

COVID-19 Vaccination Plan

IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
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IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

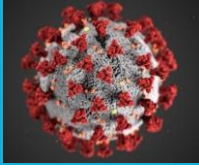


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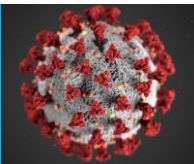
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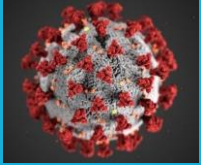
Appendix A59



Record of Changes

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Date Reviewed	Change Number	Date of Change	Description of Change	Name of Author
10/16/2020	1	10/19/2020	Addition of Executive Summary	S. Leeds



Executive Summary – Interim Plan

Introduction

The purpose of the Idaho Department of Health and Welfare’s (DHW) Interim COVID-19 Vaccination Plan is to provide a foundation for the spectrum of activities needed for the vaccination of Idahoans against SARS-CoV-2, the virus that causes COVID-19. Planning for COVID-19 vaccination in Idaho was initiated in May 2020 as information about vaccine development began to emerge. It is enhanced frequently, as more guidance is provided by federal, state, and local partners. This plan is a “living document” that will be revised as new information is obtained about specific vaccines approved for use, prioritized populations and subgroups identified for vaccination when vaccine supplies are limited, and partners’ and stakeholders’ recommendations.

Phased Approach to COVID-19 Vaccination

Idaho’s Interim COVID-19 Vaccination Plan includes a 3-phased approach, based on assumptions about vaccines likely to be approved for use in certain occupational groups and Idahoans in specific demographic categories (health care workers with high risk for exposure to SARS-CoV-2, older or immunocompromised Idahoans, etc.). The phased vaccination approach ties directly to vaccine availability; moving from limited availability of vaccine and vaccinating identified priority groups, to wide availability of vaccine and vaccinating the general public as part of a routine immunization schedule.

Critical Populations

Idaho’s Interim COVID-19 Vaccination Plan identifies priority population tiers and subgroups within tiers, based on the assumption that the federal Advisory Committee on Immunization Practices (ACIP) will recommend health care workers who have high risk for exposure to SARS-CoV-2 as part of their daily work, other essential workers at high risk for exposure, and people at high risk of severe COVID-19 illness, including people 65 years and older. DHW is engaging with partners and the Idaho COVID-19 Vaccine Advisory Committee to prioritize subgroups and ensure equity and transparency in vaccine distribution and administration.

COVID-19 Vaccination Provider Recruitment and Enrollment

The Idaho Immunization Program (IIP) is responsible for recruiting COVID-19 vaccine providers who will receive COVID-19 vaccine through the State of Idaho. IIP will enroll providers in the Centers for Disease Control and Prevention’s (CDC) COVID-19 Vaccination Program in phases following the 3-phased approach to COVID-19 vaccination, verifying providers’ licensure.

Phase 1 - proposed

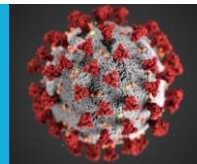
Public Health Districts
Hospitals/Critical Care
FQHC/CHC
Pharmacies
Tribal Health
Occupational Health
Large Healthcare Systems

Phase 2 - proposed

Pharmacies
Correctional Facilities
Urgent Care Clinics
Internal Medicine
Family Medicine

Phase 3 -proposed

Pediatric Providers
Interested Vaccinators



COVID-19 Vaccine Storage and Handling

After Phase 1 providers are enrolled, IIP will train providers on the details of vaccination, once specific vaccines are approved by the Food and Drug Administration (FDA). IIP will also train providers on the myriad requirements of the CDC's COVID-19 Vaccination Program including, but not limited to cold-chain management of specific vaccines, storage and handling, continuous temperature monitoring, vaccine administration data requirements, use of PrepMod™ (a comprehensive, end-to-end pandemic management tool), adverse event reporting, and other regulatory requirements. IIP will be responsible for ensuring providers enrolled to administer COVID-19 vaccine have appropriate vaccine storage and handling equipment, including temperature monitoring devices and the ability to provide required data.

COVID-19 Vaccination Second-Dose Reminders

The COVID-19 vaccines anticipated to be initially approved by the FDA and recommended by ACIP require two doses for efficacy, with either 21- or 28-day intervals between first and second doses. Reminders for second doses will be critical to ensure vaccine efficacy among individuals who receive the COVID-19 vaccine. IIP will ensure redundancy in COVID-19 second-dose reminders by using the reminder feature of PrepMod™ and the reminder feature within Idaho's immunization information system, known as IRIS (Immunization Reminder Information System).

COVID-19 Vaccination Program Communication

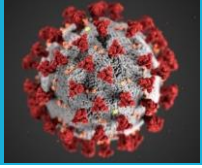
DHW has convened a COVID-19 Communications Task Force that will lead vaccination communications with input from IIP and stakeholders. COVID-19 vaccine communication will be deployed in three phases. Each phase will build off the previous phase, including targeted messaging to providers, prioritized populations and subgroups for vaccine, employers, insurers, government and community partners, and the Idaho public. Types of messaging will include importance of getting the vaccine, safety concerns, availability of vaccine across Idaho, to name a few. Communication channels will include DHW's channels on social media, websites, blog platforms, as well as other government partners, and DHW's media and marketing contractor. IIP will work with DHW's Communications Office to develop and issue press releases as needed. All media requests will be managed in alignment with DHW's policies.

COVID-19 Vaccine Safety Monitoring

IIP will follow all regulatory procedures for COVID-19 vaccine adverse event reporting and ensure all Idaho providers enrolled in CDC's COVID-19 Vaccination Program are trained on the requirements and processes for reporting adverse events following vaccination to the federal Vaccine Adverse Event Reporting System (VAERS).

COVID-19 Vaccination Program Monitoring

IIP will set targets for successful implementation of Idaho's Interim COVID-19 Vaccination Plan. This includes monitoring resources such as staffing, budgets, and supplies. IIP will also report provider enrollment to CDC twice weekly, as required. IIP will collaborate with Idaho's Public Health Preparedness and Response Program to monitor vaccine ancillary supply levels across the state through the Idaho Resource Tracking System. Other monitoring will include assessing geographic coverage of enrolled providers to ensure sufficient numbers proximity of vaccinators to serve prioritized populations and subgroups, number of vaccines distributed by county, and number of vaccines administered by county, age group, and facility type. Additional monitoring data will be identified as Idaho's Interim COVID-19 Vaccination Plan continues to evolve as more information is obtained by both federal and Idaho partners.



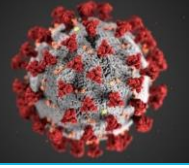
Section 1: COVID-9 Vaccination Preparedness Planning

The upcoming COVID-19 mass vaccination operations will be the largest undertaking by public health officials in a generation. The process from start to finish is complex, and while there are still many unknowns, the Idaho Department of Health and Welfare (DHW) began preparing for vaccine distribution in late Spring 2020, after CDC began issuing information and guidance. There are many complicating factors that must be considered, including a limited supply when vaccine(s) first becomes available, the need for multiple doses which are non-interchangeable between brands, ultra-cold storage and cold chain management for some anticipated brands, and the challenges of physical distancing during vaccination clinics to mitigate COVID-19 virus transmission. Additionally, state officials and vaccine providers must address communication plans to maintain or increase vaccine confidence among Idahoans, while also battling misinformation, vaccine hesitancy, legal considerations related to scope of practice, and the safety and efficacy data for each approved COVID-19 vaccine.

The COVID-19 Vaccination Task Force began meeting in June 2020. The group reviewed the CDC's *Interim Updated Planning Guidance on Vaccine During an Influenza Pandemic* and a small subgroup was developed to inform the prioritization of healthcare workers, long-term care facility staff and residents, and essential workers. The document will be used in conjunction with the national Advisory Committee on Immunization Practices (ACIP) recommendations. Members of this group have reviewed 2009 H1N1 lessons learned, but there are many differences between the influenza vaccine dispensing operations and the upcoming COVID-19 vaccine activities. The large Points of Dispensing (POD) tactics that were used in 2009 are not completely transferrable to this current public health emergency.

Public health and community vaccine providers are being encouraged to use seasonal influenza vaccination to exercise and validate vaccination plans. Because of mitigation requirements, many are conducting drive-through clinics to “practice” and review processes and procedures, identify challenges, and capture throughput rates before the COVID-19 vaccines become available. The Idaho Immunization Program (IIP) staff participated in a seasonal influenza drive-through influenza vaccine clinic on October 2, 2020, alongside the Idaho Immunization Coalition, Idaho State University School of Pharmacy, and Albertson's (SavOn) Pharmacy to observe the processes from start to finish. Staff can use the experience to convey best practices and lessons learned to groups that will be taking part in the COVID-19 mass vaccination effort. For example, the planning team was able to note ways to increase throughput, improve vaccine storage and handling protocols, and increase the speed of data entry into Idaho's immunization information system (IIS).

Idaho will conduct workshops and tabletop exercise to identify potential challenges and solutions prior to launching the mass vaccination campaign. These are anticipated to occur in November and December, with exact timing dependent on actual COVID-19 vaccine approval and distribution by the federal government. The logistics to receive, store, and distribute large amounts of vaccine, and ancillary supplies such as Personal Protective Equipment (PPE), such as masks and gloves, needles, alcohol wipes, sharps containers, etc. will require stakeholders from public health agencies, hospitals, immunization coalitions, emergency managers, and healthcare providers to discuss all logistical requirements.



Public Health Emergency Preparedness (PHEP) training and exercise coordinators from state and local public health agencies have agreed to form an exercise planning and development team. They will use the Idaho COVID-19 Vaccination Playbook, medical countermeasure dispensing plans, and pandemic influenza plans to extract information and develop workshops and tabletop exercises prior to and during the mass vaccination campaign. Workshops for all three phases of the vaccination campaign will provide partners and stakeholders an opportunity to gain knowledge about the vaccination plans and identify gaps and weaknesses. IIP and PHPR staff are collaborating to establish dates and times for the exercises.

The full range of partners participating in these activities will consist of state and local public health officials from the immunization and public health emergency preparedness programs, emergency management; healthcare coalitions; and community vaccination partners such as pharmacies, occupational health providers, healthcare providers, EMS agencies, critical access hospitals, and federally qualified health centers.

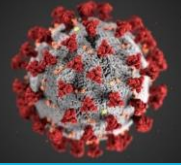
If time allows, a series of exercises will be developed to include a crawl, walk, run series including, but not limited to:

- Workshops and seminars to ensure state and local public health officials have information and are prepared for vaccine distribution.
- Tabletop and functional exercises with a focus on operational aspects of distribution sites.
- Drills and full-scale exercises to test and validate distribution plans from a real-world perspective.

As part of DHW's standard procedure for quality improvement, a hotwash will be conducted after each exercise to capture information on areas for improvement, best practices, and corrective actions. Staff from the Idaho Immunization Program or Public Health Preparedness and Response will be given assignments for the corrective actions and the improvement plan, and roles and responsibilities will be clear, deadlines established, and progress tracked in the DHW COVID Response Portal via the task list and activity tracker (TLATT) to ensure all activities are completed. The Immunization Program Manager and Public Health Preparedness and Response Program Manager will serve as Quality Improvement officers to assist with identification of gaps and problem-solving.

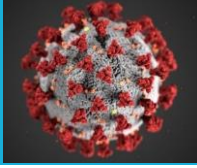
The preliminary list of topics incorporated into the exercise design are:

1. Communications plan for outreach and education
2. Vaccine provider recruitment
3. Public health and healthcare provider enrollment
4. Use of standing orders
4. Vaccine ordering
5. Cold chain management
6. Vaccine distribution plan for Phase 1 and subsequent phases
7. Long-term vaccination and outreach planning
8. Vaccine administration data management and reporting
9. Inventory management



IIP and PPHR leads will update this section as CDC provides new information and clarity for the exercise planning team.

INTERIM PLAN



Section 2: COVID-19 Organizational Structure and Partner Involvement

While there are numerous state agencies involved in the pandemic response, the two organizations leading the vaccination planning and implementation are the Idaho Department of Health and Welfare (DHW) and the Idaho Office of Emergency (IOEM). The strong partnership that exists between DHW and IOEM is critical to the successful implementation of the COVID-19 vaccination program.

State Public Health Structure

The public health governance structure in Idaho is both centralized and decentralized. Much of the legal authority in public health matters is held at the state level in DHW. There are, however, several authorities and responsibilities that are delegated to local public health districts.

IDHW serves under the leadership of the Governor of the state of Idaho. The DHW Director oversees all department operations and is advised by an eleven-member Board of Health.

DHW is organized into eight divisions:

- Medicaid
- Family and Community Services
- Behavioral Health
- Welfare (Self-Reliance)
- Public Health
- Licensing and Certification
- Management Services
- Information and Technology

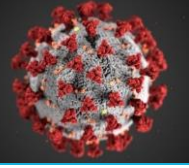
The two programs at the center of the vaccination planning and implementation for DHW are the Idaho Immunization Program (IIP) and the Public Health Preparedness and Response (PHPR) Program, which are both located within the Division of Public Health.

Local Public Health Structure

Idaho's 44 counties are divided into seven local public health districts. The districts are the primary source of public health leadership and services in local communities. The boundaries that separate each of the seven jurisdictions include geographic barriers, transportation routes, and population centers. Each local public health district is governed by a board consisting of members representing the counties within the district. Although the specific services provided vary from district-to-district, all seven districts are actively involved in Idaho's pandemic response. The local public health districts work in close partnership with the Idaho Department of Health and Welfare, Idaho Office of Emergency Management, and the Governor's office focused on the shared goal of an efficient and effective response.

Idaho Office of Emergency Management

The Idaho Office of Emergency Management (IOEM) provides administrative support and outreach efforts across the state to all of Idaho's residents. The IOEM is a Division of the Idaho Military Division. The services provided are to facilitate emergency management in Idaho, and to assist neighboring states. IOEM's mission is to protect the lives and property of the people of Idaho, as well as preserving the environmental and the economic health of Idaho.



In response to the pandemic at the end of March, the DHW operations center merged with the IOEM into a unified command. Each DHW participant has at least one person from their program who can step into their role, if for some reason they are out of the office for an extended period of time. This relationship between DHW and IOEM is the foundation to successfully executing Idaho's COVID-19 Vaccination Plan. DHW leadership take part in virtual meetings with IOEM and local public health to discuss COVID-19 outbreak response activities, including mass vaccination planning, at least two times weekly to provide sufficient situational awareness throughout the various stages of this pandemic response.

COVID-19 Vaccine Planning Committee

In June 2020, at the request of Idaho's State Health Official (SHO), the IIP formed a COVID-19 Vaccination Task Force to begin planning for mass vaccination. The task force included participation of internal staff, two physicians; one pediatrician, and one former CDC public health physician who is also a member of the Governor's Coronavirus Working Group and representatives from the Idaho Commission on Hispanic Affairs and Tribal nations in Idaho.

The Task Force formed a workgroup to draft guidance about prioritization of critical workforce and essential personnel when vaccine is limited in Phase 1 vaccine distribution. The workgroup shared the preliminary information to preparedness, immunization, and clinical personnel with the local public health districts (PHD) and tribes, explained the categorization. The draft document continues to be refined as additional community insight is provided.

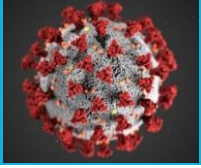
COVID-19 Vaccination Task Force – Internal DHW Staff

- Idaho Immunization Program Manager
- Deputy State Epidemiologist; Chief, Bureau of Communicable Disease Prevention
- Career Epidemiology Field Officer, CDC
- Chief of the Bureau of Emergency Medical Services and Preparedness
- Public Health Preparedness and Response Program Manager
- CDC Senior Public Health Advisor deployed to Idaho Immunization Program
- Idaho Immunization Program, Vaccine Operations Manager
- Idaho Immunization Program, Outreach Manager
- CDC Public Health Associated assigned to Idaho Immunization Program,
- Adult immunization expert, retired CDC U.S. Public Health Service

COVID-19 Vaccination Task Force meeting topics included, but were not limited to:

- Preparation for COVID-19 mass vaccination
- Updates on CDC's pre-decisional, proposed COVID-19 mass vaccination data flow
- Potential privacy barriers
- Public health emergency preparedness requirements from the CDC related to pandemic influenza planning, including review of the Idaho Medical Countermeasures Plan
- Discussion and creation of a subgroup to work on priority tiers for critical workforce personnel based on 2018 CDC tiered guidance
- Sharing information about the two first promising vaccine candidates, requiring two doses 21 to 28 days apart, depending on the vaccine
- Ultra-cold storage requirements for one of the vaccine candidates

IDAHO COVID-19 VACCINATION PLAN - INTERIM



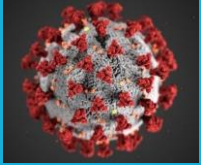
The COVID-19 Task Force will conclude its work in mid-October and it will be transitioned into the Idaho COVID-19 Vaccine Advisory Committee with much broader membership.

