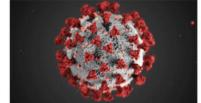
EARLY COVID-19 VACCINATION PROGRAM ACTION ITEMS FOR JURISDICTIONS

Use this checklist to assist in **early** planning for the COVID-19 vaccination program. Jurisdictions must be prepared to **immediately** vaccinate identified critical populations when the earliest COVID-19 vaccine doses are available and approved by the U.S. Food and Drug Administration (FDA). Jurisdictions should also begin planning for vaccination of the rest of the general population when COVID-19 vaccine supply allows.



DETERMINE ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

- ☐ Convene internal planning and coordination team(s) whose members represent a wide array of expertise.
 - Include representatives from immunization program, preparedness program, emergency
 management agency, health care coalition, media/public affairs, and crisis and emergency risk
 communications to develop plans and coordinate activities.
 - Assign roles and responsibilities based on areas of expertise.
- Establish COVID-19 vaccine implementation committee(s) of community members with expertise in care and access issues for critical populations to enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery.
 - Include representatives from key vaccination providers for groups identified by CDC as being at increased risk of severe COVID-19 and others likely to be prioritized for initial vaccination.
 - Include representatives from other sectors within the community, such as health systems, pharmacies, long-term care/assisted living facilities, business, education, corrections, religious, tribal, and racial and ethnic minority-serving organizations, etc.

| ID | ENTIFY GAPS IN PREPAREDNESS |
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| | Review and use current CDC-provided planning assumptions. |
| | Review experience and lessons learned from 2009 H1N1 pandemic vaccination campaign. |
| | Consider tabletop, functional, or full-scale exercises to test operational plans and capabilities for access to vaccine, communications, data reporting, and possible cold chain challenges. |
| | Determine baseline readiness and address any barriers to launching the COVID-19 vaccination program. |
| RI | EVIEW REQUIREMENTS AND ASSESS CAPACITY OF IMMUNIZATION |
| IN | FORMATION SYSTEM (IIS) OR OTHER REPORTING SYSTEM |
| | Determine baseline IIS capacity for a substantial increase in users, documenting vaccine administration, dose-level accountability, ordering, inventory management, and reporting CDC-defined core data elements. |
| | Facilitate onboarding to the Immunization Gateway (IZ Gateway) for both Connect and Share to use a national immunization data exchange solution for mass vaccine administration. |
| | Identify vaccination providers not currently reporting to the IIS for outreach and onboarding opportunities. |
| | Determine internal processes (e.g., Institutional Review Board [IRB] review, internal department reviews, etc.) needed to execute the signing of Data Use Agreements with CDC and/or other entities deemed critical by CDC. |
| | If the IIS does not meet all of CDC's technology and data requirements, develop a plan to use the |

| | Vaccine Administration Management System (VAMS), including necessary training of immunization program staff and providers. Identify opportunities to adopt 2D barcode scanning technology during vaccine inventory management and administration to improve data quality and minimize transcription errors during mass vaccination events. |
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| ID | ENTIFY CRITICAL POPULATIONS |
| | Identify and estimate sizes of critical populations, particularly those to receive first available doses of vaccine, and other populations that may require special consideration in each jurisdiction for distribution and expanded access: • Critical infrastructure/essential workers (e.g., health care, homeland and national security, public |
| | safety, education, food, and agriculture workers) |
| | People at increased risk for severe illness (e.g., persons ≥65 years of age, people with underlying medical conditions that are risk factors for severe COVID-19, long-term care/assisted living facility residents, people from tribal communities, and people from racial and ethnic minority populations) |
| | People living in group settings (e.g., people who are incarcerated/detained, experiencing homelessness or living in shelters, attending colleges/universities) |
| | People with limited access to vaccination services (e.g., rural communities, individuals with disabilities, under- or uninsured people) |
| | Describe and identify where these critical populations live, including places of employment for critical workforce. |
| PR | EPARE FOR EARLY COVID-19 VACCINE ADMINISTRATION |
| | Identify vaccination providers and settings for rapid vaccination of early populations of focus: likely healthcare and other essential workforce. Focus on arrangements that will allow for maximum throughput of persons to be vaccinated while maintaining social distancing and other infection control procedures. Consider collaborating with: • Large hospitals and health systems • Commercial partners (e.g., pharmacies) • Mobile vaccination providers |
| П | Occupational health for large employers Target these vaccination providers for immediate enrollment. |
| | Determine points of contact for each population group to be vaccinated and establish methods of |
| | communication and coordination. Secure locations for temporary clinics and develop logistical plans for each. |
| | |
| | AN FOR EXPANSION OF COVID-19 VACCINATION PROVIDER |
| | JTREACH AND ENROLLMENT After finalizing initial vaccination plans for healthcare and other critical workforce populations, |
| | determine vaccination provider types and settings to target for enrollment when vaccine supply increases to expand access to COVID-19 vaccination services. |
| | Identify all existing community vaccination providers and services to serve other critical populations as well as the general population. Consider: Healthcare provider offices and other outpatient settings Inpatient settings (e.g., hospitals, long-term care facilities) Pharmacies School-based health centers |
| | Workplaces and other occupational health settings Satellite, temporary, or off-site clinics |
| | Identify and document the locations of these vaccination providers and services. |

