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COVID-19 Mass Vaccination Program Planning

UPDATE

10/05/20

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Summit County Health Department

Objectives

- ▶ **Deliver a COVID-19 vaccine to the residents of Summit County in a safe, efficient and fiscally responsible manner.**
 - Develop an integrated **Summit County COVID-19 Mass Vaccination Program Plan.**
 - Coordinate participation & communication with all stakeholders.
 - Build public trust and awareness.
 - Ensure operational and financial viability.

Vaccine Candidates

Candidate	Cold-Chain	Doses	Dose Interval	Dose Match
Vaccine A (P)	Ultra-Cold (-60 ⁰ to -80 ⁰ C)	2	≥21 days	Yes
Vaccine B (M)	Frozen (-20 ⁰ C)	2	≥28 days	Yes
NA	Refrigerated (2 ⁰ -8 ⁰ C)	NA	NA	NA

➤ Vaccine B (M) - delayed to Spring 2021

Local Allocations

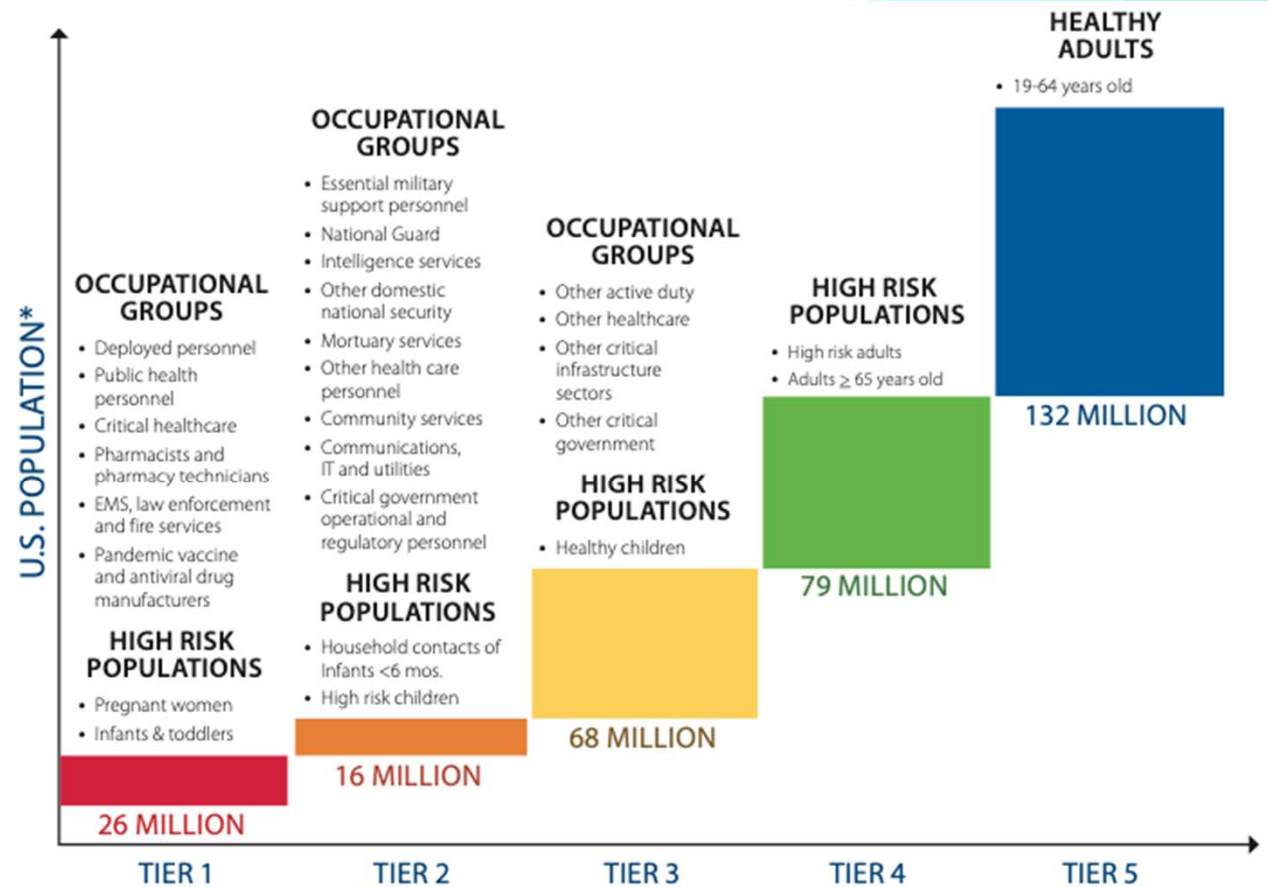
USA Vaccine Doses - (2019 US population: 329,131,338)				
	End of Oct 2020	End of Nov 2020	End of Dec 2020	2020 Total
Vaccine A	2,000,000	10,000,000	20,000,000	32,000,000
Delayed Vaccine B	1,000,000	10,000,000	15,000,000	26,000,000
Total	3,000,000	20,000,000	35,000,000	58,000,000
Utah Allocation Estimates - (2019 UT population: 3,192,573 .97% of US)				
	End of Oct 2020	End of Nov 2020	End of Dec 2020	2020 Total
Vaccine A	19,400	97,000	194,000	310,400
Delayed Vaccine B	9,700	97,000	145,500	252,200
Total	29,100	194,000	339,500	562,600

