Executive Summary - DRAFT

10/26/2020

Introduction

Texas Department of State Health Services (DSHS) will manage COVID-19 vaccine distribution in accordance with the recommendations of the Center for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP). To build a robust base of providers, DSHS will initiate an outreach campaign to potential COVID-19 vaccine providers. It is estimated that up to 14,000 providers across Texas may register to order and provide COVID-19 vaccine. Texas DSHS will seek to direct vaccine in the manner that best reaches recommended target groups while recognizing there may be more than one reasonable approach to doing so. This effort may still leave gaps in vaccination services for certain high-risk individuals or groups, and the state will plan to fill such gaps using vaccine strike teams. In addition, Texas recognizes that vaccine hesitancy presents a significant challenge to optimal uptake of COVID-19 vaccines as they become available. Assuring vaccine confidence in our communities by sharing credible and accurate information will be a key activity.

COVID-19 Vaccination Planning Sections:

Section 3: Phased Approach to COVID-19 Vaccination

Since vaccine supply will be limited at the beginning, DSHS is taking a phased approach to vaccine allocation. In the initial phase, the allocation of doses must focus on vaccination providers and settings for vaccination of limited priority populations.

DSHS will convene a team of agency and external subject-matter experts into the Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies. The EVAP will provide recommendations for vaccine allocations to priority populations to be approved by the DSHS Commissioner. The Immunizations Unit will allocate vaccine in the current inventory system to registered providers according to EVAP decisions. DSHS will notify eligible vaccine providers when allocated vaccine is ready for shipment.

Section 4: Critical Populations

Texas will identify vulnerable and frontline population groups to ensure access to COVID-19 vaccine, particularly in the early phases when supply is limited. Frontline and vulnerable populations may include healthcare workers and other essential workers, long-term care residents and others age 65 and over, people with underlying high-risk medical conditions, people disproportionately impacted due to race, ethnicity or tribal affiliation, people living in congregate settings, or those with limited access to services.

Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment

To enable providers to register and receive COVID-19 vaccine, DSHS developed a web portal, EnrollTexasIZ.dshs.texas.gov, for providers to enter enrollment information. Upon registration, quality assurance checks will be performed to assure that providers have proper training, storage capabilities for refrigerated, frozen, and ultra-cold vaccine, and that all provider licenses are in good standing with the State of Texas.
Section 8: COVID-19 Vaccine Storage and Handling

Proper vaccine storage and handling is key to providing a safe and effective COVID-19 vaccine dose. Staff at provider locations throughout the State of Texas should be well versed in storage and handling best practices as set forth by the Centers for Disease Control (CDC), utilizing the highly recommended CDC You Call the Shots Module Ten: Storage and Handling. From the manufacturer to vaccine arrival at the provider office, storage and handling practices of the provider office, to the vaccine administration with the patient, at each step vaccine storage and handling could affect the dose potency, if not handled correctly. Likewise, there may be instances where COVID-19 vaccine doses need to be transferred to offsite clinic locations, the appropriate storage and handling practices during transport are critical to providing a vaccine dose that is effective.

Section 10: COVID-19 Vaccination Second-Dose Reminders

DSHS will produce second-dose reminder postcards with a special emphasis on the necessity of receiving the same manufactured vaccine as the first dose. This message will also be included in the statewide public awareness campaign scheduled to run concurrently with public distribution.

Section 12: COVID-19 Vaccination Program Communication

The communications strategy’s primary goals are to educate, inform and direct Texans on the availability, distribution and scheduling of the COVID-19 vaccinations, through the development and statewide distribution of multiple creative media assets with the following points of emphasis:

- Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines and that situations are continually evolving.
- Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.
- Help the public to understand key differences in FDA Emergency Use Authorization and FDA approval (i.e., licensure).
- Engage in dialogue with internal and external partners to understand their key considerations and needs related to COVID-19 vaccine program implementation.
- Ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key state/local partners and the public about COVID-19 vaccines.
- Provide guidance to local health departments, clinicians, and other hosts of COVID-19 vaccination provider locations.
- Track and monitor public receptiveness to COVID-19 vaccination messaging.

These message points will be present in all campaign materials:

- Types of vaccine (one-dose or two-dose)
- If two-dose, the second dose has to be the exact same as the first.
- Talk to your doctor or your pharmacist for more information.
Section 14: COVID-19 Vaccine Safety Monitoring

Although vaccine development timelines have been accelerated through investments in technology and manufacturing capacity, safeguards remain in place at all stages of vaccine development and licensure to monitor safety through existing and expanded safety monitoring systems. Healthcare providers are required by federal law to report certain adverse events to the Vaccine Adverse Event Reporting System (VAERS) as part of the U.S. vaccine safety post-licensure monitoring system established by the CDC and the U.S. Food and Drug Administration (FDA) in 1990. Texas law also requires all adverse events be reported to ImmTrac2 during public health emergencies. Weekly federal VAERS data will be sent to each state. There will be training for reporting to VAERS, toolkits, and webinars posted online for all enrolled COVID-19 providers. In addition to establishing a Vaccine Safety Clinical Team to response to any vaccine concerns, Texas will collaborate via the Texas Hospital Association to ensure timely submission of VAERS reports and collaborate with the 2-1-1 Texas Call Center and DSHS COVID-19 Vaccine Call Center for accurate vaccine safety information.

Section 15: COVID-19 Vaccination Program Monitoring

DSHS has identified staffing and resource needs associated with COVID response and COVID vaccine distribution. Funding has been allocated to procure additional contracted staff to assist with the planning and monitoring of provider recruitment, IIS data entry and overall project management. These funds have also allowed IT expansion to ensure access to pertinent analytic tools. These tools will also create and help distribute real-time data reports to track vaccine distribution and administration. Another monitoring component will be supported by partnership and collaboration with public health entities. The groups will serve as frontline support, offering valuable insight from public and provider perspectives. By incorporating local jurisdictions, specifically those associated with service delivery from an already in-place infrastructure, DSHS will have the ability to expand its reach into both urban and rural areas of the state.

Additional Information