COVID-19 VACCINE RESPONSE UPDATE
House Health Care & Wellness Committee
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COVID-19 Vaccine Response Update

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Short-Term Goal (60 days)

We passed 1 million doses administered last week!
Data below as of 2/8/2021 11:59 PM PT

Vaccine Doses Given (statewide or selected counties) 987,682

Statewide Measures Only

Vaccine Doses Given in Washington 987,682
Doses Delivered to Washington Providers 1,223,375
Doses Delivered for CDC long-term care vaccination program 141,375
Percentage of Delivered Doses Given 72.37%

VACCINE DOSES GIVEN PER DAY

Washington State

DOH Goal: 45,000
Current 7-day average: 26,479

VACCINE DOSES GIVEN IN WASHINGTON COUNTIES

County data for doses given are based on the location of the facility giving the vaccine. 32,027 vaccine doses given do not have a county reported.
Washington Plan for Increased Vaccinations

- **Traditional** Delivery Systems
  1. Healthcare system (hospitals and clinics)
  2. Pharmacies
  3. Workplace clinics

- **Enhanced** Delivery Systems:
  1. Local jurisdiction operation high volume community vaccination sites
  2. Mobile vaccination teams
  3. Community-based pop-up clinics

- **Mass Vaccination** Delivery Systems (state-supported):
  - High through-put mass vaccination sites
  - Mobile vaccination teams

*Note: Vaccine Supply Constraints Remain*<110,000 first doses/week
Federal Retail Pharmacy Partnership

- Partnership between CDC, select pharmacies and states
- Pharmacies receive limited supply of vaccine directly from the federal government
- To vaccinate eligible people in their state
- Launched the week of February 11:
  - 22,500 doses
  - 202 locations
    - 167 Safeway/Albertsons, 30 Costco, 5 Health Mart
- Began with 3 pharmacy chains in WA but will expand to full 21 pharmacy chains as supply increases
Partnership between CDC and CVS/Walgreens that provides end-to-end management of COVID-19 vaccination process

Nursing homes (SNF) first doses finished on schedule

First visits to Assisted Living and Adult Family homes will happen no later than end of February for first doses

Numbers vaccinated as of Feb 3:
- Total Doses Administered: 65,029 (1st Doses 58,720, 2nd Doses 6,309)
- Residents: 36,541
- Staff: 28,488

For Long Term Care Facilities who have not registered for the CDC program:
- We are working to connect them with a local pharmacy to provide them with end-to-end COVID-19 vaccination services
- State and local mobile teams to vaccinate facilities – first dose visits by Feb 24
Enrolled Vaccine Providers

• Anyone authorized to vaccinate in Washington can enroll as a COVID-19 vaccine provider
• Enrollment is a CDC requirement
• Increased DOH capacity to address backlog
• As of February 10, we have **1,207 enrolled providers**, covering all counties in the state
  • 318 provider facilities are pending approval (188 undergoing DOH review and 130 undergoing follow-up)
• Not enough vaccine yet for all enrolled providers
Vaccine Ordering & Allocation

Vaccine supply continues to be the biggest challenge

- Each week providers request vaccine through the state’s Immunization Information System (WAIIS)
- We then make our vaccine allocation decision while balancing several factors:
  - Pro-rata population of the eligible groups by county.
  - Data from each provider about the amount of vaccine they are requesting, the populations they serve, the type of storage equipment they have, and their capacity.
  - Information on inventory on hand and documented throughput (based on the data they are reporting to the state), and are they meeting the requirement to use 95% of their allocated vaccine in 7 days.
  - Equity factors: such as ensure there is vaccine in all counties and also ensuring that there are providers getting vaccine serving the highest risk populations.
  - Getting a proportion of available vaccine to all provider types.

Vaccine supply overall is still the limiting factor. We have less than 1/3 of the amount allocated to Washington compared to what providers are telling us they can use.
All enrolled COVID-19 Vaccine providers were notified in writing this week that the vaccine is intended to be distributed in a fair and equitable manner.

This does not include behaviors such as:

- VIP appointment scheduling
- Offering special or exclusive appointments
- Holding back doses for privileged groups, such as donors, members, employees, or friends/family
- Vaccinating people before they’re eligible
- Other similar exclusivity practices that don’t allow everyone access to available vaccine

If DOH finds out a provider is giving out vaccine inequitably or is participating in behaviors listed above or similar, we may reduce or stop allocations to that provider.
Coming Soon: Easier Ways to Book Vaccine Appointments

To increase accessibility for eligible individuals to get vaccine appointments work is under way:

• A new Chatbot that will provide information on the DOH website in answer to COVID vaccine questions for use by the public and our call center colleagues.

• As a result of the VACCS public-private partnership, we are working with Microsoft, Starbucks, Prota Ventures, Kaiser Permanente and others on a solution that will present available vaccination appointments from multiple provider scheduling systems on one website. The information will be refreshed frequently and when an appointment shows as available, an eligible person will receive a link to the provider to schedule the appointment.

• DOH is exploring expanding both the service level of its call center to be more responsive to Washingtonians and the service offering of its call center to include assisting Washingtonians in scheduling appointments (particularly important for Washingtonians who are challenged in using or accessing computers).
WASHINGTON'S COVID-19 VACCINE PHASES

Phase 1 Estimated Start Dates (Tiers A and B)
Find out if it's your turn at FindYourPhaseWA.org

WINTER

1A TIER 1
- High-risk healthcare workers in health care settings
- High-risk first responders
- Long-term care facility residents
- All other workers at risk in health care settings

1B TIER 1
- All people 65 years or older
- All people 50 years or older in multigenerational households (home where individuals from 2 or more generations reside such as an elder and a grandchild)

SPRING / SUMMER

1B TIER 2
- High-risk critical workers 50 years or older who work in certain congregate settings: Agriculture; food processing; grocery stores; K-12 (educators & staff); child care; corrections; prisons, jails or detention centers; public transit; fire; law enforcement

1B TIER 3
- People 16 years or older with 2 or more co-morbidities or underlying conditions

SUMMER / FALL

1B TIER 4
- High-risk critical workers under 50 years who work in certain congregate settings (as noted in B2)
- People, staff, and volunteers in congregate living settings: Correctional facilities; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings

FUTURE PHASES
- Information on who is eligible for Phases 2, 3 & 4 coming soon.

FOCUS ON EQUITY: This approach prioritizes population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities.

The timelines represented here are estimates and subject to change.
Side Effects

- Side effects are expected
- They may include:
  - Pain at the injection site
  - Fatigue
  - Headache
- They are more common:
  - People younger than 55
  - After the second dose
- People should be encouraged to complete the 2-dose series even if they develop side effects
- Adverse reactions are not side effects:
  - Examples are anaphylactic reactions such as hives or shortness of breath
  - 15 minute post-vaccination observation time required to watch for immediate adverse reactions
  - Persons who have had a severe allergic reaction to any vaccine or injectable therapy should not receive either of the COVID-19 vaccines at this time
- **Public health measures still necessary post vaccination**
COVID-19 Vaccination Coverage by Race/Ethnicity

Eight Strategies to Address Vaccination Inequities

• Engage communities to inform vaccine prioritization and planning
• Integrate a pro-equity approach into vaccine allocation and distribution
• Prioritize allocation and support to providers who effectively serve disproportionately impacted communities
• Invest in trusted community leaders, messengers and organizations
• Ensure all communications, education and outreach efforts are culturally and linguistically appropriate and accessible
• Strengthen the public health system’s ability to center communities in vaccine outreach and access
• Foster opportunities for collaboration
• Support a trauma-informed approach to vaccine conversations
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