ALLIANCE FOR HEALTH POLICY

Why Our Vaccine Deployment is Shy of Target: Responses to Vaccine Supply

Thursday, February 4, 2021

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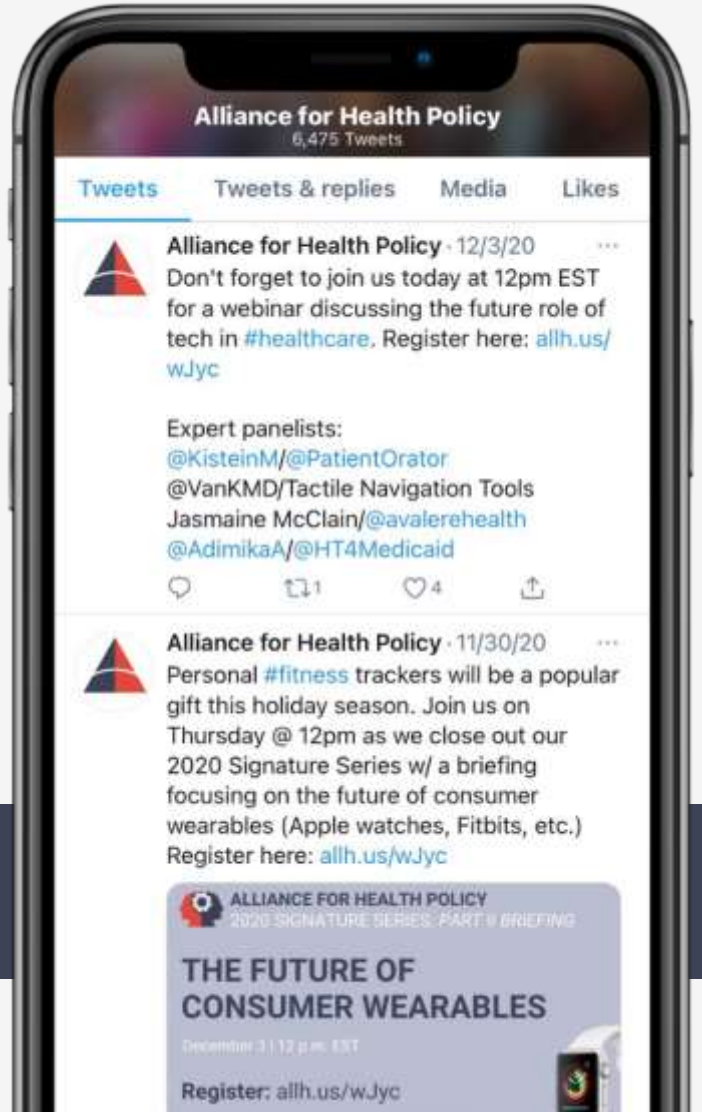

