TEXAS
Health and Human Services

Texas Department of State Health Services

COVID-19 Vaccine Distribution Plan

October 9, 2020

DISCLAIMER

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

October 9, 2020

Operation Warp Speed

Manufacturer	Platform	Dose	Timing	Storage/Handling
Moderna[1]	mRNA	2	0, 28 days	Frozen ~ 7 days refrigerated
Oxford/AstraZeneca[1*]	Non-replicating Viral Vector	2	4 weeks apart	Refrigerated
Janssen/Johnson & Johnson[1]	Non-replicating Viral Vector	1	N/A	Frozen ~ 3 months refrigerated
Novavax	Recombinant Protein Subunit	2	0, 21 days	Refrigerated
Pfizer/BioNTech[1]	mRNA	2	0, 22 days	Ultra Cold Frozen ~ 24 hours refrigerated
Sanofi/GSK	Recombinant Protein Subunit	2	0, 21 days[2]	Refrigerated

1. Phase 3 1*: On hold in the US, resumed in UK//Brazil 2. Phase 1/2: Final dose/interval still in development

Evolving Landscape for COVID-19 Vaccine

Key Assumptions for COVID-19 Vaccine

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 Vaccine

Critical infrastructure/ Essential workers	People living in group settings	People at high risk for severe illness or COVID-19 impact	People with limited access to vaccination services
• Healthcare workers (ex: frontline or inpatient hospital, long-term care or direct care to people at high risk, EMS, pharmacy, public health) • Critical Infrastructure (ex: public safety, fire, education, food and agriculture)	• People who are incarcerated or detained • Multigenerational households • State-supported living centers or state hospitals • People experiencing homelessness or living in shelters • Colleges and universities	• Nursing home, long-term care residents • ≥65 years old • High-risk medical conditions • People who are disproportionately affected because of race, ethnicity or tribal affiliation	• Rural or medically underserved communities • People with disabilities that make it difficult for them to access healthcare • Adults who are uninsured or under-insured

Recommendations for prioritization of these populations for early vaccination are still in development.

Estimated Number of Adults by Population and Public Health Region (PHR)

Region	Long-term Care (LTC) Residents	Active EMS	Hospital Employees	All non-EMS healthcare [a]	Adults 65+	High-Risk Medical Condition [b]
1	10,886	2,775	14,295	24,385	134,264	290,135
2/3	76,808	18,421	94,642	188,431	1,103,089	2,671,602
4/5N	22,459	4,125	17,984	42,154	295,987	592,868
6/5S	48,385	16,509	99,088	163,834	949,259	2,476,882
7	31,175	9,156	32,195	74,212	462,672	1,067,255
8	31,023	6,969	31,483	72,365	450,704	1,058,860
9/10	14,301	3,381	16,771	30,443	211,456	513,205
11	35,316	4,697	20,824	42,700	304,597	828,231
Total	270,353	66,033	327,282	638,524	3,912,028	9,499,038

[a] Includes advanced practice registered nurses, certified nurse aides, direct patient care physicians, licensed vocational nurses, medication aides, nurse practitioners, physician assistants, primary care physicians, pharmacists, respiratory care practitioners, and registered nurses

[b] Includes obesity, heart disease, chronic obstructive pulmonary disease (COPD), diabetes, and chronic kidney disease

