



COVID-19 Vaccine Operations

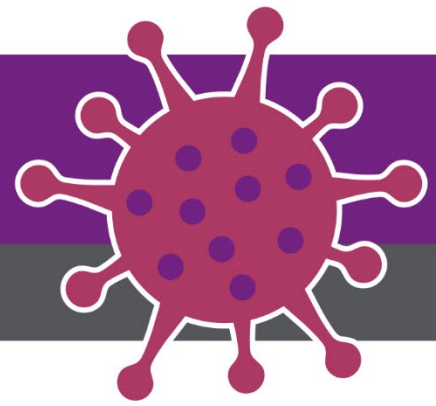
A **Guidebook** for Health Ministries

Version: 1.0

Revised 12.9.20

CORONAVIRUS DISEASE 2019 (COVID-19)

VACCINE OPERATIONS GUIDEBOOK



Audience: Covid-19 Vaccine Task Force

Revision Date: 12/9/2020

Version: Version #1

INTRODUCTION

Purpose of Guidebook

The purpose of this Guidebook is to align and support our Health Ministries as we work together to become *vaccine ready* for the first approval of a COVID-19 vaccine.

FDA approval not only releases the vaccine for distribution but endorses the vaccine's safety and effectiveness, which means we can confidently encourage our community to receive the vaccine. As the nation eagerly awaits the FDA's decision for EUA approval of Pfizer's vaccine, our teams are quickly mobilizing to prepare to administer the first vaccine.

Please review this document in detail. It includes critical information and guidance that ensures we are leveraging our capability and assets as one system, yet it is purposefully not overly prescriptive so that each Health Ministry responds to its community's needs as they see best.

Many of the details and processes continue to be finalized at the federal and state levels and as we learn new information, expect this Guide to be updated often.

Thank you for all that you continue to do to serve our communities.

Questions / Escalations:

Submit through local Incident Command to the [Trinity Health Incident Command mailbox](#).

Need to Know Info & Actions

- **Fulfill state and local requirements:** Review state guidelines and be sure to follow through on required items and requests. **Note:** Defer to local and state requirements & direction.
- **Colleagues will follow the patient process for vaccination:** Receiving the vaccine is voluntary for colleagues and will be offered to those who meet the prioritization criteria for receiving the vaccine and wish to receive the vaccine.
- **No internal tracking of colleagues' vaccine status:** Colleagues who receive vaccinations as a patient are protected under HIPAA. We are only able to track vaccine status for colleagues who choose to upload their vaccine status to the HR4U portal.
- **Stand up local Vaccine Task Force and identify accountable lead:** Assign lead and stand up a task force that sits within your local COVID Response Team.
- **Preferred EMR is MGPS/Ambulatory:** Unless there are state requirements, or there are known operational deficiencies.
- **Start with a paper process** that is entered into the EMR within 24 hrs.
- **Identify vaccination sites:** Identify two to four sites within the region (*unless the state has dictated where sites will be located*) where vaccination will occur:
 - Two (2) outside large-scale and two clinic-like settings
 - Plan to launch two on December 15 (*unless otherwise directed by the state*)
 - Evaluate the need for additional tents similar to the ones used for COVID-19 testing
 - Identify staffing needs for sites — refer to the People section > Reporting Relationships & Roles

Status & Background Info

Pfizer & Moderna — Phase III Trial Results

Results demonstrate ~95% efficacy for both Moderna and Pfizer vaccines.

	Pfizer (44,000 participants)	Moderna (30,000 participants)
Dosing	2 doses 21days apart	2 doses 28 days apart
COVID-19 Cases: at least two weeks out from last shot who developed COVID symptoms and tested positive	170 cases -162 placebo -8 vaccine	196 -185 placebo -11 vaccine
COVID -19 severe cases	10 -9 placebo -1 vaccine	30 -30 placebo -0 vaccine
Efficacy	95%	94.1%
Subpopulations*	No difference in efficacy by age, race, ethnicity	No difference in efficacy by age, race, ethnicity
Ultra-cold storage	Yes	No

* No specific numbers yet but likely to be too small to make anything but a very general conclusion. Unpublished data as presented on National Academy of Medicine call.