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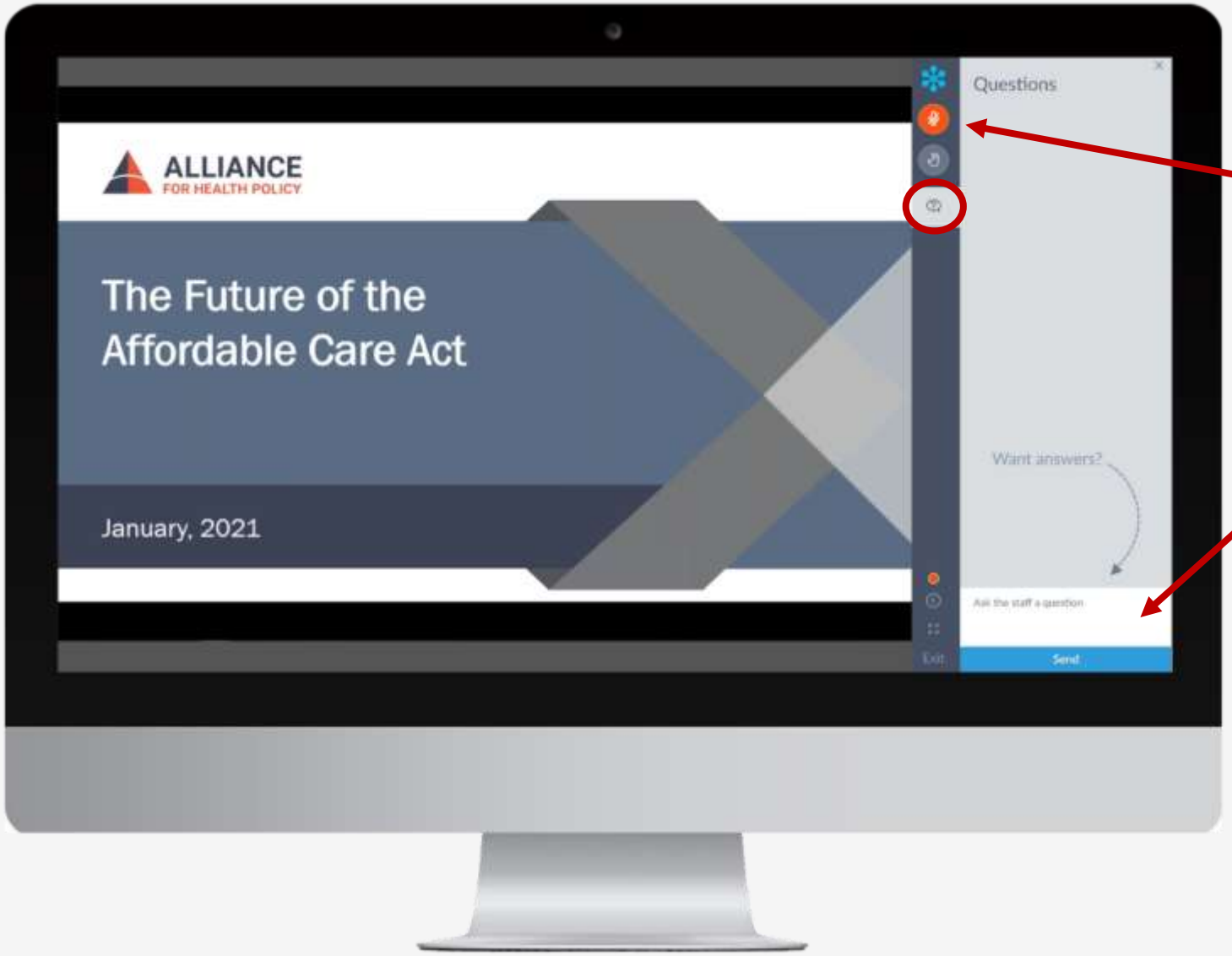

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To ask a question, click the ? icon and enter your question in the chat box below.

Materials

Additional resources available online »

- Full speaker bios
- Resources list
- Expert list
- Presentation slides
- Recording

Upcoming Event

Feb 11

Basics of Budget Reconciliation and the Connection to Health Policy

- 12 pm – 1 pm ET
- Panelists:
  - Sarah Kuehl Egge, MPP, Principal, SplitOak Strategies
  - Purva Rawal, Ph.D., Principal, CapView Strategies
  - Rodney Whitlock, Ph.D., M.A., Vice President, McDermott+Consulting

Panelists

James S. Blumenstock, M.A.
Senior Vice President, Pandemic Response and Recovery, Association of State and Territorial Health Officials

@ASTHO

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Moderator

Sarah Dash, MPH
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James S. Blumenstock, M.A.

Senior Vice President, Pandemic Response and Recovery, Association of State and Territorial Health Officials

Why Our Vaccine Deployment is Shy of Target: State Responses to Vaccine Supply

Alliance for Health Policy Webinar

James S. Blumenstock
Senior Vice President for Pandemic Response and Recovery
Association of State and Territorial Health Officials (ASTHO)

February 4, 2021

Since the week of December 14, 2020, the Nation's Public Health and Healthcare System safely and appropriately administered 33,878,254 vaccinations, including 6,436,931 2nd doses, as part of an unprecedented effort, in a high complexity environment, and under very stressful conditions

Were We Really ‘Shy of Target’ and How Do We Know?

- Did we have a target and was it well defined?
- Did we sufficiently mobilize with a target in sight?
  - Planning and Readiness
  - Resourcing the ‘Last Tactical Mile’
- Did we appropriately manage expectations?
- Did we (again) overpromise and underdeliver?
- Did we have a metric to gauge this?
  - Speed and Volume?
  - Prioritized Risk/Equity?
  - Both?

What is CDC's COVID Data Tracker Telling Us?

