COVID-19 Vaccine

Indian Health Service
COVID-19 Vaccine Task Force
COVID-19 and Indian Country

• The COVID-19 pandemic has disproportionately affected the American Indian/Alaska Native (AI/AN) populations across the country.

• AI/AN are 3.5 times more likely to be infected with the Sars-CoV2 virus.¹

• In addition to many countermeasures in place, such as social distancing, mandatory curfews, mask wearing, and hand hygiene, COVID vaccination remains the most promising countermeasure to further reduce disease, morbidity and mortality in the AI/AN people.

• CDC is working with IHS along with other federal members of Operation Warp Speed (OWS) to plan and implement a COVID-19 vaccination program as soon as vaccine(s) is available.

• Equitable COVID-19 vaccine allocation will be critical to prevent morbidity and mortality to reduce the impact of COVID-19 on society.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm
COVID-19 Vaccine: What We Know

• 5 of the 6 leading vaccine candidates are 2 dose series at 21-28 days.
  • Must plan for timely 2nd dose of same vaccine (they are not interchangeable).
• Cannot be co-administered with any other vaccines.
• Ultracold (-80°C) & frozen (-20°C) vaccine likely earliest phases with some refrigeration time allowed.
• Studies only require demonstration of 50% efficacy.
• Vaccines well tolerated.
  • Fatigue, myalgias, headache most commonly reported.
• Vaccines will be distributed with supply kits (appropriate diluent, needles, syringes, alcohol wipes, vaccination cards, limited PPE).
Indian Health Service (IHS)

• CDC has recommended all jurisdictions be prepared to immediately vaccinate identified critical populations when the earliest COVID-19 vaccine doses are available and approved.

• IHS established the COVID-19 Vaccine Task Force (VTF) to develop COVID-19 vaccination distribution and implementation plans for the safe and equitable delivery of vaccine to AI/AN patients.

• IHS is collaborating with tribal and federal partners to ensure shared information for planning and distribution.
IHS COVID-19 VTF Vaccine Planning

Vaccine Distribution and Strategy Pre-Planning initiated under ICT Operations – June 2020

CDC released COVID-19 Vaccine assumptions and phase 1 planning documents – August 2020

OWS released Distribution Strategy and CDC Interim Playbook - September 2020

IHS participated with CDC and OWS on State Needs Assessment and Program Pilot Initiatives (SNAPPI) – August 2020

IHS COVID-19 VTF Established to develop and implement COVID-19 vaccine plans – September 2020

IHS COVID-19 Vaccine Plan anticipated completion - October 2020
IHS COVID-19 Vaccine Task Force (VTF)
Prioritization

- Identify critical and target population estimates for early phase COVID-19 vaccine distribution utilizing guidance from the CDC and the National Academies of Sciences, Engineering and Medicine.
- Develop algorithm for ensuring equitable allocation of COVID-19 vaccine across IHS.
- Vaccine will likely be limited in early phases, local sites will need to further prioritize critical/target populations.
- Collaborate across VTF teams and coordination to inform distribution, identify high-risk patients at local levels for vaccine administration, as well as ensure transparent communication.
Distribution and Allocation

- Identify current and anticipated I/T/U facilities for vaccine distribution.
- Identify tribal preference for IHS, state or local public health vaccine allocation.
- Coordinate provider/facility COVID-19 Vaccine Agreements.
- Promote transparency and open communication between IHS, tribes and states to ensure every I/T/U has a source of distribution.
- Identify and procure resources, such as vaccine storage units, supplies and additional PPE for vaccine administration.
- Identify and implement end to end inventory, tracking and ordering systems for COVID-19 vaccine.
- Plan for 3 phases of vaccine distribution (limited, large distribution, continued vaccination/shift to routine strategy).
Vaccine Administration

• Develop resources and tools to assist local programs in vaccine administration and documentation.
  • Develop template vaccination plans, consent forms, that can be tailored to each site’s needs.
  • Provide event planning strategies for various vaccination events (i.e. drive-up, social distancing, supplies, infection control).
  • Collaborate with Data Management team to develop electronic tools for identifying priority group lists, note templates, and coverage rate reports.

• Identify interdisciplinary workforce of nursing, public health nursing, pharmacy, and providers at National, Area and I/T/U to support local efforts.

• Collaborate with Communication team to develop clinical communication lines to channel information for support to clinicians and vaccinators.
Communication

• Work with internal departments, tribes and external partners, to develop key messages that are clear, consistent and culturally appropriate.

• Coordinate internal and external communication.

• Develop a strategic communication plan for IHS vaccine allocation and distribution plan for internal and external audiences.
  • Announcing major milestones
  • Identifying audiences/coordinating with stakeholders
  • Developing talking points
  • Vehicles to use for messaging
Data Management

• Identify solutions to track COVID-19 vaccine, including vaccine administration data, reporting of inventory and ordering processes.

• Dedicate resources for I/T/U sites to ensure export of data to state Immunization Information Systems (IIS).

• Determine feasibility of CDC supported platforms for use as a parallel pathway to I/T/U sites current immunization documentation processes.

• Advise Areas and I/T/U sites on data management strategies, based on the unique needs of the IHS, to document, track and monitor vaccine.
Safety and Monitoring

• Ensure ongoing pharmacovigilance - review Vaccine Adverse Event Reporting System (VAERS) and sentinel surveillance and provide visualization and analysis to identify significant findings.

• Provide systematic approach and communication for evidence-based vaccine efficacy and safety.

• Develop educational training and resources on adverse event reporting for healthcare providers.
Considerations and Next Steps

• If vaccine is allocated to IHS:
  • Consider the best model for COVID-19 vaccine distribution - IHS or state/local jurisdiction.
  • Communicate decision to IHS and state.

• When distribution pathways are confirmed, information will be shared.

• Participate in Regional Consultations the week of Sept. 29th and provide feedback.
Questions?

VTF Lead:
RADM Francis Frazier
Francis.frazier@ihs.gov

VTF Deputy Leads:
CDR Kailee Fretland
Kailee.Fretland@ihs.gov

CDR Holly Van Lew
Holly.vanlew@ihs.gov