

# State of Hawaii COVID-19

## Vaccination Plan Executive Summary

DRAFT



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# Executive Summary

*“The emergence of the COVID-19 pandemic has created unprecedented public health challenges and spurred a global race to develop and distribute one or more viable vaccines. The challenge of vaccine development is matched by the challenge of vaccine distribution; once discovered and produced, it must be delivered and dispensed to the population writ large. Although a vaccine is not yet available, lessons learned from the acquisition and distribution of COVID-19 diagnostics and therapeutics suggest that States begin addressing the challenges of mass distribution before its arrival. Immunizing the U.S. population against COVID-19 will likely require the single largest vaccination campaign ever undertaken and require leaders from state public health, immunization, and emergency management systems to design and execute the vaccination operation. As with many COVID-19 activities, a “whole of government” response, with broad participation by health and human services, economic development, education, and public safety agencies, as well as private sector partners and the public, is crucial to success.”<sup>1</sup>*

On September 16, 2020 the Centers for Disease Control and Prevention (CDC) released the *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*<sup>2</sup> and directed jurisdictions to prepare and submit their COVID-19 vaccination response plans for CDC review no later than October 16, 2020 in support of Operation Warp Speed, which has a mission to delivery 300 million doses of safe and effective vaccine by 1 January 2021.<sup>3</sup>

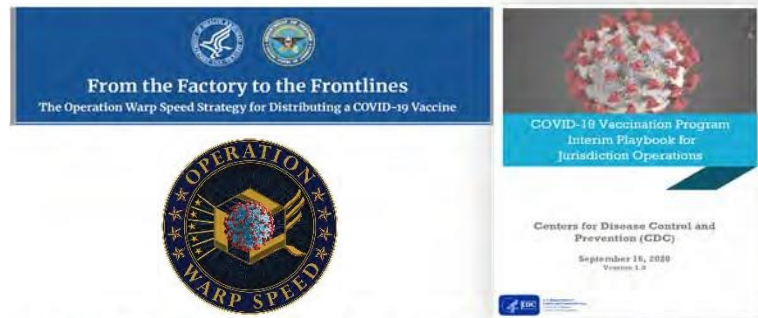


Figure ES-1: COVID-19 Interim Playbook and Guidance and the Operation Warp Speed Strategy for Distributing a COVID-19 Vaccine

The Hawaii Department of Health (HDOH), as the lead state health agency and lead state agency for State Emergency Support Function 8 (SESF #8) Public Health and Medical Services, formed a Core Planning Team with representatives from local, state, and federal levels as well as private sector partners under the leadership of the Disease Outbreak Control Division (DOCD) Immunization Branch (IMB) to develop the state's COVID-19 Vaccination Plan.

The purpose of the HDOH COVID-19 Vaccination Plan is to provide an operational plan that will support the state's efforts to implement a comprehensive vaccination program to reduce COVID-19-related illnesses, hospitalizations, and deaths, and to help restore societal functioning. This plan provides operational and logistical guidance for planning and coordinating a statewide COVID-19 vaccination effort to effectively request, secure, receive, store, stage, distribute, dispense, and recover vaccine assets. It describes the concept of operations and identifies anticipated roles and responsibilities of organizations supporting this effort.

HDOH organized the overall concept of operations for the vaccination effort driven by three overarching Operational Priorities supported by nine Operational Objectives to achieve the desired end state of maximizing societal benefit by reducing morbidity and mortality caused by transmission of the novel coronavirus (see **Figure ES-2**).

<sup>1</sup> Preparing For The COVID-19 Vaccine And Considerations For Mass Distribution, <https://www.nga.org/memos/covid-19-vaccine-considerations-mass-distribution/> accessed September 28, 2020.

<sup>2</sup> COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – September 16, 2020; available at: [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf), accessed on October 8, 2020.

