NC DHHS COVID-19 Vaccination Briefing

December 9, 2020
COVID-19 Prevention: Key Messages for December

Review & Share the Winter Holidays Guidance

- Avoid holiday travel and gatherings with those you don’t live with
- If you must travel or gather: Get tested ahead of time, wear a mask all the time, and keep it small and outdoors

Review & Share Vaccines Talking points

- A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first.
- The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases throughout 2021.
- More information at https://covid19.ncdhhs.gov/vaccines
Agenda

- Status of Vaccine Development
- NC Vaccine Response Principles
- Priority Groups
- Overview of Plan
- Provider Enrollment
- Communications
- Questions
The COVID-19 Vaccine Development Process

Developing, Manufacturing and Distributing a COVID-19 Vaccine

Multiple COVID-19 vaccines are being developed. Thousands of people have volunteered as part of research trials to see if a vaccine prevents COVID illness and to learn more about its safety in these overlapping steps. Promising vaccines are being manufactured at the same time they are being tested, so there will be an initial supply ready to go right away when the science shows which vaccines are found to be safe and effective. Once we have a vaccine or vaccines, it will still be some time before it is widely available to everyone. States will receive limited supplies at the start. North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine distribution plan.

PHASE 1 & 2: Safety & Dosing
10s-100s of healthy volunteers
- Are there any side effects? How many volunteers experience side effects?
- What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

PHASE 2 & 3: Safety & Efficacy
>30,000 of volunteers
- Does the vaccine prevent COVID-19 infection?
- What are the most common side effects?
- Do the benefits of the vaccine outweigh the risks?

Approval & Distribution
- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
- Vaccine is labeled for use, benefits, side effects

Manufacturing Preparation: Manufacturing development, scaling up, quality control testing

Large-Scale Manufacturing: Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities. FDA and CDC continually monitor vaccinated patients for safety.

Availability: Limited availability in the beginning. More widely available over time.

https://files.nc.gov/covid/documents/Vaccine-Timeline.pdf
### Two Leading COVID-19 Vaccine Candidates

<table>
<thead>
<tr>
<th></th>
<th>Pfizer Vaccine</th>
<th>Moderna Vaccine</th>
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</table>
| **Preliminary Efficacy Data** | • Nov 18 Press Release data analysis reported 95% effectiveness in preventing illness.  
|                        | • 162/170 cases were in placebo group                                          | • November 30 Press Release data analysis 94.1% effectiveness in preventing illness.  
|                        | • 9/10 severe cases were in placebo group                                     | • 185/196 cases were in placebo group                                         |
|                        | • Phase 3 trial included over 43,000 participants, 42% with diverse backgrounds. | • 30/30 severe cases were in placebo group                                   |
| **Timing of EUA**      | • Applied for EUA 11/20/20                                                     | • Applied for EUA 11/30                                                       |
|                        | • FDA Review Dec 8-10                                                          | • FDA Review Dec 17th                                                         |
| **Temperature and Storage** | • Requires ultra-cold storage (-75 degrees Celsius).                         | • Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine). |
|                        | • Lasts up to 5 days at refrigerated temperatures.                           | • Lasts up to 30 days at refrigerated temperatures.                          |
| **Dosing**             | • 2-dose schedule; 21 days apart                                               | • 2-dose schedule                                                             |
|                        | • Protection after 10 days of 1st dose, 52% after first dose                   | • Administered 28 days apart                                                  |
| **Type of Vaccine**    | • Both vaccines use mRNA technology from the coronavirus’s own genes to have people's cells make viral proteins to trigger immune system to produce antibodies against the COVID virus. mRNA vaccines can be made faster than older vaccines and require frozen storage to remain stable. |
| **Safety**             | • No reports of serious safety concerns in either vaccine in either the clinical trials. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination |
Updates on Remaining Operation Warp Speed Candidates

