

Objectives for the work group - Overall

- Accelerate state, local readiness for a large-scale COVID-19 vaccination campaign
- Better inform understanding of jurisdiction plans and technical assistance needs
- Provide technical assistance to jurisdictions on their COVID-19 vaccine planning process
- Build on expanded influenza vaccination campaign planning work

Overview of today's meeting 9.23.2020 - Intent of the meeting to provide you with information that we have been working on. If time, there will be opportunity for questions at the end. There will be a follow up survey as well to provide your feedback.

- As we go through each section please consider the following questions to help guide IDPH planning process:
 - What local jurisdiction/provider needs are accounted for, what is missing?
 - What insights occurred to you while listening to this information? Anything new IDPH should consider?
 - What actions will you take or did you take after hearing this information? What needs do you have from IDPH to assist with that?
 - What other questions did this information raise for you?
- A survey with these questions will be coming to you after the meeting to allow everyone to provide feedback as we may not have time in this short hour and a half.
- We will continue to meet with you all moving forward. If needed we will expand this group.
- [CDC playbook](#) is out on the website and will help inform planning efforts.

IDPH Operations Leadership and Coordination

- **Implementation Planning-**
 - **Administration-Rebecca Curtiss**
 - Established goals, objectives, and tasks immediately. 5 goals were put together with objectives under each. Task list was developed using a GANTT chart.
 - Internal planning started August 17th - meeting daily. Immunization and TB bureau has been monitoring vaccine information for several months.
 - Association members please encourage members to begin making connections with LPH officials in the county for local planning efforts.
 - **Operations-Immunization Bureau-Don Callaghan**
 - Limited vaccine availability phase
 - Have started phase 1 planning using CDC playbook. Located on the IDPH webpage under COVID, vaccine tab.
 - Priority populations for phase 1 are being considered and IDPH has started gathering data on what we have in Iowa by county. We will follow federal guidelines unless there is a special targeted population that needs vaccine.
 - Critical workforce, LTC residents (all depends on who vaccine testing comes out though).
 - EUA or FDA approval is still needed before we can implement phase 1- we are still not sure on final details for when it comes to market.
 - This vaccine will be a 2 dose series - brands cannot be interchanged (21-28 days to get the second dose; reminder recall will be VERY IMPORTANT).
 - Doses need to be captured in IRIS within in 24 hours.
 - Allocation - IDPH will get allocation from CDC based on vaccine availability and our priority groups. IDPH will then assign allocations to counties using data and recommendations from state medical director.
 - LPH must submit COVID provider agreement to receive an allocation of vaccine. Ultimately LPH will be allocating at a county level.
 - Vaccine delivery will be sent directly to end user by federal government.

- Ancillary supplies will be provided with the shipment. However, PPE is limited.
- Wide scale vaccine availability phase
 - Limited at first, but will probably change rapidly. We will need a variety and many providers at a local level to ensure all populations are reached.
 - Enrollment into IRIS does not guarantee vaccine will be received. Enrollment does not require a provider to participate in COVID vaccinations.
- Enrollment of providers/pharmacies to administer COVID vaccine
 - Redcap survey will be coming out and needs to be shared to ensure vaccine gets to all populations.
 - Twice a week we have to submit data to CDC to show how many providers we have registered to receive and administer COVID vaccine.
- Vaccine Provider Agreements will be included with the redcap survey
- Call Center
 - Call center has been established for healthcare and LPH using the VFC 800 number for COVID vaccine calls.
 - The public should still call 211 for vaccine questions.
 - COVID19vaccine@idph.iowa.gov has also been set up.
- Vaccine Storage and Handling – Plan for unique requirements for ultra-cold (-60 to -80 degrees Celsius) storage and a vaccine that requires freezing at -20 Celsius. Limited storage timelines once refrigerated.
 - Additional vaccine will likely be coming to market that will be more consistent with what we are used to for storage requirements.
- Standing Order for the vaccine will be coming when the vaccine is ready. Need clinical trial information before we can get that out.
 - Will include vaccine admin, and priority populations in the standing order.
- IRIS Instructions - IRIS will be used for documentation of the vaccine.
 - IRIS can do reminder recall.
- **Preparedness and Response Bureau/Resources-Rebecca Curtiss**
 - LPH agencies are important because they have experience through exercises and plans for mass vaccination and pandemics.
 - Open and closed POD (points of distribution) planning
 - POD planning worksheet sent to LPH earlier in September to start planning.
 - In phase 1 we need to plan for closed point distribution - model provides the vaccine to an entity and that entity provides the vaccine to their employees (e.g. LPH, hospital, clinics, LTC, etc.).
 - Open PODS will be used as vaccine becomes more available (e.g. drive through mass vaccination sites).
 - Vaccine Supplies
 - CDC Playbook outlines what will be included with vaccine allocation. Limited amount of masks and face shields are a concern.
 - Limited access to gloves right now.
 - Sharps containers were provided during H1N1, which was great assistance but the disposal of the containers was difficult for locals. The current plan is for locals to use their current contractor to obtain sharps containers now so they are prepared to dispose of the extra sharps.
 - Need to go through county EMA to request resources.
 - Priority group data sets - BETS has been calculating preliminary calculations of priority groups based on what we know now. ACIP will make recommendations then Dr. Pedati will work with her advisory team to make Iowa specific population decisions.
 - LPH has access on the HAN in the document library to current calculations. Reach out to LPH if you would like that data for your county.

