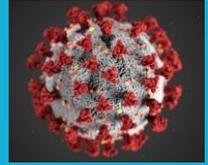




The following document is for historical purposes and is no longer being updated. Please go to the [COVID-19 Vaccination Clinical & Professional Resources](#) for more recent information.



ARIZONA INTERIM COVID-19 VACCINATION PLAN



Executive Summary

October 2020

The Arizona COVID-19 Vaccination Plan is a working document structured to address planning guidance provided by the CDC's *COVID-19 Vaccination Plan Template for Jurisdictions* and *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*. The purpose of this plan is to detail the Arizona's Department of Health Services' (ADHS) capacity to support the statewide COVID-19 vaccination campaign and local county and tribal planning initiatives. The plan highlights Arizona's vaccination strategy, which designates county health departments and some tribal facilities as the local authority responsible for approving vaccine allocations for providers within each county jurisdiction. Planning efforts have been informed by the *Arizona Pandemic Influenza Response Plan*, lessons learned from the H1N1 vaccination campaign, and the Arizona Vaccine Task Force, initiated by the ADHS in July 2020, and comprised of a multidisciplinary group of stakeholders representing county and tribal public health, outpatient healthcare providers and associations, inpatient healthcare providers and associations, payors, pharmacy and EMS stakeholders, and state and local emergency management agencies.

Phased Approach to COVID-19 Vaccination

ADHS will use a local allocator model for Phase 1 of the COVID-19 vaccination campaign when doses are in limited supply. The Department will work with the State's 15 county health departments and tribally-operated 638 facilities that have indicated interest in allocating for their community. First, the CDC will inform the State of the number of available doses. Next, the State will allocate those doses between counties and 638 facilities based on federal guidance and statewide subject matter expert recommendations from Arizona's Vaccine and Antiviral Prioritization Advisory Committee (VAPAC). Counties and 638 facilities will further allocate those vaccines to vaccinators within their communities. Once the initial need for local allocation has ended due to general availability of vaccine, all vaccinators will have the ability to order vaccine for their facilities outside of the local allocation process. Throughout the vaccination campaign ADHS will implement a messaging strategy to provide information about the importance of vaccination and encourage uptake in higher-risk communities.

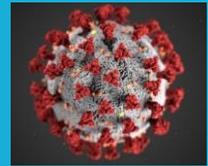
Critical Populations

The State's vaccine advisory committee, VAPAC, will utilize federal guidance when providing recommendations to local allocators regarding critical populations and priority groups. ADHS is working with county and tribal health departments to assess local capacity to reach critical populations in their jurisdiction. During the initial phase of the vaccination campaign, ADHS and the local allocators will utilize federal, state, and local data sources to estimate critical populations and allocate vaccine for higher-risk individuals, health care professionals, and other essential workers as recommended by VAPAC. Throughout the later phases of the vaccination campaign, ADHS will continue to develop strategies to increase vaccine uptake for priority populations and critical infrastructure workers.

Vaccination Provider Recruitment and Enrollment

Collaboration with community partners and state organizations has formed the basis of the State's vaccine recruitment and enrollment efforts. Providers wanting to participate in the COVID-19 vaccination program are onboarded using an electronic provider onboarding tool

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(REDCap). During the enrollment process, the State verifies each provider's ability to receive, store, handle, and administer vaccine. The recruitment and enrollment process is targeted at both traditional and non-traditional vaccine providers (e.g., pharmacists, emergency medical services providers). ADHS and partners will provide and track training throughout the onboarding process.

Vaccine Storage and Handling

Training will be provided to educate partners on the requirements for vaccine storage and handling, traditional cold storage units, temperature monitoring, and data logging. Information and resources will also be distributed through local partners and provider networks. Additional training and resources will be developed to reinforce storage and handling requirements based on provider needs during the three phases of vaccination. To receive vaccine, providers must have the proper equipment and complete storage and handling training.

Vaccination Second-Dose Reminders

The State's immunization information system, reminder cards, and electronic health records may be used to conduct second-dose reminders. Additionally, public communication and outreach efforts will remind the public of the need for two doses of vaccine.

Vaccination Program Communication

The Department will work with state, local, tribal, and healthcare partners to develop coordinated messaging strategies and community engagement around vaccination. The initial strategies during Phase 1 will focus on critical health care personnel and other groups prioritized by VAPAC. During Phases 2 and 3, the community engagement strategy will focus on all population demographics throughout Arizona. Local allocators will help disseminate messaging to assist the Department in targeting messages across the state.

Vaccine Safety Monitoring

The State's Vaccine Task Force will create a Vaccine Safety, Messaging, and Monitoring Work Group to address issues as they arise and develop public information messages. During the onboarding process, providers will be informed of the requirement to use the vaccine adverse event reporting system.

Vaccination Program Monitoring

ADHS is utilizing online platforms to monitor provider enrollment, access to vaccination services by population, immunization information system performance, provider-level reporting, vaccine ordering and distribution, and second dose administration. Additional program monitoring is conducted by the Vaccine Task Force by maintaining local-level situational awareness and conducting regular meetings with local partners. The Task Force will continue to obtain feedback from partners to better address vaccine-related needs and progress.