- As of February 4th, 55,943,800 doses have been distributed and 33,878,254 have been administered (61%)
- Criticism by some that the 'delta' should be much smaller, and we need to pick up the pace
- Multiple contributing factors must be recognized
  - The 'Learning Curve' and need for an established cadence, consistency, and predictability of supply
  - Wastage (not significant)
  - Dose administration reporting lag time
  - Under-reporting
  - Vaccine Inventory 'spread' across the country
  - Initial conservative inventory management (e.g., 2nd dose availability)
  - Lower throughput sites
  - Uptake and Overallocation regarding the federal Pharmacy Partnership for LTCF Program

Again, while speed and volume are important, targeting highest risk individuals first and a commitment to vaccine access and equity are paramount which takes time and effort in order to be truly impactful

The Way Forward to being 'On Target' *Turning the Corner, Gaining Momentum, Picking up the Pace*

- Continuous assessment and adjustment to improve efficiencies
- Ongoing management of Supply and Demand tensions including transparency and communications
- Bring to scale the campaign by expanding and sustaining infrastructure capacity and capabilities
- Address vaccine hesitancy and build trust in the system and confidence in the vaccine
- Maintain a flexible posture for those 'curveballs' (e.g., variant strains)

•State Health Officials Testify COVID-19 Vaccine Program Speed is Improving, Limited by Supply | Press Release | Feb. 2, 2021
State Health Leaders: We Are Committed to Ensuring Equitable Access to the COVID-19 Vaccine | Press Release | Feb. 2, 2021
ASTHO and AIM Request Additional Funding for COVID-19 Vaccination Campaign | PDF | Jan. 29, 2021
Lessons Learned from the U.S. Affiliated Pacific Islands COVID-19 Response | Blog | Jan. 25, 2021
Getting Shots into Arms: The Race to Vaccinate Against COVID-19 | Podcast | Jan. 21, 2021
Pfizer and Moderna Vaccine Comparison | PDF | released Dec. 22, 2020 | updated Jan. 14, 2021
Public Health Policy Issues to Watch in 2021 | Blog | Jan. 7, 2021
ASTHO Legislative Prospectus: COVID-19 Pandemic | PDF | Jan. 7, 2021
Moderna COVID-19 Vaccine Emergency Use Authorization Resources | PDF | Dec. 22, 2020
The Legal Framework for Administering COVID-19 Vaccines | Blog | Dec. 17, 2020
Pfizer-BioNTech COVID-19 Vaccine Emergency Use Authorization Vaccination Implementation Resources | PDF | Dec. 15, 2020

Thank You!

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@KateLizJohnson

Kate Johnson, MPH

Program Director, Health,

National Governors Association

State Efforts to Distribute and Administer COVID-19 Vaccines

Kate Johnson
Program Director
Center for Best Practices
National Governors Association

February 4, 2021

Key Elements of Vaccine Rollout

Determining Allocation to Critical Populations

Distribution and Administration

Data Infrastructure for Managing, Tracking, and Reporting

Communication and Engagement

Equity

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Allocation

- State allocation strategy is dependent on supply
- Federally recommended groups have needed further definition
- Unique state considerations

Federal Recommendations (CDC Advisory Committee on Immunization Practices)

Phase 1a

- Health care personnel (~21 million)
- Long-term care facility residents (~3 million)

Phase 1b

- Frontline essential workers (~30 million)
- Persons aged ≥75 years (~21 million)

Phase 1c

- Persons aged 65–74 years (~32 million)
- Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19 (~110 million)
- Essential workers not previously included in Phase 1a or 1b. (~57 million)