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<tr>
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<tbody>
<tr>
<td>Type</td>
<td>Non-replicating viral vector</td>
<td>Non-replicating viral vector</td>
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<tr>
<td></td>
<td>Protein Subunit</td>
<td>Protein Subunit</td>
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<tr>
<td>Phase</td>
<td>Phase II/III</td>
<td>Phase III</td>
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<td></td>
<td>Phase I/II</td>
<td>Phase II/III</td>
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<tr>
<td>Doses Required</td>
<td>Doses: 2 (testing half-dose: full-dose regimen v. two full doses)</td>
<td>Doses: 1 or 2 (testing both)</td>
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<tr>
<td>Transport Temp</td>
<td>36°F - 46°F</td>
<td>36°F - 46°F</td>
</tr>
<tr>
<td>Storage Temp</td>
<td>36°F - 46°F</td>
<td>36°F - 46°F</td>
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<tr>
<td>Target Supply</td>
<td>3B</td>
<td>1B in 2021</td>
</tr>
<tr>
<td>At Risk US Government Purchase</td>
<td>400M</td>
<td>100M</td>
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</table>
Provider agreement language updated to reflect that the vaccine must be provided at no cost to recipient; Vaccine cost covered by federal government; administrative costs covered by Medicare, Medicaid, and commercial insurance; HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals.

**Medicaid**
- As long as a state is claiming enhanced Medicaid match as part of the Public Health Emergency, the state must cover, without cost sharing, “any testing services and treatments for COVID-19, including vaccines;” this extends to vaccines authorized via EUA.

**Medicare**
- The CARES Act mandated that Medicare Part B cover a COVID-19 vaccine without any cost sharing in cases where “such vaccine is licensed under section 351 of the Public Health Service Act”; a vaccine authorized by an EUA would not meet this standard.
- To address this gap, CMS announced a new rule on October 28th guaranteeing Medicare coverage for a vaccine approved via EUA; this guarantee applies to beneficiaries enrolled in both traditional Medicare and Medicare Advantage.

**Uninsured**
- HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals, once a COVID-19 vaccine receives either an EUA or full licensure from the FDA. Provider Relief Fund (https://www.hrsa.gov/CovidUninsuredClaim)
- Consistent with HRSA’s prior guidance regarding treatment services, an individual with public or private health coverage will be deemed “uninsured” for purposes of the HRSA Program if the individual has a form of health coverage that excludes vaccines (e.g., individuals enrolled in a limited Medicaid family planning program).

**Commercial**
- Current law and regulations require vaccines recommended by ACIP to be covered as an Essential Health Benefit without cost sharing.
NC COVID-19 Vaccination Plan: Vision of Success

GOAL
Immunize every person living in North Carolina who is eligible and wants to receive a COVID-19 vaccine

GUIDING PRINCIPLES

- All North Carolinians have equitable access to vaccines
- Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations
- Transparent, accurate, and frequent public communications is essential to building trust
- Data is used to promote equity, track progress and guide decision-making
- Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation
Advisors

- **COVID-19 Vaccine Advisory Committee**
  - **Purpose**: Provide updates from industry and stakeholders to ensure alignment
  - Group of >60 stakeholders

- **Historically Marginalized Populations Advisory Group**
  - **Purpose**: Identify and address issues related to HMP in the COVID pandemic response
  - Vaccine team presents regularly to HMP Advisory Group for input and partnership opportunities
  - Group of >80 internal and external stakeholders

- **COVID-19 Vaccine Communications Advisory Group**
  - **Purpose**: Enhance the development of North Carolina’s COVID-19 Vaccine Communications Plan and to serve as dissemination partners to extend the reach of the communications efforts, especially to prioritized, critical, and historically marginalized populations
**COVID-19 Vaccinations: Those most at risk get it first.**

A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. Independent state and federal public health advisory committees have determined that the best way to fight COVID-19 is to start first with vaccinations for those most at risk, reaching more people as the vaccine supply increases from January to June. Keep practicing the 3W’s—wear a mask, wait six feet apart, wash your hands—until everyone has a chance to vaccinate.

<table>
<thead>
<tr>
<th>Health care workers fighting COVID-19 &amp; Long-Term Care</th>
<th>Adults at highest risk of severe illness and those at highest risk for exposure</th>
<th>Adults at high risk for exposure and at increased risk of severe illness</th>
<th>Students and critical industry workers</th>
<th>Everyone who wants a safe and effective COVID-19 vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>1b</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Every health care worker at high risk for exposure to COVID-19—doctors, nurses, and all who interact and care for patients with COVID-19, including those who clean areas used by patients, and those giving vaccines to these workers.

Long-Term Care staff and residents—people in skilled nursing facilities and in adult, family and group homes.

Adults with two or more chronic conditions that put them at risk of severe illness as defined by the CDC, including conditions like cancer, COPD, serious heart conditions, sickle cell disease and Type 2 diabetes, among others.

Adults at high risk of exposure including essential frontline workers (police, food processing, teachers), health care workers, and those living in prisons, homeless shelters, migrant and fishery housing with 2+ chronic conditions.

