

# Coronavirus – vaccine allocation and distribution

**An overview of federal guidelines for COVID-19 vaccine distribution efforts including distribution logistics, phased allocation, administration, data monitoring and potential implementation barriers**

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# Roadmap

- **Overview**
- Distribution
- Administration & Monitoring
- Challenges



The United States will spare no effort to ensure the public can get vaccinated quickly, effectively and equitably. To meet the aggressive vaccination target of **100 million shots** by the first **100 days**, the federal government will work with states and the private sector to effectively execute an aggressive vaccination strategy....

Biden-Harris National Strategy for The COVID-19 Response and Pandemic Preparedness, Jan. 2021 at 37

<https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

# Critical components to COVID-19 vaccination campaign implementation



**Prioritizing Population**



**Allocation of Vaccine**



**Distribution**



**Administration**



**Safety, Effectiveness, Uptake, and  
Second Dose**



**Vaccine Recovery**

## Key Considerations:

1

Collaborate with state, tribal, local governments and the public to coordinate vaccine allocation process and promote vaccine uptake

2

Distribute vaccine using phased allocation strategy upon receiving emergency use authorization

3

Support safe administration efforts in local jurisdictions

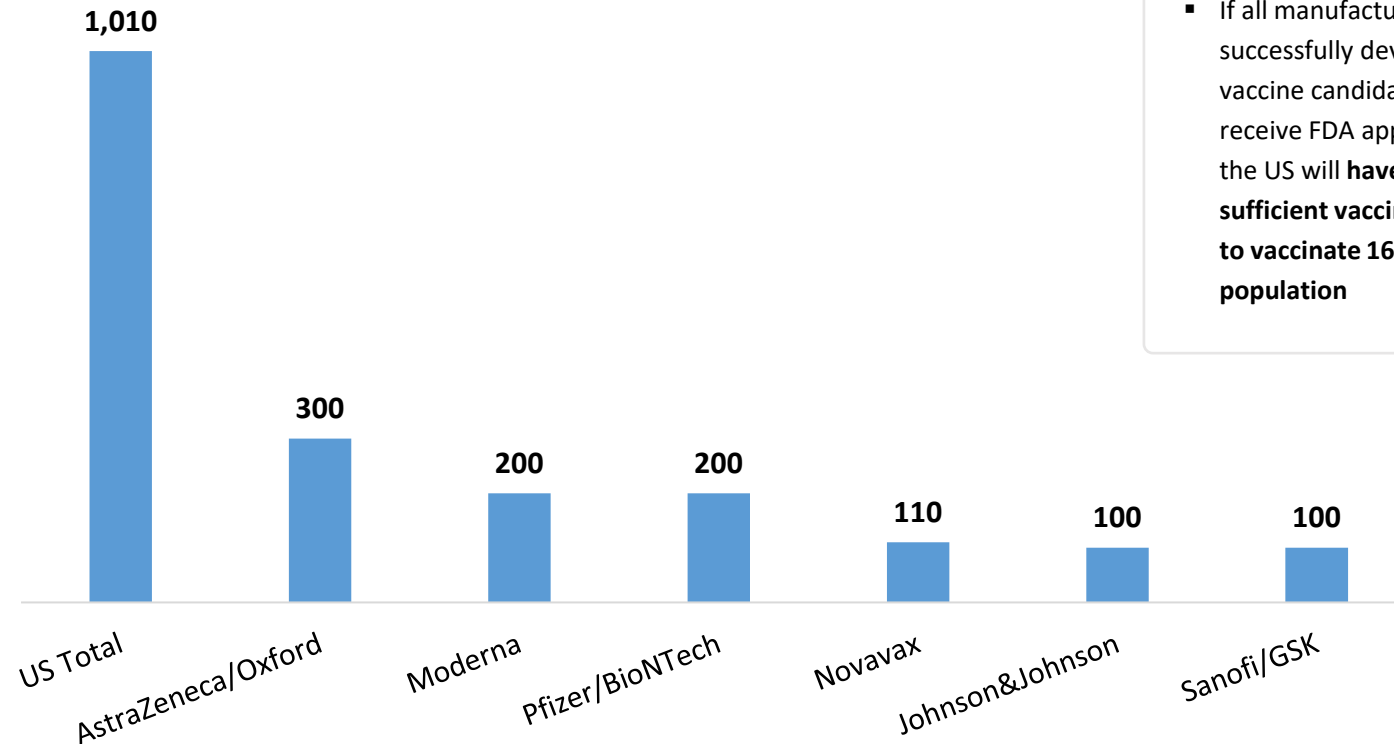
4

Monitor vaccine data including distribution and administration using IT system



# The US has reserved sufficient vaccine doses to vaccinate 555 million people

US vaccine contracts with various manufacturers, contracted doses in millions



## KEY TAKEAWAYS

- If all manufacturers successfully develop their vaccine candidate and receive FDA approval, the US will **have sufficient vaccine supply to vaccinate 169% of its population**



