuberculosis	86%	Prenatal care	30%
Other STDs	70%	Other clinical services	
HIV/AIDS	62%	Oral health	30%
High blood pressure	56%	Home health care	15%
Body Mass Index (BMI)	52%	Substance abuse	15%
Diabetes	39%	Behavioral/mental health	12%
Cancer	31%	Comprehensive primary care	11%
Cardiovascular disease	25%		
Treatment for communicable diseases			
Tuberculosis	83%		
Other STDs	52%		
HIV/AIDS	46%		

n=1,226–1,461



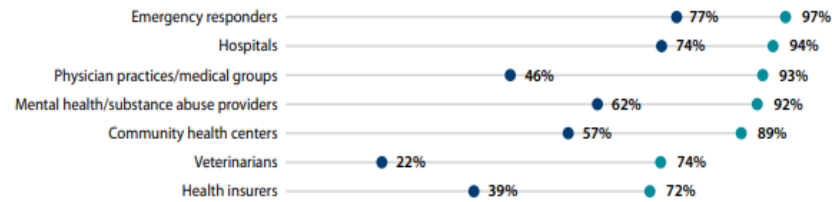
Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments

Local Health Department Partnerships

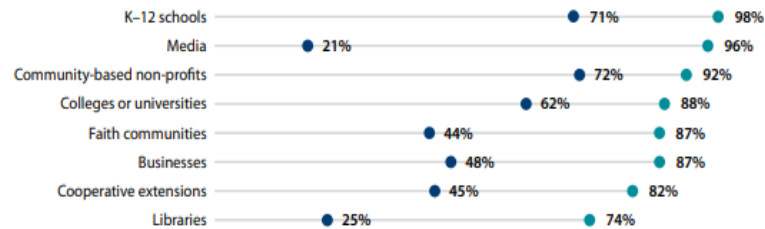
Figure 3.3 | LHD partnerships and collaborations in the past year

- Percent of LHDs working with organization in any way
- Percent of LHDs regularly scheduling meetings, have written agreements, or share personnel/resources with organization

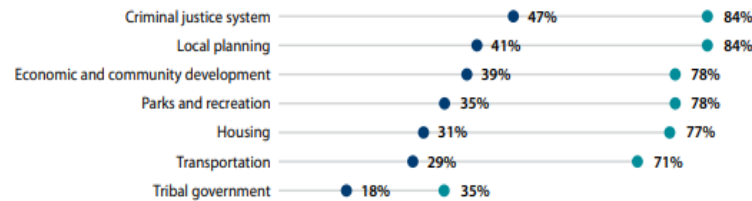
Healthcare partners



Community-based partners (e.g., education, non-government)




Government partners



n=183-366

Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments

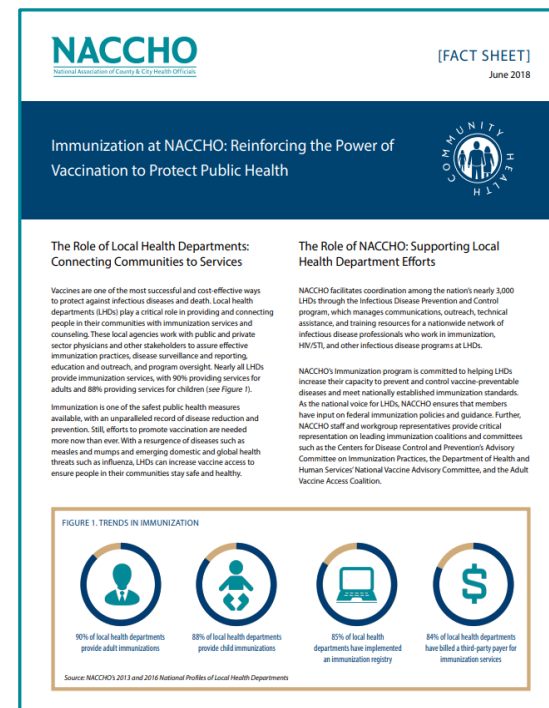


Strengthening Public Health Systems and Services through Building Capacity for Local Health Department Immunization Programs to Address Vaccine Preventable Diseases

NACCHO Immunization Program Activities


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1. Enhance LHD contributions that inform policies, guidance documents and decisions related to immunizations and VPDs;
2. Increase LHD participation in national policy and programmatic discussions;
3. Collect, organize and disseminate recommendations, evidence-based strategies, tools and resources through NACCHO communication channels;
4. Evaluate model practices to assess accessibility, utility, and impact of materials disseminated;
5. Identify pockets of low vaccination within communities;
6. Promote a pro-vaccination campaign to contain vaccine misinformation;
7. Provide on-going support to local health departments;