Those working in prisons, jails and homeless shelters (no chronic conditions requirement).

Essential frontline workers, health care workers, and those living in prisons, homeless shelters or migrant and fishery housing.

Adults 65+

Adults under 65 with one chronic condition that puts them at risk of severe illness as defined by the CDC.

College and university students.

K-12 students when there is an approved vaccine for children.

Those employed in jobs that are critical to society and at lower risk of exposure.

DECEMBER 8, 2020
VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined by input by North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance.

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1a:</strong></td>
<td><strong>Phase 2</strong></td>
<td><strong>Phase 3</strong></td>
<td><strong>Phase 4</strong></td>
</tr>
<tr>
<td><strong>Health care workers at high risk</strong> for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response</td>
<td><strong>Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions</strong></td>
<td><strong>Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or Phase 2</strong></td>
<td><strong>Remaining population</strong></td>
</tr>
<tr>
<td>o High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics.</td>
<td><strong>Incarcerated individuals without 2+ Chronic Conditions</strong></td>
<td><strong>K-12 students (if data from clinical trials), college students</strong></td>
<td></td>
</tr>
<tr>
<td>o Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers, health care trainees (e.g., medical students, pharmacy students, nursing students, etc.), morticians/financial home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of “high risk of exposure.”</td>
<td><strong>Homeless shelter residents without 2+ Chronic Conditions</strong></td>
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<tr>
<td><strong>Long Term Care staff and Residents</strong> (e.g., Skilled Nursing Facilities, adult care homes, family care homes, and group homes; individuals with intellectual and developmental disabilities who receive home and community-based services and the workers directly providing those services)</td>
<td><strong>Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions</strong></td>
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<tr>
<td><strong>Phase 1b:</strong></td>
<td></td>
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<tr>
<td><strong>Adults with high risk of complications</strong> per CDC and staff of congregate living settings</td>
<td><strong>All other Health Care Workers not included in Phase 1A or 1B</strong></td>
<td><strong>K-12 students (if data from clinical trials), college students</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Operationally prioritize settings based on risk of exposure</strong></td>
<td></td>
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<tr>
<td><strong>Migrant farm and fisheries workers</strong> in congregate housing with 2+ Chronic Conditions* or &gt; age 65</td>
<td><strong>Other adults age 18-64 with one chronic condition</strong>*</td>
<td></td>
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<tr>
<td><strong>Incarcerated individuals</strong> with 2+ Chronic Conditions* or &gt; age 65 and jail and prison staff</td>
<td><strong>65+ year olds with one or no chronic conditions</strong>*</td>
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<tr>
<td><strong>Homeless shelter residents</strong> with 2+ Chronic Conditions* &gt; 65 and homeless shelter staff</td>
<td></td>
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<tr>
<td><strong>Health care workers</strong> not included in Phase 1A with 2+ Chronic Conditions</td>
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</tr>
<tr>
<td><strong>Frontline workers</strong> with 2+ Chronic Conditions at high risk of exposure (e.g., firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), education staff (e.g., child care, K-12 or IHE) and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)</td>
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<tr>
<td><strong>Other Adults</strong> with 2+ Chronic Conditions*:</td>
<td><strong>Other adults age 18-64 with one chronic condition</strong>*</td>
<td><strong>Remaining population</strong></td>
<td></td>
</tr>
</tbody>
</table>
## NC COVID-19 Vaccine Operational Plan: Overview

<table>
<thead>
<tr>
<th>Planning</th>
<th>Implementation</th>
<th>Adjustment</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before vaccine is available</td>
<td>Begins when first vaccine doses are allocated to states</td>
<td>Large number of vaccine doses available</td>
<td>Sufficient supply of vaccine doses for entire population</td>
</tr>
<tr>
<td><strong>Populations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Establish priority groups</td>
<td>• Phase 1 populations</td>
<td>• Continue to move through phased populations as vaccine supply allows</td>
<td>• Offer vaccination to all populations through Phases 3 and 4</td>
</tr>
<tr>
<td><strong>Vaccination Channels</strong></td>
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<tr>
<td>• N/A</td>
<td>• Through local health departments and on-site vaccination clinics (in closed settings)</td>
<td>• Require more points of access, mass vaccination clinics, and broad vaccination sites</td>
<td>• Vaccination in established channels</td>
</tr>
<tr>
<td>• Identify/enroll providers</td>
<td>• Continue to enroll providers</td>
<td>• Transition to provider ordering vaccines based on need for population and local demand</td>
<td>• Fewer mass, mobile, or community-based clinics</td>
</tr>
<tr>
<td>• Expect CDC centralized distribution to providers</td>
<td>• Allocations to state, allotted to enrolled providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment/Ordering/Allotment</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• None shipped</td>
<td>• Shipment in increments of 1,000 for some</td>
<td>• Shipment minimum of 100 for most vaccines</td>
<td>• Move to high supply/lower demand</td>
</tr>
<tr>
<td>• Expect vaccine and ancillary supplies procured and distributed by fed gov’t</td>
<td>• May require ultra-cold storage &amp; 2-dose series</td>
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</tr>
<tr>
<td><strong>Shipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Confirm capability for required functionality, data collection, and reporting</td>
<td>• Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements</td>
<td>• Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements</td>
<td>• Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements</td>
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<tr>
<td><strong>Data</strong></td>
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Vaccine Journey

