



October 26, 2020

COVID-19 Pandemic Vaccination Planning: Update for State and Local Public Health Programs

Dear Colleague:

Thank you for the submission of your jurisdiction's plan on COVID-19 vaccine implementation.

As you know, CDC is working 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, which could be prior to the end of this calendar year. Planning for this challenging mission continues as we learn more about the safety, effectiveness, and complex storage and handling of these vaccines. In order to increase readiness at all levels, we ask that all jurisdictions plan to be ready to receive vaccine by **November 15, 2020 (updated)**.

Please see important updates below and prioritize the following 5 key activities to further augment jurisdictional readiness to receive, administer and implement this vaccination mission.

Planning updates:

- A. **Data Use Agreement for Data Sharing with CDC:** The data architecture to support COVID-19 vaccine response is complex and requires different legal agreements depending on how you choose to share and receive data. Approval of legal agreements is often the rate limiting step in sharing data. The COVID-19 vaccine response requires, at a minimum, a data use agreement with CDC for reporting data to the COVID-19 Clearinghouse and Immunization Data Lake.
 - Sharing data with CDC and the US Government is essential for tracking national uptake, identifying pockets of low vaccination, identifying and intervening in coverage disparities, and allocating vaccine supply.
 - Sharing of information is also needed to assist with safe administration of second dose of vaccines given that the majority of these vaccines will require a two-dose series with the same vaccine.
 - CDC asks that all DUAs be signed to ensure we can test and implement data flow plans to support the COVID-19 Vaccination Program.
- B. **Planning and Site Enumeration:** Initial doses of COVID-19 vaccine may be authorized for use under an [Emergency Use Authorization \(EUA\) issued by the Food and Drug Administration \(FDA\)](#), based on available safety and efficacy data. Thoughtful allocation of COVID-19 vaccine will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society. Prioritization of populations to be reached early in the vaccination response, when vaccine supply is limited, is being considered by the [Advisory Committee](#)

[on Immunization Practices](#) and the [National Academy of Science, Engineering, and Medicine](#). Currently, health care personnel will likely be among those prioritized for early vaccination. All jurisdictions need to identify all sites prioritized to receive and administer receive Vaccine A, a product that requires ultra-cold (-60°C to -80°C) storage.

- The Ultra-Cold Temperature Vaccine template was due to CDC from jurisdictions on **October 23, 2020**. This tool is for planning purposes and will be used to help estimate populations and better prepare jurisdictions for distribution of this ultracold product.

C. Pre-positioning vaccine:

OWS may pre-position vaccine to ensure that supply is closer to the administration sites where vaccine is needed once FDA issues an EUA and ACIP recommendations are made. This pre-positioning is a onetime effort intended to shorten the timeline between EUA release and the initiation of vaccine administration (e.g., if initial prioritization focuses on administration of vaccine to healthcare providers). We ask that jurisdictions plan for this pre-positioning, focusing on Vaccine A given the unique storage and handling considerations. This is a new planning ask.

- How to identify sites for pre-positioning:
 - While jurisdictions need to identify all sites to receive and administer product, jurisdictions are asked to select 1-5 priority locations for potentially pre-positioning Vaccine A, a product that requires ultra-cold (-60° C to -80° C) storage. This inventory will be pre-positioned at sites once an EUA is issued, but prior to ACIP recommendations. Thus, sites selected, should be those that could serve any of the possible priority groups for planning. In addition, sites selected should be able to store, handle, and monitor ultra-cold temperature vaccine. Sites selected for this one-time shipment, should not be dependent on dry ice or thermal coolers for storage.
 - If you have not returned the Ultra-Cold Temperature template yet, please use the tool to indicate which sites should be considered to preposition vaccine. For those that have submitted the spreadsheet already, you will be asked to indicate which sites from the list may be considered for pre-positioning vaccine

D. Pharmacy Partnership for Long-term Care Program: The Department of Health and Human Services (HHS) is partnering with Walgreens and CVS to offer on-site COVID-19 vaccination services for Long-term Care Facility (LTCF) residents once they are recommended to receive vaccine. This service will also be available in rural areas that may not have an easily accessible pharmacy. This program provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments.

- Over the next two weeks, CDC will be coordinating with your jurisdiction to share information on facilities that are interested in this service, and also to address any facilities that may not be represented on the list. Jurisdictions may also choose to opt out of the program and should indicate how vaccination services will be provided to this critical population.
- E. **Second dose vaccine planning:** Two doses of COVID-19 vaccine, separated by 21 or 28 days, will be needed for some vaccine candidates; both doses will need to be with the same product. As vaccine is made available, a reserve will be held at the federal level to ensure access to a second dose. This is a new planning assumption. Details on how this will be further operationalized will be provided to planners in the upcoming weeks.
- F. **Planning scenarios:** In the next week, your project officers and regional coordinators for vaccine planning will communicate additional population planning estimates/scenarios to inform planning. Please note that these are for planning and do not reflect any allocation decisions.

Key Activities to Prioritize to Ensure Readiness to Receive Vaccine:

OWS will be testing the distribution and data infrastructure. In order to increase readiness at all levels, we ask that all jurisdictions plan with a need to be ready to receive pre-positioned vaccine by **November 15, 2020 (updated)**. To meet the November 15 readiness date, additional items must be in place and tested.

We ask that by November 2:

- 1) Jurisdictions return signed data use agreements (DUA) to share data with HHS/CDC. *(Item A above)*
- 2) Jurisdictions must indicate the prioritized sites, as identified above, for vaccine pre-positioning *(Item C above)*
- 3) Jurisdictions should submit all provider enrollment data, but at a minimum data for those providers needed for **Phase 1**, to the CDC Datalake. At the very minimum, jurisdictions must submit their provider enrollment data for sites listed in #2 above to CDC by November 2.
- 4) Jurisdictions must have **Phase 1** providers uploaded into CDC's vaccine ordering system, VTrckS. At the very minimum, the sites listed in #2 above should have providers enrolled into VTrckS by November 2.
- 5) Indicate to CDC project officers if you would like to **opt out** of the Pharmacy Partnership for Long-term Care Program *(Item C above)*.

We acknowledge that you are being asked to do unprecedented work. These updates and the asks above are only part of what is needed to be fully ready for vaccine administration to begin. They reflect the most current information we have, and we remain committed to getting additional updates to you in a timely manner so they are most beneficial to your planning and implementation efforts. We also understand that plans will continue to evolve as there is additional guidance from the federal level. We are reminded of the urgency of this work as cases and mortality continue to rise

across the country from COVID-19. As your partners, we remain committed to supporting your work as best we can.

Sincerely,

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Cc: Immunization Awardee Program Managers
Preparedness Directors