NACCHO Immunization Program Activities


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The National Connection for Local Public Health

[FACT SHEET]
July 2020

Local Public Health: An Integral Partner for Increasing Vaccine Confidence



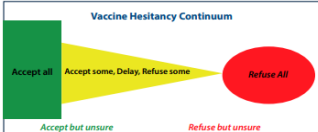
Vaccines remain the best defense against infectious diseases and play a vital role in protecting the health of individuals and the communities in which they live. Due to the development of safe and effective vaccines, immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. In the United States, relatively high immunization rates for many recommended vaccines have led to the near elimination of several vaccine-preventable diseases and significant reductions in mortality. Our nation's robust, scientifically-based vaccine safety system carefully studies, evaluates, and monitors vaccine safety and efficacy. Despite the success and strong safety record of vaccines, vaccine hesitancy continues to pose a significant public health threat by producing an environment where vaccine-preventable diseases can spread quickly from person-to-person among under-/un-immunized individuals and communities.



What is Vaccine Confidence?

Vaccine confidence is defined as the trust that parents, patients, or providers have in recommended vaccines; providers who administer vaccines; and processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.¹ In contrast to vaccine confidence, vaccine hesitancy is defined as the delay in acceptance or refusal of vaccines despite availability of vaccination services.²

Vaccine confidence is a complex concept largely dictated by an individual's personal experiences, attitudes and beliefs towards vaccines and potential risks, trust and confidence in their healthcare professional, sources for health information, and many other potential confounding factors. Vaccine hesitancy occurs on a continuum ranging from an individual's total acceptance of all vaccines to total refusal of all vaccines (Figure 1). In an assessment of the state of vaccine confidence in the United States, the National Vaccine Advisory Committee's (NVAC) Vaccine Confidence Work Group noted that although vaccine acceptance remains relatively high and stable, data on school exemptions, vaccination delays and declinations, and perspectives of parents, healthcare providers and public health workers indicate that there is room for improvement in building confidence to maintain



Vaccine Hesitancy Continuum

Accept all Accept some, Delay, Refuse some Refuse All

Accept but unsure Refuse but unsure

Figure 1. Vaccine Hesitancy Continuum, from the World Health Organization's Strategic Advisory Group of Experts


Local Public Health Initiatives to Increase Vaccine Confidence

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AWARDS & RECOGNITION, IMMUNIZATION

NACCHO Selects Local Health Departments to Participate in Project to Address Vaccine Hesitancy

Dec 16, 2020 | Amy Frandsen



— Local Health Departments in Florida, Iowa, and Washington State Received Awards —

Washington, DC, December 14, 2020 - The National Association of County and City Health Officials (NACCHO), the voice of the country's nearly 3,000 local health departments, with support from the Centers for Disease Control and Prevention (CDC), has selected three local health departments (LHDs) to participate in the Equipping Local Health Departments to Address Vaccine Hesitancy project. This project will provide LHDs with the resources to address vaccine hesitancy in at-risk populations or under-vaccinated communities. This will include providing one additional staff in the LHD dedicated to addressing vaccine hesitancy and misinformation, building partnerships with other local organizations, and identifying areas of need to improve vaccine confidence.

Local health department awardees for the project are:

- Florida Department of Health in Manatee County, FL
- Linn County Public Health, IA
- Public Health - Seattle & King County, WA

The main activities of the project include working with a consultant staff member to assess areas of vaccine hesitancy and identify ways to improve vaccine confidence in their counties as well as building partnerships between local public health and other local organizations to address vaccine hesitancy.