1. CDC/ Operation Warp Speed (OWS) provide prorata vaccine allotment to the state.

2. CDC/ OWS places orders with manufacturer/distributor for vaccines and ancillary kits/supplies.

3. NC DHHS transmits orders to CDC/ OWS.

4. Upon receipt, providers store the COVID-19 vaccines in accordance with storage requirements.

5. Vaccines are transported by the manufacturer and/or McKesson to enrolled sites as indicated by the orders. McKesson distributes ancillary kits/supplies.

6. Provider administers the first vaccine dose and logs administration in CVMS. Appointments for second doses should be scheduled.

7. Providers will organize vaccination clinics. Patients can register on CVMS (COVID-19 Vaccine Management System) and schedule an appointment or schedule with their provider to receive COVID-19 vaccine.

8. Provider administers the second vaccine dose and logs administration in CVMS. Continues adverse event monitoring.

9. Provider monitors and reports adverse events using V-SAFE or VAERS in accordance with Emergency Use Authorization (EUA).

10. Patient receives a second dose reminder and schedules appointment if not already set up.

11. State divides allocation of COVID-19 vaccines across providers based on prioritization, populations served, geography.

Federal Responsibility
State Responsibility
Provider Level
### Vaccine: Provider enrollment

**Vaccine:**

**Provider enrollment strategy** is based upon **the prioritization strategy**

#### AS OF 12/1/2020

<table>
<thead>
<tr>
<th>Enrollment Complete</th>
<th>Currently Enrolling</th>
<th>Next to Enroll</th>
<th>Coming Soon</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Hospital Icon]</td>
<td>![Pharmacy Icon]</td>
<td>![Heart Icon]</td>
<td>![People Icon]</td>
</tr>
<tr>
<td><strong>Phase 1A providers:</strong> Hospitals and Local Health Departments (LHDs)</td>
<td><strong>Phase 1B providers:</strong> FQHC’s, Rural Health Centers and Free and Charitable Clinics</td>
<td><strong>Continue Phase 1B providers</strong> such as corrections facilities, occupational health, providers serving congregate living settings, etc.</td>
<td>Remaining provider enrollment is expected to begin in mid-late December (e.g. primary care, urgent care)</td>
</tr>
<tr>
<td>115 Hospitals (100%)</td>
<td>130 FQHC / RHC / Free &amp; Charitable Clinics (32%)</td>
<td></td>
<td>Federal enrollment of more pharmacies</td>
</tr>
<tr>
<td>![Hospital Icon]</td>
<td>![Pharmacy Icon]</td>
<td>![Heart Icon]</td>
<td>![People Icon]</td>
</tr>
<tr>
<td><strong>PROVIDER ENROLLMENT DASHBOARD</strong></td>
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<tr>
<td>100 LHDs (100%)</td>
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NC’s provider enrollment strategy is based upon **the prioritization strategy**
The federal government – in coordination with the CDC – has created the Pharmacy Partnership for Long-term Care (LTC) Program in partnership with CVS and Walgreens to vaccinate those in LTC settings.