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# The National Academies committee released their guiding principles for equitable allocation

## 1 Risk of infection



- Prioritize those that are likely to be exposed to COVID-19 and at higher risk of infection

## 2 Risk of mortality



- Prioritize those that if infected would face severe illness or death

## 3 Risk of negative social impact



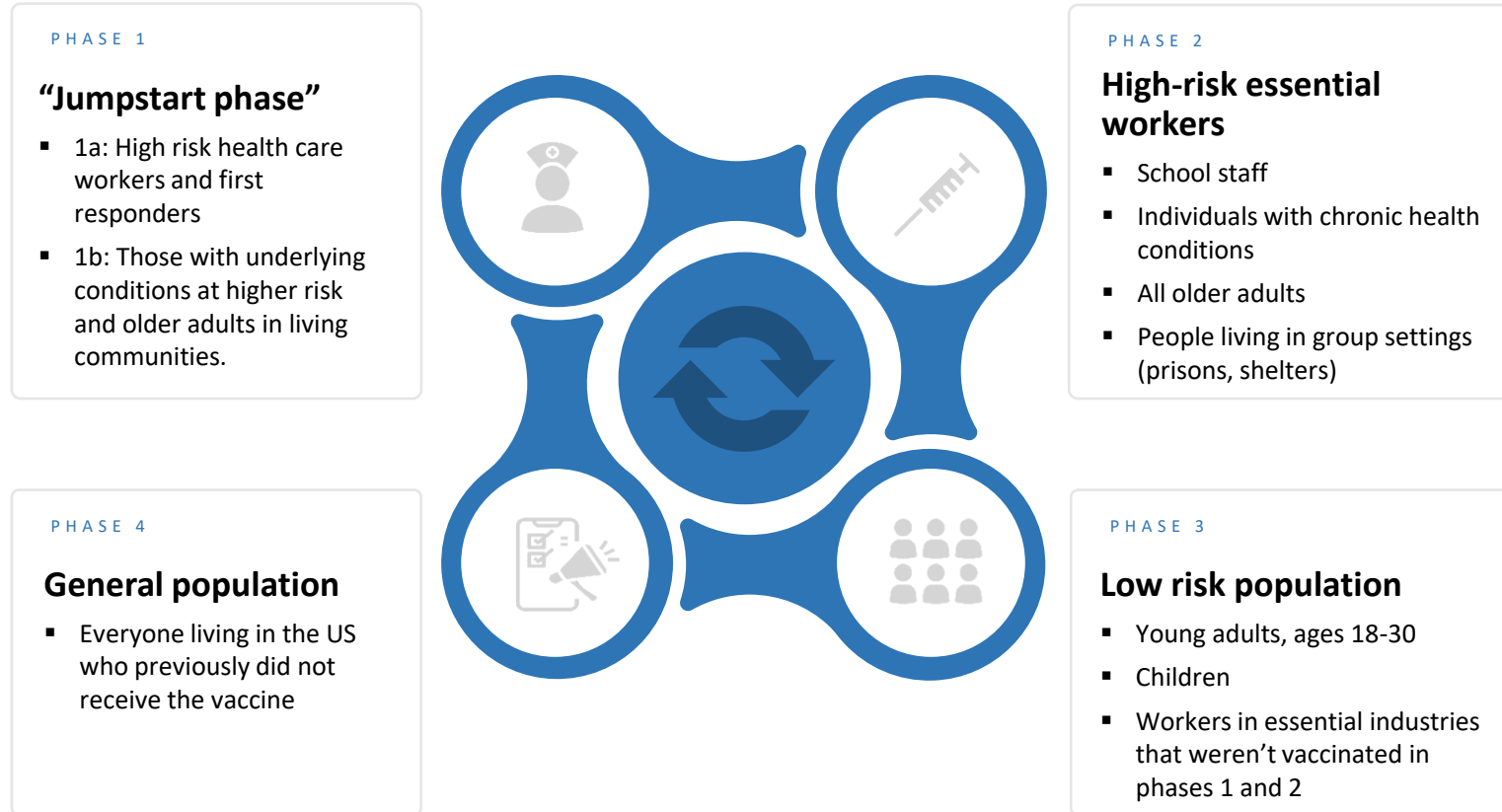
- Prioritize those working in the health industry or those upon whom other people's livelihood/lives depend on

