



The following document is for historical purposes and is no longer being updated.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.





## North Carolina Interim COVID-19 Vaccination Plan Executive Summary October 16, 2020

### Introduction

North Carolina's COVID-19 Vaccination Plan builds on the foundation of the state's overall goals and pillars of response to the pandemic: Prevention, Testing, Tracing, Isolation and Quarantine. North Carolina took early and aggressive action to slow the spread of the virus, built statewide capacity for testing, PPE supplies and contract tracing, developed hospital surge plans, and promoted aggressive prevention strategies.

*Guiding Principles for North Carolina's COVID-19 Vaccine Plan:*

- 1) All North Carolinians have equitable access to vaccines.
- 2) Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations.
- 3) Transparent, accurate, and frequent public communications is essential to building trust.
- 4) Data is used to promote equity, track progress and guide decision-making.
- 5) Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation.

The ultimate goal is to immunize everyone who is eligible for and wants a COVID-19 vaccine.

### Phased Approach to COVID-19 Vaccination

North Carolina's approach to COVID-19 vaccination is based on current assumptions and information available from the Food and Drug Administration and the Centers for Disease Control and Prevention. **Four phases** of work will be carefully executed and evaluated.

- **The planning phase**, already underway, will continue throughout the vaccination campaign. Planning phase accomplishments to-date include: establishing a unified command structure with cross-disciplinary state government teams with an independent External Vaccine Advisory Committee to guide plan development and implementation; finalizing priority populations for vaccination based on risk of exposure and risk of morbidity and mortality from COVID-19 with input from the External Advisory Committee; designing a process to identify and enroll providers who are able to reach the priority populations.
- **The implementation phase** will begin when the first, initially limited, vaccine doses are allocated to North Carolina, and focus on the logistics required to receive and administer vaccines to prioritized populations.
- **The adjustment phase** will begin when larger amounts of vaccine are available and focus on building capacity of providers to order vaccine based on local demand.
- **The transition phase** will begin when there is sufficient vaccine to immunize anyone in the state who wants to be vaccinated in more established delivery channels similar to influenza vaccination campaigns.

### Critical Populations

North Carolina's prioritization framework was developed based on the National Academy of Medicine (NAM) framework and in consultation with the External Advisory Committee. Principles guiding prioritization were equity, maximization of benefits, transparency, operational feasibility, reliance on a strong evidence base, and "do no harm."

Health care providers at high risk for exposure and who are vital to the initial COVID vaccine administration efforts and staff in long term care will be prioritized first. People at high risk for clinical severity and high risk of exposure will be prioritized next. This will include residents in Long-Term Care settings, people over 65 and staff of congregate living settings (migrant farm camps, jails and prisons, and homeless shelter) and anyone with two or more chronic conditions identified by the CDC to be high risk for COVID complications.

Historically marginalized populations are represented in the early phase prioritization groups. Subsequent phases will target lower-risk populations and have more of a focus on decreasing transmission through the populations.



**North Carolina Interim COVID-19 Vaccination Plan  
Executive Summary  
October 16, 2020**

**COVID-19 Vaccination Provider Recruitment and Enrollment**

North Carolina will prioritize early outreach, recruitment and enrollment of key providers and agencies who serve populations with high risk of clinical severity and high risk of exposure. The Advisory Committee will help to identify and engage those providers. North Carolina has created a streamlined electronic process for provider enrollment applications, licensure verification, storage and handling assessments, and approval and denial letters. Enrollment is already underway with local health departments, hospitals and health systems.

**COVID-19 Vaccine Storage and Handling**

North Carolina will assess cold-storage capacity across the state and will develop, coordinate, and support an ultra-cold chain storage system if an approved vaccine candidate requires it. This effort will be informed by guidance from Operation Warp Speed (OWS), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), vaccine manufacturers, and NC state health officials.

**COVID-19 Vaccination Second-Dose Reminders**

Robust data, reporting and performance tracking systems are under development for managing provider enrollment, vaccine dose administration, patient scheduling, patient doses and vaccine ordering records. Reports and dashboards for heterogeneous internal and external audiences will also be developed. North Carolina is exploring the use of the federally supported web-based Vaccine Administration Management System application as well as an alternative end to end system to support data collection and tracking efforts. These systems will allow us to track doses administered and support second dose reminders via these data collection systems and provider systems as well as the vaccine administration cards provided at the time of administration.

**COVID-19 Vaccination Program Communication**

Vaccine hesitancy is expected to be high, especially among historically marginalized people who are highly represented in prioritized populations, so public communication efforts will focus on building a foundation of trust. The goals for broad public communication about COVID-19 vaccinations are that North Carolinians will: 1) Trust the information that they receive from NCDHHS and Local Health Departments; 2) Understand the benefits and risks; 3) Make informed decisions; 4) Know how and where to get a COVID-19 vaccination.

Key initial goals will be to: 1) Increase knowledge of vaccine and the process of COVID-19 vaccine development; 2) Set expectations for limited availability at the onset of the vaccine delivery; 3) Raise awareness and recognition of historical injustices to mitigate vaccine hesitancy. As historically marginalized people have been disproportionately affected by COVID-19, engaging, including and serving them well will be essential to the success of North Carolina's vaccine efforts.

**COVID-19 Vaccine Safety Monitoring**

Clinically important, adverse events following any vaccination must be reported by healthcare providers to the Vaccine Adverse Event Reporting System as required of all COVID-19 vaccination providers. Adverse events will also be monitored through electronic health record and claims-based systems (e.g., Vaccine Safety Datalink).

**COVID-19 Vaccination Program Monitoring**

North Carolina will continuously assess new information and guidance from the federal government and evolving data and science as well as incorporate lessons learned to refine its vaccination approach and facilitate equitable access to vaccine, particularly for residents at the greatest risk for exposure and severe illness.

**Additional Information**

As new information becomes available, the NC COVID-19 Unified Leadership may reassess, adjust, or otherwise modify the proposed approach.