COVID-19 Vaccine Priorities

- ▶ Federal Government will issue guidance on groups to prioritize for initial COVID-19 vaccination:
 - **Critical workforce** that provides health care and maintains essential functions of society
 - **Staff and residents in long-term care and assisted living facilities** (LTCF)
 - **Utah National Guard** (*may be counted in State allocation - TBD*)
- ▶ Allocation of COVID-19 vaccine to local jurisdictions will be based on multiple factors, including:
 - Populations recommended by the Advisory Committee on Immunization Practices (National Academy of Medicine)
 - Current local spread/prevalence of COVID-19
 - COVID-19 vaccine production and availability
- ▶ Local jurisdictions should anticipate allocation shifts during response based on **supply, demand and risk** - plan for high-demand and low-demand scenarios.

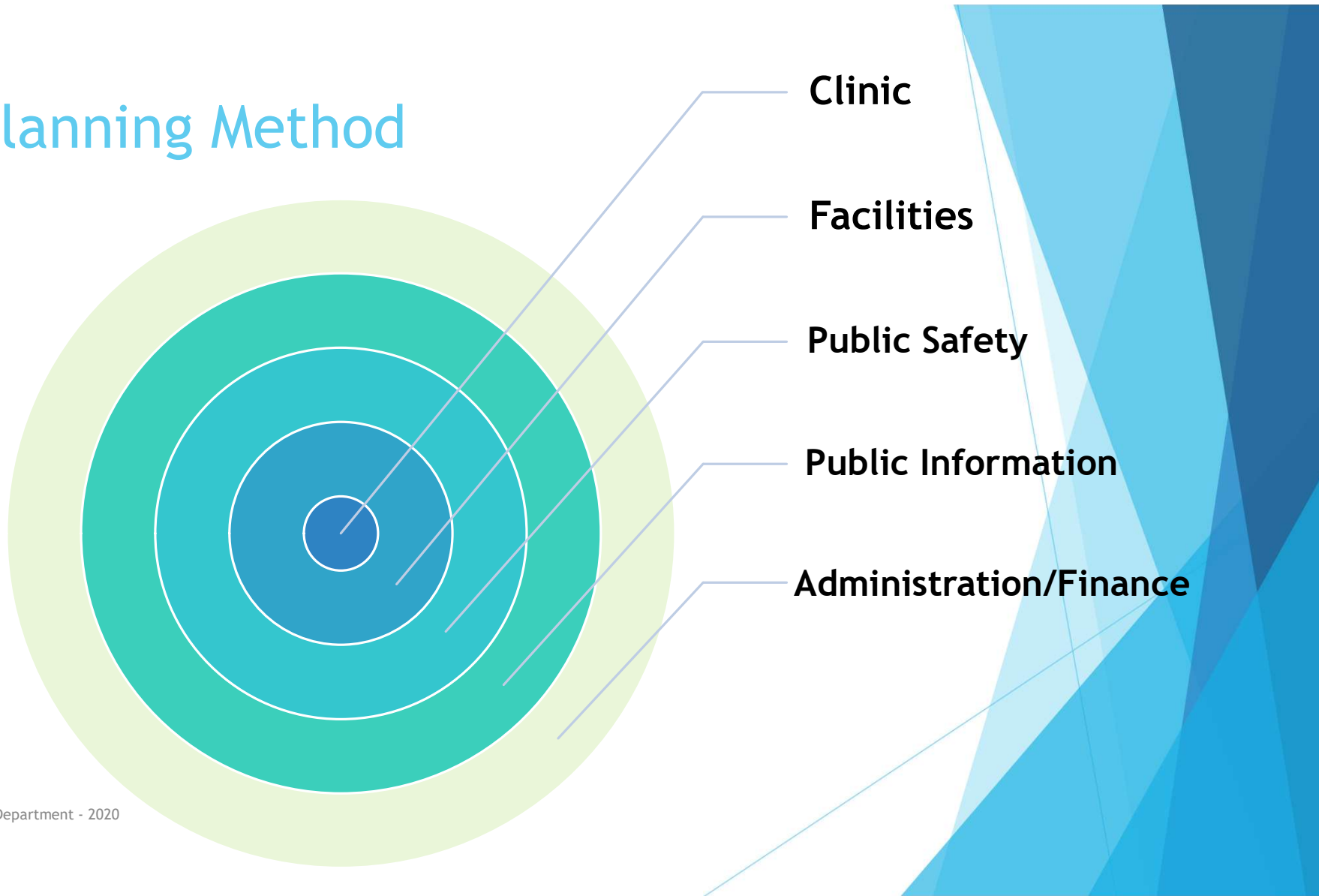
Vaccine Timeline

- ▶ **1st Tier - November-December 2020:** Local Health Department and large-chain pharmacies. (19,400)
- ▶ **2nd Tier - November-December 2020:** Vaccinate Healthcare workers, first responders, LTC and other targeted populations. (97,000)
- ▶ **3rd - 5th Tier - February to July 2021:** LHD Mass Vaccination Clinic for public. (194,000)



* Based on 2015 U.S. population of 321 million people. <https://factfinder.census.gov/bkmk/table/1.0/en/PEP/2015/PEPAGESEX>