Senior DHW leadership reviewed the recommendations in the CDC’s COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations and developed a list of invitees and subject matter experts to participate in Idaho’s COVID-19 Vaccination Advisory Committee. The committee will be co- led by the Idaho State Health Official and a hospital physician. Currently, the list has been finalized and invitations have been sent for an initial meeting on October 23, 2020.

The Advisory Committee will review recommendations coming from the CDC’s Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health (NIH), and National Academies of Science, Engineering, and Medicine (NASEM) and adapt the recommendations to meet the needs of Idahoans. The COVID-19 Vaccine Advisory Committee will be provide wide-ranging perspective to ensure equitable access to vaccinations, through all three phases of the mass vaccination program. The Advisory Committee will include external stakeholders and community partners who are familiar with how to obtain healthcare and other essential services within each jurisdiction. Tribal, minority, and vulnerable populations will be represented.

Idaho COVID-19 Vaccine Advisory Committee External Partners

Members:	Ex Officio Members/State Agencies
Emergency management agencies	Division of Medicaid, IDHW
Healthcare coalitions	Division of Behavioral Health, IDHW
Idaho Immunization Coalition	Division of Licensing and Certificaton, IDHW
Directors of the 7 local public health districts or their designees	Department of Insurance
Health systems and hospitals	Department of Education
Infectious Disease Physician	State Board of Education
Idaho Primary Care Association	Board of Pharmacy
Rural Health Clinics (RHCs)	Board of Nursing
Representation from Pharmacy	Board of Medicine
Long Term Care Representation	Idaho Commission on Aging
AARP	Idaho Commission on Hispanic Affairs
Businesses and occupational health organizations	Idaho Office of Emergency Management
Health insurance issuers and plans	Idaho Department of Corrections
Education agencies and providers	Centers for Disease Control and Prevention
Correctional facilities	
Religious Leaders and Institutions	
Tribal Leaders	
Organizations serving people with disabilities	
Refugee Organization	
Organizations serving racial and ethnic minority groups	
Entities involved in COVID-19 testing center organization	
Idaho Medical Association	
Idaho Academy of Family Physicians	
Idaho Nurses Association	
Idaho Academy of Physician Assistants	
Idaho Hospital Association	
Oral Health Association	
Association of Professionals in Infection Control and Hospital Epidemiology	
Medical Academia	
American Immunization Registry Association	
Idaho State Dental Association	
Ethicist(s)	



Internal Leadership

The internal DHW listed below will assist the Idaho COVID-19 Vaccine Advisory Committee, review their recommendations, and incorporate information into the Playbook to fully operationalize mass vaccination efforts; so when vaccine candidate(s) become available, the campaign can begin immediately.

A vast majority of the staff listed below have worked for the department for 10 - 20 years and 9 out of 10 of the internal DHW staff took part in the vaccination campaign in 2009 for H1N1 response.

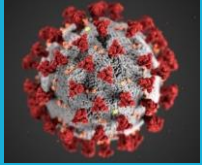
Vaccination Internal DHW Staff

- Administrator, Division of Public Health, State Health Official
- Deputy Administrator, Division of Public Health
- Medical Director, State Epidemiologist, Division of Public Health
- Deputy State Epidemiologist; Chief, Bureau of Communicable Disease Prevention
- Chief, Idaho Bureau of Laboratories
- Career Epidemiology Field Officer, CDC
- Chief, Bureau of EMS and Preparedness
- Chief, Bureau of Community and Environmental Health
- Idaho Immunization Program Manager
- Public Health Preparedness and Response Program Manager

Coordination between State and Local Public Health Authorities

Idaho has a decentralized public health structure and well established regional, state, and local relationships. At the highest level, Idaho's State Health Officer (SHO) is in regular communication with the Region 10 Office of the Assistant Secretary for Health (OASH) Administrator as well as the other Region 10 SHOs through weekly calls. Idaho's SHO has daily communication with the Governor's office and the SHO and Public Health Medical Director have weekly meetings with the Governor's Coronavirus Working Group. Additionally, the SHO, Medical Director, and key state Division of Public Health (DPH) staff meet two times a week with the Directors of Idaho's seven local public health districts (PHDs). The Governor's public health liaison also participates in these twice weekly meetings. This structure allows for timely and direct communication from federal partners to local public health entities. The DPH's well-established relationships and communication pathways at the regional, state, local, and tribal levels position Idaho well for this large and challenging vaccine distribution effort. The CVAC will ensure the expertise of stakeholders and the perspective of marginalized and disparate populations will guide decision making to assure equitable access to COVID-19 vaccination services.

The DPH's Deputy Administrator, Chief of the Bureau of EMS and Preparedness, and the PHPR manager participate on calls with Region 10 federal partners from the HHS Assistant Secretary for Preparedness and Response (ASPR) which includes the Regional Administrator, the Region 10 Regional Emergency Coordinator Liaison to Idaho, and the National Hospital Preparedness Program (NHPP) Project Officer. On occasion the CDC Public Health Emergency Preparedness (PHEP) Project Officer joins the calls. Region 10 states, Alaska, Idaho, Oregon, and Washington, have strong relationships between programs and meet regularly to coordinate border issues such as medical surge capacity, shared health systems,



and economic based movement across jurisdictions. This coordination was well established prior to the COVID-19 pandemic and continues to improve.

The Idaho Emergency Operations Plan (IDEEP), maintained by the IOEM, and promulgated by the Governor, designates DHW as the coordinating agency for Emergency Support Function 8 (ESF-8) Public Health and Medical Services. The PHPR Program maintains the ESF-8 Annex within the IDEEP, and Incident Annex 6: Pandemic Influenza. The DHW PHPR Program staff internally support the work of epidemiologists, laboratorians, and the immunization program, and external coordination and support of regional healthcare coalitions with membership made up from hospitals, public health, tribal nations, EMS agencies, emergency management, long-term care facilities, as well as other community organizations involved in preparedness and response efforts.

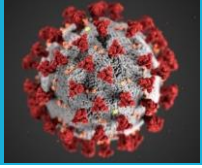
DHW and IOEM formed unified command in March to be in lockstep with planning, logistics, and operations for what has become the largest ESF-8 response both agencies have ever managed. The chief of the bureau of EMS and preparedness is the ESF-8 Liaison and the manager of the PHPR Program is the DHW Operations Center manager and monitors the DHW response activities. DHW and IOEM have weekly command and general staff virtual meetings to discuss the response. OEM staff have logistical expertise and coordinate with the DHW logistics, as one logistical team, to monitor personal protective equipment (PPE) requests from ESF-8 stakeholders. Both agencies streamlined the request process related to PPE requests, and orders are expeditiously filled and shipped to healthcare providers. This experience will prove valuable as we move into the process of implementing the COVID-19 Vaccination Plan. Additionally, each PHD has an OEM area field officer at the local level to assist each local PHD, and to maintain situational awareness which is shared with DHW and OEM management.

PHPR began holding weekly virtual meetings with the PHD preparedness program managers on February 8, and the DPH Epidemiology Section and Surveillance Program within the Bureau of Communicable Disease Prevention began scheduling virtual meetings with PHD epidemiology staff around the same time. Within a few weeks, PHPR invited the tribal partners and OEM field officers to take part in the virtual meetings, to maintain situational awareness and develop a common operating picture with all partners. At the end of August, virtual meetings with local public health preparedness and immunization staff, tribal clinic staff, and hospital coalition partners focusing on vaccine planning and implementation strategies began.

IIP and PHPR program leads will work directly with their local PHD and tribal preparedness and immunization counterparts on the Idaho Vaccination Playbook and the steps required to operationalize the plan. The IIP is procuring the PrepMod™ application and will use this software to manage enrollment of COVID-19 vaccine providers, tracking of vaccine administration, and all required second-dose reminders. Prep-Mod will be a critical tool in monitoring adherence to all federal regulations included administration, data exchange, and reporting.

Tribal Engagement

Idaho is home to tribal lands of four federally recognized tribes: Kootenai Tribe, Coeur d'Alene Tribe, Nez Perce Tribe, and the Shoshone-Bannock Tribes. The Shoshone-Paiute Tribes Duck Valley Reservation straddles a portion of the border with the state of Nevada. Each tribe has a HRSA funded clinic. The Shoshone-Bannock Tribes have a HRSA clinic and an Indian Health Service contract clinic. There are no



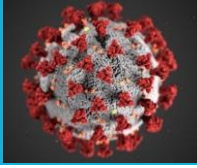
urban Indian organizations or clinics in Idaho. The Northwestern Band of the Shoshone Nation maintains an office only in Idaho. Idaho's 2019 population estimate is 1.8 million, of which 1.7 percent are American Indian/Alaska Native (QuickFacts: Idaho. U.S. Census Bureau).

The Northwest Portland Area Indian Health Board (NPAIHB) located in Portland, Oregon supports Idaho Tribal health in four primary areas; health promotion and disease prevention, legislative and policy analysis, training and technical assistance and surveillance and research. NPAIHB also houses a tribal epidemiology center. The IDHW has a Tribal Liaison who is the primary contact with NPAIHB and tribal leadership on all IDHW programs. The NPAIHB and Idaho tribes have been invited to participate on the Idaho COVID-19 Vaccine Advisory Committee. Additionally, the IDHW Tribal Liaison will be available to support the Advisory Committee. The IIP and PPHR Program work directly with tribal clinic and preparedness staff as well as NPAIHB staff.

The IIP and PPHR Program have been working in tandem to assure all aspects of vaccine planning, distribution and administration are inclusive of Idaho tribes as well as other marginalized and vulnerable populations. The programs have weekly calls that include the seven local public health districts (PHDs), the three Healthcare Coalitions, the five Tribes and the NPAIHB. Four of Idaho's seven health districts have tribal nations within their jurisdictions. These local PHDs have established relationships with the tribes and they have been working together through all aspects of COVID-19 response. The PPHR Program began subgranting with two of the five tribal nations in 2019, and will have three subgrants with tribes in 2020, and has been building stronger relationships with the tribes with the understanding that they can bypass the local PHDs and go directly to the state to request support. Knowing that it can be challenging for tribes to be heard and their unique circumstances understood in a large group, the IIP and PPHR Program have arranged weekly calls with NPAIHB and the Idaho tribes. This provides a venue to discuss population prioritization, community challenges, and available local and state public health support. Additionally, it is an opportunity for the tribes to critically assess the various options that are available to them and make the most appropriate choices for their communities. As noted above, the Duck Valley Shoshone-Paiute Tribes straddle the Idaho/Nevada border. With the tribal offices located in Nevada the Shoshone-Paiute Tribes are served by the Inter-Tribal Council of Nevada, Inc. not the NPAIHB. However, the closest public health and healthcare services are in Idaho. Idaho local and state public health have always partnered with the Shoshone-Paiute Tribes clinical and preparedness programs and will continue to do so. On September 28, 2020, IIP participated in a meeting with the Nevada Immunization Program, CDC, Operation Warp Speed, and Indian Health Services to assure the Tribes are included in all aspects of vaccine planning, particularly Tribes whose land spans two states (in this case, the Shoshone-Paiute tribe is located in both Idaho and Nevada).

Key Partners for Critical Populations Engagement

- **Pharmacies:** The seven local public health districts have been working for more than 10 years to establish partnerships with locally owned and independent pharmacies, as well as larger chain pharmacies, so they could participate in response operations related to pandemic influenza or an anthrax incident. For the past several years, they have conducted queries with locally owned and independent pharmacies to determine the amount of key medications used to respond to an anthrax event or influenza pandemic. When the CDC instructed PHEP recipients to shift the focus from anthrax response to pandemic influenza response, the PHDs began conducting queries on influenza antivirals as preparation for the upcoming influenza season, on the last full week of September, which started in



2018. In Idaho, pharmacists can be licensed to administer vaccines, including to children, making them a critical partner in COVID-19 response planning.

Idaho recently learned national chain pharmacies will assist in vaccinating residents of long-term care facilities. Locally owned independent pharmacies will be recruited and enrolled as vaccine providers and required to complete the provider enrollment agreement, possibly for Phase 2, and certainly for Phase 3, when vaccine is widely available to vaccinate the general public.

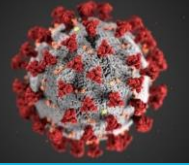
- **Correctional facilities:** State and local public health officials provide support and guidance to the Idaho Department of Corrections (IDOC) for the prison population and staff. IDOC has had large outbreaks of COVID-19 within their facilities. IDOC will be represented on the COVID-19 Vaccine Advisory Committee to ensure they are aware of, and engaged in, vaccination planning.

Local public health districts provide support and guidance to local city or county jails, several of which have had significant COVID-19 outbreaks within their facilities. A representative of jail medical providers will be a participant in COVID-19 Vaccine Advisory Committee, to ensure they are aware of, and engaged in, vaccination planning.

- **Homeless shelters:** Local public health officials work with homeless shelters within their communities. In several instances, when a homeless person tested positive for COVID-19 they were housed safely in a hotel and isolated through the duration of their illness to reduce transmission among the homeless living in congregate settings. A physician from a federally qualified health center which has been managing COVID-19 in homeless populations in Boise will be a participant on the COVID-19 Vaccine Advisory Committee to ensure homeless populations and shelters are considered and included in vaccination planning.

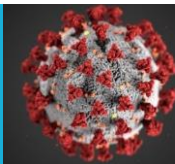
- **Community-based organizations:** There are many community-based organizations taking part in COVID-19 response. One group, Crush the Curve Idaho, was established to support and create additional laboratory testing capacity within the state. United Way agencies and the Salvation Army support COVID-19 response efforts and list information about food pantries located throughout the state, as well as other services Idahoans might need, such as behavioral and mental health support, housing, shelters, financial support, employment and job assistance, business assistance, healthcare assistance, childcare assistance, utilities and internet support, faith-based organizations services they provide in the community, and elder care support, which includes the Meals on Wheels program. [Add language about how we will engage them]

- **Hispanic and Latinx Population:** State and local public health officials participate in the COVID-19 Hispanic and Latinx COVID-19 Task Force. The city of Nampa and Southwest District Health created the task force to ensure the needs of the Hispanic population are being met. In Idaho, 13% of the population is Hispanic, but 33% of COVID-19 cases are members of the Hispanic population. In addition to Nampa, there are several areas with large Hispanic and Latinx migrant field workers working within the agricultural industry. South Central Public Health, in Twin Falls, and outlying areas, has a large migrant worker population and they added a Spanish-speaking hotline to their call center. A representative of the Idaho Commission on Hispanic Affairs and the community organization Centro de



Comunidad y Justicia will be on the CVAC to ensure COVID-19 vaccination plans address the needs of the Latinx population in Idaho.

- **Emergency Medical Services (EMS) Providers:** In Idaho, EMS personnel can administer vaccine to patients. As frontline responders, especially in Idaho's rural and frontier areas, it will be important for them to receive the COVID-19 vaccine, and to assist in the mass vaccination campaign efforts. The Chair of the EMS Physician's Commission will be on the CVAC. In addition, the Division of Public Health licenses EMS agencies and will be reaching out directly to the EMS community to provide information on vaccination safety, efficacy, and availability



Section 3: Phased Approach to COVID-19 Vaccination

Due to the expected variability of COVID-19 vaccine supply DHW's Idaho Immunization Program will be following a phased approach to COVID-19 vaccination. Decisions about allocation of initially available supplies of COVID-19 vaccines will be partially informed by efficacy data produced by current Phase 3 trials, but priority populations for initial COVID-19 vaccination may include:

- Healthcare personnel likely to be exposed to people with COVID-19
- Healthcare personnel that treat COVID-19 patients
- People at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older
- Other essential workers

The three phases of the implementation are:

1. **Phase 1: Potentially Limited Supply of COVID-19 vaccine doses available**
 - Focus initial efforts on reaching the critical populations listed above.
 - Ensure vaccination sites selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine inventory and management.
2. **Phase 2: Large number of vaccine doses available**
 - Focus on vaccinating all members of Phase 2 critical population with full series, as appropriate.
 - Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage
3. **Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)**
 - Focus on ensuring equitable vaccination access across the Idaho population.
 - Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.

