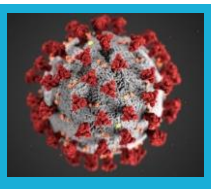
NEW JERSEY
INTERIM COVID-19 VACCINATION PLAN



Executive Summary
October 2020

COVID-19's devastating impacts motivate New Jersey to build a robust COVID-19 vaccination program. In January 2020, the State of New Jersey started actively tracking the outbreak of a novel coronavirus. Since the COVID-19 public health emergency was declared through Executive Order No. 103 on March 9, 2020, New Jersey has mobilized a statewide, data-driven COVID-19 response that includes healthcare capacity expansion, focus on vulnerable populations, scaling of testing, contact tracing and exposure notification mobilization, resource provision, and resiliency planning. The State informs COVID-19 efforts through transparent information to the public and through funding and technical guidance to local partners.

New Jersey began COVID-19 vaccination planning in the context of considerable unknowns regarding vaccine safety, efficacy, availability and timelines, federal distribution logistics, supplies and funding resources, public demand, likelihood of community protection through vaccination, and other factors. New Jersey submitted a Draft Interim COVID-19 Vaccination Plan to the Centers for Disease Control and Prevention (CDC) for feedback on October 16, 2020, but New Jersey will adapt its phased approach as unknowns are resolved.

Strategic Aims
- Provide equitable access to all who live, work, and/or are educated in New Jersey
- Achieve community protection, assuming vaccine effectiveness, availability, and uptake
- Build sustainable trust in COVID-19 and other vaccines

Equitable Access (Sections 1 and 5)
The COVID-19 public health crisis has widened and deepened the demographic of those who are vulnerable. Centering health equity in planning and delivery is fundamental to empowering all New Jerseyans and to eliminating disparities in vaccination and other public health outcomes. This includes:

- Involving diverse collaborators and perspectives in planning and delivery;
- Enabling data-informed consideration of risk, privilege, and vulnerability in prioritization and allocation;
- Partnering with trusted leaders for community education and confidence-building;
- Providing vaccination in safe, familiar, and convenient locations with hours that accommodate working families;
- Offering materials and instructions in the most common languages spoken in the state;
- Staffing points of dispensing sites (PODS) with patient navigators who are representative of the communities served;
- Using traditional and nontraditional communications channels to alert those with limited access to information about when, where, and how to receive vaccination and to empower informed decisions about vaccine safety and efficacy;
- Considering affordability options for uninsured, underinsured, and other vulnerable groups;
- Removing regulatory and legal barriers that unduly constrain participation; and
- Reviewing disaggregated data and transparently reporting to communicate process and progress.

A successful COVID-19 vaccination program will facilitate building a stronger, fairer, and healthier New Jersey.

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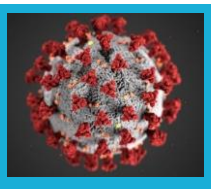

Phased Approach (Sections 3, 4, and 7)

New Jersey is planning for three scenarios: initial significant vaccine scarcity (Phase 1), supply meeting demand (Phase 2), and slowing public demand (Phase 3). New Jersey is planning to scale all vaccine implementation elements with increasing vaccine availability. Across each Phase, New Jersey must earn the public's trust, communicate clearly and factually, and provide fair and equitable access. Capacities to be scaled include:

- Expanding outreach to all New Jerseyans and connecting with specific populations;
- Enrolling sufficient providers through concerted workforce recruitment and scopes of practice expansions;
- Ensuring technological and data infrastructure can meet increased usage and users;
- Deploying increasing capital, supplies, and human resources; and
- Monitoring equitable results and readjusting strategies and tactics accordingly.

In alignment with the National Academies of Sciences, Engineering, and Medicine's (NASEM) *Framework for Equitable Allocation of COVID-19 Vaccine*, New Jersey is building upon existing systems across all levels of government to provide necessary resources to ensure equitable allocation, distribution, and administration of COVID-19 vaccines. However, federal funding to New Jersey to-date is not anticipated to be sufficient to meet the resource needs for this complex, large-scale vaccination program.

Public Confidence (Section 12)

Building public confidence in safe and effective COVID-19 vaccine(s) is also a complex challenge. New Jersey seeks:

- To build trust across state, including among local public health, vaccine providers, and vaccines recipients;
- To understand how to ensure ease of access to the vaccine, and to information about the vaccine; and
- To cultivate a network of diverse partners committed to safe, accessible COVID-19 vaccination.

New Jersey aims to engender intergenerational trust in vaccination—to protect against COVID-19 and other vaccine preventable diseases. New Jersey is raising awareness, providing education, and activating action by arming stakeholders, partners, and the public with accurate, up-to-date facts. Credible and consistent health communication messaging will be shared across multiple platforms to address concerns of specific audiences using timely and science-based public health and medical information from trusted sources. Messaging will be culturally appropriate and translated into multiple languages.