MVP Planning Method

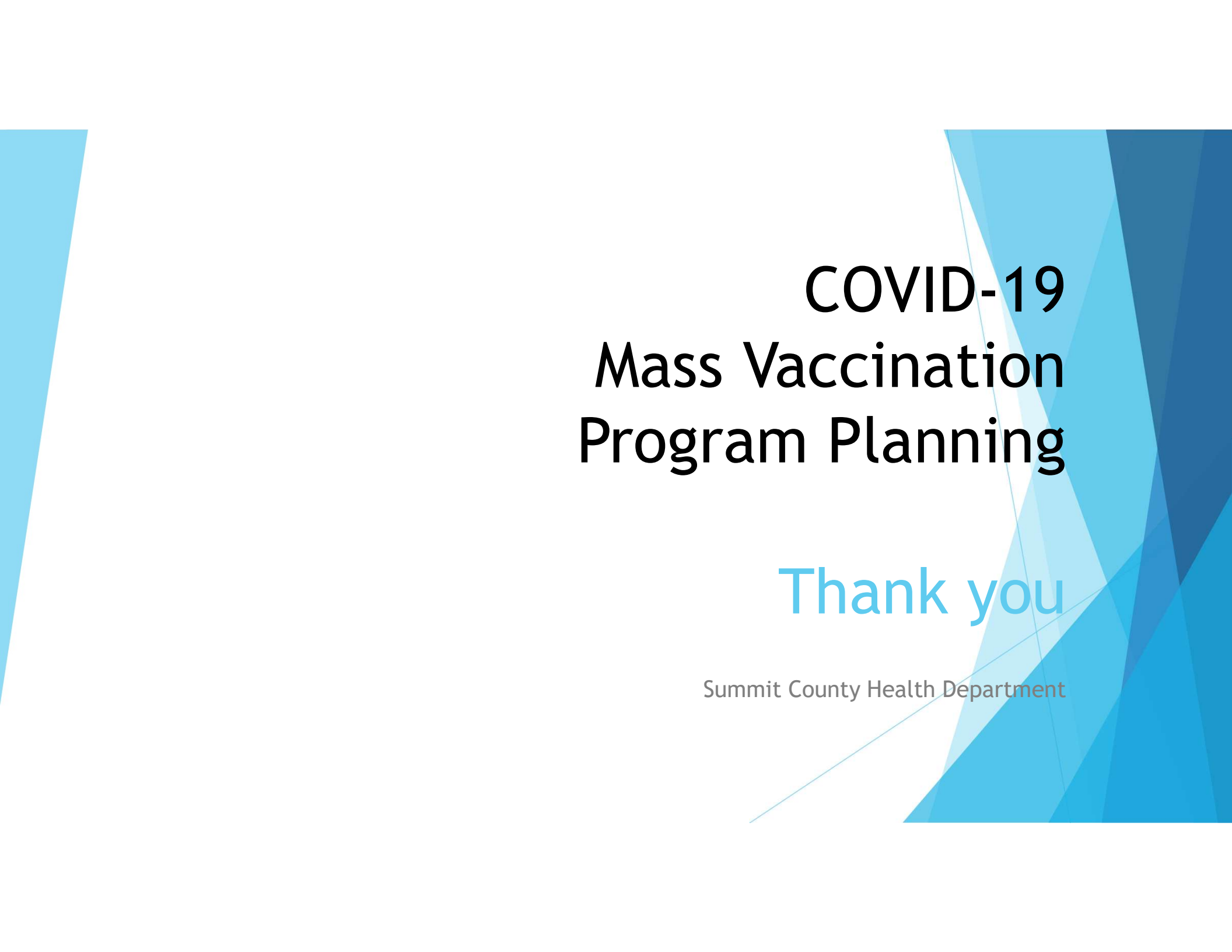


Planning Groups

Planning Group	Focus	SCHD Lead	Key Stakeholders
Clinical	Medical	Carolyn Rose & Derek Moss	SCHD, hospitals, healthcare providers, pharmacies, Medical Reserve Corps, EMTs, UDOH, etc.
Facilities	Facility Operations	Chris Crowley	SCHD, local/county government, facility owners (schools, recreation, private) etc.
Public Information & Communications	Public Outreach	Derek Siddoway	SC PIO, SCHD, healthcare providers, UDOH, state/local/county government, community stakeholders, etc.
Public Safety	Public Safety & Transportation	Phil Bondurant	SCHD, Law Enforcement, Fire, EMT, Transportation, Public Works, local/county government, etc.
Administration, Legal & Finance	Admin, Legal & Financial Oversight	Rich Bullough & Cindy Keyes	SCHD, Summit County Administration & Finance, elected officials, etc.

Planning Strategy

Planning Strategy	Focus	Objectives
Functional	Roles & responsibilities, task-based planning, needs assessment, budgeting.	Site, staff, stuff and budgeting.
Integrated	Dependencies, overlaps and plan integration.	Cooperation, support, dependencies and cost reductions.
Implementation	Training, testing and delivery.	Training, testing and phased implementation.
Dissolution	Termination and transition to normal operations.	Analysis, reporting, accounting and dissolution of program.

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Thank you

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