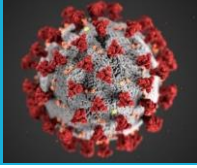
Phase 1: Potentially Limited Doses Available

In Phase 1 of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. The key assumptions in planning for this phase are:

- COVID-19 vaccine supply will be limited
- COVID-19 vaccine administration efforts will focus on the initial critical populations to achieve vaccination coverage in those groups. Sub prioritization of the groups will likely be necessary and will be vaccinated based on the priority recommendations of the COVID-19 Vaccine Advisory Committee.
- Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end tracking of vaccine doses

The following two strategies will be employed to address these constraints:

1. Concentrating early COVID-19 vaccine administration efforts on the initial critical populations identified above and in Section 4: Critical Populations
2. Provide COVID-19 vaccination services in closed point-of-dispensing (POD) settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures (e.g., large hospitals and satellite, temporary, or off-site settings)



Phase 2: Large Number of Doses Available; Supply to Meet Demand

In Phase 2, as supply of available vaccine increases, distribution will expand, increasing access to vaccination for a larger population. When larger quantities of vaccine become available, there will be **two simultaneous objectives**:

1. Provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations in Idaho
2. Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19

The key considerations in planning for Phase 2 are:

- COVID-19 vaccine supply will be sufficient to meet demand from critical populations as well as the public
- Additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
- A surge in COVID-19 vaccine demand will require a robust and varied vaccine administration network for surge capacity
- Low COVID-19 vaccine demand is a possibility; monitoring supply and adjusting strategies will be required to minimize vaccine wastage

The following 2 strategies will be employed to adapt to the increase in COVID-19 vaccine supply levels:

- Expand vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for identified subgroups and moving toward the general population.
- Administer vaccine through:
 - Commercial and private sector partners (pharmacies, doctors' offices, clinics)
 - Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health clinics, temporary/off-site clinics)

Phase 3. Likely Sufficient Supply

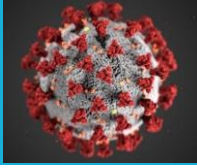
In Phase 3, ultimately COVID-19 vaccine will be widely available and integrated into routine vaccination programs, run by both public and private partners.

The key consideration in planning for phase 3 are:

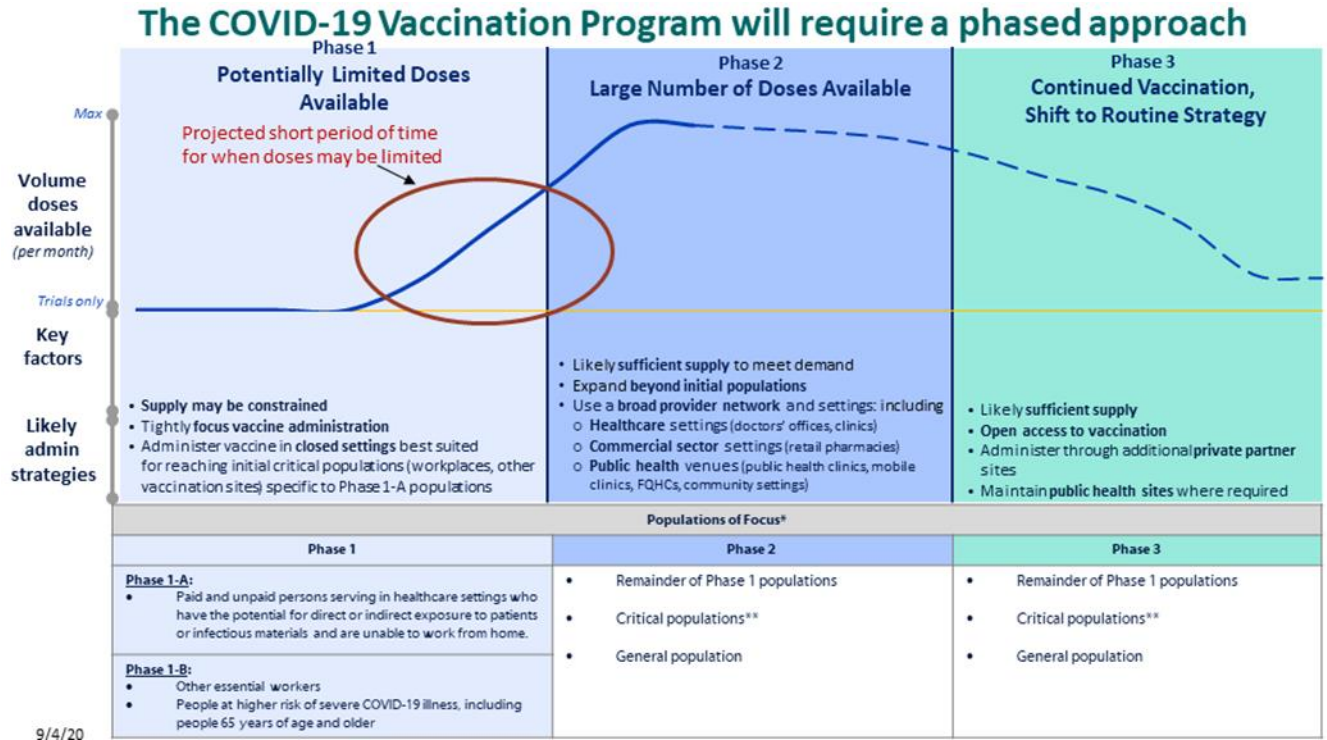
- Sufficient COVID-19 vaccine supply where supply might exceed demand
- Broad vaccine administration network resulting in increased access

The following strategies will be implemented in Phase 3:

- Continuing to focus on equitable vaccination access to vaccination services
- Monitor COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- Monitor supply and repositioning refrigerated vaccine products to minimize vaccine wastage



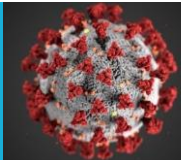
The following is an infographic that illustrates the phased approach:



The planning scenarios described herein will be used in our phased approach to provide COVID-19 vaccines to Idaho’s population. It is important to note that these scenarios are based on the most current information and as information changes, we will make modification accordingly. Decisions will be supported by the Idaho COVID-19 Vaccine Advisory Committee.

Scenario 1: FDA has authorized vaccine A for Emergency Use Authorization (EAU) in 2020

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Availability Assumptions

Vaccine availability under EUA by				
Candidate	End of Oct 2020	End of Nov 2020	End of Dec 2020	Notes
Vaccine A	~2 million (M) doses	10M–20M doses	20M–30M doses	Ultra-cold (-70 °C) storage requirements, for large sites only

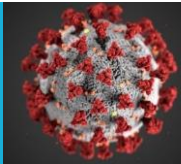
Distribution, Storage, Handling, and Administration Assumptions

Vaccine A	
<p>SHIPMENT <i>3 separately acquired components (mixed on site)</i></p> <ol style="list-style-type: none"> Vaccine <ul style="list-style-type: none"> Direct to site from manufacturer (on dry ice) Multidose vials (5 doses/vial) Diluent <ul style="list-style-type: none"> Direct to site from the US Government (USG) at room temperature Ancillary supply kits (for administration and mixing) <ul style="list-style-type: none"> Direct to site from USG (at room temperature) 	<p>ON-SITE VACCINE STORAGE</p> <p><i>Frozen (-70 °C ± 10 °C)</i></p> <ul style="list-style-type: none"> Must be used/recharged within 10 days Storage in shipping container OK (replenish dry ice within 24 hours of receiving shipment and again 5 days later) <p><i>Thawed but NOT reconstituted (2–8 °C)</i></p> <ul style="list-style-type: none"> Must use within 5 days (discard unused doses after 5 days) <p><i>Reconstituted (room temperature)</i></p> <ul style="list-style-type: none"> Must use within 6 hours (discard any unused, reconstituted vaccine after 6 hours)
<p>ORDERS <i>Large quantities, to large administration sites only</i></p> <ul style="list-style-type: none"> Minimum order: ~1,000 doses Maximum order: ~5,000 doses 	<p>ADMINISTRATION <i>2-dose series (21 days between doses)</i></p> <ul style="list-style-type: none"> On-site mixing required; reconstitute with diluent just prior to administration Administer by intramuscular (IM) injection
<p>INITIAL POPULATIONS OF FOCUS AND ANTICIPATED VACCINE ADMINISTRATION SITES</p> <p><i>Healthcare personnel</i> — public health, closed point of dispensing (POD), temporary/off-site vaccination clinics + potential for mobile clinics</p> <p><i>Other essential workers</i> — public health, closed POD, temporary/off-site vaccination clinics + potential for mobile clinics</p> <p><i>People at higher risk of severe COVID-19 illness</i> — potential for mobile clinics to long-term care facilities (LTCFs)</p>	

Additional considerations for early vaccination planning:

“Healthcare personnel” includes paid or unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to people with COVID-19 or infectious materials (See Section 4).

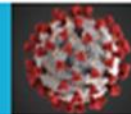
- Jurisdictions should plan for real-time shipment of doses (See Section 7).
- Administration sites (during Phase 1) will not be required to store vaccine products beyond the period of time Vaccine A can be stored in the ultra-cold shipment box (See Sections 8).
- Given the challenging storage, handling, and administration requirements, early vaccination should focus on administration sites that can reach critical populations with as much throughput as possible.
- Stability testing is ongoing for Vaccine A; the storage and handling requirements presented here may shift. The requirements in these scenarios are likely the strictest set of requirements for which planning is needed.
- Jurisdictions should consider partnering with the private sector and with local hospital systems to provide vaccine in closest proximity to the critical populations as possible, given limitations with



the product. For example: Vaccine A may be administered through mobile clinics if multiple mobile clinics are planned over a short period of time to ensure sufficiently high throughput (Section 5).

Scenario 2: FDA has authorized vaccine B for Emergency Use Authorization (EUA) in 2020

COVID-19 VACCINATION SCENARIOS FOR JURISDICTIONAL PLANNING—PHASE 1, Q4 2020



Scenario 2: Vaccine B demonstrates sufficient efficacy/safety for EUA in 2020

Availability Assumptions

Candidate	Vaccine availability by			Notes
	End of Oct 2020	End of Nov 2020	End of Dec 2020	
Vaccine B	~1M doses	~10M doses	~15M doses	Central distro capacity required (-20 °C)

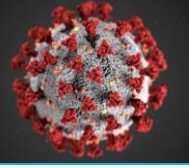
Distribution, Storage, Handling, and Administration Assumptions

Vaccine B	
SHIPMENT <i>2 separately shipped components</i> <ol style="list-style-type: none"> Vaccine <ul style="list-style-type: none"> To central distributor (at -20 °C) Multidose vials (10 doses/vial) Ancillary supply kits <ul style="list-style-type: none"> Direct to site from USG (at room temperature) 	ON-SITE VACCINE STORAGE <i>Frozen (-20 °C)</i> <ul style="list-style-type: none"> Storage in shipping container OK (replenish dry ice as needed) <i>Refrigerated (2–8 °C)</i> <ul style="list-style-type: none"> Must use within 7-14 days <i>Room temperature</i> <ul style="list-style-type: none"> Must use within 6 hours
ORDERS <i>Central distribution capacity required</i> <ul style="list-style-type: none"> Required by Dec 2020 Maintained at -20 °C 	ADMINISTRATION <i>2-dose series (28 days between doses)</i> <ul style="list-style-type: none"> No on-site mixing required Administer by intramuscular (IM) injection
PRIORITIZED POPULATIONS AND ANTICIPATED VACCINE ADMINISTRATION SITES <i>Health care professionals (incl. LTCF staff) – health care clinics + health care occupational health clinics + public health closed temporary mass vaccination clinics + mobile clinics</i> <i>Essential workers (specifics TBA) – hospital occupational health + hospital clinics + public health closed temporary mass vaccination clinics</i> <i>National Security populations – DoD + closed temporary mass vaccination clinics + mobile clinics</i> <i>LTCF residents & staff – commercial pharmacy partners + mobile clinics</i>	

Additional considerations for early vaccination planning:

- “Healthcare personnel” includes paid or unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to people with COVID-19 or infectious materials (See Section 4).
- Jurisdictions should plan for real-time shipment of doses.
- Administration sites (during Phase 1) will not be required to store vaccine products beyond the period of time Vaccine B can be stored at 2–8 °C (See Section 8).
- Given the challenging storage, handling, and administration requirements, early vaccination should focus on administration sites that can reach critical populations with as much throughput as possible. (See Section 5).
- Stability testing is ongoing for Vaccine B; the storage and handling requirements presented here may shift. The requirements in these scenarios are likely the strictest set of requirements for which planning is needed.

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- Jurisdictions should consider partnering with the private sector and with local hospital systems to provide vaccine in closest proximity to the prioritized populations as possible, given limitations with the product (See Section 5).

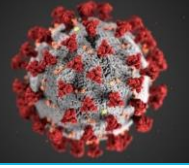
Scenario 3: FDA has authorized vaccine A and B for Emergency Use Authorization (EAU) in 2020

Distribution, Storage, Handling, and Administration Assumptions

Vaccine A	
SHIPMENT <i>3 separately acquired components (mixed on site)</i> <ol style="list-style-type: none"> Vaccine <ul style="list-style-type: none"> • Direct to site from manufacturer (on dry ice) • Multidose vials (5 doses/vial) Diluent <ul style="list-style-type: none"> • Direct to site from USG (at room temperature) Ancillary supply kits <ul style="list-style-type: none"> • Direct to site from USG (at room temperature) 	ON-SITE VACCINE STORAGE <i>Frozen (-70 °C ± 10 °C)</i> <ul style="list-style-type: none"> • Must be used/recharged within 10 days • Storage in shipping container OK (replenish dry ice as needed) <i>Thawed but NOT reconstituted (2-8 °C)</i> <ul style="list-style-type: none"> • Must use within 24-48 hours <i>Reconstituted (room temperature)</i> <ul style="list-style-type: none"> • Must use within 6 hours
ORDERS <i>Large quantities, to large administration sites only</i> <ul style="list-style-type: none"> • Minimum order: ~1,000 doses • Maximum order: ~5,000 doses 	ADMINISTRATION <i>2-dose series (21 days between doses)</i> <ul style="list-style-type: none"> • On-site mixing required; reconstitute with diluent just prior to administration • Administer by intramuscular (IM) injection
PRIORITIZED POPULATIONS AND ANTICIPATED VACCINE ADMINISTRATION SITES <i>Health care professionals (incl. LTCF staff) – public health closed temporary mass vaccination clinics + potential for mobile clinics</i> <i>Essential workers (specifics TBA) – public health closed temporary mass vaccination clinics + potential for mobile clinics</i> <i>National Security populations – public health closed temporary mass vaccination clinics + DoD sites</i> <i>LTCF residents & staff – potential for mobile clinics to facilities</i>	
Vaccine B	
SHIPMENT <i>2 separately shipped components</i> <ol style="list-style-type: none"> Vaccine <ul style="list-style-type: none"> • To central distributor (at -20 °C) • Multidose vials (10 doses/vial) Ancillary supply kits <ul style="list-style-type: none"> • Direct to site from USG (at room temperature) 	ON-SITE VACCINE STORAGE <i>Frozen (-20 °C)</i> <ul style="list-style-type: none"> • Storage in shipping container OK (replenish dry ice as needed) <i>Refrigerated (2-8 °C)</i> <ul style="list-style-type: none"> • Must use within 7-14 days <i>Room temperature</i> <ul style="list-style-type: none"> • Must use within 6 hours
ORDERS <i>Central distribution capacity required</i> <ul style="list-style-type: none"> • Required by Dec 2020 • Maintained at -20 °C 	ADMINISTRATION <i>2-dose series (28 days between doses)</i> <ul style="list-style-type: none"> • No on-site mixing required • Administer by intramuscular (IM) injection
PRIORITIZED POPULATIONS AND ANTICIPATED VACCINE ADMINISTRATION SITES <i>Health care professionals (incl. LTCF staff) – health care clinics + health care occupational health clinics + public health closed temporary mass vaccination clinics + mobile clinics</i> <i>Essential workers (specifics TBA) – hospital occupational health + hospital clinics + public health closed temporary mass vaccination clinics</i>	

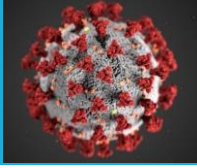
National Security populations – DoD + closed temporary mass vaccination clinics + mobile clinics
LTCF residents & staff – commercial pharmacy partners + mobile clinics

Additional considerations for early vaccination planning:



- “Healthcare personnel” includes paid or unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to people with COVID-19 or infectious materials. (See Section 4).
- Jurisdictions should plan for real-time shipment of doses.
- Administration sites (during Phase 1) will not be required to store vaccine products beyond the period of time Vaccine A can be stored in the ultra-cold shipment box or Vaccine B can be stored at 2–8 °C. (See Section 8).
- Given the challenging storage, handling, and administration requirements, early vaccination should focus on administration sites that can reach prioritized populations with as much throughput as possible. (See Section 5).
- Stability testing is ongoing for Vaccine A and Vaccine B; the storage and handling requirements presented here may shift. The requirements in these scenarios are likely the strictest set of requirements for which planning is needed.
- Jurisdictions should consider partnering with the private sector and with local hospital systems to provide vaccine in closest proximity to the prioritized populations as possible, given the limitations with the product. For example: Vaccine A may be administered through mobile clinics if multiple mobile clinics are planned over a short period of time to ensure sufficiently high throughput. (See Section 5).

