COVID-19 Vaccine Distribution Plan

October 19, 2020
# Operation Warp Speed

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Platform</th>
<th>Dose</th>
<th>Timing</th>
<th>Storage/Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna¹</td>
<td>mRNA</td>
<td>2</td>
<td>0, 28 days</td>
<td>Frozen ~ 7 days refrigerated</td>
</tr>
<tr>
<td>Pfizer/BioNTech¹</td>
<td>mRNA</td>
<td>2</td>
<td>0, 21 days</td>
<td>Ultra Cold Frozen ~ 5 days refrigerated</td>
</tr>
<tr>
<td>AstraZeneca/Oxford¹*</td>
<td>Non-replicating Viral Vector</td>
<td>2</td>
<td>4 weeks apart</td>
<td>?</td>
</tr>
<tr>
<td>Janssen/Johnson &amp; Johnson¹*</td>
<td>Non-replicating Viral Vector</td>
<td>1</td>
<td>N/A</td>
<td>Frozen ~ 3 months refrigerated</td>
</tr>
<tr>
<td>Novavax</td>
<td>Recombinant Protein Subunit</td>
<td>2</td>
<td>0, 21 days</td>
<td>Refrigerated</td>
</tr>
<tr>
<td>Sanofi/GSK</td>
<td>Recombinant Protein Subunit</td>
<td>2</td>
<td>TBD</td>
<td>Refrigerated</td>
</tr>
</tbody>
</table>

1. Phase 3
1*: On hold
Limited doses may be available by early November 2020, but supply will increase substantially in 2021.

Initial supply will either be approved as a licensed vaccine or authorized for use under an EUA issued by the FDA.

Cold chain storage and handling requirements are likely to vary from refrigerated to ultra-cold frozen.

Two doses, separated by ≥21 or 28 days, will be needed for immunity for most COVID-19 vaccines.
# CDC Critical Populations for COVID-19

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Essential workers**                                                   | • Healthcare personnel (i.e. hospital staff, EMS, vaccinators, pharmacy and long-term care staff)  
                           | • Other essential workers (i.e. first responders, education, people in others with critical roles who cannot easily socially distance) |
| **People at increased risk for severe COVID-19 illness**                | • People 65 years of age and older                                       
                           | • LTCF residents (i.e., nursing home, assisted living, others)           
                           | • People with underlying medical conditions that are risk factors for severe COVID-19 illness |
| **People at increased risk of acquiring or transmitting COVID-19**      | • People from racial and ethnic minority groups                         
                           | • People from tribal communities                                         
                           | • People who are incarcerated/detained in correctional facilities         
                           | • People experiencing homelessness/living in shelters                    
                           | • People attending colleges/universities                                 
                           | • People living in other congregate settings                             |
| **People with limited access to routine vaccination services**         | • People living in rural communities                                     
                           | • People with disabilities                                               
                           | • People who are under- or un-insured                                   |

Note: Groups and individuals may fall into multiple categories, and prioritization recommendations are in development.
Prioritization and Public Input

**Expert Vaccine Allocation Panel**
- Made of external and internal subject matter experts
- Make recommendations to the Commissioner
  - Establish prioritization of critical populations for Phase 1 and Phase 2 distribution
  - Weekly review of the data to guide allocation recommendations

**Public hearing (October 19th)**
Request public comment at a formal meeting of the Infectious Disease Task Force
- Proposed critical populations and
- Guiding principles allocation/distribution
CDC Requirements for COVID-19 Vaccination Providers

• Must have an active NPI/TPI number
• Must follow ACIP requirements and recommendations
• Must comply CDC requirements for COVID-19 vaccine management and maintain adequate storage capacities to maintain integrity of the vaccine cold-chain requirements
• Must report dose usage within 24 hours to the state immunization registry, ImmTrac2.
• Must report of all doses received including those administered, lost, wasted, etc.
• Must report of any adverse event related to receiving the vaccine.
Recording A.I.Ms Administration for Disasters and Emergencies

- Health and Safety Code Sec. 161.00705
  - Recording Administration of Immunization and Medication for Disasters and Emergencies, any antiviral medication distributed by the state in response to a declared disaster or public health emergency must be entered into the Texas Immunization Registry, known as ImmTrac2.
  - https://statutes.capitol.texas.gov/Docs/HS/htm/HS.161.htm#161.00705

- TAC §100.7
  - The immunization registry shall contain information regarding individuals who receive an immunization, antiviral, or other medication administered.
Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)

Ramp up
Oct 2020 – Jan 2021
- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations

Peak
Jan – Jul
- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity

Transition
Jul – Oct
- Likely excess supply
- Broad admin. network for increased access

Routine
Oct - on
- Likely excess supply
- Critical to maintain access in hard-to-reach populations as administration network shrinks
- Open vaccination
- Administer through private partner sites
- Maintain PH sites where required

