

COVID-19 VACCINATION PREPARATION TIPS FOR IMMUNIZATION PROGRAM MANAGERS

Stage 1

Focus on Relationships.

Governors, state health officials, medical society leaders, preparedness experts, and others may be making critical decisions. Not only do program managers need to be involved in those decisions, but they should be informing those decisions and ensuring their feasibility. Focusing on relationships with critical partners will be an essential step in helping to level-set and understand expectations and roles. Consider cultivating relationships with the state hospital association or directly with hospitals and large clinical practices, as the first wave of vaccine distribution is expected to focus on health care personnel. Working through your chain of command, consider asking them to advocate up the leadership chain for your engagement with COVID-19 response leaders, if you are not already engaged.

- ☐ Identify the key decision makers and their staff in your state, such as:
 - Preparedness Director
 - Medicaid Director
 - Governor's health staff
 - Public Information Officer
 - State Health Officer
- ☐ Determine the expectations that the key decision makers have and understand the assumptions they are making. For example, what kind of data or reports will they expect from you and how often?
- ☐ Identify additional key partners in your state.
- ☐ Determine which data elements are essential and should be collected.
- ☐ Consider offering to organize (or volunteering to participate in) an introductory vaccination conversation with decision makers or their designees.

It's important for program managers to be prepared to communicate basic information about your immunization program, as well as more detailed planning information for decision makers in your state.

At this point in time, there will be a lot of questions, but you don't need to have all the answers. Seek the most current information when you're asked a question and don't know the answer. Remember, the partnerships you're reaffirming/establishing now will be invaluable in the future.

Identify relevant guidance, policies, and procedures.

To help set expectations appropriately, it's important to determine the types of policies, decisions, and guidance that will be provided by CDC versus what will need to be decided at the awardee level. For example, CDC/ACIP may provide guidance prioritizing critical workforce for tier 1 vaccination and state leaders may or may not choose to prioritize within that larger group. Who determines your critical workforce and how will you prioritize who gets targeted for vaccine first?



Review your state's pandemic plan and CDC guidance.

- What are the roles of the emergency preparedness program and immunization staff?
- How will vaccine be distributed?
- How will vaccine be targeted—and to whom—when supply is limited? How are critical workforce and health care workers identified, quantified, and reached? Begin now to determine available data sources and collect information on anticipated groups to receive the vaccine. Determine all of your potential data sources for general demographics, such as occupation, age, and factors such as chronic health conditions. What kind of data will be needed in real time by state and federal leaders?
- What are the differences between your routine vaccine distribution and pandemic vaccine distribution, including traditional and nontraditional vaccinators? What steps are necessary to enroll new pandemic providers in the IIS and—when appropriate—in vaccine ordering modules?



Review the preparedness (PHEP) cooperative agreement requirements, as well as the IPOM.



Start mapping out key roles and responsibilities.




Begin to consider:

- What are the available vaccine products and administration protocols?
- Geographic distribution for allocation of small amounts of available vaccine.
- How to design and create protocols for safe and efficient vaccination processes in clinics and in mass vaccination settings that will not risk COVID-19 transmission but will allow for efficient vaccination and record-keeping.
- What are the local issues for public and private preparation for vaccine administration for both small groups and mass clinics, including social distancing during clinics and other state recommendations/regulations?
- What are the routine use and benefits of IIS? Will these be different during the pandemic vaccination response, including vaccine ordering, provider enrollment and reminder/recall strategies? Can you use the IIS at off-site clinics to improve efficiency?
- Plan for the logistics of administering a two-dose series. This raises the importance of documentation and reminder/recall procedures.
- Prepare for the possibilities of high or low demand for seasonal influenza vaccine.


ⓘ Remember that the COVID-19 vaccine will (at least initially) be a scarce resource and the decision about allocation of initial doses may be decided by the group that has done PPE allocation, or by another group at a higher level than the immunization program.