<sup>3</sup> <https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/Operation-Warp-Speed-Timeline/>

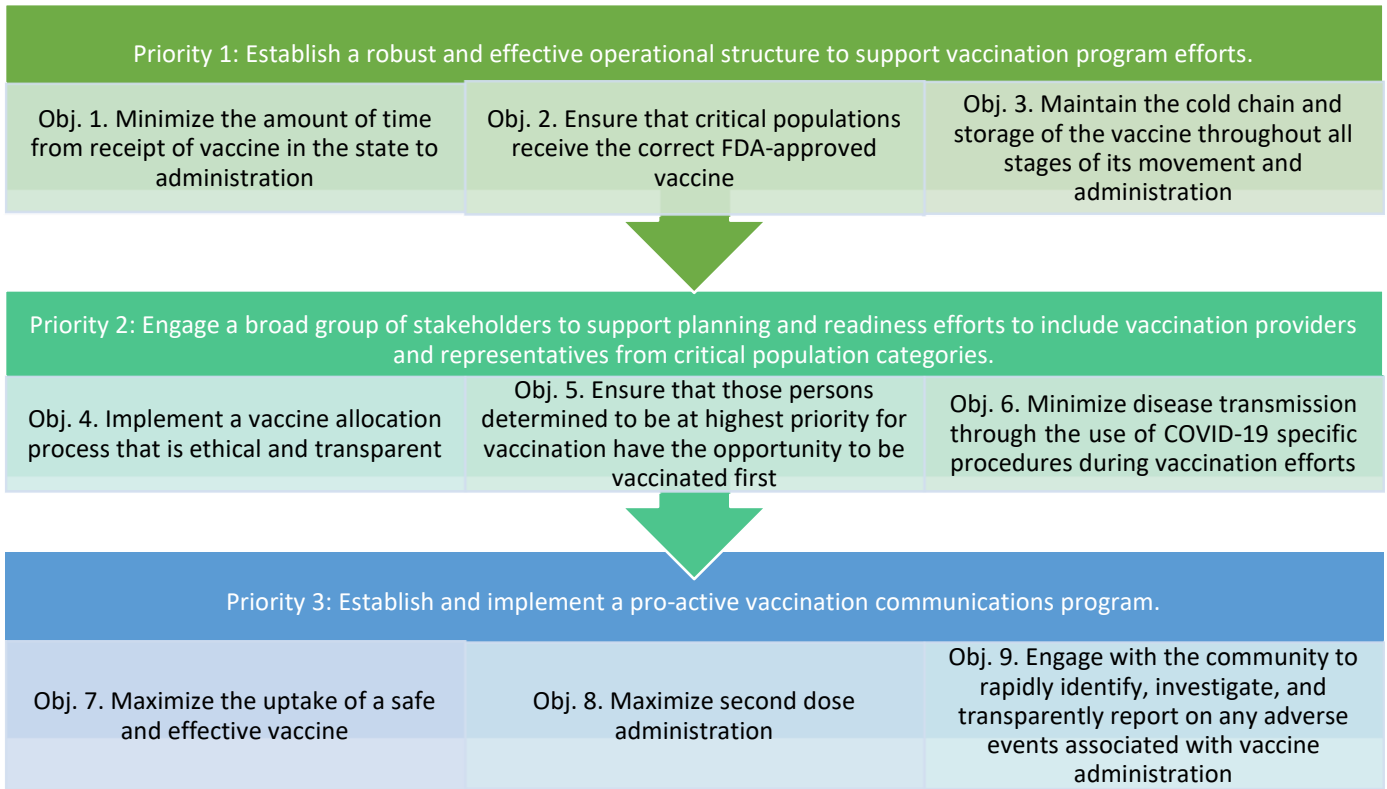


Figure ES-2: COVID-19 Priorities and Objectives

1 HDOH will use two primary coordinating bodies, a Vaccination Core Planning Team and a Vaccination Program  
 2 Implementation Committee, as well as standing and ad hoc working groups to support the COVID-19 vaccination  
 3 program (See Appendix A: Task Organization).

4  
 5 HDOH selected stakeholders from organizations throughout Hawaii to support each of these two coordinating  
 6 bodies based on four  
 7 recommended categories for  
 8 critical population groups  
 9 identified in CDC’s *Interim  
 10 Updated Planning Guidance on  
 11 Allocating and Targeting  
 12 Pandemic Influenza Vaccine  
 13 during an Influenza Pandemic*<sup>4</sup>  
 14 (see Figure ES-3).

“Guidance for allocating and targeting initial vaccination of certain groups includes a structure... that defines population groups in four broad categories that correspond with the objectives of a pandemic vaccination program – to protect people who  
 1) maintain homeland and national security,  
 2) provide health care and community support services,  
 3) maintain critical infrastructure, and  
 4) are in the general population.”