State Leadership (Section 2)

New Jersey has a whole-of-government commitment to the COVID-19 vaccine effort. Preliminary planning began in April 2020 upon receipt of the CDC's initial assumptions. To plan and deliver New Jersey's equitable COVID-19 vaccine program, the Vaccine Task Force (VTF) convened in July 2020 has teams focused on Logistics and POD (Point of Dispensing) Delivery; Federal Interoperability, IT, and Data Flow; Specific Population Planning; Enabling Policy; Public Confidence; Strategic Communications; Analytics and Reporting; Management and Administration, including Consumer Affordability, Resourcing, and Funding; and Flu and General immunization Acceleration. The VTF reports into New Jersey's Coronavirus Task Force, which was established by Executive Order No. 102, comprises key Cabinet-level officials, reports to Governor Murphy, and continues to ensure that no constituency is unjustly left behind and that a health equity lens is applied.

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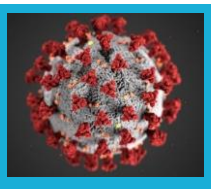


Expert Guidance (Section 2)

Throughout the COVID-19 crisis, state leaders have engaged subject matter experts and thought leaders to guide New Jersey through this extraordinary and challenging time. The New Jersey Department of Health COVID-19 Professional Advisory Committee (PAC) was convened in March 2020 to inform the Commissioner of Health. The PAC provides guidance to the Department to ensure that New Jersey's response to COVID-19 is based on the latest scientific, medical, ethical, and public health evidence. The membership of the PAC and its subcommittees include New Jersey-specific expertise representing geographic, demographic, and professional diversity.

Since summer 2020 and as New Jersey progresses through COVID-19 vaccination rollout, the PAC may inform New Jersey's answers to such questions as:

- Have equity considerations been implemented at each stage of planning and delivery?
- Can the public have confidence that the available vaccine(s) is safe and effective?
- How will vaccine(s) be prioritized, or sub-prioritized given scarcity and operational constraints?
- How to ensure vaccine uptake is sufficient to facilitate, as possible, a return to pre-pandemic conditions?

Subcommittees focus on health equity, community advocacy, and medical ethics and systems. PAC recommendations are informed by New Jersey-specific epidemiological, occupational, geospatial, demographic data; federal guidance; public health expert data and literature; and forthcoming Advisory Committee on Immunization Practices (ACIP) recommendations. The PAC previously informed allocation of critical care resources, remdesivir distribution, and targeted population-specific testing strategies during this public health emergency. Final recommendations will be socialized to ensure diverse perspectives and a broad cross-section of New Jerseyans are integrated into planning.

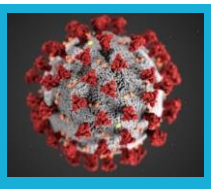
Critical Populations (Sections 3 and 4)

New Jersey intends to follow the CDC Phased Approach framework. This includes defining Phase 1a as healthcare workers, which New Jersey estimates will require one million doses of a two-dose COVID-19 vaccine to fully serve. Necessity of sub-population prioritization is anticipated given expectation of scarce vaccine availability at the onset and potential for supply shortages throughout. Logistics issues may constrain decisions and plans will evolve based on vaccine supply reliability and public demand. New Jersey's Plan includes those who live, work, and/or are being educated in the state. Informed by limited federal and national guidance to-date, New Jersey's planning considers factors including risk of acquiring infection, risk of severe morbidity and mortality, risk of negative societal impact, risk of transmitting disease to others, and social vulnerability. For example, New Jersey is recruiting long-term care facilities to participate in a federally supported distribution process via pharmacies.

Timely First-Dose Outreach and Second-Dose Reminders (Sections 1, 10, and 13)

To connect with New Jersey's diverse population, outreach will be made through healthcare provider partners; community-based, occupational or affiliation-based partners; and the media. Before arriving and on-site, consumers and vaccine administrators will have ready access to fact sheets, vaccine information statements, and other resources to make informed decisions.

In addition to existing reminder/recall mechanisms in the New Jersey Immunization Information System (NJIIS), additional options are being vetted to expand second-dose reminder capability. These include technological solutions, strategic scheduling, hard copy vaccine card distribution, on-site and off-site Consumer Navigators, directive on-site communication, targeted reminders to vaccine administrators and primary care providers,



collaboration with identified primary care providers, and partnerships with employers or local entities to leverage existing notification channels.

Efficient and Effective Local Delivery (Sections 2, 3, 5, 6, and 14)

Success in planning and implementation of the COVID-19 vaccines initiative will rely on close interstate and intrastate coordination (regional, county, and local level). Scenario planning has informed the State's dynamic PODS network plan, which accounts for the number, setting type, nature (e.g., closed or open), throughput, and location of the PODS that will be required at different capacity scales. The State is adopting "vaccine administration capacity," as defined by CDC, as the maximum achievable vaccination throughput regardless of public demand for vaccination. The State's planning assumption, therefore, is to vaccinate up to 70% of its current eligible population (non-pregnant adults). This is in line with Healthy People 2030's national target for influenza vaccine uptake.