## 4 Risk of transmission



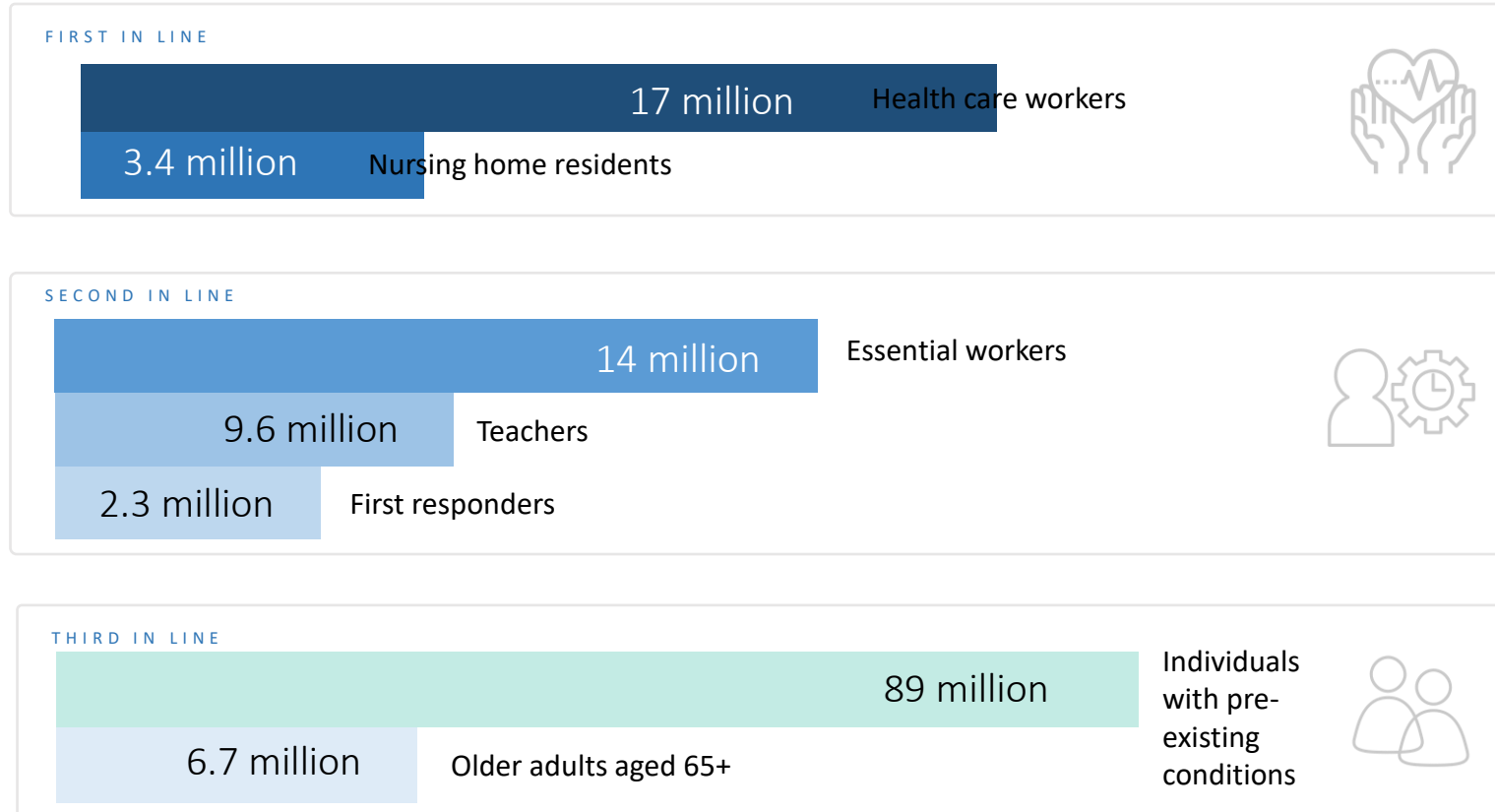
- Prioritize those who are more likely to transmit to others =