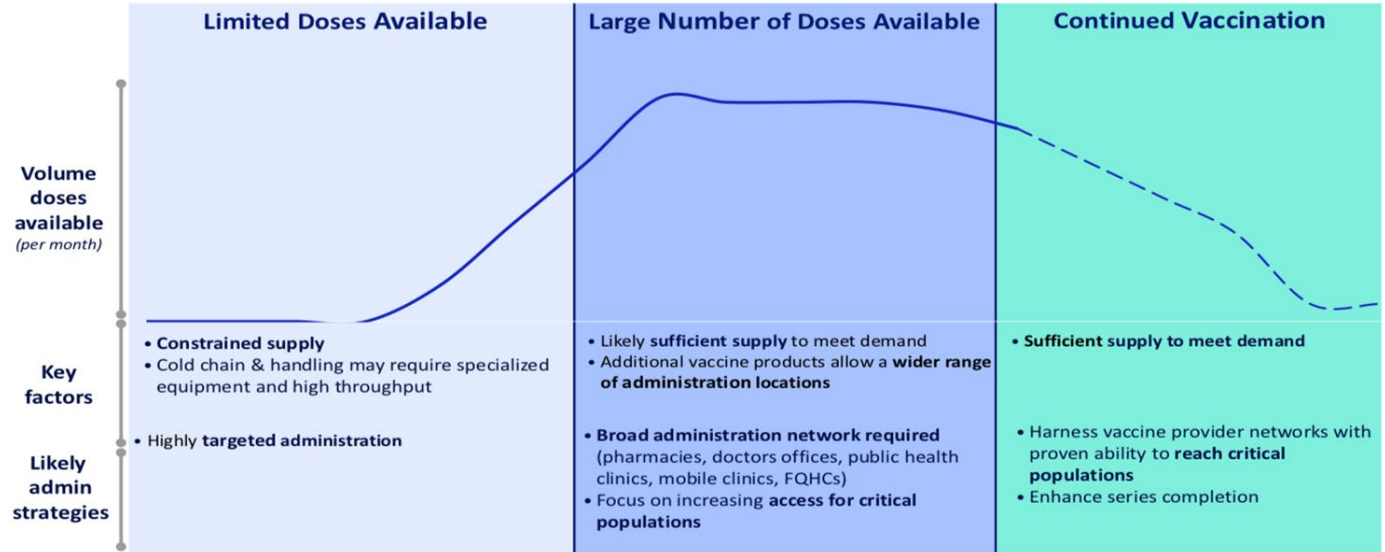
Projected Vaccine Availability

105 million courses by end of March *with* FDA EUA approval for both vaccines.

Month	Pfizer	Moderna
December	25 million	15 million
January	30 million	20 million
February	35 million	25 million
March	35 million	25 million
TOTAL	125 million	85 million

- 200 million more after March
- Distribution to states based on population
- Projections are that supplies will be sufficient by the end of March to vaccinate all in Phase 1a and 1b categories