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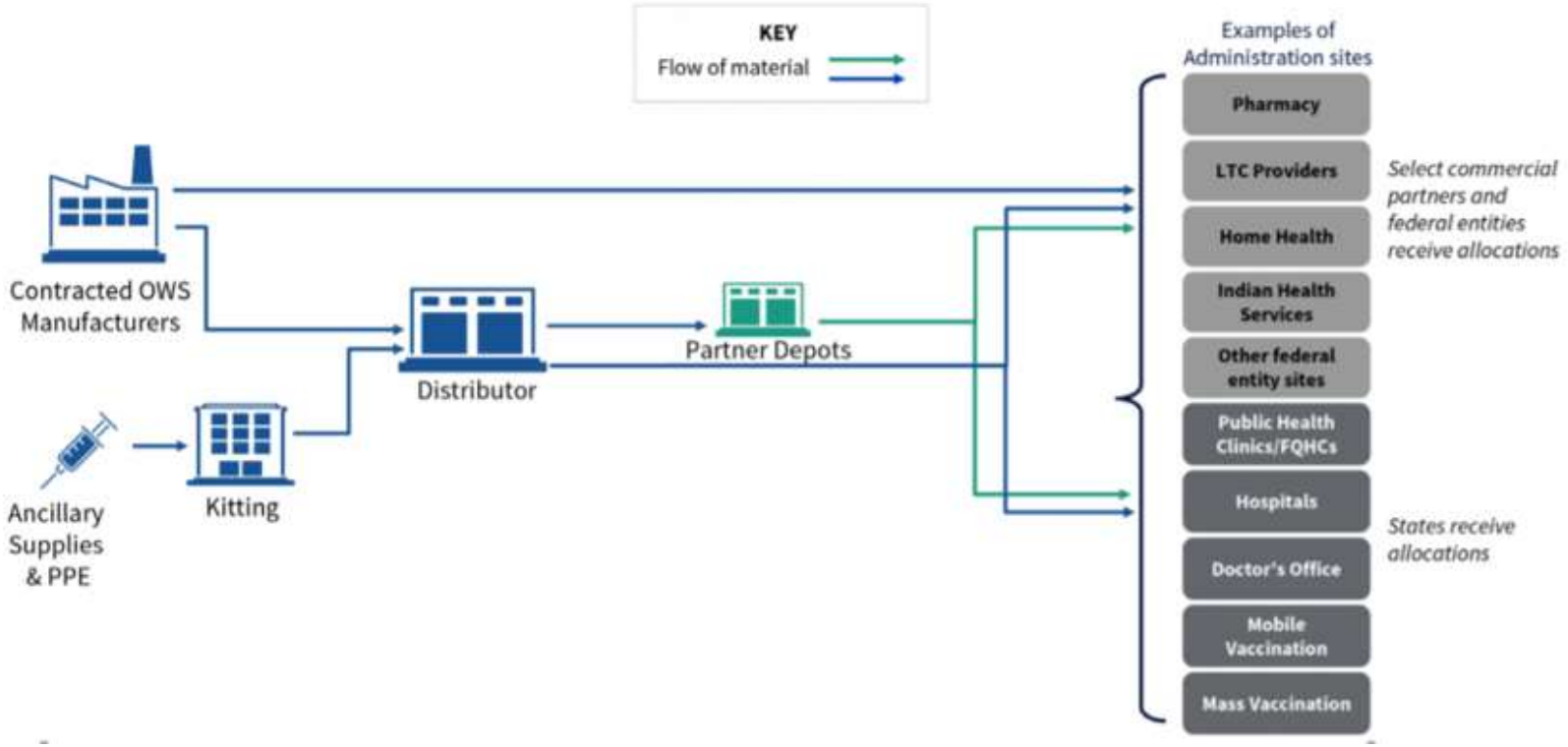
Distribution and Administration



Source: Operation Warp Speed

Approach

- A variety of administration sites are being employed
- Strategies may adapt
- Equity/accessibility
  - Location
  - Transportation
  - Provider type

Logistics

- Ultra cold storage
- Provider onboarding
- PPE/Supplies
- COVID-19 protective measures / weather