# Committee proposed a four-phased approach for vaccine allocation to maximize societal benefit



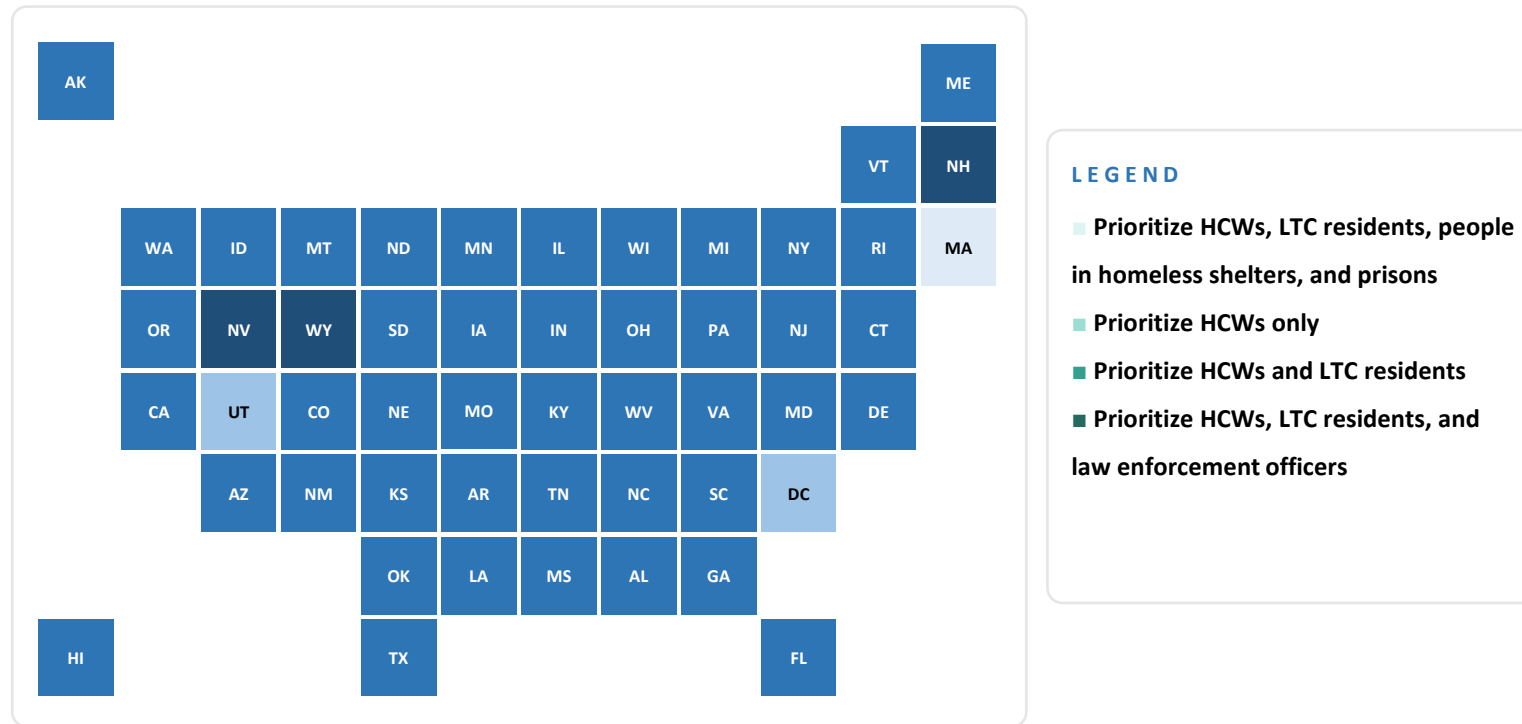


# Priority populations in the US based on CDC's guidelines



## Most states have followed CDC's recommendations for prioritization of specific populations in phase 1a

States have updated prioritization criteria for Phase 1 after ACIP deliberations. Most states have followed ACIP's exact recommendations for Phase 1a to prioritize health care workers (HCWs) and long-term care (LTC) facilities residents.





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State and local governments to collaborate with providers to ensure swift and safe vaccine administration.

1

### **Delivery and cost**

- Section 3203 of the CARES Act requires health insurers cover all ACIP-recommended COVID-19 preventative services without any cost-sharing
- CDC director must adopt ACIP recommendation to ensure coverage for Medicaid recipients

2

### **Ancillary supplies**

- Operation Warp Speed has obtained 6.6 million ancillary supply kits, which includes needles, syringes, alcohol pads, vaccination cards, and limited PPE
- BARDA and DoD have worked to increase needle and syringe capacity

3

### **Administration sites**

- When vaccine doses are limited in supply, administration sites will be more restricted to ensure reaching target populations
- As dose supply increases, number of administration sites will expand to include PCPs and pharmacists



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# Local and state health departments will be facing challenges to vaccine distribution

## Cost



- CDC has **allocated \$200 million to states for vaccination efforts** and will provide states with another \$140 million in December
- States are estimating that will take **about \$8.4 billion to launch a comprehensive vaccination campaign**, which includes workforce hiring and training, sharing electronic health records with federal government, and a public health messaging campaign
- State public health officials have recognized that **fund shortages will slow state vaccine program** implementation

## Logistics



- States are **not aware how many doses they will receive**; thus, affecting their planning abilities around which priority populations to vaccinate
- Some states **have yet to agree to sharing patient data with the CDC**, due to state privacy laws, posing a challenge for the CDC's ability to track those vaccinated and then monitoring those who will need a 2<sup>nd</sup> dose.
- Challenges specific to some vaccine candidates include **freezing and storage requirements**

## Public trust



- Polling data indicates that **34% of the US population would probably not or definitely not take a COVID-19 vaccine** even if it was free to everyone who wanted it and considered safe by scientists.
- The **lack of trust is more evident among Black Americans**, with 40% saying they would probably not or definitely not take a COVID-19 vaccine citing safety concerns and lack of trust in the health care system and/or government.