The Idaho Immunization Program fully intends to be transparent with this phased approach plan with its stakeholders, partners and Idaho residents in sharing and promoting this plan widely.

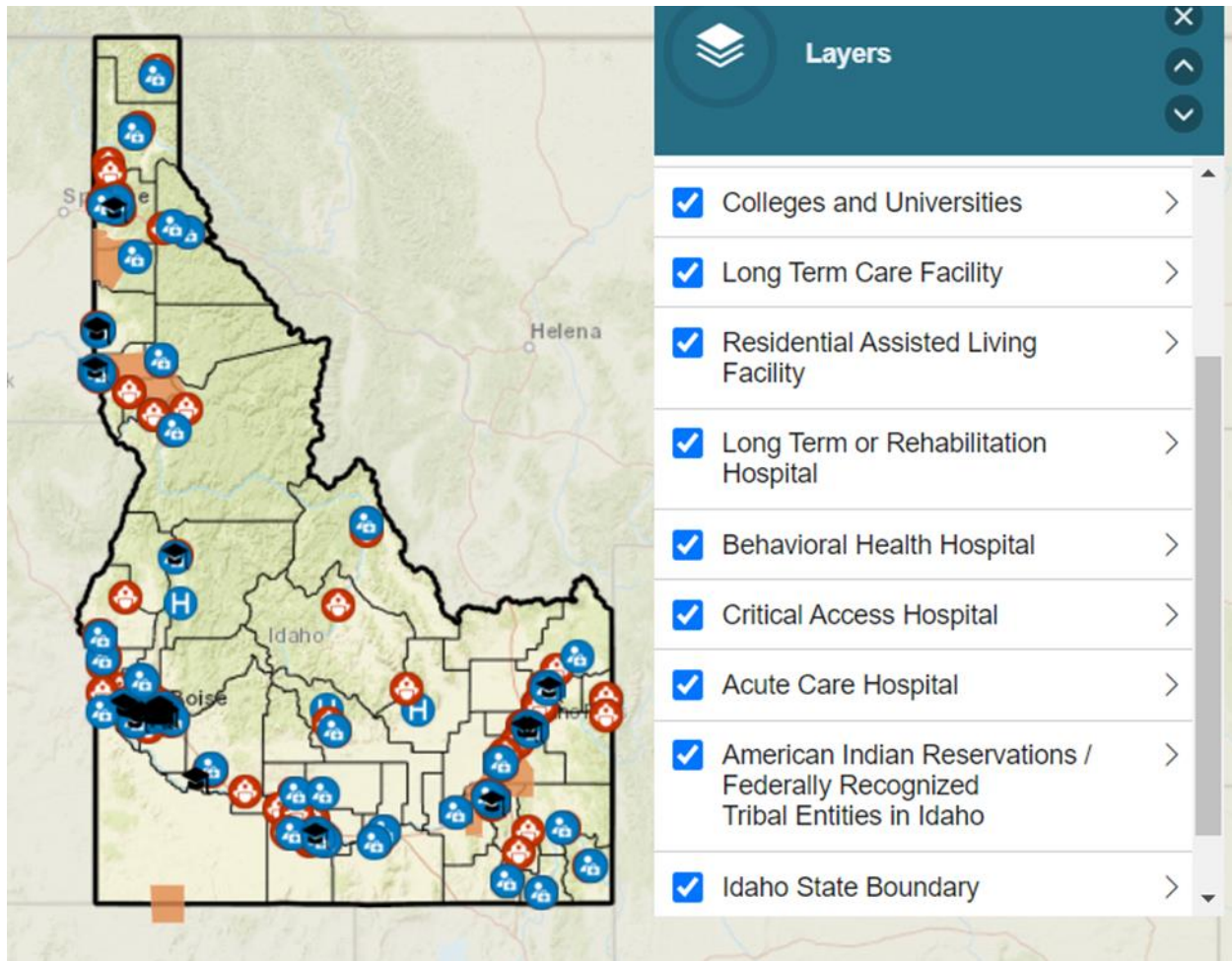
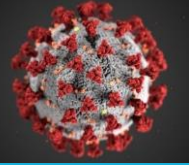


Section 4: Critical Populations

DHW's Immunization and Preparedness Programs are working together to develop plans and gather input and data from state, local, and tribal government agencies to identify, estimate numbers of, and locate critical populations. DHW conducts regular weekly and sometimes twice weekly calls with the seven local public health districts in Idaho and tribal health entities to discuss planning and implementation activities, including discussion of vaccinating critical populations, outreach ongoing with essential worker organizations, and others regarding planning for COVID-19 vaccine prioritization and sub-prioritization. Since healthcare personnel are expected to be included in Phase 1, we are also working with the Idaho Hospital Association and other healthcare organizations to obtain input regarding health care personnel (HCP) sub-prioritization and how best to vaccinate HCP in rural communities. This plan will also take into account DHW's COVID-19 Vaccine Task Force formed a COVID-19 Vaccine Working Group in August 2020. In October, the Idaho COVID-19 Vaccine Advisory Committee was developed to include a broader range of partner organizations to represent the critical population groups mentioned above. The Advisory Committee will have its initial meeting on October 23, 2020. Input from the Advisory Committee will further planning for reaching these populations and provide input into sub-population determination

In addition, the DHW has developed a survey of state provider and provider organizations (e.g., hospitals, FQHCs, LTCF, tribal health clinics, outpatient clinic, urgent care providers, and pharmacies) to better understand which of the critical populations are served by specific providers. This survey is currently in review.. DHW expects to deploy this survey before mid-October. DHW has already begun working to map critical populations, including nursing homes, assisted living facilities, hospitals (includes rural critical access hospitals), tribal clinics, colleges and universities, schools, and correctional facilities and jails at the county level. FQHCs have also been mapped. See example map below.

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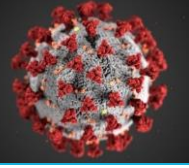


DHW is working with other state agencies, local public health districts, healthcare entities and organizations in the state, and the BRFSS coordinator to estimate critical population sizes. At the end of section 4, a table is provided demonstrating data sources DHW intends to use for estimating critical population sizes. Identifying estimates at the county and public health district levels.

The DHW has developed a draft of vaccine sub-prioritization among healthcare personnel and other CDC-described Phase 1 groups based on draft guidance presented at ACIP/CDC meetings thus far. This draft has been shared for comment with local public health districts and tribal health entities as a first step. DHW is also initiating engagement first among healthcare entities in the state, including the working group that developed Idaho's crisis standards of care guidance and includes an ethicist. We will further be collaborating with the COVID-19 Vaccine Advisory Committee being formed now to further refine prioritization. This advisory committee will include multiple critical population group providers and community representative organizations.

The survey described in section A. above also collects information on the physical address of the facility, the point of contact for each physical location, and the email address and phone of the responsible parties who will be indicating the populations that they serve, their ability to store vaccine, and their

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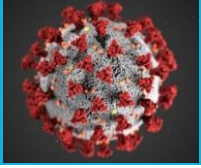


interest in being a COVID-19 vaccine provider for both their traditional customer/population and others in the community. This list will also be used by DHW for enrolling providers as COVID-19 vaccine providers.

TABLE. Data sources for estimating population sizes for critical populations

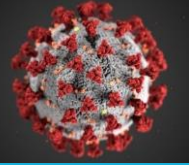
Critical Population	Sources	Year	Maximum Current Granularity		
			County	Public Health District	State
Healthcare personnel					
Hospital Industry	Bureau of Labor Statistics, CES monthly preliminary estimates, NAICS 65-622000	2020			X
	Hospital staff Idaho Division of Licensing and Certification, hospital licensing applications	2019	X		
Nursing & Residential Care Facilities Industry	Bureau of Labor Statistics, CES monthly preliminary estimates, NAICS 65-623000	2020			X
	<i>SNF staff</i> Idaho Division of Licensing and Certification estimates	2020			X
	<i>ICF staff</i> Idaho Division of Licensing and Certification estimates	2021			X
	<i>RALF staff</i> Idaho Division of Licensing and Certification estimates	2022			X
	<i>Outside agency and contract staff</i> Idaho Division of Licensing and Certification estimates	2023			X
Outpatient and home health providers	Bureau of Labor Statistics, CES monthly preliminary estimates, NAICS 65-621000	2020			X
Pharmacists, pharmacy technicians, pharmacy aides	Bureau of Labor Statistics, OES, SOC 29-1051, SOC 29-2052, and SOC 31-9095	2019			X
Emergency medical services	Bureau of Labor Statistics, OES, SOC 53-3011, SOC 29-2040, SOC 53-301	2019			X

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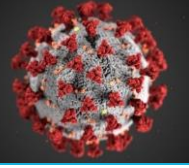
	Idaho Division of Public Health, Bureau of EMS & Preparedness, EMS Agency Rosters	2020	X
Other essential workers			
Public health personnel	State and Public Health District continuity of operations and pandemic plans	2015	X
Police	Bureau of Labor Statistics CES, Monthly Preliminary Estimates, Police Protection, NAICS 922120	2020	X
Police and Sheriff's Patrol Officers	Bureau of Labor Statistics OES, SOC 33-3051	2019	X
Fire (not specifically EMS)	Bureau of Labor Statistics, OES, SOC 33-2011, SOC 33-1021	2019	X
Idaho National Guard	DoD Defense Manpower Data Center, quarterly report. Includes Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve	2020	X
Family protective services			
Child, family, and school social workers	Bureau of Labor Statistics OES; SOC 21-1021	2019	X
Adult protective services, criminal justice, forensic, sexual assault social workers	Bureau of Labor Statistics OES; SOC 21-1020	2019	X
Community support services	Bureau of Labor Statistics, CES, Monthly Preliminary Estimates, Social Assistance	2020	X
Staff of correctional or detention facilities			
Prison	Idaho Department of Corrections	2020	X
Jails	Idaho Sheriff's Association		

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DOD Active Duty in Idaho and APF Civilian	DoD Defense Manpower Data Center, quarterly report. Includes active duty and APF DOD Civilian.	2020	X
Daycare workers	Bureau of Labor Statistics, OES; SOC 39-3011	2019	X
Teachers - daycare through 3rd grade [see note]			
Preschool Teachers, Except Special Education	Bureau of Labor Statistics, OES; SOC 25-2011	2019	X
Kindergarten Teachers, Except Special Education	Bureau of Labor Statistics, OES; SOC 25-2012	2019	X
Elementary School Teachers, Except Special Education	Bureau of Labor Statistics, OES; SOC 25-2021	2019	X
Teachers - of persons with disabilities			
Special Education Teachers, Preschool	Bureau of Labor Statistics, OES; SOC 25-2051	2019	X
Special Education Teachers, Kindergarten and Elementary	Bureau of Labor Statistics, OES; SOC 25-2052	2019	X
Special Education Teachers, Middle School	Bureau of Labor Statistics, OES; SOC 25-2057	2019	X
Special Education Teachers, Secondary School	Bureau of Labor Statistics, OES; SOC 25-2058	2019	X
Special Education Teachers, All Other	Bureau of Labor Statistics, OES; SOC 25-2059	2019	X
Teachers - of older age groups			
Middle School Teachers, Except Special and Career/Technical Education	Bureau of Labor Statistics, OES; SOC 25-2022	2019	X
Secondary School Teachers, Except Special and Career/Technical Education	Bureau of Labor Statistics, OES; SOC 25-2031	2019	X
Career/Technical Education Teachers, Secondary School	Bureau of Labor Statistics, OES; SOC 25-2032	2019	X
Substitute Teachers, Short Term	Bureau of Labor Statistics, OES; SOC 25-3031	2019	X

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Long-term care facility residents (e.g., nursing home and assisted living facility residents)

Certified nursing facilities (SNF)	Kaiser Family Foundation Survey	2019		X
Skilled nursing facilities (SNF)	Idaho Division of Licensing and Certification Estimate	2020		X
Intermediate care facilities (ICF)	Idaho Division of Licensing and Certification Estimate	2020		X
Residential assisted living facilities (RALF)	Idaho Division of Licensing and Certification Estimate	2020		X

People with underlying medical conditions that are risk factors for severe COVID-19 illness

Multiple sources -- see second table

People 65 years of age and older

U.S. Census Bureau Population Estimates 2019 X

People from racial and ethnic minority groups

U.S. Census Bureau Population Estimates 2019 X

People from tribal communities

AI/AN race U.S. Census Bureau Population Estimates 2019 X

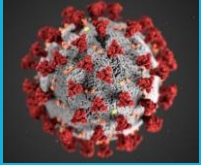
AI/AN single race who live on reservations in Idaho U.S. Census Bureau 2010 —Tribal—

All people who live on reservations in Idaho U.S. Census Bureau 2010 —Tribal—

People who are incarcerated/detained in correctional facilities

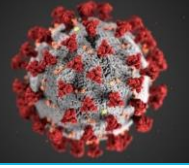
Correctional facilities (prisons)	Idaho Department of Corrections - current population	2020		X
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IDAHO COVID-19 VACCINATION PLAN - INTERIM



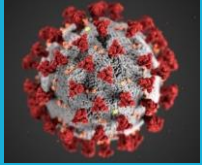
	Idaho Department of Corrections - maximum capacity	2020	X	
Detention facilities (jails)	Idaho Sheriff's Association - bed capacity	2020	X	
People experiencing homelessness/living in shelters				
People who requested homeless services during the year	State of Homelessness in Idaho report, Idaho Housing and Finance Association.	2019		X
People attending colleges/universities	U.S. Census Bureau data and direct outreach			
People living and working in other congregate settings				
Butchers and Meat Cutters	Bureau of Labor Statistics, OES, SOC 51-3021			
Slaughterers and Meat Packers	Bureau of Labor Statistics, OES, SOC 51-3023			
Food manufacturing	Bureau of Labor Statistics, QCEWS, Quarterly Estimates, NAICS 311	2020		X
Migrant farmworkers	University of Idaho Extension: Indicators Idaho	2019	X	
Agricultural product graders and sorters	Bureau of Labor Statistics, OES, SOC 45-2041	2019		X
People living in rural communities				
Population of rural counties	US. Census Bureau, Rural-Urban Continuum Codes	2019 2013	X	
Frontier and remote areas	Economic Research Service, U.S. Dept. of Agriculture, U.S. Census Bureau ZCTAs	2010		
People with disabilities				
	American Community Survey 1-yr estimate	2019		X
People who are under- or uninsured				
Adults		2019		X

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	Age 19 to 64 years	American Community Survey 1-yr estimate	2019	X
	Age 65 years and older	American Community Survey 1-yr estimate	2019	X
Children	Age <19 years	American Community Survey 1-yr estimate	2019	X
Other essential workers not described above		Bureau of Labor Statistics CES for Industry	2019 (May)	

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Section 5: COVID-19 Provider Recruitment and Enrollment

The success of the COVID-19 vaccination program in Idaho will be based heavily on COVID-19 vaccinators. Vaccinators must be accessible, well trained, and technically capable. Early enrollment efforts will focus on organizations who are able to vaccinate Phase 1 priority populations (see *Section 4: Critical Populations*). In preparation for increased vaccine availability, provider recruitment will be expanded to enroll enough organizations to vaccinate the subsequent priority groups and general population.

Vaccination Provider Recruitment

Idaho will begin recruiting and enrolling COVID-19 vaccinators based on priority populations, access, capacity, and geographic location. Idaho plans to enroll organizations prior to vaccine availability, based on each phase and capacity needs (see *Section 3: Phased Approach to COVID-19 Vaccination*, *Section 4: Critical Populations*, and *Section 6: Understanding a Jurisdiction’s COVID-19 Vaccine Administration Capacity*). Idaho will use available data to recruit organizations to ensure equitable vaccine access throughout the state.

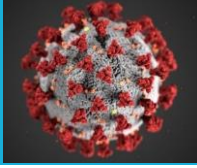
The organization types listed below represent an initial phased recruitment plan:

Phase 1	Phase 2	Phase 3
Public Health Districts	Pharmacies	Pediatric Providers
Hospitals/Critical Care	Correctional Facilities	Interested Vaccinators
FQHC/CHC	Urgent Care Clinics	
Pharmacies	Internal Medicine	
Tribal Health	Family Medicine	
Occupational Health		
Large Healthcare Systems		

Information collected through a survey to potential vaccinators (see *Section 6: Understanding a Jurisdiction’s COVID-19 Vaccine Administration Capacity*) and information received from the local public health districts, local partners, and the CDC, will be used to refine the lists of organizations in each phase. Recruitment will be expanded in jurisdictional areas with limited capacity (i.e. limited access to priority populations or limited vaccine storage). For example, Federally Qualified Health Centers in Idaho will be recruited in Phase 1 because critical access hospitals might not have the capacity to vaccinate all healthcare workers within rural communities.

