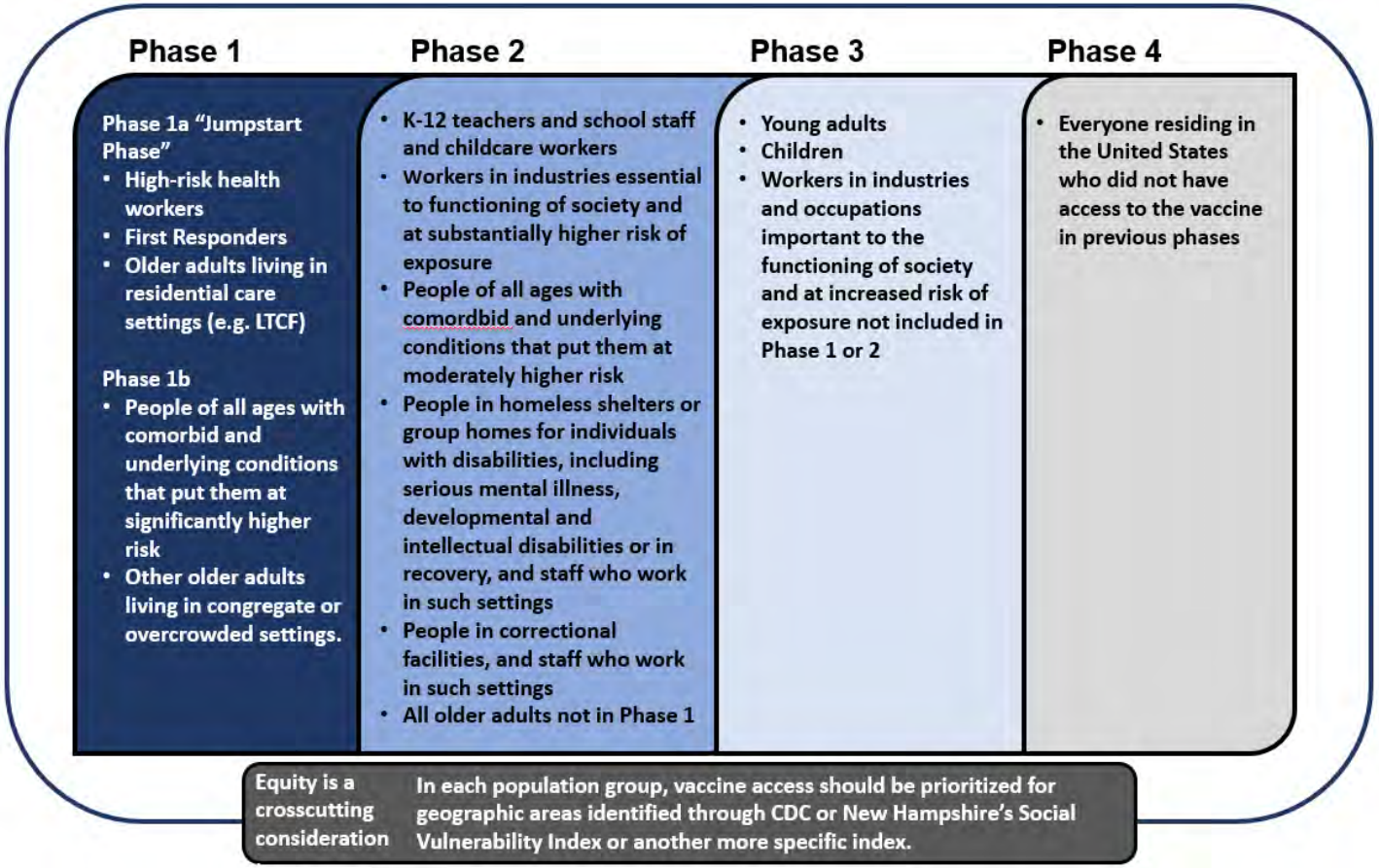
Vaccine Allocation Process

- The Vaccine Allocation Strategy Branch (VASB) is leveraging information from:
  - National Academy of Sciences Framework for Equitable Allocation of Vaccine for the Novel Coronavirus
  - CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations
  - ACIP recommendations expected late in approval process
  - State Disaster Medical Advisory Committee
- This is a work in progress, constantly updated with research data and updated expert guidance

NH Vaccine Allocation Plan

******Subject to Change!******



Major Elements of the Framework for Equitable Allocation of COVID-19 Vaccine

Foundational Ethical Principles

Maximum benefit: The obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term.

