The following document is for historical purposes and is no longer being updated.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.
Executive Summary - DRAFT

10/26/2020

Introduction

The Utah Immunization Program (UIP), in conjunction with several partners throughout the state, has developed the interim COVID-19 vaccination plan to describe planning efforts and the intended distribution procedures for COVID-19 vaccine in the state of Utah. The UIP has convened a prioritization workgroup (PW) consisting of healthcare organizations, local health departments (LHDs), representatives from the Governor’s Office, and communication partners. Members of the PW have met on a weekly basis to develop Utah’s vaccination strategy. This group has provided input on which populations will be prioritized for vaccination in each of the three planned phases of vaccine distribution. Several aspects of Utah’s COVID-19 vaccination plan are summarized below. Please note that this is an interim draft plan and updates will be made once COVID-19 vaccines have been approved by the FDA and further guidance has been provided by the CDC.

COVID-19 Vaccination Planning Sections:

Section 3: Phased Approach to COVID-19 Vaccination

The UIP has planned for three phases of vaccine distribution, with several waves in each phase, to vaccinate Utah’s population. The first phase, where there will be limited doses, will be focused on vaccinating healthcare workers, LTCF staff and residents, and limited essential workers. Phase 2 will focus on covering persons with persons 65 years and older; underlying medical conditions, including but not limited to diabetes, obesity; staff and inmates located at correctional facilities; essential workers as defined by ACIP, tribal and ethnic minorities; and homeless or those living in shelters. Phase 3 covers the general population to help provide community immunity. The UIP will partner with the CDC and participate in the Pharmacy Partnership for Long-term Care (LTC) and Federal Direct Allocation to

Section 4: Critical Populations

The UIP will utilize several different data sources to identify, estimate, and locate the critical populations of Utah residents, such as (but not limited to) the Behavioral Risk Factor Surveillance Survey, Long Term Care Report, and US Census data. The UIP has also created surveys that will gather more local and hospital/clinic data. This data will help the UIP and PW determine which populations will receive the vaccine first and will help estimate how many vaccines these populations will need.

Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment

The UIP is working with partners to identify which providers will administer COVID-19 vaccinations throughout the state. Once identified, providers will need to be enrolled into the Utah Statewide Immunization Information System (USIIS) to complete the CDC COVID-19 Provider Agreement and Provider Profile Forms, and watch a training module. Depending on the phase in which providers enroll, these forms will be either completed using paper formats (earliest phases) or will be completed within USIIS. A CSV file will be exported and uploaded to the CDC into SAMS bi-weekly by UIP staff. All providers who are identified will have their credentials verified within the DOPL database by UIP staff. UIP will also verify they have completed all the required training modules.
Section 8: COVID-19 Vaccine Storage and Handling

The UIP will educate providers on proper storage and handling techniques for any approved COVID-19 vaccines and ensure providers have appropriate storage units and digital data loggers to record temperatures. For ultra-cold storage, providers will be allowed to store in the shipping container and will be educated on the process to do so. All doses will be shipped and administered to sites intended to use the product. Under the direction of UIP, clinics will fill out forms to hold an off-site clinic, to redistribute vaccines, or transfer vaccines as needed. All providers will be required to submit monthly temperature reports to ensure cold-chain has been maintained.

Section 10: COVID-19 Vaccination Second-Dose Reminders

All COVID-19 vaccinations will be recorded within USIIS within the first 24 hours after administration. The UIP may assist COVID-19 vaccination providers by running reports to identify which patients need subsequent doses. Utah residents will also be able to access their immunization records through the Docket app. This app will provide consumers with information on when subsequent doses are due.

Section 12: COVID-19 Vaccination Program Communication

The UIP in conjunction with several partners meet weekly to discuss how communication during vaccination efforts will occur. Using CDC and ACIP guidance, there will be several messages tailored to each phase and wave of vaccination. These messages will be reviewed and finalized by the Utah Department of Health’s Office of Public Information and Marketing (OPIM). OPIM will also ensure each LHD has an opportunity to review prior to media distribution.

Section 14: COVID-19 Vaccine Safety Monitoring

The UIP will require enrolled COVID-19 vaccination providers to watch a training video that includes information on the requirement and process to report adverse events to the Vaccine Adverse Event Reporting System (VAERS). The UIP also has a VAERS coordinator that will be monitoring VAERS reports and will assist in vaccine distribution.

Section 15: COVID-19 Vaccination Program Monitoring

Several portions of the UIP COVID-19 vaccination program that will be actively monitored throughout the response. The UIP will ensure providers are enrolled and remain in compliance with requirements throughout the duration of vaccine distribution. The UIP will also monitor populations and COVID-19 vaccine coverage throughout the state to ensure that Utah’s most vulnerable populations are getting vaccinated and are receiving subsequent doses, if appropriate. USIIS performance and system resources will be regularly examined to ensure that providers can order and report doses in a timely manner. It is essential that USIIS data be accurate and up-to-date for biweekly transmission to CDC.