Other Considerations:

- The Immunization Program is engaged with tribal nations. The tribes have not determined whether to receive vaccine directly from the federal allocation or enroll through Idaho to receive COVID-19 vaccine.



- The Immunization Program is working with the Idaho State Board of Pharmacy and plans to enroll pharmacies to be COVID-19 vaccinators as appropriate. CDC is currently working with some pharmacy organizations to receive a direct, federal vaccine allocation. Those pharmacy partners that will not receive direct allocation during Phase 1, except to support vaccination efforts in long-term care facilities, may be enrolled through the Immunization Program. Idaho will use the data collected through the capacity survey (*Section 6: Understanding a Jurisdiction's COVID-19 Vaccine Administration Capacity*) to determine which pharmacy partners may be able to support Phase 1 priority populations through mass vaccination clinics or off-site services.

As additional capacity information is obtained and priority groups established for Idaho, recruitment of vaccinating organizations will adjust and expand.

COVID-19 Vaccination Program Provider Enrollment

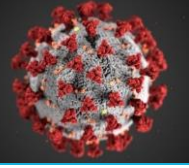
Provider enrollment will begin as soon as processes are in place and systems updated to exchange data for all CDC required data elements. Local public health districts, hospitals, and FQHCs will be the first organizations enrolled. Some pharmacies could be enrolled to conduct mass vaccination clinics in areas of need. Enrollment will expand as priority population subgroups are defined, and organization vaccine capacity is refined.

In an effort to be ready for COVID-19 vaccine distribution as early as November, the *CDC COVID-19 Vaccination Program Provider Agreement* will be completed through an electronic system. Idaho will use [Key Survey](#) to collect agreement information and signatures. This platform allows for information to be submitted electronically and received by both the immunization program and the submitter. The data is then available using Comma Separated Values (CSV), Excel (XLS), and Portable Document Format (PDF). The CSV format will be used to report provider enrollment data electronically to CDC, through SAMS (Secure Access Management Services) twice a week on Monday and Thursday, by 9:00 pm EST, using the CDC-provided template.

The Immunization Program will transition the enrollment process to COVIDReadiSM through PrepModSM after the system has been purchased and set up for use in Idaho. Information from providers who initially enrolled through Key Survey will be uploaded into PrepModSM and newly enrolling COVID-19 vaccinators may submit an agreement through PrepModSM. The data/information will be available using Comma Separated Values (CSV), which may be used to report provider enrollment data electronically to CDC as described above.

The *CDC COVID-19 Vaccination Program Provider Agreement* will not be modified; however, Idaho will be adding the following questions or requests for additional information:

- Would your organization be willing and able to vaccinate health care staff outside of your organization?
- Does your organization currently participate in the Vaccines for Children (VFC) program? If so, then please provide your VFC pin number.
- Please list the brand/model/type of temperature monitoring device(s) to be used for monitoring COVID-19 vaccine at this location and attach a copy of the current certificate(s) of calibration.
- Does your organization anticipate circumstances where COVID-19 vaccine needs to be redistributed beyond the primary ship-to-site (i.e. for orders smaller than the minimum order

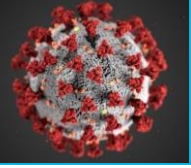


size or for larger organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations)? If yes, then please explain why your organization will need to redistribute COVID-19 vaccine.

A link to the *CDC COVID-19 Vaccination Program Provider Agreement* will be distributed to the organization types in phases as listed above. The Immunization Program is developing an instruction sheet to assist organizations with form completion and the use of Key Survey. Initially the link will be distributed by email. As phases advance and more vaccine becomes available, the link may be posted online for interested vaccinators to access. Regardless of how an organization accesses the agreement and profile, the Immunization Program will process and review the submitted information based on phases and current vaccinator need (i.e. low service area, special populations).

CDC COVID-19 Vaccination Program Provider Agreements will be reviewed upon receipt. The following steps will be included in the review process:

- Receipt of a completed *CDC COVID-19 Vaccination Program Provider Agreement* with profile information for each location requesting to receive vaccine.
- Verification providers list, in both Section A and Section B, are credentialed with active, valid licenses to possess and administer vaccine in Idaho. The following websites will be used:
 - [State of Idaho Board of Medicine Public Record Information](#)
 - [National Council of State Boards of Nursing Inc.](#)
 - [Idaho State Board of Pharmacy License Verification](#)
 - [Office of the Inspector General Exclusions Database](#)
 - [Idaho Medicaid Provider Exclusion List](#)
 - Other resources as needed
- Verification of vaccine storage and handling equipment (See *Section 8: COVID-19 Vaccine Storage and Handling*).
- Review of the brand/model/type of storage unit(s) based on information found online, the *Vaccine Storage and Handling Toolkit*, and the knowledge of experienced immunization program staff.
 - Photos of what? will be requested if necessary.
- Review of the temperature monitoring device(s) (TMD) to be used based on information found in the online *Vaccine Storage and Handling Toolkit*, and the knowledge of experienced immunization program staff.
 - Review of certificate(s) of calibration for the TMD to be used.
- Assignment of a unique COVID-19 Organization identifying number.
 - Idaho's unique identifier will be eight or nine characters (ex. ID194001A) beginning with the letters "ID".
- Verification of enrollment in Idaho's Immunization Information System, known as IRIS.
- Verification of ability to report COVID-19 vaccine dose information within 24 hours of administration.
- Verification of organization in VTrckS and identifying number.
 - Organizations not in VTrckS will be entered through a manual file upload following CDC's step-by-step instructions.
- Review of requests to redistribute COVID-19 vaccine.
 - Review of *CDC Supplemental COVID-19 Vaccine Redistribution Agreement*.



- Verification of complete information, including *CDC COVID-19 Vaccination Program Provider Agreements*, with profiles for each receiving organization.
- Request of a Vaccine Transport Plan from redistributing organization (See *Section 8: COVID-19 Vaccine Storage and Handling*).
- If approved, then a Memorandum of Agreement (MOA) will be completed (agreed upon Vaccine Transport Plan).
- Completion of appropriate training.

COVID-19 Vaccination Provider Training

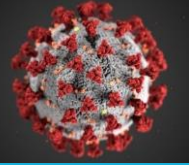
Once an organization is approved as a COVID-19 vaccinator in Idaho, enrollment training will be provided. Idaho will provide the resources and information organizations will need for a successful COVID-19 vaccination campaign in Idaho.

An *Idaho COVID-19 Vaccine Provider Toolkit* will be developed for distribution to organizations. The toolkit will serve as a guide and reference throughout the vaccination campaign. The toolkit will be available online for easy access to current information. Resources and information will include, but are not limited to:

- ACIP and CVAC Recommendations
- Vaccine Storage & Handling (including, temperature incidents)
- Vaccine Ordering
- Inventory Management
- Vaccine Administration
- Vaccine Administration Reporting Systems (i.e. IIS, PrepModSM, electronic data exchange)
- Second Dose Reminders
- Emergency Use Agreement and/or Vaccine Information Statement Use
- Vaccine Safety Monitoring
- Reporting to CDC's VaccineFinder
- How to report adverse events

Training will be required for enrolled organizations by location (each provider profile submitted) and potentially by type (i.e. pharmacies, FQHCs). The training may be conducted live through a virtual platform, such as WebEx, recorded, and then made available online. Separate training videos may also be developed and posted online for easy, convenient access. At the conclusion of each training and/or review of posted recordings, the participant(s) will be asked to complete a few questions. After the answers have been submitted, the participant will receive a certificate of completion. Idaho is hopeful that the CDC will develop a "You Call the Shots" module specific for COVID-19 vaccine. If so, then the module will be incorporated into the required training.

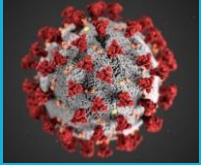
Finally, throughout the vaccination campaign, immunization program staff will host weekly virtual "office hours". Office hours will cover best practices, system functionality, and a process refresher, and then allow for questions and open discussion. Sessions will be at least one hour each week through Phase 2, and then as needed in Phase 3. Subject matter experts such as Idaho



Division of Public Health or other partner organizations (e.g., pharmacies) may be invited to provide guidance.

Documentation of toolkit distribution and training participation will be tracked through an Excel spreadsheet. Organizations will be required to keep a copy of the training completion certificate for at least 3 years.

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Section 6: COVID-19 Vaccine Administration Capacity

Estimating Vaccine Administration Capacity

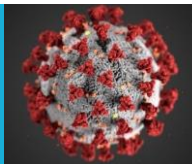
The Idaho Immunization Program (IIP) collaborated with representatives from local public health districts, tribal and non-tribal clinics, and internal partners (including Section 4: Critical Populations group, Section 5: COVID-19 Provider Recruitment and Enrollment Group, Section 8: COVID-19 Vaccine Storage and Handling group, and the IIP Immunization Information System Section) to create a secure, online survey for potential COVID-19 vaccine providers (see attachment). Potential vaccine providers are requested to provide responses to questions about the facility, population served, vaccination capacity, vaccine storage capabilities, and status of capacity for electronic data exchange of immunization information. Questions are designed to distinguish potential administration capacity differences in the provided current vaccination scenarios (i.e., Vaccine A, Vaccine B, Vaccine A & B), where size of administration site, storage conditions, and time from receipt to use are relevant to capacity calculations.

The online survey link will be distributed to potential vaccine providers by e-mail from IIP to state-level distribution lists, professional organizations, agencies, and institutions, per local public health district request. Expected vaccine provider facilities which do not respond within two weeks will be contacted by local public health officials. Survey responses will be compiled and aggregated by provider facility type for potential use in an updated CDC's PanVaxTool, and aggregated by local public health district for their use in local COVID-19 vaccination planning under current assumptions for the three scenarios (e.g., Vaccine A distributed to large administration sites only in minimum quantity of $\approx 1,000$ doses, Vaccine B distributed as 10-dose vials for a minimum capacity of 10 doses/6 hours [2/hour]).

Informing Provider Recruitment Planning

Compiled capacity and population data for each local public health district jurisdiction will be compared with priority group population estimates for that jurisdiction. Provider enrollment for facilities serving priority groups will be verified and gaps in enrolled provider capacity that could be filled by providers not yet enrolled will be communicated to the IIP Vaccine Operations Section, so they can enroll the identified providers.

Capacity Survey is in Appendix A



Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

Idaho allocation, ordering, distribution and inventory management responses are based on CDC's Key Planning Assumptions

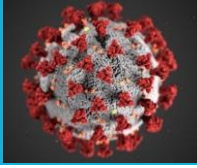
Instructions:

The Immunization Program plans to use the Department of Health and Human Services' Operation Warp Speed Tiberius Platform ("Tiberius") to aid in COVID-19 vaccine distribution planning, tracking, modeling, and analysis to support a successful vaccination campaign. In addition, the immunization program is developing a tool for calculating vaccine dose allocations to assist with ensuring equitable distribution of vaccine for priority populations. The Immunization Program will leverage its IIS to manage grantee and provider allocations and process provider orders for COVID-19 vaccine.

In early and limited supply scenarios, including initial allocations, COVID-19 vaccine will be allocated to enrolled vaccinators who serve critical populations identified in *Section 4: Critical Populations*. Allocation will be determined equitably in proportion to the state's critical population percentage per county and per the COVID-19 Vaccine Advisory Committee recommendations and Division leadership approval; unless recommended otherwise by the COVID-19 Vaccine Advisory Committee (for example if geographic differences in severity of the outbreak is taken into consideration by the COVID-19 Vaccine Advisory Committee, or it is determined that not enough vaccination capacity is available in the area to utilize all doses efficiently). Additionally, vaccination capacity estimates, self-reported by organizations through survey information and Section B of the *COVID-19 Vaccination Program Provider Agreement and Profile*, will be used to calculate each organization's capacity percentage within the county they are located. Specific vaccine product availability will also be a consideration when allocating vaccine due to storage and handling requirement and age indication.

As grantee vaccine allocations increase, provider allocations will also increase using the same methodology. The allocation methodology will be reviewed and updated as needed, taking into consideration a provider's current physical inventory count and doses administered when providers place subsequent COVID-19 vaccine orders.

Cold chain capability of individual providers is assessed based on the estimated number of 10-dose multidose vials each provider is able to store, during peak vaccination periods, for specified storage temperature ranges and storage unit types to be used for COVID-19 vaccine storage. These data are collected from Section B of the *COVID-19 Vaccination Program Provider Agreement and Profile* and reviewed by the immunization program to ensure compliance before initial vaccine allocations are made. Additionally, the make and model of a provider's temperature monitoring device (TMD) will be collected for review by the immunization program to ensure specification requirements described in the *Centers for Disease Control & Prevention's (CDC) Storage & Handling Toolkit* are met. Additional details about assessing the cold chain capability of individual providers is outlined in *Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment* and *Section 8: COVID-19 Vaccine Storage and Handling*.



Enrolled COVID-19 vaccination providers will order COVID-19 vaccine through the immunization program's IIS. Prior to ordering COVID-19 vaccine, providers will be required to submit a physical on-hand inventory count through the IIS. The organization's contact information, physical inventory counts, and COVID-19 vaccine orders will be exported from the immunization program's IIS and uploaded into VTrckS.

The allocation process described in section 7, step A will be implemented in the COVID-19 vaccine order approval process using the immunization program's IIS to manage provider allocations and vaccine orders. As immunization program and provider allocations increase, and when organizations submit COVID-19 vaccine orders subsequent to their initial order, doses administered data and physical inventory counts will be regularly reviewed through the immunization program's IIS to ensure orders are aligned with allocation percentages and usage before the immunization program approves orders.

If COVID-19 vaccine orders appear inflated compared with the organization's need, the immunization program will contact the point of contact to raise awareness of accountability requirements that are not met and discuss resolution.

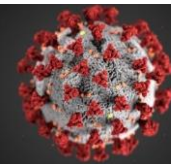
If accountability requirements are not met due to technical issues related to data exchange, immunization program IIS staff will provide technical assistance to the organization and the organization's electronic health record system vendor to resume data exchange between the immunization program's IIS and the organization's electronic health record system.

The Immunization Program will coordinate any unplanned repositioning of COVID-19 vaccine according to current CDC guidance for vaccine transport during emergencies. Additional details for coordinating unplanned repositioning of COVID-19 vaccine is included in *Section 8: COVID-19 Vaccine Storage and Handling*. Changes will be made, as needed, after an addendum has been added to the CDC *Vaccine Storage & Handling Toolkit* that includes general COVID-19 vaccine storage, handling, and transport information.

COVID-19 vaccine management, including wastage and return reporting, will be conducted through the Immunization Program's IIS. COVID-19 vaccinators will account for all doses administered and will record all vaccine wastage, and request all returns, through the immunization program's IIS. Providers will be instructed to follow CDC guidelines on wasted vaccine disposal, and unused or expired dose returns, once available.

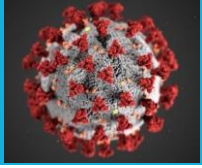
To reduce the likelihood of vaccine wastage, the Immunization Program will assist providers with vaccine redistribution, if adherence to cold chain and inventory tracking requirements are able to be maintained. Vaccine redistribution will be tracked through the immunization program's IIS by managing transfers between providers with signed redistribution agreements on file.

Prior to ordering COVID-19 vaccine, providers will be required to submit a physical on-hand inventory count through the Immunization Program's IIS. Provider inventory count submissions can identify accountability issues when IIS doses on-hand become discrepant to the physical count.



The Immunization Program will monitor provider COVID-19 vaccine inventory levels by comparing physical inventory counts and IIS doses administered data when vaccine orders are submitted. The Immunization Program will ensure vaccine orders align with the volume of vaccine administered. If necessary, COVID-19 vaccine orders will be reduced to minimize vaccine wastage due to expiration.

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Section 8: COVID-19 Vaccine Storage and Handling

The Immunization Program is responsible for ensuring that providers that enroll to administer COVID-19 vaccine have appropriate vaccine storage and handling equipment, including temperature monitoring device(s) (TMDs) and transport materials, to maintain proper storage conditions for the vaccine product(s) that will be distributed. Storage equipment will be verified upon enrollment. Additionally, all providers will receive training on storage and handling, temperature monitoring and incident reporting, and accounting for administered, wasted, or spoiled doses. Resources for these topics will also be available for reference in the *Idaho COVID-19 Vaccine Provider Toolkit* (see *Section 5: COVID-19 Provider Recruitment and Enrollment*).