Program Details

As part of this program, pharmacies will:

- Schedule and coordinate clinic dates with each facility
- Order vaccines and associated supplies
- Ensure cold chain management for vaccine
- Provide on-site administration of vaccine including patient information and consents as needed
- Report required vaccination data to local, state/territorial, and federal jurisdictions within 72 hours of administration

Allocation will come from state allocation starting with NC’s week 2 allocation.
Vaccine: First allocations

**Week of Dec 13-19**

85,800 doses
(88 increments of 975)

Initial shipment will go to **53 hospitals:**
11 early ship sites – Ultra-cold storage
42 others distributed according to **bed capacity, health care workers, and county population**

Future allocations will factor in **administration data and on-hand inventory**

**Pfizer**

**Week of Dec 20-26**

Doses TBD

175,900 doses
(increments of 100)

**Moderna** shipments will focus initially on **Long Term Care** and then **health departments and community providers**

**Pfizer** shipments will focus on more **hospitals & health systems**

**Hospitals**

**Long Term Care / Local Health Departments**
# Vaccine: COVID-19 Vaccine Management System (CVMS)

**CVMS Provider Enrollment Soft Launch** invitation to:
- Goshen Community Health
- Carolina Family Health Centers
- Rural Health Group
- Realo Discount Drugs
- Oak Street Health

**CVMS Priority Access Preview** attended by 120+ participants

**CVMS MVP Soft Launch** for subset of Phase 1a providers

**CVMS MVP Go-Live** and available to Phase 1a and Phase 1b providers

**CVMS MVP R2 Go-Live** Additional features released

**CVMS MVP R3+ Go-Live** Future features and enhancements available within CVMS

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### What is CVMS?

CVMS is a secure, cloud-based **vaccine management solution** for COVID-19 that enables vaccine management and data sharing across providers, hospitals, agencies, and local, state, and federal governments on one common platform.

When the CVMS is launched on 12/10, providers will be able to:
- **Enroll** in the COVID-19 Vaccine Program
- **Employees** can register for vaccination
- **Manage** vaccine inventory
- **Track** vaccine administration data

### Who will use CVMS?

- State officials will enroll providers and verify provider eligibility along with verifying site readiness
- Providers will verify patient eligibility, log dosage administration, and track frequency and timing of additional dosages
- Training for Phase 1 providers started week of 11/30
- CVMS will be available to select providers for a **soft launch on 12/8** and the remaining providers will have access to the system on 12/10

### Who won’t use CVMS?

- **Pharmacies**, such as CVS and Walgreens, will *not use CVMS* to administer and manage vaccines
- Pharmacies will use their current systems
- Building capability to ingest vaccine data files from pharmacies into CVMS
COVID Vaccine Communications: North Carolina’s Commitment

Provide early, transparent, consistent, and frequent communications so that North Carolinians:

- **Trust the information** that they receive from NC DHHS and local health departments about COVID-19 vaccinations
- **Understand the benefits and risks** of COVID-19 vaccinations
- **Make informed decisions** about COVID-19 vaccinations
- **Know how and where** to get a COVID-19 vaccination
Communications Strategy Informed by Research

One in three North Carolinians say they will definitely get a COVID-19 vaccine once approved by the FDA and offered for free. Another one in four say they will probably get the vaccine.

Less likely to say they will get vaccine
- Blacks/African Americans
- Females
- High school or some college only
- Lower income groups
- Under age 35

More likely to say they will get vaccine
- Hispanic, Latinx
- Asians
- White Non-Hispanics
- Males
- College or higher educated
- Higher income residents
- Ages 65 and older

Most common reasons for vaccine avoidance:
- Concerned about side-effects
- Feel it hasn’t been tested enough
- Don’t want to be first to take the vaccine
Great care has been taken to make sure COVID-19 vaccines are safe and effective.

- **Scientists had a head start.** Although the vaccines were developed quickly, they were built upon years of work in developing vaccines for similar viruses. Development time was cut without cutting corners.
- **Testing was thorough and successful.** More than 70,000 people participated in clinical trials for two leading vaccines to see if they are safe and effective. To date, the vaccines are nearly 95% effective in preventing COVID-19 with no safety concerns.

A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases throughout 2021.

North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine plan.

Communication Tools - [https://covid19.ncdhhs.gov/vaccines](https://covid19.ncdhhs.gov/vaccines)
COVID-19 Communication Tools

Developing, Manufacturing and Distributing a COVID-19 Vaccine

Multiple COVID-19 vaccines are being developed. Thousands of people have volunteered in part of research trials to test if a vaccine prevents COVID-19 and to learn more about its safety and its efficacy. Promising vaccines are being manufactured at the same time that they are being tested, so there will be an initial supply ready to go just as soon as the science shows which vaccines are safe and effective. Once the vaccine is ready, a local health department will be in touch with you to let you know when and where you can read about the vaccine.

https://covid19.ncdhhs.gov/vaccines
Questions?