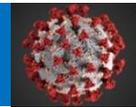




The following document is for historical purposes and is no longer being updated. Please go to the [COVID-19 Vaccination Clinical & Professional Resources](#) for more recent information.





## Introduction

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the District of Columbia (District or DC) officially activated a multi-agency response, coordination, and recovery effort with an integrated Emergency Operations Center (EOC) at DC Health's Health Emergency Coordination Center on March 11, 2020. The District of Columbia Department of Health (DC Health) has led the public health response to this pandemic through implementing equitable programs and policies to promote health and protect the safety of residents, visitors, and those doing business in the nation's capital. The Director of DC Health serves as the chief public health advisor and strategist to the EOC and District Mayor Muriel Bowser. The COVID-19 Vaccine Group is organizationally within the EOC and staffed by subject matter experts within DC Health. This group's purpose is to plan and execute a safe and equitable distribution and administration of an eventual COVID-19 Vaccine to the District workforce and residents.

The District's geographic location between Maryland and Virginia lends itself to significant population movement between all three jurisdictions. These individuals who reside outside of the District are part of the necessary workforce and critical infrastructure that keeps the District functioning. DC's COVID-19 Vaccination Draft Plan has included population vaccination estimates of those who reside in another state but work in the District as healthcare workers and critical infrastructure personnel. Therefore, the District's initial and subsequent federal COVID-19 vaccine allotment must be based on the District's workforce population and not only the District residency population.

The District's COVID-19 Vaccination Draft Plan outlines an infrastructure to support a coordinated response to vaccine distribution and administration for healthcare workers, critical infrastructure workers, specific vulnerable populations, those with a higher risk of severe morbidity and mortality due to COVID-19, as well as all District residents. This draft plan is strengthened through continuous engagement with external partners such as the District's Health and Medical Coalition, ImmunizeDC Community Organization, and the DC Health's Scientific Advisory Committee.

## COVID-19 Vaccination Planning Sections:

### Section 3: Phased Approach to COVID-19 Vaccination

The District is considering the *National Academies of Science, Engineering, and Medicine Committee on Equitable Allocation of Vaccine for the Novel Coronavirus's* Framework for equitable allocation of COVID-19 vaccine to inform an ethical phased approach.

DC will implement a plan based on the three phased approach outlined by the CDC; however, the **driver will be the number of individuals within settings and not the number of residents**. This approach is informed from lessons learned the H1N1 Influenza pandemic and our review of standards of practice for vaccine allocation during pandemics. Our approach is based on current evidence, while recognizing the inherent uncertainties and the need for flexibility as new evidence emerges.

### Section 4: Critical Populations

The District will count those who reside in another state but work in District healthcare facilities or as District critical infrastructure employees as part of those critical populations who will be allocated the initial doses of the COVID-19 vaccination in the District. DC will communicate with agencies whose employees fall outside of allocation by key federal agencies (VA, DOD, DHS, BOP, IHS). However, the District of Columbia maintains that these federal agencies should be directly supported by a federal vaccine allotment dedicated specifically for federally agencies not engaged directly in the COVID-19

response or their state of residence's allotment based on their individual health risk as opposed to being supported by the initial local doses provided to the District. The estimate of Critical Workforce and Populations for Phase 1 of COVID-19 Vaccine Distribution was created using available information from DC government agencies, local community partners, CDC's Behavioral Risk Factor Surveillance System (BRFSS) for the District, and DC's Health and Medical Coalition Healthcare Workforce Survey.

### **Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment**

DC Health is transitioning to a new Immunization Information System (IIS) through its vendor STC Health. Provider Enrollment planning is a hybrid of an existing enrollment process and utilization of STC's IIS platform, STC|ONE. Provider recruitment will focus on Tier 1 groups that are able to receive, store, handle, and administer vaccines. STC|ONE will support rapid implementation and a single system transition.

Enrollment will occur via QuickBase application, separate from the IIS. Each facility will be sent a communication which includes a link via QuickBase to enroll providers. There will be three types of enrollments: *New User* for Clinical Decision or view access, *VFC User*, or *HL7 onboarding* (may/may not order vaccine, be a VFC Provider, but reports electronically and has at least view access). Registration will be imported into STC|ONE to maintain a single source of information for all providers.

### **Section 8: COVID-19 Vaccine Storage and Handling**

DC Health will utilize existing CDC guidance, recommendations, and modules on vaccine storage and handling, with modifications made based on requirements for final, available vaccines. All staff will be properly trained in vaccine storage and handling.

### **Section 10: COVID-19 Vaccination Second-Dose Reminders**

A feature of the new IIS is *MyIR*, which includes a mobile tool that pushes out notifications (including second dose reminders) and is tied to geocoded scheduling information. Providers will be strongly encouraged to utilize their reminder/recall systems for both phases of vaccine distribution.

### **Section 12: COVID-19 Vaccination Program Communication**

The District will use risk communication principles along with the CDC's recently developed *Vaccinate with Confidence* framework, to develop messaging and guide overall COVID-19 vaccination communication strategies and tactics. The *Scientific Advisory Committee for the Development and Implementation of a Safe, Effective, and Equitable COVID-19 Vaccine Distribution Program in the District of Columbia* will advise the Director of DC Health on effective strategies to communicate public health information regarding safety and effectiveness of the vaccine in order to promote vaccine confidence and uptake. The Scientific Advisory Committee will counsel on messaging and outreach strategies to counter misinformation regarding an eventual COVID-19 vaccine.

### **Section 14: COVID-19 Vaccine Safety Monitoring**

Reporting of vaccine adverse events including vaccine administration errors will be included as part of the Cooperative Vaccine Agreement during enrollment, and monthly reminders to Providers. Information related to VAERS will be included in provider and staff training. Reporting of adverse events via online or writable PDF form (<https://vaers.hhs.gov/>) will be recommended. Additionally, adverse events should be submitted to the DC Reporting and Surveillance Center (DCRC) online reporting system located at <https://dchealth.dc.gov/service/infectious-diseases>.