Storage and Temperature Monitoring Equipment

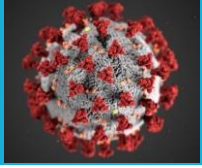
All providers enrolling to administer COVID-19 vaccine in Idaho will submit proof of appropriate storage and handling equipment, including thermometer make, model, and calibration certificate, with the *CDC COVID-19 Vaccination Program Provider Agreement* (see *Section 5: COVID-19 Provider Recruitment and Enrollment*). During the review of each *COVID-19 Vaccination Program Provider Agreement*, the brand/model numbers provided will be used to verify that all vaccine storage units meet IIP and CDC requirements. If the storage unit model cannot be verified, providers will submit photos of the storage unit(s) to the immunization program for verification. Providers who do not have appropriate storage units will be denied enrollment until equipment meeting requirements is obtained. Additional guidance for appropriate storage and handling, including equipment, will be outlined in the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*.

The Immunization Program will also verify the provider's TMD's make/model to confirm all immunization program and CDC requirements are met. Providers will submit current calibration certificates with their provider enrollment agreement. A copy of each certificate will be kept on file with the Immunization Program. Providers who have TMDs that do not meet Immunization Program and CDC requirements may be able to borrow an acceptable TMD from the Immunization Program.

Providers selected to receive ultra-cold vaccine in Phase 1 may not be required to have ultra-cold storage units and temperature monitoring capabilities on site. Based on the current assumption, ultra-cold vaccine may be stored and maintained in its original packaging for a specific period of time with dry-ice recharge. The Immunization Program is working with Idaho's Public Health Preparedness and Response Program to provide a list of places where dry ice can be obtained by providers. Storage requirements for providers receiving ultra-cold vaccine in Phases 2 and 3 will be updated based on manufacturer guidance and the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit* as it becomes available.

Training

As part of provider enrollment, each provider will receive training on COVID-19 vaccine administration and how to access and use the *Idaho COVID-19 Vaccine Provider Toolkit* (see *Section 5: COVID-19 Provider Recruitment and Enrollment*). Among other topics, appropriate storage and handling, temperature monitoring, reporting out-of-range temperatures, and accounting for wasted or spoiled doses though the IIS will be covered during the training. The Immunization Program will maintain a record of provider staff who participate in training.



Vaccine Storage and Handling

Enrolled Providers

In accordance with the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*, providers will monitor and document storage unit temperatures. All temperatures will be downloaded and saved, and made available to the immunization program for review if requested. Unused or spoiled vaccine and adjuvant will continue to be stored under appropriate conditions until CDC or vaccine manufacturers have provided information on usability, recovery, and disposal. Additional guidance and procedures will be provided based on manufacturer guidance and the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*. Additionally, all unused or spoiled vaccine will be accounted for by providers through the IIS.

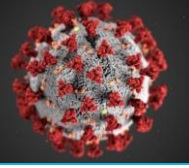
Providers will retain all records pertaining to the administration of COVID-19 vaccine for a minimum of three years. All records will be made available to the immunization program for review if requested. Additional storage requirements outlined in the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*, and as required by vaccine manufacturers, will be shared with, and required of, providers.

Planned Redistribution and Depots

COVID-19 vaccine will be shipped directly from the distributor to the site where the vaccine will be administered, whenever possible. Providers planning to redistribute COVID-19 vaccine to satellite clinics, or act as a depot, will request approval to do so during enrollment within the *COVID-19 Vaccination Program Provider Agreement*. If approved to redistribute, then a *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* and a *CDC COVID-19 Vaccination Program Provider Profile* must be submitted for approval by the provider, for each clinic, pharmacy, or other site or organization that will receive redistributed vaccine. The forms are required for each vaccination site to ensure proper vaccine storage and temperature monitoring equipment can be confirmed.

Providers approved to redistribute vaccine to clinics, pharmacies, or other sites or organizations will be required to submit a *Vaccine Transport Plan* to the Immunization Program for approval prior to taking vaccine off-site. Transport plans must outline how the cold chain will be maintained throughout transport in accordance with the vaccine manufacturer's guidance and the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*. If approved, the Immunization Program will issue a *Memorandum of Agreement (MOA)* to the organization or depot. Transport plans will include the type of transport container that will be used, the type of TMD that will be used, and a temperature monitoring and documentation process. COVID-19 vaccine will only be transported in an approved and appropriate transport container; not shipped, to satellite clinics, pharmacies, or other organizations. Additional information may be required in transport plans as specified by the Immunization Program and the COVID-19 addendum to CDC's *Vaccine Storage and Handling Toolkit*.

Upon arrival at the receiving location, staff will download and review transport temperatures to verify out-of-range temperatures did not occur. If vaccine was not exposed to out-of-range temperatures, it will be placed in the approved, fixed vaccine storage unit and monitored by an approved TMD. If vaccine was exposed to out-of-range temperatures during transport:



- Staff will continue to store vaccines in the transport unit, label doses as “Do Not Use,” and immediately submit a *Temperature Incident or Alarm Report* to the immunization program through the IIS.
- Once submitted, staff will receive email instructions on whether vaccine remains viable, or if vaccine manufacturers must be contacted to verify viability.
 - Viable vaccine will be placed in the approved, fixed storage unit.
 - Non-viable vaccine will be processed in accordance with the immunization program’s wastage and return policy and recorded through the IIS.

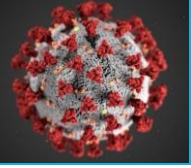
Temperature data will be saved at the receiving organization and made available to the Immunization Program for review if requested. Electronic transfer of COVID-19 vaccine inventory from the primary clinic or depot to the receiving organization will be completed through the IIS as outlined in the *Idaho COVID-19 Vaccine Provider Toolkit*. The Immunization Program will have visibility to redistribution through the IIS.

Off-Site and Mass Vaccination Clinics

Providers planning to host or participate in off-site clinics where vaccine will not be stored overnight will receive training on appropriate transport procedures, including temperature monitoring. Resources for transporting and conducting off-site and mass vaccination clinics will be available to providers in the *Idaho COVID-19 Vaccine Provider Toolkit* and the COVID-19 addendum to CDC’s *Vaccine Storage and Handling Toolkit*. Vaccine will not be shipped to off-site clinics; it will be transported. During training, the Immunization Program will review the following topics:

- Transporting only the number of doses needed based on the anticipated number of recipients and the actual storage capacity.
 - Providers may use multiple streams of information to determine the anticipated number of doses to transport, including the number of existing patients in the practice, the number of patients seen in previous off-site or mass vaccination clinics, or by having patients pre-register for the clinic using PrepMod™ and utilizing the registration data.
- Appropriate storage equipment, temperature monitoring, temperature documentation, and requirements for vaccine transport.
- Appropriate storage equipment, temperature monitoring, and temperature documentation while off-site throughout the clinic day.
- Reviewing all temperature data from transport and the off-site clinic day prior to returning vaccine to the fixed storage unit.
- Saving all records from the off-site or mass vaccination clinic and making records available to the Immunization Program for review if requested.

Unused COVID-19 vaccine remaining after an off-site or mass vaccination clinic must continue to be stored properly until returned to a fixed storage unit. After returning to the clinic, prior to placing the remaining vaccine in the fixed unit, providers will download and review transport temperatures to verify out-of-range temperatures did not occur. If vaccine was not exposed to out-of-range temperatures, it will be placed in the approved, fixed vaccine storage unit and monitored by an approved TMD. If vaccine was exposed to out-of-range temperatures during transport:



- Providers will continue to store vaccines in the transport unit, label doses as “Do Not Use,” and immediately submit a *Temperature Incident or Alarm Report* to the Immunization Program through the IIS.
- Once submitted, providers will receive email instructions on whether vaccine remains viable, or if vaccine manufacturers must be contacted to verify viability.
 - Viable vaccine will be placed in the approved, fixed storage unit.
 - Non-viable vaccine will be processed in accordance with the Immunization Program’s wastage and return policy and recorded through the IIS.

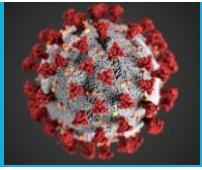
Additional information on the storage and use of vaccine after an off-site or mass clinic will be published by vaccine manufacturers and CDC and may differ for each vaccine. All changes and requirements will be communicated by the immunization program to COVID-19 vaccination providers.

Unplanned Redistribution

Unplanned redistribution or relocation to another site may be required in emergency situations, such as power loss or storage unit failure. Providers will be encouraged to have written emergency storage and handling procedures in place. Providers will notify the Immunization Program in the event of any emergency that may require unplanned relocation. Additional information may become available and shared with providers as appropriate with release of the COVID-19 addendum to CDC’s *Vaccine Storage and Handling Toolkit*.

Temperature Incidents

In the event that COVID-19 vaccine is exposed to out-of-range temperatures at any time during routine storage or transport, providers will continue to store the vaccine in the current unit and label as “Do Not Use” while viability is determined. Providers will immediately submit a *Temperature Incident or Alarm Report* to the Immunization Program through the IIS. Once submitted, providers will receive email instructions on whether vaccine manufacturers must be contacted to verify viability. Viable vaccine will remain, or be placed in, the appropriate fixed storage unit. Non-viable vaccine will be recovered or returned in accordance with the Immunization Program wastage and return policy available in the *Idaho COVID-19 Vaccine Provider Toolkit*. Wasted and returned doses are accounted for and processed through the IIS and monitored by the Immunization Program.



Section 9: COVID-19 Vaccine Administration Documentation and Reporting

Data Collection of Doses Administered

The Idaho Immunization Program (IIP) will use PrepMod™ to collect COVID-19 vaccination administration data from enrolled COVID-19 vaccination providers. PrepMod™ is a cloud-based application with functionality including automated patient registration, evaluation and reporting for mass vaccination, and vaccine management. The IIP will customize the PrepMod™ application to meet the CDC's COVID-19 data elements requirements and ensure all COVID-19 data submitted by providers to PrepMod™ meets the COVID-19 required data elements.

Data Submission Via IZ Gateway Connect and SHARE. All data for COVID-19 doses administered from enrolled COVID-19 vaccine providers will be entered by vaccination clinic sites into PrepMod™. Non-traditional immunization providers who are shipped COVID-19 vaccine directly will also enter doses administered data into PrepMod™; these sites may include pharmacies, long-term care facilities, the Idaho Department of Corrections, and the Department of Defense, Veterans Administration, for example.

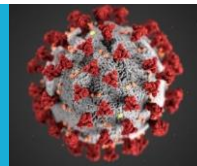
PrepMod™ will submit data in real-time, HL7 2.5.1 version 1.5 to Idaho's Immunization Information System (IIS). Once data are received within the IIS, it continues in real-time out to the IZ Gateway, to the Data Clearing house, through the Data Lake, and on to CDC. **To view the dataflow, please see Section 11: COVID-19 Requirements for IISs or Other External Systems.**

Idaho's IIS has undergone testing with the American Immunization Registry Association (AIRA) and the IZ Gateway and is functional for the IZ Gateway "Connect" at this time. The Idaho Immunization Program has also signed the Memorandum of Understanding and Data Use agreement with the Association of Public Health Laboratories (APHL) for the IZ Gateway "Share" to send dose administration data through the IZ gateway and Data Lake to query another jurisdiction for any COVID-19 vaccine related data for patients residing in one state and being vaccinated in another one.

Ensuring Timely Reporting

After enrollment documents are processed for prospective COVID-19 vaccine providers and IIS accounts are confirmed or created, the IIP will send the prospective provider the electronic "Idaho IIS Electronic Data Exchange Provider Questionnaire" (see attached) to assess, screen, and determine capability to meet data exchange reporting requirements to ensure data capacity and flow are adequate. This questionnaire will ask the provider to supply the following information:

- Provider demographic information including clinic and vendor contacts;
- EHR system and current version;
- Current HL7 version;
- Capability of SOAP (real time) submission format;
- System reminder/recall capacity for second dose reminders; and
- Ability to send historic vaccine data.



Once the survey is submitted, the provider will be queued for onboarding for data exchange. **Please see COVID-19 Provider Enrollment data flow diagram in Section 11.** As referenced in Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment, a COVID-19 Vaccination Toolkit will be sent to enrolling providers. Instructions for the use of PrepMod™ will be provided in the toolkit, with sections including enrolling patients, administering screening questions, scheduling vaccination appointments, and recording doses administered data. The Toolkit will also include data exchange basics for medical providers to report to the IIS through PrepMod™.

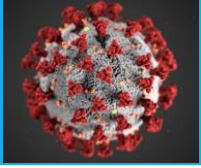
As part of the training process, IIP staff will hold “Office Hours,” including hours extending beyond 8:00 – 5:00, to ensure providers have continued access to needed resources. Providers can ask individual questions regarding COVID-19 vaccine administration, documentation, or electronic data exchange. Office hours will be hosted by various IIP staff on a regular basis and will cover topic areas based on questions and emails received by the IIS Help Desk. Outside of scheduled office hours, Idaho’s IIS Help Desk will be the main contact for provider COVID-19 vaccine questions. Additional staff will support current IIS Help Desk staff to answer questions regarding COVID-19 administration, documentation, or needed technical assistance. Idaho is co-sponsoring new functionality within the IIS that is currently called Mobile IIS. The expectation is that this module will allow providers in rural areas of Idaho to enter limited vaccine administration data into a cell phone or tablet application when internet access is limited or unavailable. When the provider has internet access, the app would connect to Idaho’s IIS through a real-time electronic data connection to upload the data into the IIS. This functionality would also be beneficial for high-volume or non-traditional vaccination providers to allow for rapid data entry. The Mobile IIS functionality is still in development with Idaho’s IIS vendor and ongoing development includes assuring protected health information (PHI) protections and security protocols meet HIPAA and requirements mandated by state statute. For some smaller clinics, data can be entered through the IIS user interface during clinic times; after which, the Idaho IIS to IZ Gateway Connect electronic data exchange can occur.

Page Break

Reporting from Satellite, Temporary or Off-site Clinics

Idaho’s IIS includes unique tools to assist in compliance and data quality. Recently added functionality to Idaho IIS includes “Data Exchange Dashboard reports” that immediately show the status of any provider-submitted COVID-19 vaccine data. Providers that are not meeting reporting timelines or not submitting data can be identified and contacted. Providers that are not submitting data can be identified by monitoring VTraks and IIS allocation and distribution information. Dashboard reports will be reviewed twice daily and the IIP will contact providers that have a lapse in submitted data of 24 hours to troubleshoot and provide technical assistance to solve submission problems.

Providers not meeting the reporting requirements for non-technology reasons will receive communication from the IIP indicating that vaccine orders will be reduced due to non-compliance with the provider enrollment agreement. Providers that have continued non-compliance by a deadline set by the immunization program will not have future vaccine orders approved. This communication will be sent to the point of contact, the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, Chief Medical Officer (or Equivalent), and Chief Executive Officer (or Chief Fiduciary).



Coverage Reports

The IIP will hire a data analyst to perform analytics on data from multiple sources and summarize on a data dashboard. The dashboard will include data collected from COVID-19 vaccine administration documented in PrepMod™. Idaho's IIS can generate large volume data extracts including multiple state level, provider level, vaccine level, and patient level metrics, including overall doses administered and doses administered by age group. Idaho's IIS also has functionality to create reports by geography which will assist in identifying any areas of the state where gaps in vaccine services exist. Additionally, the IIS data analyst will run ad-hoc reports as needed for internal planning, tracking, and quality assurance purposes.

TO BE PUT INTO ELECTRONIC SURVEY FORMAT

Idaho's IIS Electronic Data Exchange Provider Screening

Instructions: Please complete all the following questions below to begin electronic data exchange interface process with IRIS. If you are not a VFC provider, please leave the VFC pin # blank.

Organization Name

VFC pin # (If a VFC provider)

Street Address

City State Zip

Phone Number#

Clinic Contact Name Clinic Contact phone#

Clinic contact email

Electronic Health Record (E.H.R.) vendor name E.H.R. version

Technical/Vendor Contact Name Technical/Vendor Contact phone#

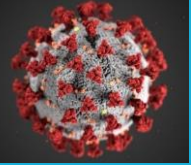
Technical/Vendor contact email HL7 version supported

Does your system have real-time capability through SOAP Ware?

Does your E.H.R. have the capability to send historical immunizations?

Does your EHR have the capability to send reminder/recall?

If not, can your EHR import an excel file to send reminder/recalls to patients?