| | lop and implement a vaccination provider outreach and training plan, focusing first on | |
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| | nation providers and services likely to serve remaining critical populations. | |
| | mine each vaccination provider's vaccination capacity by reviewing patient panel size and ne administration data from the peak week of 2019–20 influenza vaccination. | |
| 8°C), | mine each vaccination provider's storage capacity by volume at routine refrigerated (2° to frozen (-20°C), and ultra-cold (-60° to -80°C) temperatures. Note: These temperatures are based formation available as of August 26, 2020. Updated information will be provided as it becomes able. | |
| serve | mine need for additional vaccination services, such as satellite, temporary, or off-site clinics, to critical populations, particularly those with limited access to vaccination services. Work with ers to implement vaccination in these settings. | |
| ☐ Ensur | e all providers participating in the COVID-19 vaccination program: | |
| · Col | | |
| | re capacity to store and handle COVID-19 vaccine according to manufacturer specifications. | |
| | ard enrolled COVID-19 vaccination providers to the jurisdiction's chosen system for (1) ne ordering and (2) vaccine administration documentation and reporting. | |
| | de training and related CDC resources to ensure providers understand: | |
| | VID-19 vaccine recommendations, when available | |
| | lering and receiving COVID-19 vaccine | |
| Vac | cine storage and handling, including transport requirements, specific to COVID-19 vaccine | |
| Vac | cine administration, including reconstitution, use of adjuvants, diluents, etc. | |
| vac | rumenting and reporting vaccine administration via the jurisdiction's IIS or other mass cination module | |
| | naging and reporting vaccine inventory (e.g., IIS, VAMS) | |
| | cumenting and reporting vaccine wastage/spoilage cedures for reporting to the Vaccine Adverse Event Reporting System (VAERS) | |
| • Pro | viding Emergency Use Authorization (EUA) fact sheets and/or vaccine information statements Ss) to vaccine recipients | |
| | ship-to site information for each enrolled provider into the Vaccine Tracking System (VTrckS). | |
| DETERMINE COVID-19 VACCINE ALLOCATIONS | | |
| ☐ Deter | mine allocation method to COVID-19 vaccination providers for identified critical populations in | |
| early | and limited supply scenarios. | |
| | allocation plans on: | |
| | risory Committee on Immunization Practices (ACIP) recommendations (when available) | |
| | mated number of doses allocated to jurisdiction and timing of availability cination provider site vaccine storage and handling capacity | |
| • vac | chation provider site vaccine storage and handling capacity | |
| DEVEL | OP COMMUNICATIONS PLAN | |
| | mine process for frequent communication with participating COVID-19 vaccination providers | |
| | vaccine recommendations, supply, ordering, reporting, etc. | |
| _ | ge with community leaders and vaccination providers of critical populations on supplementary allocations when vaccine supply is limited. | |
| | mine culturally and linguistically responsive communication approaches for critical | |
| | lations as well as the general public, based on CDC messaging. | |
| | re use of multiple methods and systems to provide second-dose reminders for vaccine | |
| recip | ients as warranted. | |
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