

VDH Plan for Equitable Distribution of COVID-19 Vaccine

Division of Immunization, Office of Epidemiology

Virginia Department of Health

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Introduction

During Special Session I of the 2020 General Assembly, Item 299 I of the 2020 Appropriation Act required the Virginia Department of Health (VDH) to convene a work group to (i) evaluate the methods by which vaccines and other medications necessary to treat or prevent the spread of COVID-19 are made available to the public, (ii) identify and develop a plan to implement specific actions necessary to ensure such vaccines and other medications are equitably distributed in the Commonwealth to ensure all residents of the Commonwealth are able to access such vaccines and other medications, and (iii) make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such plan. The bill requires that the work group include the Commonwealth's Chief Diversity, Equity, and Inclusion Officer and representatives of the Office of Health Equity at VDH, the Department of Emergency Management, and such other stakeholders as the department shall deem appropriate and which may be an existing work group or other entity previously convened for a related purpose. Finally, the bill requires VDH to make an initial report on its activities and any findings to the Chairs of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020, and shall report monthly thereafter.

Background

In March 2020, the Commonwealth of Virginia established a unified command system to manage the state-level response to COVID-19. In June 2020, the Vaccine Unit was formed under the Public Health Surveillance and Guidance Workgroup to conduct planning and coordination of COVID-19 vaccination. In August 2020, the Vaccine Unit established a COVID-19 [Vaccine Advisory Workgroup](#), made up of a diverse group of stakeholders, to provide ongoing input regarding vaccination planning and communications using a health equity lens. This past fall, VDH developed Virginia's COVID-19 vaccination plan, which was exercised with partner state agencies. This plan continues to be updated in collaboration with local health districts, the Virginia Emergency Support Team, and the COVID-19 Vaccine Advisory Workgroup as more information becomes available. The most current information, including the plan, is available at <https://www.vdh.virginia.gov/immunization/covid19vaccine/>.

Findings

COVID-19 Vaccines Available in the United States

As of December 31, 2020, the U.S. Food and Drug Administration (FDA) had issued emergency use authorizations (EUAs) for two COVID-19 vaccines. Pfizer-BioNTech submitted its application, including trial data, to the FDA requesting emergency use authorization (EUA) on November 20, 2020 and the FDA granted the EUA on December 11, 2020. On November 30, 2020 Moderna submitted its application, including trial data, to the FDA requesting EUA on and the FDA granted it on December 18, 2020.

Vaccine Allocation

The Centers of Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine have published guidance on populations of focus for COVID-19 vaccination and equitable access to COVID-19 vaccination in the United States. ACIP reviews evidence on COVID-19

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epidemiology and burden, as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues, to inform recommendations for COVID-19 vaccination policy.

ACIP voted on December 1, 2020 to formally recommend that COVID-19 vaccine be distributed during Phase 1 in three timeframes: Phase 1a, 1b, and 1c. ACIP recommended that during Phase 1a, COVID-19 vaccine be allocated to healthcare personnel (HCP) and long-term care facility (LTCF) residents. ACIP recommended that among LTCF groups, vaccine first be allocated to skilled nursing facilities, then to assisted living facilities, then to residential care communities, then to intermediate care facilities for individuals with developmental disabilities, and then to state veterans homes.

ACIP ethical principles for allocating initial supplies of COVID-19 vaccine, namely to maximize benefits and minimize harms, promote justice, and mitigate health inequities, support this decision. LTCF residents, because of their age, high rates of underlying medical conditions, and congregate living situation, are at high risk for infection and severe illness from COVID-19. As of November 15, 2020, approximately 500,000 COVID-19 cases and 70,000 associated deaths had been reported among residents of skilled nursing facilities in the United States. As of December 1, 2020, approximately 245,000 COVID-19 cases and 858 COVID-19-associated deaths had been reported among U.S. HCP. Early protection of HCP is critical to preserve capacity to care for patients with COVID-19 and other illnesses.

In response, the Virginia Disaster Medical Advisory Committee (VDMAC) and the Virginia Unified Command voted to adopt ACIP recommendations in Virginia. [The Virginia Disaster Medical Advisory Committee \(VDMAC\) provided guidance](#) on how to prioritize vaccine within subgroups of healthcare providers. However, they stressed the importance of not missing opportunities to vaccinate HCP out of strict adherence to prioritized groupings, with the goal of administering vaccine in Virginia as quickly as possible. Vaccine is being allocated to HCP who are public/patient facing and not able to perform their duties remotely. The Virginia Department of Health (VDH) estimates that there are more than 500,000 HCP and LTCF residents in Virginia.