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

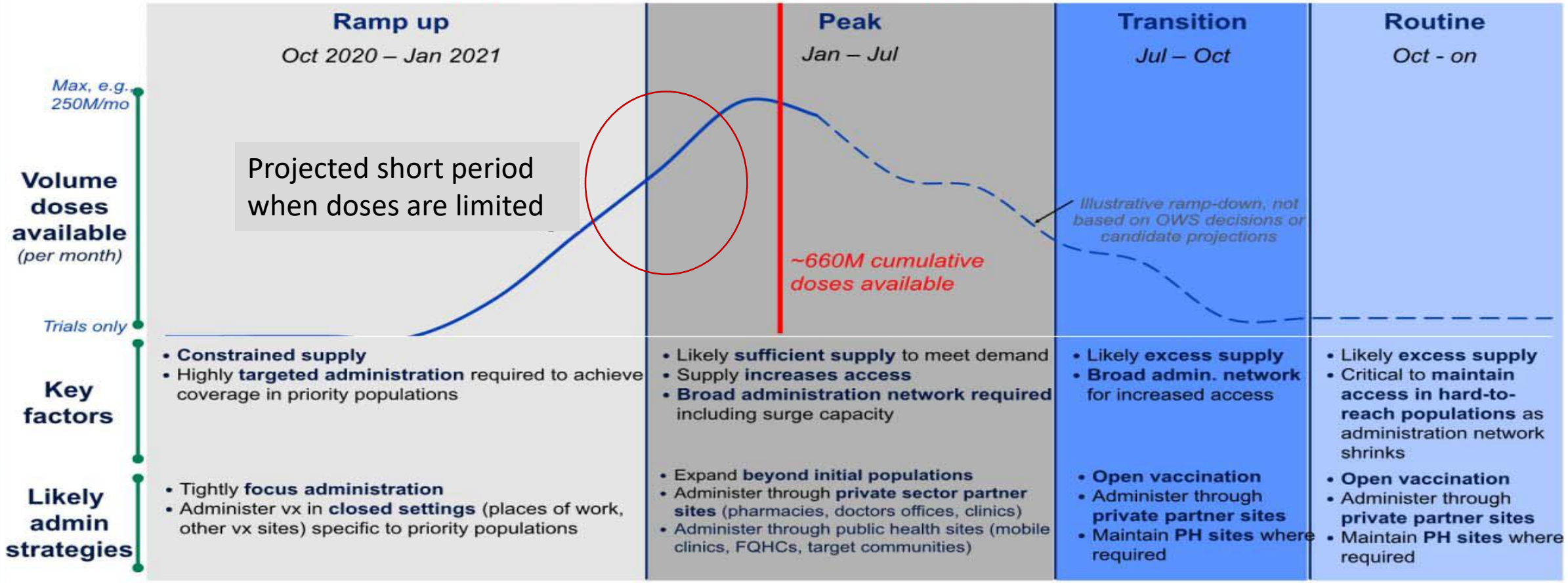
- Health and Safety Code Sec. 161.00705
  - Recording Administration of Immunization and Medication for Disasters and Emergencies, any antiviral medication distributed by the state in response to a declared disaster or public health emergency must be entered into the Texas Immunization Registry, known 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.
  - https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=100&rl=7

Original CDC Phases and Timelines

Illustrative scenario for planning purposes; will be adapted based on the clinical / manufacturing information on all OWS candidates and vaccine prioritization

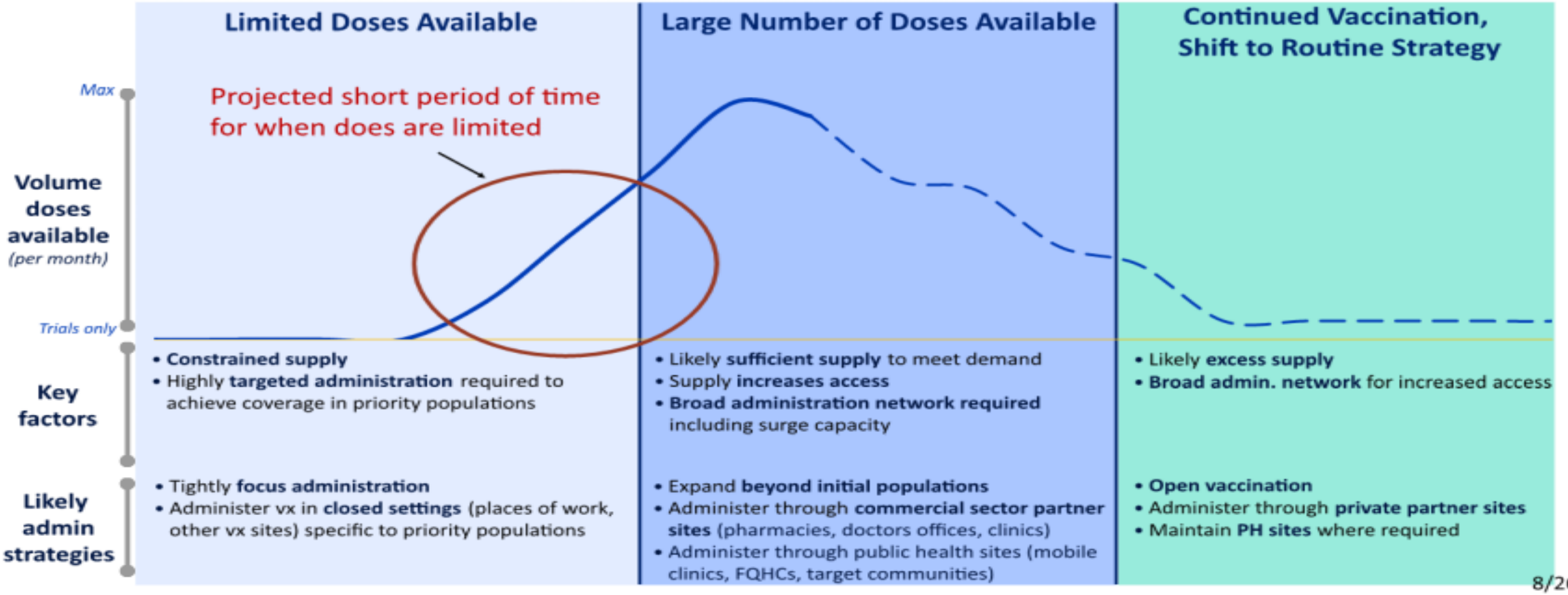
Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)



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



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Phased Approach to Vaccination
(Specific dates are subject to change)

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

- ***Phase 1 (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.

