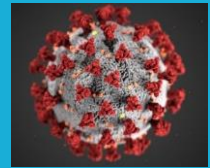


TENNESSEE INTERIM COVID-19 VACCINATION PLAN



Executive Summary

Introduction

The SARS-CoV-2 virus that causes COVID-19 has resulted in the deadliest pandemic to strike the world since the Avian Influenza pandemic of 1918. No living person on earth has memory of an infectious disease event of this magnitude. We are truly in uncharted waters.

The impact of this virus upon our physical and mental health, economic stability, and societal functioning cannot be overstated and, while the virus has touched every individual to some degree, Tennessee's minority and rural underserved populations have suffered disproportionately. This virus has taught us that its ability to inflict morbidity and mortality should not be underestimated and that any plans put in place to mitigate its spread must be nimble. The Tennessee Department of Health (TDH), in coordination with State and local agencies, submitted an initial draft of the COVID-19 Vaccination Plan for Tennessee to the Centers for Disease Control and Prevention (CDC) on October 16, 2020. While this document provides an overview of the allocation, distribution, documentation, and communication of COVID-19 vaccine across Tennessee, this is an iterative process and the plan will be modified as more is understood about the virus and the vaccines that are in development to defeat it. Above all, the People of Tennessee should be assured that no COVID-19 vaccine will be released in Tennessee unless the research demonstrates its safety and efficacy in preventing infection, lessening morbidity, and mitigating the spread of the virus.

Phased Approach to COVID-19 Vaccination

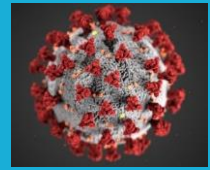
After careful review of the CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdictional Operations and the National Academies of Sciences, Engineering and Medicine's (NASEM) Framework for Equitable Allocation of COVID-19 Vaccine, as well as consultation with the Unified Command Group and a stakeholder group comprised of more than 28 partner agencies and offices, the following preliminary structure has been adopted for the allocation and distribution of COVID-19 vaccines:

- 5% of the State's allocation of COVID-19 vaccines will be distributed equitably among all 95 counties
- 10% of the State's allocation of COVID-19 vaccines will be reserved by the State for use in targeted areas with high vulnerability to morbidity and mortality from the virus
- 85% percent of the State's allocation of COVID-19 vaccines will be distributed among all 95 counties based upon their populations

Populations will be prioritized based upon risk of contracting and spreading the virus, as well as the risk of morbidity and mortality from COVID-19. Tennessee plans four allocation phases, based upon risk and informed by the NASEM's Framework and the Stakeholder Group:

- Phase 1a: Frontline healthcare workers, support staff, and first responders
- Phase 1b: Other healthcare workers
- Phase 1c: Individuals with high-risk comorbidities and older adults in congregate care
- Phase 2: K-12 and childcare staff, individuals with moderate-risk comorbidities, adults in congregate care, critical infrastructure employees
- Phase 3: Young adults, children, industry
- Phase 4: All others

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Critical Populations

TDH plans to utilize state and national data sources, CDC's Tiberius application, and Geographic Information System (GIS) mapping to locate and map identified critical populations in Tennessee, including health care personnel and other essential workers, residents and staff of congregate care facilities, individuals with underlying medical conditions, or of age, disability, racial, and ethnic minority groups or other vulnerable populations, that place them at higher risk for severe COVID-19 illness and death.

COVID-19 Vaccination Provider Recruitment and Enrollment

TDH is working to rapidly recruit and onboard hospitals, pharmacies, clinics and other partners capable of storing vaccine and administering it to priority populations. These partners are required to sign the CDC's COVID-19 Vaccine Provider Agreement and Profile, demonstrate their ability to store vaccine under the required conditions, and establish a process for reporting all administered doses of vaccine to the Tennessee Immunization Information System (TennIIS) within 24 hours of administration. Special attention is being given to ensure distribution of vaccination sites across all 95 counties, especially in rural counties and those areas with high concentrations of vulnerable populations.

Vaccine Storage and Handling

Cold chain maintenance at provider locations will require appropriate vaccine storage and temperature monitoring equipment, trained staff, and consistent, accurate inventory management to ensure the integrity of the vaccines.

COVID-19 Vaccination Second-Dose Reminders

Most vaccines currently under development are two-dose vaccines, with doses separated by 21 to 28 days. As initial research suggests little protective immunity after receipt of the first dose, it is critical that all individuals receiving the first dose of a two-dose series receive the second dose. TDH will work with vaccinating providers to ensure notices are sent to individuals who are coming due, or overdue, for their second dose. These notices will be provided through text message reminders and other communications that encourage individuals to complete the series.

COVID-19 Vaccination Program Communication

Tennessee will leverage relationships with healthcare associations and medical providers and use existing communication platforms to ensure vaccination program communications reach appropriate audiences as quickly as possible.

COVID-19 Vaccine Safety Monitoring

Vaccinating providers are required to report vaccine adverse events to the federal Vaccine Adverse Event Reporting System (VAERS). Reports made to VAERS will be reviewed by TDH to ensure appropriate investigation and follow-up.

COVID-19 Vaccination Program Monitoring

TDH will ensure ongoing progress of COVID-19 Vaccination Program implementation through the tracking of provider enrollment, mapping of the locations of vaccination services with respect to the location of priority populations, monitoring of the performance of the Tennessee Immunization Information System, and tracking of vaccine ordering and distribution.