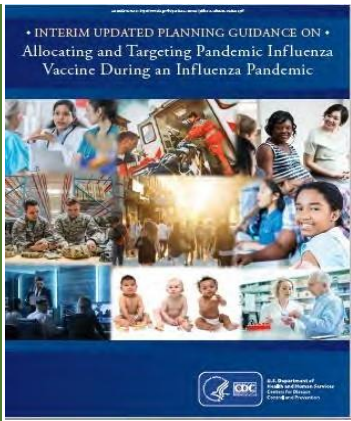


Figure ES-3: Four Categories for Critical Population Groups

15  
 16 The CDC’s *COVID-19  
 17 Vaccination Program Interim  
 18 Playbook for Jurisdiction  
 19 Operations* identifies three  
 20 phases of operation for the availability of COVID-19 vaccine as described below in **Figure ES-4**. NOTE: We are  
 21 currently in “Phase 0” before the arrival of COVID-19 vaccine.

<sup>4</sup> <https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Guidance.pdf>



Figure ES-5: Operational Phases

1 A key point to consider is that vaccine supply will be limited in Phase 1, so the allocation of doses will focus on  
 2 vaccination providers<sup>5</sup> and settings for vaccination that will be able to target limited critical populations  
 3 throughout the state. HDOH will need to rapidly enroll COVID-19 vaccination providers in each county into the  
 4 Hawaii Immunization Registry (HIR) system<sup>6</sup> so that they can identify and order the number of doses they  
 5 require to reach those critical populations. The vaccine supply will increase in Phases 2 and 3, allowing  
 6 vaccination efforts to be expanded to additional critical populations including the general public. It is important  
 7 to note that recommendations on the various population groups to receive initial doses of vaccine could change  
 8 after vaccine(s) are available, depending on each vaccine’s characteristics, vaccine supply, disease epidemiology,  
 9 and local community factors.<sup>7</sup> And, the duration of each phase is uncertain. HDOH will convene a Vaccine  
 10 Prioritization/Allocation Working Group that will consider these factors during their working sessions as they  
 11 recommend modifications and adjustments to allocation decisions for each phase of operations (**See Figure ES-  
 12 5: Vaccine Allocation Process**).

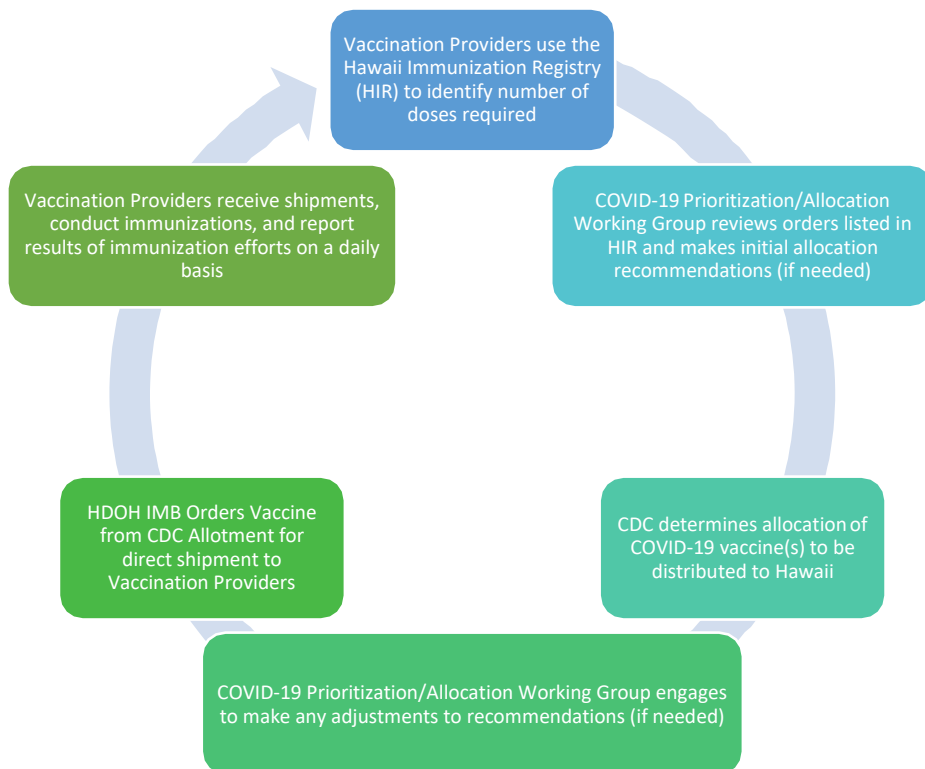


Figure ES-4: Vaccine Allocation Process

<sup>5</sup> For the purposes of this document, “vaccination provider” refers to any facility, organization, or healthcare provider licensed to possess/administer vaccine or provide vaccination service (to include HDOH), while a “COVID-19 vaccination provider” is any vaccination provider that HDOH enrolled in the COVID-19 Vaccination Program.