COVID-19 Vaccination Phases



CHA's Six Principles

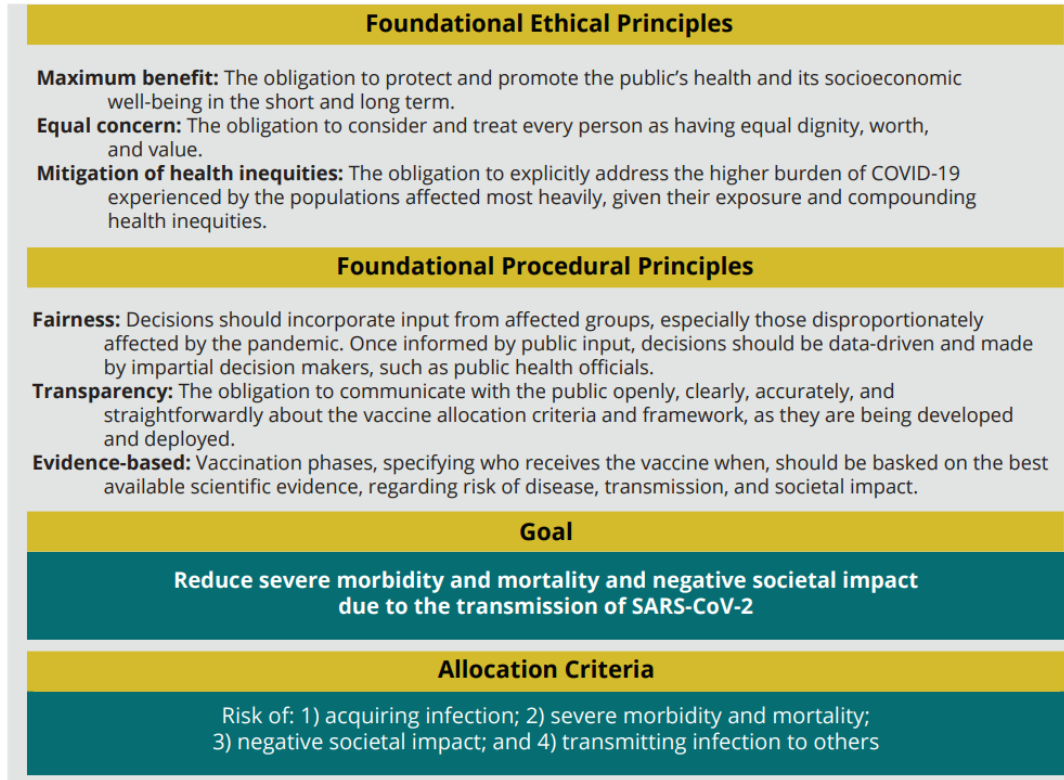
To effectively and justly develop and allocate COVID-19 vaccines:

1. Vaccines should be demonstrably safe and adequately tested
2. Vaccines should be demonstrated to be scientifically effective
3. Vaccines development must respect human dignity
4. Vaccines should be equitably distributed with priority to those at most risk
5. Efforts to develop and distribute an effective vaccine should emphasize solidarity
6. Consistent with the principle of Subsidiarity, the distribution of effective vaccines should involve local communities

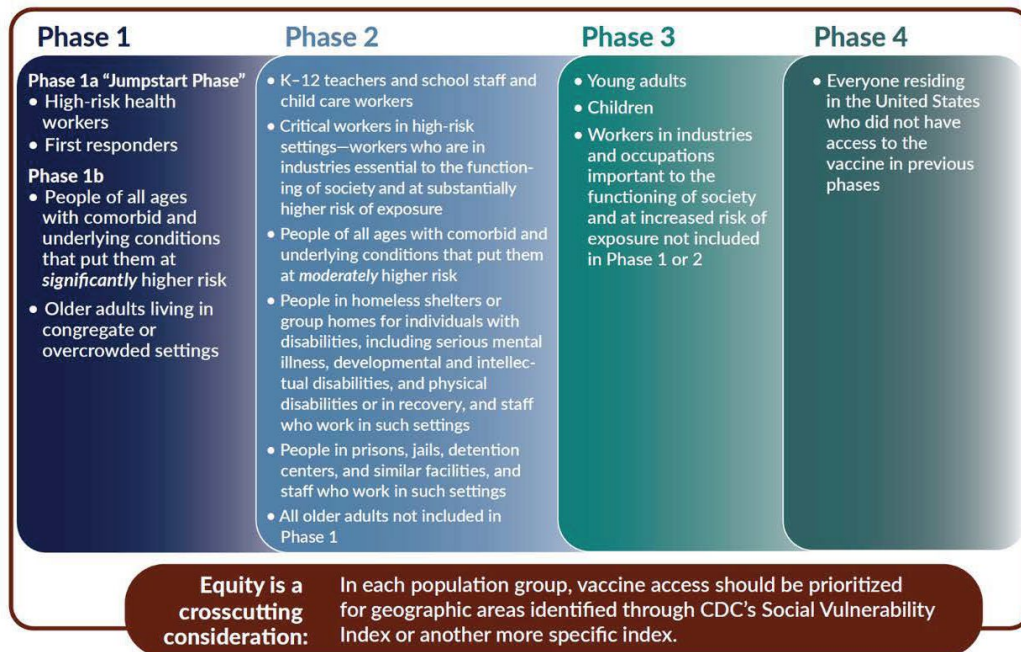
The National Academy of Medicine Framework

[View Source](#)

Major elements of the framework for Equitable Allocation of COVID-19 Vaccine



Prioritization for distribution



NOTE:
The CDC-ACIP revised to include residents in long term care in Phase 1a