Equipping Local Health Departments to Address Vaccine Hesitancy

NACCHO COVID-19 Response Efforts



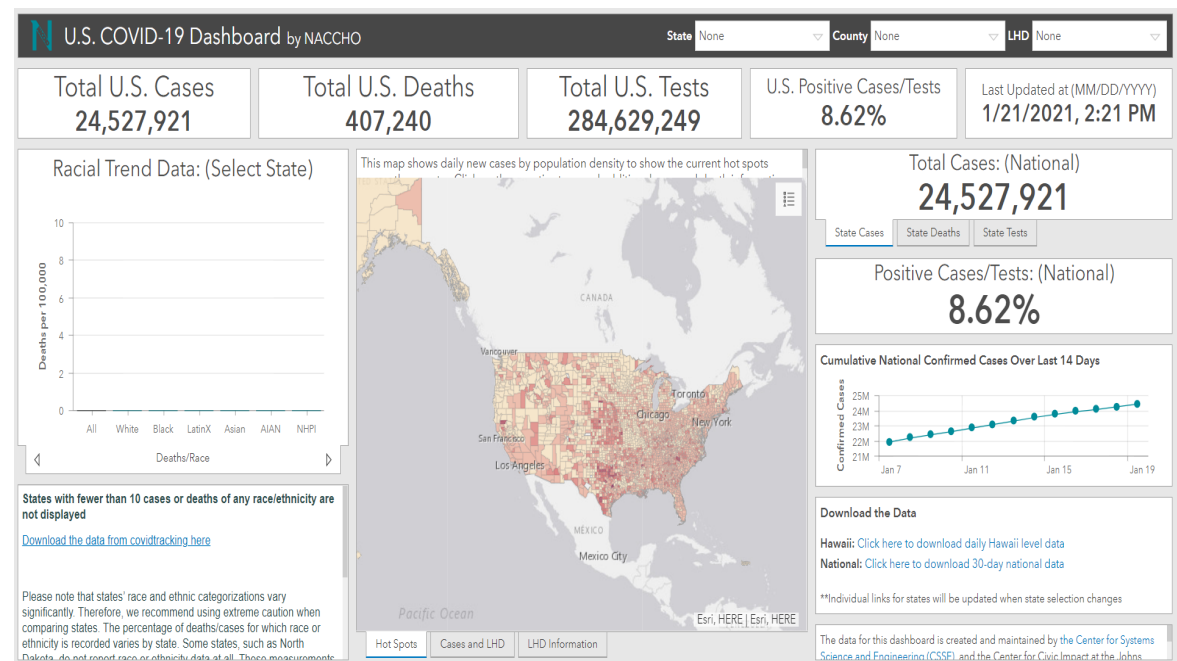
NACCHO Response **Level 2:**

- Maintain situational awareness, at both the national/federal and local level;
- Support all stakeholders through the constant sharing of information to help protect the public;
- Facilitate the sharing of information from the federal to the local level;
- Advocate for federal funding for the COVID-19 response and public health infrastructure for the future;
- Understand and be responsive to member needs and requests;
- And convey the critical role of local health departments during ongoing outbreaks.



NACCHO COVID-19 Response Efforts

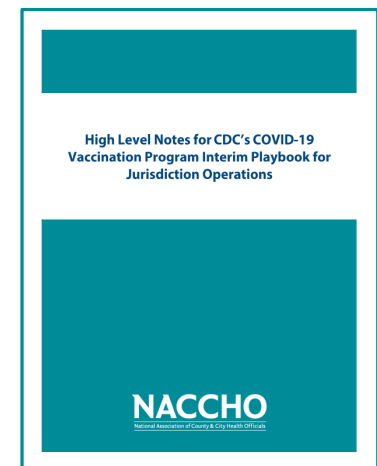
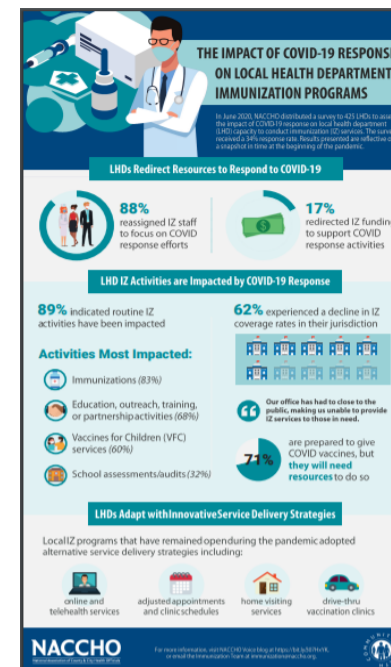
- DATA/GIS Special Task Force
- COVID-19 Virtual Community
- Contact Tracing Resources for COVID-19 Response
- Local Health Department *Stories from the Field*



NACCHO COVID-19 Vaccine Response Efforts

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- Impact of COVID-19 Response on Local Health Department Immunization Programs
- High Level Notes for Jurisdiction Operations/Local Plan Collection
- Policy Statements and Letters
- Story from the Field: Innovative Ways to Maintain Immunization Coverage During a Pandemic
- Immunization webinar series
 - Immunization in a Time of COVID-19
 - COVID-19: Vaccination Planning and Local Health Departments
 - COVID-19 Vaccination Program Interim Playbook and Planning for Local Health Departments
 - Vaccine Administration Planning: Drive-thru Clinics and Other Innovative Ideas
 - The Impact of COVID-19 on School Re-opening
 - Technology Approaches to Managing COVID-19 Vaccine
 - Engaging Communities to Increase Confidence in COVID-19 Vaccines
 - Pfizer-BioNTech COVID-19 Training and Education
 - Understanding Diverse Communities to Support Equitable and Informed COVID-19 Vaccine Decision Making