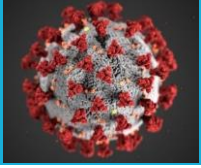
Section 10: COVID-19 Vaccination Second-Dose Reminders

For most COVID-19 vaccine products, two doses of vaccine, separated by 21 or 28 days, will be needed. Because different COVID-19 vaccine products **will not** be interchangeable, a vaccine recipient's second dose must be the same product as their first dose. Second-dose reminders for vaccine recipients will be critical to ensure vaccine dosing intervals are met and to achieve optimal vaccine effectiveness.

1. The Idaho Immunization Program (IIP) will support COVID-19 vaccination second-dose reminder activities by Ensuring all new COVID-19 vaccine providers are encouraged to have a system in place that reminds patients of the second dose in the series at either 21 or 28 days after the first dose is administered, based on their first dose.

When onboarding new COVID-19 vaccine providers, IIP staff will assess the provider's capacity to provide reminders for the second dose. . For providers who are unable to provide reminders, the IIP will provide reminders on behalf of the provider. The IIP will actively promote COVID-19 vaccine reminder redundancy by providing all COVID-19 vaccine providers with multiple variations of reminders such as; reminder phone calls, reminder postcards, reminder texts, or reminder email messages through a combination of our Immunization Information System (IIS) and the PrepMod application. With our joint system of reminder/recall capacity we can support statewide reminders for each COVID-19 vaccine that is administered in Idaho.

The IIP is working with the DHW Communications Team (described in detail in Section 12: COVID-19 Vaccination Program Communication) to create an infographic that can be used while onboarding COVID-19 vaccine providers that illustrates the importance of starting and completing the vaccine series with the same type of vaccine.



Section 11: COVID-19 Requirements for IISs or Other External Systems

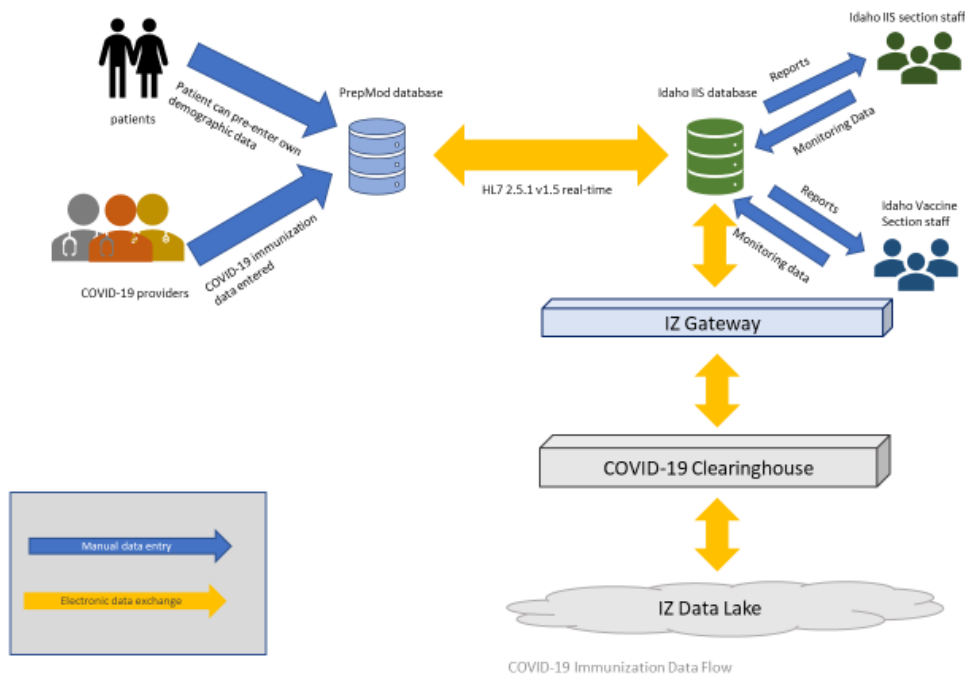
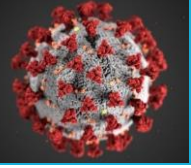
Idaho's IIS has functionality implemented or in the implementation process to address high volume vaccinations settings.

The Idaho Immunization Program (IIP) is co-sponsoring new functionality that is currently called Mobile IIS. This module will allow providers in rural areas of Idaho to enter limited vaccine administration data into a cell phone or tablet application when internet access is limited or unavailable. When the provider has internet access, the app would connect to Idaho's IIS through a real-time electronic data connection to upload the data into the IIS. This functionality would also be beneficial for high-volume or non-traditional vaccination providers to allow for rapid data entry. The Mobile IIS functionality is still in development with Idaho's IIS vendor and ongoing development includes assuring protected health information (PHI) protections and security protocols meet HIPAA and requirements mandated by state statute.

The IIP is in the process of purchasing the PrepMod™ application to assist with rapid scheduling and documentation of COVID-19 vaccinations. PrepMod™ has two environments: a public facing environment that allows patients to engage and enter data, and a secure password-protected administrative environment, which allows for vaccination data management. The customizable public facing information collection fields in PrepMod™ will allow the IIP to collect data for documenting COVID-19 vaccination and reminders. The other side, an administrative side of PrepMod™, has multiple functions that will assist in populating fields related to the administering organization and vaccine information to allow for accurate and rapid data entry.

Idaho's IIS has a disaster recovery plan for any long-term network outages. When there is an unplanned network outage, electronic data exchange providers receive an internet error. When the electronic health records (EHR) system is not able to connect to Idaho's IIS, the system will hold the electronic messages until the connection is re-established. The EHR system holding the messages will ensure that messages are not deleted or rejected due to unplanned network outages. If there is a planned network outage, the IIS will contact all data exchange providers or vendors to inform of dates and times, so that the electronic data connections can be held. Most EHR can resend data up to 90 days old if necessary.

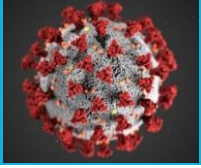
IDAHO COVID-19 VACCINATION PLAN - INTERIM



Idaho IIS can collect and retain the following data fields for vaccine documentation.

1. Data elements collected at the Patient demographic level:
 - i. First name, Last Name, Date of Birth, Gender, Mother Maiden, Street Address, City, State, Zip, County, Phone, number, Medicaid ID, Birth Order, Language Spoken, Jurisdiction level active status, tracking schedule
 1. Race/Ethnicity is not collected due to IIS statute
 - ii. Responsible Person information:
 1. First name, Last name, relationship, street address, city, state, zip code, phone number email
 - iii. Comments include Anaphylaxis, Allergy, History, Member of a Special Group, Refusal, and Serology
 - iv. Notes-Open text field that does not affect forecasting or schedule
 - v. Age is on History screen if needed
2. Data Elements collected at the Patient immunization level:
 - i. Administered Immunizations-Date administered, Immunization Identifier (CVX, CPT), Trade name, Lot number, VFC Eligibility, Insurance Provider, Administered by, Body Site, Route, Dose
 - ii. Historical Immunizations-Date Administered, Immunization Identifier (CVX, CPT), Trade name, Lot number, Historical organization name, source of immunization

Idaho's IIS has the ability to support bi-directional real-time electronic data exchange for HL7 2.4, HL72.5.1 v1.3, HL72.5.1 v1.5, and query only connections. Attached is a link to Idaho IIS HL7 ([Idaho IIS HL7 Specifications](#) - Click on the Forms tab; username and password are **NOT** required). Idaho IIS has data storage capacity at about 70% capacity on App server with 50% capacity on the current



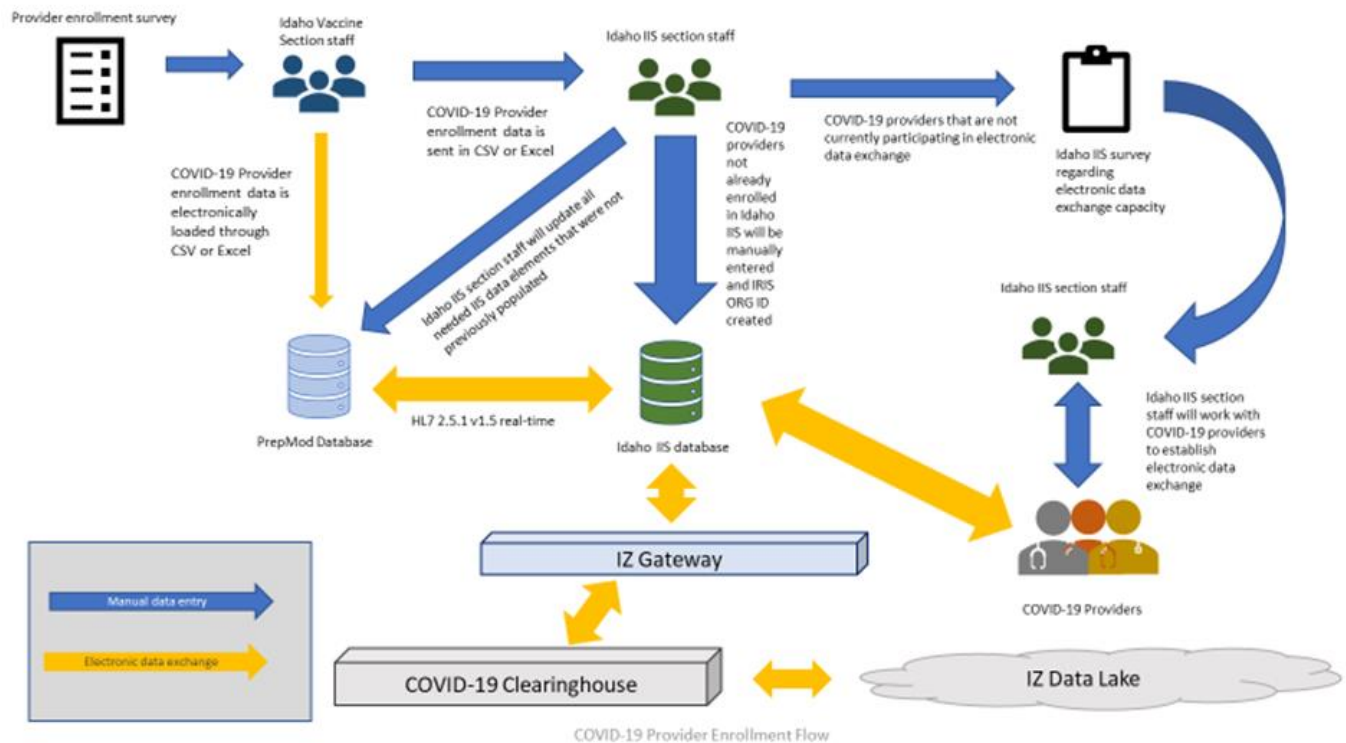
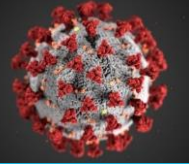
Database. According to the load test, Idaho's IIS can process over 20,000 messages in data exchange per hour which exceeds our total daily data exchange volume.

Idaho's IIS has several reporting functionalities that will be used to provide data on COVID-19 vaccination. PrepMod™ functionality includes customizable and Ad Hoc reporting for vaccination, inventory, reminders, patient data and contact list. Idaho IIS has created a Data Exchange Dashboard report that allows IIS staff to review electronic data exchange connections and errors. These reports can be processed by several different data exchange levels, which include data by sending organization, owning organization, and all organizations in the IIS utilizing electronic data exchange. Idaho's IIS can also create large volume data extracts that can be for reporting and analytics for multiple state, provider, vaccine and patient level metrics.

The IIP is currently planning several functional improvements to the IIS to accommodate COVID-19 vaccination and reporting. The IIP is in the process of purchasing functionality called PrepMod™ to assist with the rapid scheduling and documentation of COVID-19 vaccinations. PrepMod™ has two sides: a public facing side that allows patients/public to engage and pre-enter data and pre-enter data, and a password protected administrative side, which allows for immunization data management. The IIP is co-sponsoring new functionality that is currently called Mobile IIS. The expectation of this module will be to allow providers in rural areas the ability to enter limited immunization data into a cell phone or tablet application where internet access is limited or unavailable. Then, when the provider has internet access, the app would connect to Idaho's IIS through a real-time electronic data connection to upload the data into the IIS. This functionality would also be beneficial for high-volume or non-traditional vaccination clinics to allow for rapid data entry. Idaho's IIS is currently in the process of connecting to the IZ Gateway for COVID-19 vaccination reporting.

The IIP is currently making improvements in electronic data exchange that include functionality to allow immunizations that have deducted from inventory to be deleted through HL7. Further projected functionality improvements will include allowing multiple vendor/parent-to-provider data exchange relationships. The increased data exchange relationships will allow Idaho's IIS to maintain existing electronic data exchange and add required COVID-19 reporting data exchange reporting.

IDAHO COVID-19 VACCINATION PLAN - INTERIM



See Section 9 for Idaho’s detailed plan for Idaho IIS Provider enrollment

The IIP has submitted credentials for UAT (testing) and PROD (production) for IZ Gateway Connect. Idaho IIS is currently planning on utilizing IZ Gateway Share.

F. Describe the status of establishing:

1. *Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway*

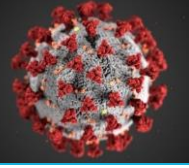
The IIP has signed and returned the Data Use Agreement with the Association of Public Health Laboratories to participate in the IZ Gateway.

2. *Data use agreement with CDC for national coverage analyses*

The IIP has not confirmed receipt of the CDC Data Use agreement for national coverage analyses and will route document appropriately once received.

3. *Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component*

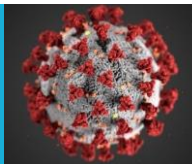
The IIP has signed and returned the Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component.



Idaho will use Gainwell Technology (Idaho's IIS vendor) Data Recovery Plan as needed to ensure the backup of all vaccination data.

The IIP will utilize existing reporting functionality to monitor electronic data exchanges for data timeliness, data completion, and accuracy. PrepMod™ offers additional capabilities designed to address COVID-19 vaccination. The IIP is currently in the process of purchasing this new functionality that includes extensive pre-set reporting features, as well as Ad Hoc reporting. The IIP can use the reporting options in PrepMod™ to monitor COVID-19 immunization and provider data to ensure complete, timely, and accurate information. Idaho's IIS can generate large volume data extracts including multiple state level, provider level, vaccine level, and patient level metrics.

The Idaho Immunization Program will work with all federal, state, and county partners and stakeholders; including medical providers and software vendors, to ensure all that all patients whom have requested to opt-out of Idaho's IIS will be managed in accordance with our Idaho's IIS statute.



Section 12: COVID-19 Vaccination Program Communication

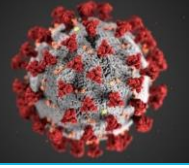
In the pre-vaccine phase, the key audiences are specific sectors of the public, including essential workers, people at risk for severe outcomes from COVID-19 infection, people at increased risk of acquiring or transmitting the virus that causes COVID-19, and people with limited access to vaccination services; healthcare providers; health insurance issuers and plans; employers; and government and community partners and stakeholders. In the pre-vaccine phase, key messaging will focus on education around vaccine development, vaccine safety and efficacy, vaccine trials, and currently available safe and effective vaccines, with an emphasis on the seasonal influenza vaccine. Other key messaging, including the expected timing of vaccination campaigns, will be included as information is released from federal government, manufacturers, and other partners.

In Phase I, the key audiences are COVID-19 vaccination providers; people in prioritized groups for Phase I vaccination; health issuers and plans; employers; and government and community partners and stakeholders. In Phase I, key messaging will focus on the safety and efficacy of the vaccine(s) available; storage and handling of the vaccine; vaccine administration safety and cost; and outreach to people in prioritized groups for Phase I vaccination. Other key messaging, including the timing of vaccination campaigns, will be included as information is released.

In Phase II, the key audiences are COVID-19 vaccination providers; people in the next tier of prioritized groups for Phase II vaccination; health issuers and plans; employers; and government and community partners and stakeholders. In Phase II, key messaging will focus on the safety and efficacy of the vaccine; storage and handling of the vaccine; vaccine administration safety and cost; and outreach to people in prioritized groups for Phase II vaccination. Other key messaging will be included as information is released.

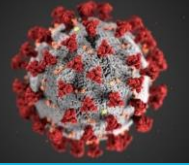
In Phase III, the key audiences are COVID-19 vaccination providers; the general public, including essential workers, people at risk for severe outcomes from COVID-19 infection, people at increased risk of acquiring or transmitting the virus that causes COVID-19, and people with limited access to vaccination services who were not previously vaccinated; health issuers and plans; employers; and government and community partners and stakeholders. In Phase III, key messaging will focus on the safety and efficacy of the vaccine; storage and handling of the vaccine; vaccine administration safety and cost; and sustained outreach efforts to the general public. Other key messaging to be included as information is released. Other key messaging will be included as information is released.