Projected short period when doses are limited

Key factors
- Tightly focus administration
- Administer vx in closed settings (places of work, other vx sites) specific to priority populations

Volume doses available (per month)
Max, e.g. 250M/mo

Trials only

Likely admin strategies

Illustrative scenario for planning purposes: will be adapted based on the clinical / manufacturing information on all OWS candidates and vaccine prioritization
New Phases and Timeframe of COVID-19 Vaccine Distribution

Draft – for planning purposes only and subject to change

Administration of COVID-19 vaccine will require a phased approach

**Limited Doses Available**
- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations
- Projected short period of time for when doses are limited

**Large Number of Doses Available**
- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity
- Expand beyond initial populations
- Administer through commercial sector partner sites (pharmacies, doctors offices, clinics)
- Administer through public health sites (mobile clinics, FQHCs, target communities)

**Continued Vaccination, Shift to Routine Strategy**
- Likely excess supply
- Broad admin. network for increased access
- Open vaccination
- Administer through private partner sites
- Maintain PH sites where required
Phased Approach to Vaccination
(Specific dates are subject to change)

- **Phase 0 (October 2020-November 2020):**
  - Provider recruitment and registration into ImmTrac2 and new web-based portal.

- **Phase 1 (Late November 2020 – December 2020): Limited supply of COVID-19 vaccine doses available.**
  - McKesson will direct ship vaccines to registered providers serving healthcare workers, critical infrastructure/essential workers, and other prioritized populations based upon the DSHS Commissioner’s approval in accordance with CDC and ACIP recommendations.
  - Occupational healthcare settings, existing vaccinators serving closed settings will be the primary administrators of vaccines.
  - Some large chains enrolled directly by CDC to serve some targeted populations (long-term care facilities).
  - Continue ongoing provider recruitment and registration to ensure access to vaccination.
Phased Approach to Vaccination
(Specific dates are subject to change)

• **Phase 2 (January 2021-July 2021): Increased number of vaccine doses available.**
  - McKesson will continue to distribute vaccine and ancillary supplies directly to providers.
  - Emphasis on ensuring access to vaccine for members of Phase 1 critical populations who were not yet vaccinated as well as for the general population; expand provider network.
  - Texas will use specialized vaccine teams, as needed, to vaccinate identified critical groups lacking access to the vaccine (e.g., Long-term care facilities, rural communities, etc).

• **Phase 3 (July 2021 -October 2021): Sufficient supply of vaccine dose for entire population.**
  - DSHS will focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.
  - May consider extending the use of vaccine teams depending on the uptake and coverage received so far, especially to ensure second doses are administered from the end of Phase 2.

• **Phase 4 (October 2021 and forward) Sufficient supply of vaccine with a decreased need due to most of the population being vaccinated previously.**
  - May include boosters or annual vaccines if required.
  - Vaccine availability open throughout private providers. Population able to visit provider of choice.
Welcome to the Texas DSHS Immunization Program Portal

Here healthcare providers and pharmacies may register to be considered to receive COVID-19 vaccine.

Pandemic Vaccine Provider Registration

COVID-19
Click to Register

Browser Compatibility Notice

For the best results using this application use Google Chrome or Microsoft Edge.
Registration Process

Registration

• Each facility or location, including those that are part of a hospital system or clinic network, must register at EnrollTexasIZ.dshs.texas.gov, list the healthcare providers at each location that would be responsible for vaccination and detail their storage capacity.

• For example, each hospital in a hospital system must complete a registration separately and list vaccine providers there.

• During the registration process, providers are required to complete the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program Provider Agreement.

After Registration

• After completing enrollment, you will receive an email confirming your registration. Once approved, you will receive another email confirming your status as a COVID-19 vaccine provider.

Questions/Assistance

• For questions about registration, please call the DSHS COVID-19 Vaccine Provider hotline at (877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or email COVID19VacEnroll@dshs.texas.gov.
Communication/Outreach/Engagement (COE) Plan

• Provider
  • Recruitment
  • Vaccine Administration logistics/guidance

• Public
  • Statewide media campaign (TV, radio, digital, out-of-home)
  • General information
  • Vaccine availability
  • Vaccine’s safety/importance

• Stakeholders
  • Outreach to providers and public
  • Source of feedback
Website for Providers:
www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx

DSHS COVID-19 Vaccine Provider hotline:
(877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or
Email: COVID19VacEnroll@dshs.texas.gov.

Website to enroll as a COVID-19 provider:
EnrollTexasIZ.dshs.texas.gov.

General Questions:
Email: COVIDvaccineQs@dshs.texas.gov
REMINDER

The information presented today is based on CDC’s recent guidance and MAY change.

October 19, 2020