Role of NACCHO members in vaccination program

- October 2020 States submitted COVID-19 vaccination plans
- State plans varied in how they integrated local health departments
- December 2020 Two vaccines are approved for FDA EUA and ACIP recommended
- ACIP recommendations provide guidance on priority groups 1 a, 1b, 1c
- January 2021 Local health departments that are engaged in vaccine delivery have started to share COVID-19 Vaccination Plans

The Pima County Tentative Phase 1A Vaccination Plan
www.pima.gov/covid19vaccine

December 2020 – Spring 2021

Pima County is working as a lead state to develop a comprehensive plan for making the COVID-19 vaccine available throughout the community. Following guidance from both the CDC and Arizona Department of Health Services, the Pima County Health Department (PCHD), in collaboration with local hospitals and community partners, is committed to the equitable and efficient distribution of the vaccine. Because the initial vaccine supply is limited, the plan has been prioritized to first vaccinate critical workforces, which includes healthcare and nursing home workers and other groups vulnerable to severe COVID-19 illness. The PCHD has consulted with its ethics committee for direction and recommendations to ensure that the plan reflects community sentiment and concerns.

PCHD will adhere to the following guiding principles for ethical vaccine allocation:

- Administer an effective COVID-19 vaccine to all Pima County residents to reduce the spread of COVID-19 and related illnesses, hospitalizations, and deaths
- Execute the safe and timely delivery of the vaccine
- Provide equitable access to all who live, work, or are educated in Pima County while targeting high risk and vulnerable populations based on evidence
- Seek broad and meaningful community engagement so that communication strategies are responsive, data informed and trusted
- Provide clear, transparent and data driven information to the public about vaccine risks, benefits, safety, allocation, targeting, and availability

Type of Vaccine	Total December Allocation (estimate)	Minimum Order	Storage and handling
Pfizer (Vaccine A)	513,000 doses Weeks of 12/18-18,800 Weeks of 12/20-70,200 Weeks of 12/27-18,800	975 doses	• Requires U/L storage at -60 to -80° dry ice to recharge thermal proper, multiple kits, must freeze and reconstitute • Second dose at 21 days
Moderna (Vaccine B)	171,200 doses Weeks of 12/22-118,800 Weeks of 12/27-52,400	100 doses	• Requires frozen storage at -1 to -8° • Second dose at 28 days

Phase 1A Subgroup Prioritization for Healthcare Workers

Phase 1A.1	Phase 1A.2	Phase 1A.3	Phase 1A.4
Healthcare workers and support staff who provide direct patient care in high-risk settings	Healthcare workers and support staff who provide direct patient care in moderate-risk settings	Healthcare workers and support staff who provide direct patient care in lower-risk settings	All other healthcare workers
Challenges and Considerations	• COVID patients are present in workspaces • Shared PPE in COVID rooms • Longer exposure times (cumulative of 15-minute per shift) • Distinct COVID-19, emergency departments and COVID-19 exposed respiratory clinics • Largest of all existing COVID patients	• COVID patients are present in workspaces • HCWs in COVID floor but not in COVID rooms • Shared exposure times (cumulative of less than 15 min over 8H shift)	• Largest care time receiving COVID patients • Home health/home • Resident locations that do not accept COVID inpatients

For more information, visit www.pima.gov/covid19vaccine

Public Health
Seattle & King County

**King County Unified Regional Strategy
COVID Vaccine Delivery**
January 7, 2021

Our unified regional goal is to quickly, efficiently and equitably vaccinate as many King County residents as possible in order to suppress the spread of COVID-19 and get the pandemic under control. This will be a tremendous effort requiring sustained active engagement from both public and private sector partners across our region. The scale and urgency of this effort cannot be overstated.

To contain the virus so that we can reopen society and rebuild our economy, it will be necessary to vaccinate at least 70 percent of all adults for whom there is currently an approved vaccine. With total adult population of 1.8 million, this means delivering two doses to 1.26 million people, starting with those at highest risk, in addition to vaccinating children when an approved vaccine for people younger than 16 years becomes available.

In an ideal scenario, achieving this goal could be accomplished in as soon as six months, through an aggressive, multi-modal strategy to administer 36,000 vaccines each day, 6 days per week. This timeline is a best-case scenario dependent on adequate and stable supply chains for vaccine and other needed materials; the ability to mobilize the logistical/administrative and health workforce needed; and demand for vaccination in the population.