Communication channels include the DHW's Office of Communications and its owned channels on social media, websites, and blog platforms, with access to other government partners including the Department of Insurance, the Department of Commerce, the Department of Education and the local public health districts, government stakeholders, and the public; public partners including local universities and colleges, local public radio, local public news stations, and local radio stations; paid media advertisement through the Department's Media and Marketing Contract with reach to video streaming services, music streaming services, local radio, billboards, and social media; leveraging current DHW contracted messaging platforms including video juke boxes in bars, grocery store and gas station TV, local sports groups (e.g., the Idaho Steelheads hockey team), and Valley Regional Transit bus wraps



and posters; and leveraging current DHW social media following, including tailored outreach to specific audiences (for example, people who are or who have family at risk for severe outcomes from COVID-19 infection who follow the Idaho Cancer Control and Prevention Programs Facebook groups). The Division of Public Health's COVID-19 Communications Task Force is consistently working to create new partnerships and expand reach. The Idaho Immunization Program will work with the DHW Communication Office to issue press releases quickly as new information is available, then to activate the communication network and partners to support the message.

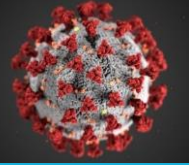
As new information becomes available, timely message development will become the highest priority for the Outreach Section of the Idaho Immunization Program (IIP). The IIP will work with the DHW Communication Office to develop and issue press releases at the department level, if applicable, the Governor's Office as appropriate, or with the local public health districts for jurisdictional press releases. The IIP and DHW Communication Office will create messaging templates for quick information release to the public across social media platforms owned by DHW. Once released, the COVID-19 Communications Task Force will work with other DHW programs to release information on their platforms if the information is pertinent to their audiences. Media requests will be handled per DHW's current policies.



Section 13: Regulatory Considerations for COVID-19 Vaccination

For each COVID-19 vaccine that may be approved for use under an Emergency Use Authorization (EUA) issued by FDA or approved as a licensed vaccine, there will be a product-specific EUA fact sheet or vaccine information statement (VIS) made available, as applicable. Healthcare providers requesting to enroll as COVID-19 vaccination providers will be required to complete the *CDC COVID-19 Vaccination Program Provider Agreement and Profile*. This agreement details the requirement for providing the appropriate, product-specific EUA Fact Sheet or VIS, as applicable, at each immunization encounter. Healthcare providers will receive training upon enrollment, with instructions for EUA fact sheet or VIS use, as applicable, and how they can be provided to patients.

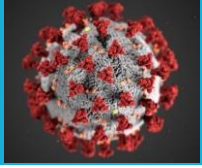
As noted in *Section 5: COVID-19 Provider Recruitment and Enrollment*, providers will also receive an *Idaho COVID-19 Vaccine Provider Toolkit* upon enrollment. The toolkit will include information about the EUA, as well as links to both the product-specific Fact Sheets for healthcare professionals and fact sheets for vaccine recipients. The *Idaho COVID-19 Vaccine Provider Toolkit* will include the options available to COVID-19 vaccination providers for presenting EUA fact sheets or VISs, which may include use of pre-printed paper copies or presentation of electronic versions through PrepMod™ or other systems. Any updates or changes that impact EUA Fact Sheets or VISs will be communicated to enrolled providers either through a message in PrepMod™, email, or an announcement in the IIS.



Section 14: COVID-19 Vaccine Safety Monitoring

The Idaho Immunization Program (IIP) has the following plans in place to ensure that COVID-19 vaccination providers understand the requirements and processes for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

1. As a condition of enrollment in the COVID-19 Vaccination Program, each provider must agree to report any clinically important adverse events even if they are not sure if the vaccination caused the event to VAERS as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. The Section 14: COVID-19 Vaccine Safety Monitoring group will work with Section 12: Vaccination Program Communication group to develop an infographic outlining the requirements of vaccine safety monitoring which will be used during the provider enrollment process.
3. The Section 14: COVID-19 Vaccine Safety Monitoring group will work with Section 5: Vaccination Provider Recruitment and Enrollment group to incorporate a vaccine safety/VAERS training outlining the responsibilities of providers to report adverse events during the enrolment process.
4. The Idaho Immunization Program will share its online vaccine safety webinar with new COVID-19 vaccine providers. The webinar outlines the Vaccine Safety Data Link and the Clinical Immunization Safety Assessment Project as well as Idaho's vaccine safety activities.



Section 15: COVID-19 Vaccination Program Monitoring

As detailed in Section 5, the Idaho Immunization Program (IIP) will enroll COVID-19 vaccine providers in phases that match CDC's three-phase distribution. To monitor progress and implementation throughout all three phases of CDC's vaccine distribution, the Immunization Program will collaborate with the Public Health Preparedness and Response Program to use the Idaho Resource Tracking System (IRTS) to upload enrollment data into ArcGIS to create coverage maps of COVID-19 vaccinators. Using map filters, the Program will monitor proximity of vaccinators to the prioritized populations for vaccination (health care providers, hospitals, long term care facilities, assisted living facilities, universities/colleges, schools, etc.) to ensure enrolled vaccinators cover Idaho's expansive geography across urban, rural, and frontier communities. This mapping capability will also allow for the monitoring vaccinators' proximity to each population identified for vaccine priority. Throughout Phase 1 and moving into Phase 2 and 3, the Immunization Program will continue to expand enrollment of providers to ensure vaccination capacity across Idaho will meet the distribution supply and population needs.

Idaho's Immunization Reminder Information System (IRIS), will capture vaccination administration data through the methodology described extensively in Sections 9 and 11. Through PrepMod™ and IRIS, IIP will use reporting tools to assess coverage of first and second dose coverage.

Budget and Resource Monitoring

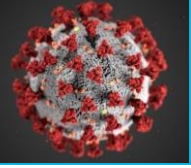
The Idaho Immunization Program monitors budgets internally monthly. Additionally, budgets are monitored quarterly with Bureau of Communicable Disease Prevention, Division of Public Health, and Division of Administration's fiscal oversight.

Staffing resources are monitored at the Program and Division of Public Health level and needs will be identified and communicated through established channels via supervision and situational awareness reports.

Supplies for COVID-19 response in Idaho are monitored currently across sites (hospitals, labs, clinics, etc.) via the Idaho Resource Tracking System (IRTS). It is anticipated the once COVID-19 vaccination begins, IRTS will continue to be the tool used to monitor supplies.

The Immunization Program will work with the Idaho Department of Health and Welfare's (DHW) COVID-19 Communications Team to monitor the COVID-19 communication plan implementation including message reach, adherence to Public Information Plans, and metrics identified by DHW and their marketing and media contractor.

Idaho will continuously monitor the various critical program planning and implementation elements through already-established mechanisms; via weekly situational awareness calls with local public health districts, Tribal partners, and other crucial stakeholders. Call frequency will be adjusted as needed throughout the vaccination plan implementation. Incident Command Structure is activated as needed to monitor all phases of Idaho's COVID-19 response. Priority activities and progress are monitored through the COVID-19 Response Portal by Public Health Preparedness and Response staff and Division of Public Health leadership on a weekly basis.



To provide situational awareness for jurisdictions and the general public throughout the COVID-19 vaccination response, CDC will have two dashboards available.

The **Weekly Flu Vaccination Dashboard** will include weekly estimates of influenza vaccination for adults, children, and pregnant women (when approved for these groups) using existing (National Immunization Survey [NIS]-Flu) and new (IQVIA) data sources. Data and estimates from additional sources will be added, as available. The **COVID-19 Vaccination Response Dashboard** will include:

- Data for planning (e.g., estimates of critical population categories, number and attributes of healthcare providers and facilities)
- Implementation data (e.g., number of enrolled COVID-19 vaccination providers, COVID-19 vaccine supply and distribution, COVID-19 vaccine administration locations)
- Aggregate COVID-19 vaccine administration data

Idaho plans to use CDC's COVID-19 Vaccination Response Dashboards as it is implemented in stages based on data availability and shareability.

As CDC anticipates, both dashboards will include a view tailored for jurisdictions, available through SAMS, and a view for the general public on CDC's website.

Idaho Department of Health and Welfare's COVID-19 Communications Team is in the process of identifying the metrics that will be included on our public-facing website. They may include, but are not limited to:

- Number of providers enrolled to be COVID-19 Vaccination providers
- Number of COVID-19 doses distributed by county
- Number of COVID-19 doses administered by county
- Number of COVID-19 doses administered by age-group by county
- Number of COVID-19 doses distributed by facility
- Number of first doses of COVID-19 vaccine administered
- Number of second doses of COVID-19 vaccine administered

The Immunization Program anticipates incorporating vaccination data into Tableau dashboards for data visualization.

Appendix A

PROVIDER CAPACITY ASSESSMENT DRAFT SURVEY

COVID-19 Vaccination Capacity Estimates [Key Survey]

Introductory statement:

In anticipation of a COVID-19 vaccine, Idaho public health officials are requesting your essential help in estimating Idaho's pandemic vaccination capacity required to provide an efficient and equitable response across Idaho. We also request your help in assessing Idaho's readiness to provide vaccinations to specific critical populations. These questions are derived from Centers for Disease Control and Prevention requirements for COVID-19 vaccination planning as detailed in "COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations." This survey has around 20 questions and is expected to take about ___ minutes to complete. [Number will be added after pilot testing of online survey.] Your answers are not anonymous and will be shared with COVID-19 vaccination planners at the Idaho Division of Public Health and the local public health districts.

Please help ensure appropriate distribution of anticipated COVID-19 vaccine by completing this survey. The survey will close on [Day of Week, Month, DD, YYYY][Date to be added prior to survey being distributed, see end of document.] If you have any questions about the content of the survey or how the information will be used, please contact Dr. Kris Carter, kris.carter@dhw.idaho.gov.

A survey should be completed for each physical location. Healthcare systems should complete a survey for each hospital and clinic. Please do not provide an aggregate response for a healthcare system.

Questions about the facility.

1. What is the main provider facility type(s) for which you are reporting? (check all that apply)

- Primary Care (Family Medicine, Pediatrics, Internal Medicine, ObGyn)
- Urgent Care
- Home Health
- Other Outpatient (not home health or primary care)
- Hospital
- Nursing Home
- Residential Assisted Living Facility
- Intermediate Care Facility
- Correctional or Detention Facility
- Congregate Living Not Listed Above
- Occupational Health - Non-Healthcare Entity
- Student Health - Higher Education

- Retail Pharmacy (includes free-standing pharmacies, pharmacies in grocery stores or other retail settings; does NOT include pharmacies in medical settings) [This text could be a hover if that is possible.]
- Public Health District Clinic
- Public Health District POD
- EMS Agency
- Other (text box)

2. What other designations apply to this facility? (check all that apply)

- Community Health Center
- Federally Qualified Health Center
- Free Clinic
- Veteran's Administration
- Indian Health Service or Tribal Clinic
- Mobile Clinic
- Psychiatric/behavioral Health

3. What is the name of this facility or entity? [free text]

4a. What is the **physical location** of this facility? [currently each line is a free text box under question 4]

Street Address

City

Zip Code

4b. In which county is this facility [drop down of Idaho counties]

5. Who is the point of contact for COVID-19 vaccination at this facility? [Currently all free text boxes under one question.]

First Name

Last Name

Role

Phone 1

Phone 2

E-mail

6. Does a contractor provide vaccinations at this facility?

- No
- Yes
- Maybe, depending on vaccine

If yes, who is the contractor? [free text]

7. Is this provider facility or entity planning to provide COVID-19 vaccination (with or without use of a contractor)?

[SKIP PATTERN: If the response is "No", SKIP to the closing statement.]

- Yes
- No
- Not sure - need more information
- Not sure - pending policy decision

Questions about the population served by the facility.

8. What is the approximate number and percentage of adults and children this facility serves? [free text]

Adults [hover: 18 years of age or older]: Number [numeric text] Percent of total [numeric text]

Children [hover: less than 18 years of age]: Number [numeric text] Percent of total [numeric text]

9. If the age range of people this provider facility is willing to vaccinate is limited, please describe (e.g., geriatric, adolescents, 5 and up) [free text]

10. Which of the following groups would this provider facility be able to vaccinate? (check all that apply)

- Staff
- Staff family/living unit
- Patients (established)
- Affiliated non-patient (e.g., resident, student)
- Public
- Healthcare providers in the community that are not your staff.

11. Please check all specific populations that this provider facility has a **particular focus** on serving. (check all that apply)

a. Occupation-related characteristics

- First responders – police or fire (if EMS *only*, check next box)
- First responder – EMS
- National Guard
- Military other than National Guard
- Teachers
- Daycare workers
- Grocery or convenience store workers
- Food processing or agricultural setting with high density of workers
- Correctional or detention facility staff
- Other critical infrastructure personnel not listed above (link to list) [link is to <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>]
- Other [free text]

b. Other demographics

- Adults with high risk medical conditions (link to list) [link is to <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html/%22%20target=%22%20blank%22%3EHyperlinked%20text%3C/a%3E>]
- Senior center or adult day care
- People experiencing homelessness
- Migrant or seasonal workers
- Pregnant women
- Child daycare attendees
- K-12 school children
- Children with high-risk conditions (link to list) [link is to <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#children-underlying-conditions>]
- Low-income population
- Native American population
- Black population
- Asian population

- Native Hawaiian or Pacific Islander population
- Hispanic population
- Other [free text]

Questions about vaccination capacity. There are different timeframes and staffing levels because different estimates are used in pandemic vaccination capacity tools and because potential vaccines have different time-to-discard requirements.

12. What is your estimate of how many people this provider facility could vaccinate against COVID-19 at **current** staffing levels? Please give a single number for your best, realistic estimate, not a range.

a. During influenza season

Per hour: [numeric text]

Per consecutive 5-day period (with or without weekends) [numeric text]

Per calendar week [numeric text]

Per consecutive 10-day period [numeric text]

b. Outside of influenza season

Per hour [numeric text]

Per consecutive 5-day period (with or without weekends) [numeric text]

Per calendar week [numeric text]

Per consecutive 10-day period [numeric text]

13. What is your estimate of how many people this provider facility could vaccinate against COVID-19 **with additional** staff? Please give a single number for your best, realistic estimate, not a range.

a. During influenza season

Per hour [numeric text]

Per consecutive 5-day period (with or without weekends) [numeric text]

Per calendar week [numeric text]

Per consecutive 10-day period [numeric text]

b. Outside of influenza season

Per hour [numeric text]

Per consecutive 5-day period (with or without weekends) [numeric text]

Per calendar week [numeric text]

Per consecutive 10-day period [numeric text]

Questions about vaccine storage.

Note: these questions do not indicate expectation to purchase ultra-cold freezers at this time.

14. What vaccine storage conditions are available at this facility? (check all that apply)

Note: dorm-style refrigerators and non-medical refrigerators (e.g., those used for food or other needs) are not acceptable for vaccine storage

- Refrigerator (2°C to 8°C)
- Freezer (-15°C to -25°C)
- Ultra-cold freezer (-60°C to -80°C)

15. What is the current physical storage capacity available for COVID-19 vaccine at this facility?
The actual size of the vaccine package is unknown. Please give your estimate in cubic inches.

Refrigerator (2°C to 8°C): [numeric text] __ Number of cubic inches.

Freezer (-15°C to -25°C): [numeric text] __ Number of cubic inches.

Ultra-cold freezer (-60°C to -80°C): [numeric text] __ Number of cubic inches.

16. What is the planned physical storage capacity for COVID-19 Vaccine, if different than current capacity?

Refrigerator (2°C to 8°C): [numeric text] __ Number of cubic inches.

Freezer (-15°C to -25°C): [numeric text] __ Number of cubic inches.

Ultra-cold freezer (-60°C to -80°C): [numeric text] __ Number of cubic inches.

Final questions.

17. Does this facility currently send patients' individual vaccination information through electronic data exchange to IRIS (Idaho's immunization information system)? (check one)

- Yes
- In testing
- No

18. What electronic health record (EHR) does this facility use? [free text]

19. Other comments [free text]

Closing statement:

Thank you for taking time out of your day during this pandemic response to complete this survey and help plan an efficient and equitable COVID-19 vaccine distribution. We appreciate your invaluable help.

Details about the COVID-19 vaccine provider enrollment process will be communicated by the Idaho Division of Public Health Immunization Program in October 2020. COVID-19 provider vaccinators will be enrolled in phases, as outlined in Idaho's COVID-19 vaccine plan.

Survey duration:

- Start Date: October 19 (estimated)
- End Date: November 2, COB

Redirect Page: [Pending preference from IIP]

<https://coronavirus.idaho.gov/> or

<https://healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/tabid/3767/Default.aspx> or

<https://www.cdc.gov/vaccines/imz-managers/index.html> (has interim playbook)