Be prepared that who received how many doses and when they received it will be highly scrutinized. It isn't a trivial matter to allocate 3,000 doses when there are 50,000 tier 1 individuals, as one example. Consider your decision criteria now.

Review the basics of current immunization infrastructure and be prepared to answer questions about it.





-  Know your basic immunization program functions.
 - What are the most current CDC recommendations?
 - What are the most current CDC expectations about vaccine availability (approximate number of doses anticipated at what intervals, if known)?
 - What is VFC and how does it work?
 - Why is it important to document vaccination in an IIS?
 - How is vaccine distributed?
 - What kind of data is routinely collected and how is it analyzed?
 - What accountability measures will be used to determine vaccine usage and inventory?

⚠ Decision makers have a strong desire to support immunization programs, but their level of understanding varies greatly. Tensions can be avoided by meeting early and regularly to establish mutual understanding and support.

-  Know your state emergency response structure.
 - What kind of incident command structure (ICS) is employed and when is it activated?
 - How are key decisions made and communicated?
 - How is the immunization program expected to fit within the ICS or communicate with ICS decision makers? As you approach the vaccine availability stage, it is likely that you and your staff will be required to focus solely on vaccine issues and will need to be in close proximity to confer, meet, and resolve issues as they arise. This should be clearly communicated to your leadership. Your program can be structured as its own ICS.

Stage 2



Define your program needs.

-  Assess your program's needs.
 - What are your critical shortcomings of your program's IIS? What are your program's critical personnel needs? Are there vacancies that need to be filled?
-  Assess your program's need for vaccinators. This may be best determined at the local level.
 - Are there enough vaccinators to provide access to vaccine in all geographic areas?
 - Do you need to relax regulations or laws or adjust licensing requirements to allow for more vaccinators?
-  Determine who is responsible for making these types of decisions and who governs decisions made about certifying vaccinators.
 - Is it the State Pharmacy Board, the State Medical Board, the State Nursing Board?
 - Do you or local public health leaders need to enhance training and education to support new vaccinators?
-  Establish a plan to fill gaps identified in your assessment of program needs.

⚠ Communication begins in your program so it is important that staff are well informed. Ensure your leadership is updated as changes and issues arise. If key decision makers and partners aren't aware of your plan, they won't follow it.

Establish communication methods.

It's important to remember that, "it doesn't matter how good your plan is if you can't communicate it," so start now to think about how you will communicate your plan. Start to build rapport now with key personnel and partners.

-  Build a communication "database" of providers and partners.
 - Establish a listserv or email list of providers and partners and send regular communications through it. Incorporate online ways for interested providers or partners to sign themselves up for your listserv in order to reduce staff workload.
 - Place calls to providers and partners.
 - Determine other methods of communication your program can use. For selected critical partners, ensure you have personal contact information for use on weekends or during emergencies.
-  Establish internal communication policies and standards within your immunization program.
 - Internal management should formally meet daily, preferably in the early morning to review events from the previous day and issues to resolve today. Assign individuals to needed duties.
 - Ensure that internal management is knowledgeable enough to step in for you in the event of an emergency or absence for any reason.
 - Ensure that all staff receive regular updates.

Looking Ahead

Start thinking about:

- How you will enlist/enroll providers to give COVID-19 vaccine? Will you use the IIS? Or will you have a separate provider enrollment/management system?
- What kinds of requirements will you have for providers? Look at the previous H1N1 provider agreement as a starting point. Depending upon CDC requirements, it may be necessary to require enrollment/use of IIS for doses reported. Consider how you would prepare and support potential vaccine providers to use your IIS, whether recommended or required. If it is not feasible to prepare all providers to use the IIS, what other method will you use to determine accountability for doses administered and establish reminder recall protocols. If you do not already require provider reporting but plan to do so for pandemic vaccine, consider whether changes are needed to your regulations.
- What and how you will evaluate successes and lessons learned.

❗ Remember, AIM is a safe space for you to listen, share, and seek support from your peers. We are able to connect you to people who have experience through H1N1 and other needed topics, and we will advocate on behalf of you and your needs.