Equal concern: The obligation to consider and treat every person as having equal dignity, worth, and value.

Mitigation of health inequities: The obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.

Foundational Procedural Principles

Fairness: Decisions should incorporate input from affected groups, especially those disproportionately affected by the pandemic. Once informed by public input, decisions should be data-driven and made by impartial decision makers, such as public health officials.

Transparency: The obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework, as they are being developed and deployed.

Evidence-based: Vaccination phases, specifying who receives the vaccine when, should be basked on the best available scientific evidence, regarding risk of disease, transmission, and societal impact.

Goal

Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

Allocation Criteria

Risk of: 1) acquiring infection; 2) severe morbidity and mortality; 3) negative societal impact; and 4) transmitting infection to others

Four Allocation Phases

Phase 1a: High-risk health workers and first responders

Phase 1b: People with significant comorbid conditions (defined as having two or more); and older adults in congregate or overcrowded settings

Phase 2: K-12 teachers and school staff and child care workers; critical workers in high-risk settings; people with moderate comorbid conditions; people in homeless shelters or group homes and staff; incarcerated/detained people and staff; and all older adults

Phase 3: Young adults; children; workers in industries important to the functioning of society

Phase 4: All other individuals residing in the United States who are interested in receiving the vaccine for personal protection

Equity is a crosscutting consideration: In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

NH Vaccine Resources

https://www.nh.gov/covid19/resources-guidance/vaccination-planning.htm

NH DIVISION OF
Public Health Services
Department of Health and Human Services

How to Distribute?

Safety, efficiency, logistics

Vaccine Distribution

- Estimated 75% non-government / 25% government
- All COVID-19 vaccinators need to establish a CDC COVID-19 Provider Agreement with NH DHHS
- Those that have a contract with CDC may get vaccine directly through CDC allocation
- Agreements will communicate to NH DHHS many of the logistics of how clinics will be held

Documentation

- Two components to documentation
  - Vaccine ordering and distribution
  - Doses administered to individuals
- Phase 1: CDC's Vaccine Administration Management System (VAMS)
- Phase 2 and beyond: More robust system to include registration and scheduling functionality
- Final location of COVID vaccination data will be in the State Immunization Information System (IIS)
  - Also in healthcare organization's EMR

******Subject to Change!******

Cost (CMS Communication 10/28)

- Prohibit providers from charging consumers for admin of vaccine
- Insurance companies cover the administration fee without cost sharing for Medicare, Medicaid and Private Insurance
  - Medicare admin fees: 1st dose-$16.94 / 2nd dose-$28.39
  - Encourage private insurance to adopt the same fee structure
- Uninsured: Providers able to bill for reimbursement through Provider Relief Fund administered by Health Resources and Services Administration (HRSA)
- When emergency ends, some coverage and cost sharing will expire

******Subject to Change!******

Communication

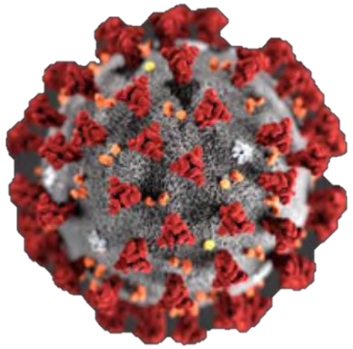
- Partner outreach:
  - Regional Public Health Networks
  - Long-term care facilities
  - Hospitals
  - Pharmacies
  - Clinical partners
  - Others
- Public outreach:
  - Proactively address safety and efficacy concerns
  - When and how to access vaccine

A heavy lift… but we have each other!

Vaccine Talking Points

- Leading candidates require at least 2 doses of vaccine spaced by at least 3w requiring infrastructure to ensure follow-up dosing
  - Same vaccine needed for both doses
- Approved vaccine will not protect 100% of recipients
  - Efficacy bar for EUA set low at 50%
  - Protection rates will likely be lower in older persons
- NH's priority for safe, efficient, equitable and collaborative distribution

Thank you!



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