- Current spreadsheet of priority populations includes: LTC residents and staff, certified EMS all levels, pharmacists, physicians, physician assistants, nurses, and respiratory therapists by county of residence.
 - Spreadsheet will be updated as we identify other priority populations. Currently reviewing licensed professionals.
 - Question - Have you considered other pops such as our essential food system workers, meat packing workers, Livestock workers?
 - Yes we have begun thinking about them and those will be included on future updates to essential populations as we move forward.
 - Question - where are teachers on the list, how about CNAs and CMAs?
 - Initial planning assumption in playbook for teachers. Included in critical infrastructure work force. We need to pull numbers for these. We will work with Dept. of Ed.
 - CNAs and CMA - staff at long term care are included, but since there is not a license body hard to track those numbers down.
- **Documentation/Plans-Carmily Stone/Don Callaghan**
 - Required reporting -
 - currently working on draft 2 of the COVID -19 vaccination plan based on the CDC playbook. Due back October 16th, CDC will review and provide feedback if we are missing anything. This will help CDC determine if Iowa is ready for a vaccine campaign to start November 1.
 - Also required to meet with CDC weekly and report to CDC twice a week on data elements from vaccine provider agreement.
 - CDC Flu finder - will be transitioned into COVID vaccine finder.
 - Documentation and Tracking (Gantt chart review)
 - Reviewed goals and objectives/strategies the internal IDPH team is working on to plan for vaccine. Reviewed how the documentation team is keeping the full planning team organized and on target.
- **Communications – Ken Sharp**
 - Overview of Communications Plan - in draft format and being reviewed by department leadership and governor’s office.
 - Outlines how we will keep stakeholder and the public informed
 - Information about this external planning group is included in the plan as well.
 - Media-Press Releases; Webpage
 - We have been sharing weekly with LPH on a webinar every Tuesday.
 - Question is that just for LPH or can attendees at this meeting call in? LPH and IDPH specific so we will not be extending that invitation to anyone else. How can we ensure info from that meeting gets out to other stakeholders?
 - FAQs updated weekly for healthcare providers/LPH and public. IDPH will consider distribution methods in addition to HAN to ensure connections are made with health care providers.
 - Vaccine info briefs for healthcare providers, state agency partners, and internal to IDPH.
 - Underserved and minority populations (targeted communications)
 - May be more difficult to reach. Relying on LPH to be prepared to reach out to those populations. Need info and guidance from this group to make sure we address this and plan to reach out to these key groups.
- **Technology and Data – Don Callaghan/Bethany Kintigh or Ken Sharp**
 - Data is critical. Since we are using IRIS we will have the ability to report data on where the vaccine has been distributed, % of population who has initiated the series, series completion rate, and other data points are being considered all at county level.
 - Will be using DOMO for data visualization. Working through what this will look like and what data we will share.
- **Funding-Don Callaghan / Rebecca Curtiss**

- Some funds were received through ITB to be used for COVID vaccine planning. We passed on to LPH to do outreach to healthcare providers to enroll in IRIS and enhance plans for COVID vaccine admin (work on plans, adapt H1N1 plans for COVID).
 - PHER and planning funding - 2 allocations related to COVID 19
 - PH emergency response has been allocated. No more funds will be coming through this funding source.
 - PH emergency preparedness - limited uses. We are working on guidance right now for what can and cannot be used from this pot of funding.
- ***** IGOV Priorities – Meaghan O’Brien**
 - Appreciate the collaboration and partnership that is taking place to plan for vaccine.
- **Question section** - if a question did not get addressed here please ensure it is entered into the feedback survey.
 - Should providers complete the information in Redcap as soon as possible?
 - Yes, please do. If there are edits that need to be made we can work with you if there are changes.
 - What are expectations to have ultra-cold storage units at facilities?
 - Currently those cannot be found right now. IDPH is not expecting facilities to go out and get those.
 - Facilities will be able to store vaccine in the container the vaccine is shipped in, but will need to replenish dry ice (guidance will be coming on this). In the refrigerator is fine for 5 days. Storage and handling accommodations will be considered when allocating vaccine.
 - How will providers receive the vaccine provider agreement survey?
 - Provider agreement will be sent via email to our partners who are registered in IRIS and on the HAN.
 - What other partners do we need to include in here?
 - For those that do not have access to the HAN, how can they get to the LPH, Healthcare provider, and public FAQs?
 - Please work with someone in your organization who has access to HAN. If you are not sure who that is, email Rebecca Curtiss. In addition IDPH will work to identify other methods of distribution of FAQs to health care provider groups.
 - Is there an expectation for larger hospitals to house vaccine for local partners that do not have appropriate storage capabilities?
 - Currently the preference is to try and ship to location where it will be administered.
 - A Vaccine transfer process needs to be looked at though so we will be able to track and monitor that transfer.
 - Redcap survey process - what does that look like?
 - Will be sent to all IRIS users through listserv and a HAN message will go out to partners. We are trying to get it far and wide so please share with local providers.
 - COVID provider agreement is CDC required and we are using redcap to capture information about the clinic. That data will go into IRIS so allocation can be done by LPH when they receive an allocation
 - Medical officer info, storage and handling capabilities, population (age specifically), shipping location, clinic hours, what type of facility, # of patients seen on average, etc..
 - Data on which providers have completed the agreement will be shared daily on the HAN.
 - An email will be sent to confirm that enrollment has been complete. If there are issues ITB staff will follow up with providers to ensure accuracy.
 - What will happen with testing/Test Iowa sites when more vaccine becomes available?
 - Transition from clinic testing to vaccine? We are not sure yet if that will happen.
- **Next steps for this group**
 - Partner group will meet once a month for updates on planning efforts.
 - Based on feedback from the survey - we will decide if subgroups need to be brought together to continue specific planning efforts.
 - Survey will be sent today or tomorrow.