EnrollTexasIZ.dshs.texas.gov

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 and list the healthcare providers at that location that would be responsible for vaccination.
- 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.

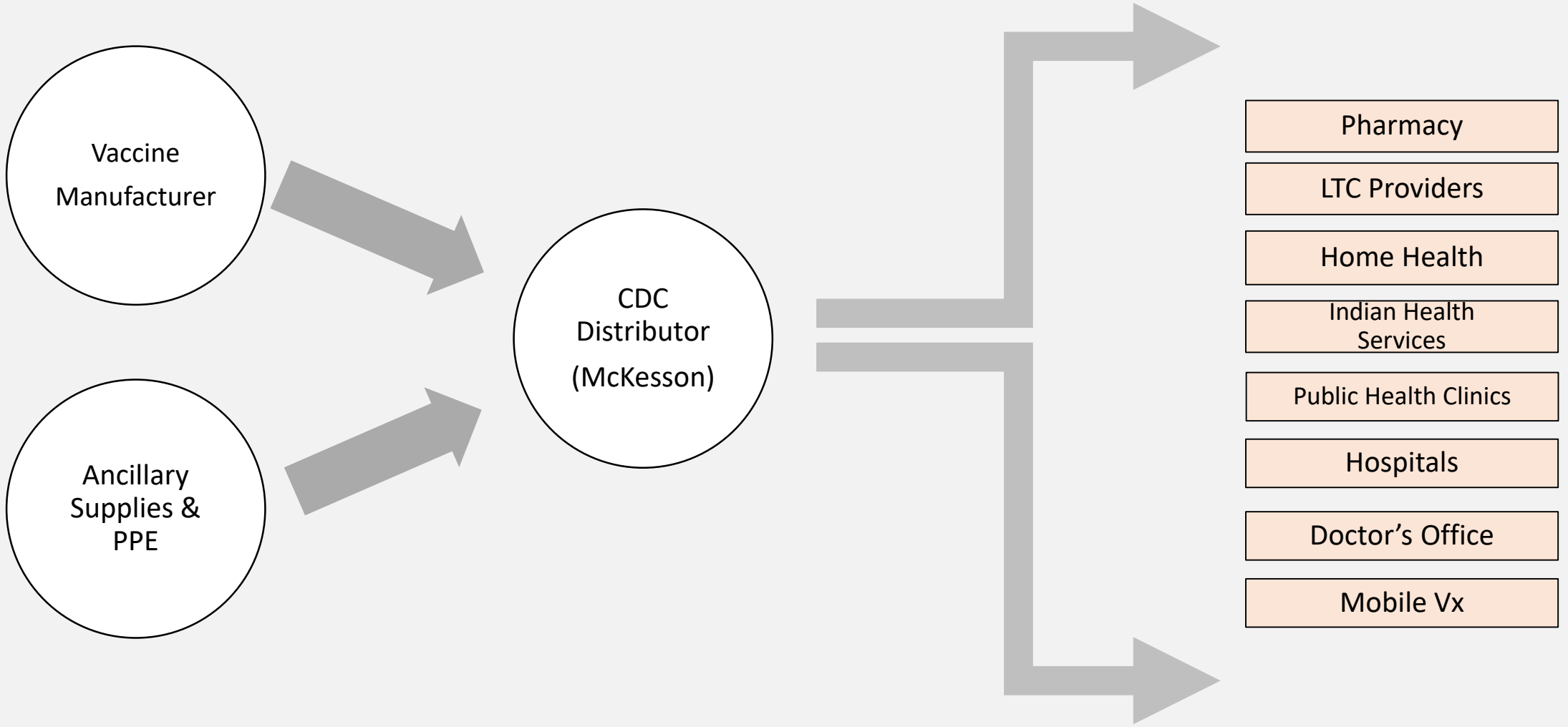
Questions/Assistance

- 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.

Vaccine Ordering Systems

- (Decision point mid-October) Will determine which vaccine ordering system will be in use for Phase 1.
  - Federal: Vaccine Administration Management System (VAMS)
  - State: Vaccine Allocation and Ordering System (VAOS)

Supply Chain/Distribution Methodology



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

More Information

Website for Providers:
www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx

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Email: COVID19VacEnroll@dshs.texas.gov.

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

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

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