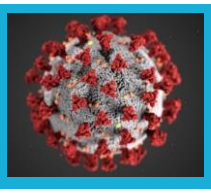
The number of PODS will be informed by the amount of vaccine available, the frequency of restocking, and the cold chain (or ultra-cold chain) requirements of the vaccine(s) that are federally authorized or approved. Geospatial mapping and facility infrastructure will also inform when and where sites are established. During Phase 1, PODS will include acute care hospitals, Local Information Network Communications System (LINCS) agencies, Local Health Departments (LHDs), retail pharmacies, Federally Qualified Health Centers (FQHCs), and other safe, familiar, and convenient locations. At scale, this will expand to static and mobile urgent care sites, large primary care clinics, and physician practices. Additionally, each county or LHD may have a large-scale site managed locally with some central support.

The State has identified the types of licensed health professionals qualified to administer COVID-19 vaccines. This will be reevaluated and potentially expanded contingent on supply and demand needs for increased vaccine administration workforce. At least two representatives from each enrolled site will be trained on topics including ACIP recommendations; COVID-19 vaccine ordering, receiving, storage, and handling; inventory management; NJIIS use; NJIIS reports to review the doses administered data; vaccine administration; management of vaccine wastage, spoilage, and temperature excursions; reporting adverse events to VAERS; and EUA facts sheets and/or vaccine information statements (VISs). Provider licenses will be validated by the New Jersey Division of Consumer Affairs and other state regulators.

Coordinated Inventory Management (Sections 7, 8, 9, 11)

NJIIS is the central registry, ordering, and reporting system. For ordering, once the federal government has indicated how much vaccine will be available to New Jersey and the state determines how to allocate statewide, site-level COVID-19 vaccine orders will be placed through NJIIS and transmitted via ExIS to VTrckS. The federal government, along with McKesson, will be responsible for the procurement and distribution of the vaccines to enrolled providers who ordered through VTrckS.

The provider site toolkit will include the CDC Vaccine Storage and Handling Toolkit and the CDC checklist for satellite, temporary, or off-site vaccine clinics. This guidance will describe roles and responsibilities for each site. Under the CDC Provider Agreement, each site will have a Primary and Back-up Coordinator. Large-scale sites will also have a required Safety and Quality Assurance Officer, responsible for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.



Sites will report all vaccine doses administered in New Jersey through direct entry, Excel spreadsheet submission, or HL7 connection to the NJIIS. Additional data may be collected through other vendor solutions like the federally-supported Vaccine Administration Management System (VAMS). New Jersey will participate in the IZ Gateway to ensure accounting for those vaccinated out of state. To adhere to the CDC reporting data and timeliness requirements, PODS must be adequately resourced.

The statewide Vaccine Command Center will be activated prior to the first delivery of vaccines to a distribution point and operate in close partnership between the New Jersey Department of Health, New Jersey State Police, county and state offices of emergency management, the National Guard, the New Jersey Office of Homeland Security and Preparedness, and local partners. This center will provide a single conduit for the flow of bidirectional information and intelligence related to the transport, delivery, and deployment of vaccines throughout the state.

Statewide Program Monitoring (Sections 1, 9, and 15)

New Jersey's health system resiliency is strengthened by investing in population health, promoting equity, and achieving better health outcomes for all New Jerseyans. The Institute of Medicine's six dimensions of quality health care—safe, effective, patient-centered, timely, efficient, and equitable—will be centered in COVID-19 vaccine planning, may be monitored quantitatively and/or qualitatively, and should be recalibrated as necessary during implementation.

Quality improvement objectives include:

- Measurable increases in aggregate COVID-19 immunization uptake in comparison to other adult immunizations, and/or
- Measurable increases in aggregate COVID-19 immunization uptake in comparison to each prior phase of the COVID-19 rollout, and
- Sufficient immunization within critical populations to confer community protection.

At least weekly, the State will conduct check-in meetings with all local jurisdictions to monitor human and physical resources dedicated to the State's vaccination plan implementation.

Preliminary reporting goals include:

- Tracking vaccination status of high priority groups,
- Supporting consumer navigation and second dose reminders,
- Supporting provider communications and training,
- Ensuring effective distribution and use of vaccines,
- Monitoring site operational efficiency and throughput, and
- Ensuring effective consumer engagement.

To bolster the overall pandemic response, the State will link vaccination coverage reporting to the broader set of pandemic response measures, including disease progression and surveillance, healthcare capacity, and public health interventions. New Jersey will receive a Tiberius Analytic Support subject matter expert to optimize New Jersey's use of data monitoring available through federal systems. Mapping will provide visualization of vaccine coverage for the state by provider type, vaccine type, and population type.