Meeting the goal as fast as possible will require strong participation and investment from all levels of government, the health care system, labor and employer groups and philanthropy. Together we will build a diversified vaccine delivery infrastructure to ensure that every willing person can be vaccinated when they are eligible at a location that works for them. United in our shared interest of ending the pandemic, we will move forward together.

The Role of State and Local Public Health

The State Department of Health (DOH) is the lead entity for distribution and allocation of vaccines. Based on recommendations from the CDC, they provide guidance to prioritize which populations will be eligible for vaccine at what point in time. In addition, they enroll providers as vaccinators, determine weekly allocation of doses among those providers in consultation with local public health agencies, transmit provider orders to the CDC for processing, and support the statewide immunization information system for required reporting of COVID-19 vaccine doses administered by facility.

For our region, Public Health – Seattle & King County (PHSKC) is responsible for overall oversight, guidance and assurance that all residents of King County, and especially those who are the most vulnerable and most at risk of severe illness and death related to COVID-19, are able to access COVID-19 vaccination when eligible. We are working with the health care system including hospitals and pharmacies, professional associations, and independent providers to facilitate access of eligible populations to vaccination, enhance the health care system's ability to serve our residents, target allocation of doses where most needed. We are also working with partners to address gaps. Concurrently, our staff are also managing a locally tailored public information campaign and working with community to address vaccine hesitancy.

1 This approach assumes 100% coverage for the approximate population 18 and older = 1,802,000 / 70% target = 1,261,400 doses over 6 months = 14,000 doses per day.

Realities of Vaccination Efforts

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Low Supply; High Demand

Variance in Vaccination Distribution by State

Complexities of Vaccine Storage and Handling

Two Dose Series

Changing Guidance

Vaccine Hesitancy

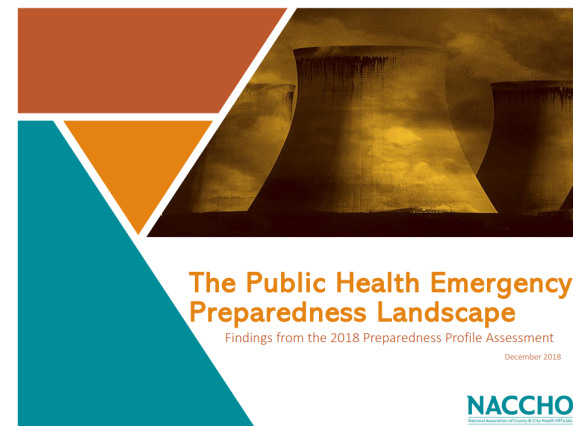
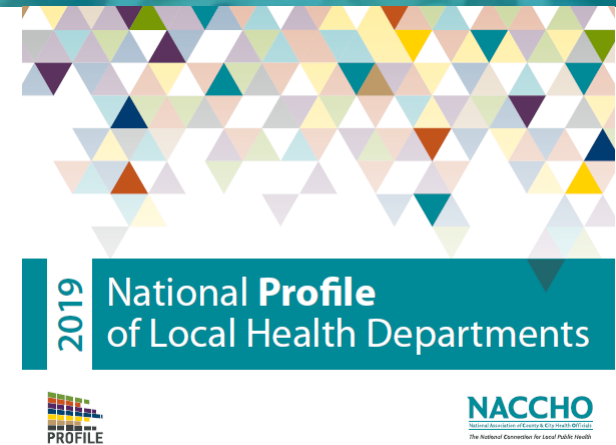
Equitable Allocation***

Working with Local Public Health to Address COVID-19

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Understand Local Health Departments

- National Profile of Local Health Departments
- 2018 Preparedness Profile Assessment



Working with Local Public Health to Address COVID-19

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Work with NACCHO

- [NACCHO Funding Opportunities](#)
- [NACCHO Consulting](#)
- General and COVID-19 related inquiries may be submitted to NACCHO through Preparedness@naccho.org

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Local Examples in Action

- Drive-thru flu clinic model (Carlton County Public Health and Human Services, MN)
- Pre-registration and appointments (Carlton County Public Health and Human Services, MN)
- Utilizing volunteers, medical reserve corps, students, etc to staff clinics (Northwest Texas Public Health District)
- Mobile clinics (Four Corners Health Department, NE)
- Utilizing EMS/ community paramedics for administering vaccinations for homebound individuals (Fredrick County Health Department, MD; Stanly County Health Department, NC)
- Partnering with those who already provide house calls (FQHCs, Department of Aging, etc) to administer vaccinations to homebound individuals (Kane County Health Department, IL; Davis County Department of Health, UT; City of St. Louis, MO; Central District Health, ID)
- Schedule second dose appointment during first dose appointment (New York)



Thank You!

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