On December 20, 2020, the Centers for Disease and Prevention [Advisory Committee on Immunization Practices \(ACIP\)](#) recommended that in Phase 1b nationally, vaccine should be offered to people ≥ 75 years of age and to frontline essential workers (non-health care workers). In Phase 1c, vaccine should be offered to people 65–74 years of age, people 16–64 years of age with high-risk medical conditions, and essential workers not recommended for vaccination in Phase 1b.

The Virginia Unified Command will issue guidance during the first week of January on Virginia's allocation groups for Phase 1b and 1c. The Virginia Unified Command is considering

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recommendations from the VDMAC. The Virginia COVID-19 Vaccine Advisory Workgroup provided comments to VDMAC to consider in making its recommendations.

Vaccine Distribution

The majority of LTCF residents and staff in Virginia elected to receive vaccinations from CVS and Walgreens' teams onsite through CDC's Federal LTCF Pharmacy Partnership. VDH notified CDC on December 10, 2020 that it was activating Part A of the contract as of December 14, 2020 and allocated Pfizer vaccine for that purpose.

The first shipment of vaccines from Pfizer-BioNTech were received in Virginia on December 14, 2020. The Pfizer-BioNTech vaccine requires ultracold storage (negative 70 degrees Celsius) and was distributed to geographically diverse health care systems with ultracold storage capacity. They were provided for HCP. Healthcare systems and local health departments are now holding vaccination clinics, utilizing both Pfizer and Moderna vaccine, for healthcare personnel across the state. Local health districts are developing plans to ensure opportunities for non-hospital healthcare personnel to get a COVID-19 vaccine. Together with healthcare systems, they are making plans to hold vaccination clinics for providers in their areas. Local health districts are reaching out to practices to engage them in this process. Opportunities for vaccination will continue to increase.

CVS and Walgreens began onsite vaccination in skilled nursing facilities on December 28, 2020. Part B of the CDC's Federal LTCF Pharmacy Partnership provides for vaccination in assisted living facilities, continuing care retirement communities, personal care homes, residential care, adult family home, adult foster home, intellectual or developmental disabilities, HUD 202, and Veteran's homes. On December 31, 2020, VDH notified CDC that it was activating Part B of the contract as of January 4, 2021 and allocated Pfizer vaccine doses for that purpose. CVS and Walgreens will begin to contact facilities to schedule clinics. VDH anticipates that vaccination will begin in mid-January in facilities covered by Part B.

Virginia expects future COVID-19 vaccines to be allocated to the Commonwealth by the federal government on a weekly basis. The amount of vaccine and the timing of when Virginia will receive it will depend on the capabilities of the manufacturers to produce the vaccine safely. When first doses are shipped, the U.S. Government sets aside doses for second dose allocation. They are allocated at the appropriate interval in addition to vaccine allocated for people to receive their first dose.

VDH established a [dashboard](#) on its website to keep people apprised of the number of vaccine doses distributed in Virginia and the number of doses administered. It is updated daily. As of December 31, 2020 a total of 388,100 doses of COVID-19 vaccine had been distributed from the two manufacturers to 110 sites in Virginia, including healthcare facilities and local health

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departments, and 64,882 people had been reported to VDH as receiving a vaccination. The number of doses of vaccine administered shown on the vaccine dashboard will always lag behind the actual number of doses administered. Providers must record vaccinations into the Virginia Immunization Information System (VIIS), and there is a delay between the recording and availability of this information. VIIS is a confidential, secure registry containing vaccine information provided by participating providers to individuals of all ages.

Statutory, Regulatory, or Budgetary Actions

The COVID-19 vaccine landscape is complex and evolving. These complexities include the likely need for a two-dose series; vaccine products not being interchangeable; varying presentations and efficacy and adverse event profiles in different populations; varying cold-chain requirements; unknown ability to administer to children and pregnant women; the need for socially distanced vaccination practices; communication and education; and distrust of public health among some high-risk groups. In order to ensure a successful mass vaccination campaign once vaccines become available, VDH will require funding to support the purchase of equipment and ancillary supplies and also will require funding for information management staffing; support for local health districts; warehousing and shipping; and a statewide communications campaign. The Governor has included language in [his budget](#) to support expected COVID-19 vaccine expenditures through June 2022.

Conclusions

The COVID-19 vaccination response is complex and will continue to evolve. VDH continues to update its planning on new information and expects continued adaptation as new vaccines are introduced and other considerations arise. VDH will continue to publish new information on its external [COVID-19 vaccine website](#) as it becomes available.