<sup>6</sup> <https://health.hawaii.gov/docd/about-us/programs/hawaii-immunization-registry-hir/>

<sup>7</sup> COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – September 16, 2020; available at: [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf), accessed on October 8, 2020.

On October 2, 2020, the National Academies of Sciences, Engineering, and Medicine (NAEM) published the “*Framework for Equitable Allocation of COVID-19 Vaccine*”.<sup>8</sup> The HDOH COVID-19 Vaccination Plan uses that framework to identify the composition of the critical populations groups to receive vaccinations (See Appendix C: Critical Populations). As note previously, the Vaccine Prioritization/Allocation Working Group will need to consider factors such as the risk of critical populations acquiring infection, severe morbidity and mortality, negative societal impact, and transmitting infection to others in making allocation decisions.

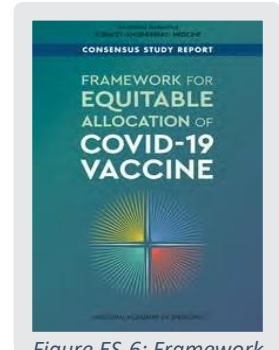


Figure ES-6: Framework

The Framework describes the use of four allocation stages<sup>9</sup> to target population groups starting with Allocation Stage 1a and progressing until the entire population desiring to get vaccinated is able to receive the COVID-19 vaccine.

Table ES-1: Population Groups

| Allocation Stage | Population Group   |
|------------------|--|
| Stage 1a         | High-risk health workers (e.g., in hospitals or nursing homes, or providing home care)—these health professionals are involved in direct patient care. Also included are workers who provide transportation, environmental services, and other health care facility services and who risk exposure to bodily fluids or aerosols. |
|                  | First responders whose jobs put them at high risk of exposure to COVID-19  |
| Stage 1b         | People of all ages with comorbid and underlying conditions that put them at significantly higher risk  |
|                  | Adults aged 65 and older living in congregate or overcrowded settings  |
| Stage 2          | K-12 teachers and school staff   |
|                  | Critical risk workers in high-risk settings - workers who are both in industries essential to the functioning of society and at substantially high risk of exposure  |
|                  | People of all ages with comorbid and underlying conditions that put them at moderately higher risk   |
|                  | People in homeless shelters or group homes for individuals with physical or mental disabilities or in recovery and staff who work in those facilities  |
|                  | People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings   |
| Stage 3          | Adults aged 65 and older not included in Allocation Stage 1  |
|                  | Young Adults (18-22)   |
|                  | Children (0-17)  |
| Stage 4          | Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Allocation Stages 1 or 2   |
|                  | Everyone residing in Hawaii who did not have access to the vaccine in previous allocation stages   |

This plan provides stakeholders from the whole community with the operational information needed to prepare their organizations to support the HDOH COVID-19 Vaccination Program. The HDOH COVID-19 Vaccination Core Planning Team recommends that stakeholders develop/update standard operating procedures (SOPs), as well as supporting plans and procedures, as the state prepares to enter Phase 1, and begins outreach efforts throughout Hawaii to prepare the public for the COVID-19 Vaccination Program as vaccines become available.

<sup>8</sup> <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>

<sup>9</sup> **NOTE:** The *Framework for Equitable Allocation of COVID-19 Vaccine* uses the term “phases” (not “stages”) suggesting successive deployments of vaccine to critical populations groups instead of another term “tiers” which had been used previously by the CDC (i.e. – Phases 1a, 1b, 2, 3 and 4 instead of Tier 1, Tier 2, or Stage 1, Stage 2, etc.). The authors stated that they wanted to eliminate the suggestion of any population group having greater importance than another, and that within each phase, all groups should have equal priority for vaccine. Also, that when individuals within a group fall into multiple phases (“stages”), the higher phase (“stage”) should take precedent. For the purposes of the HDOH COVID-19 Vaccination Plan, planners use the term “stages”

instead of "phases" to avoid confusion with the three phases of this plan.