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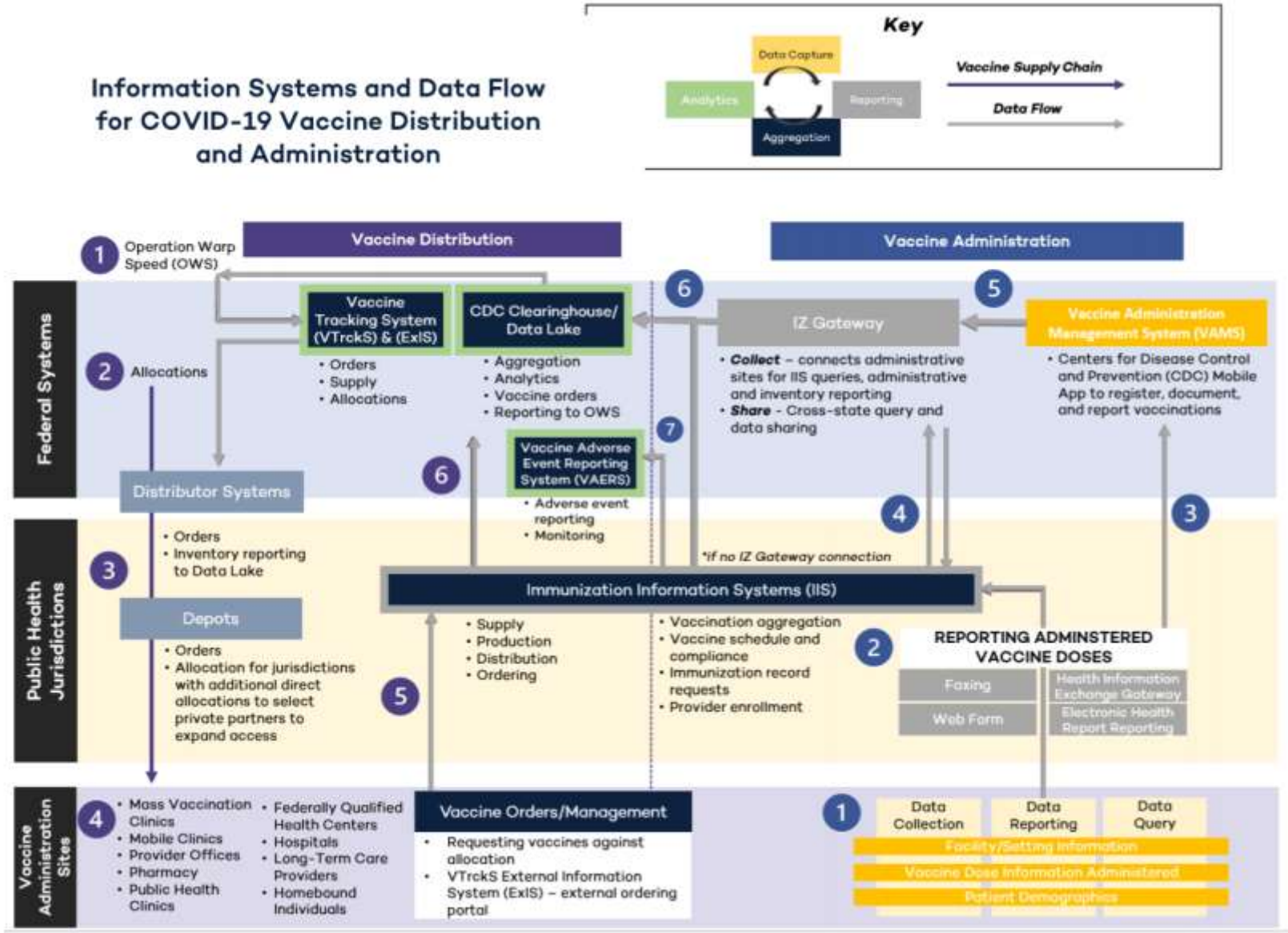
Data Infrastructure

- Data infrastructure is essential to operationalizing vaccine distribution and administration
- States have existing systems (e.g., Immunization Information Systems) but are also navigating new systems and processes
- Timely, accurate and complete data are critical
- Operational, technical, and legal challenges exist



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Communication and Engagement

Areas of Focus

- Clarifying policy and process
- Addressing misinformation and promoting vaccine confidence

Strategies

- Surveys, focus groups, listening sessions, interviews
- Communications toolkits
- FAQs, hotlines
- Provider resources
- Dashboards
- Message development and deployment
- Community and provider engagement
  - Identify and mobilize trusted messengers

Equity

- Language and cultural competency
- Communication modalities
- Community-informed, tailored approaches
- Access

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@KrofahEsther

Esther Krofah, MPP

Executive Director, FasterCures, a Center of the Milken Institute

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Tracking COVID-19 Vaccines

February 4, 2021

COVID-19 Treatment and Vaccine Tracker

QUICK LINKS

MILKEN INSTITUTE FasterCures

COVID-19 TREATMENT AND VACCINE TRACKER

LAST UPDATED: **JANUARY 31, 2021 10:16 PM** PACIFIC

FasterCures, a center of the Milken Institute, is currently tracking the development of treatments and vaccines for COVID-19 (coronavirus). This tracker contains an aggregation of publicly-available information from validated sources.

Explore detailed information on each development:

TREATMENTS	VACCINES
319 TOTAL	242 TOTAL

Download a .CSV and explore relationships:

SPREADSHEET

Understand definitions of the terms and how our researchers distinguish stages of development:

GLOSSARY

FIRST PERSON

See the race for a vaccine visualized

COVID-19 VACCINE TRACKER

RAPIDLY EVOLVING,
CHECK BACK OFTEN.

LAST UPDATED:

FEBRUARY 2, 2021 9:23 PMPST

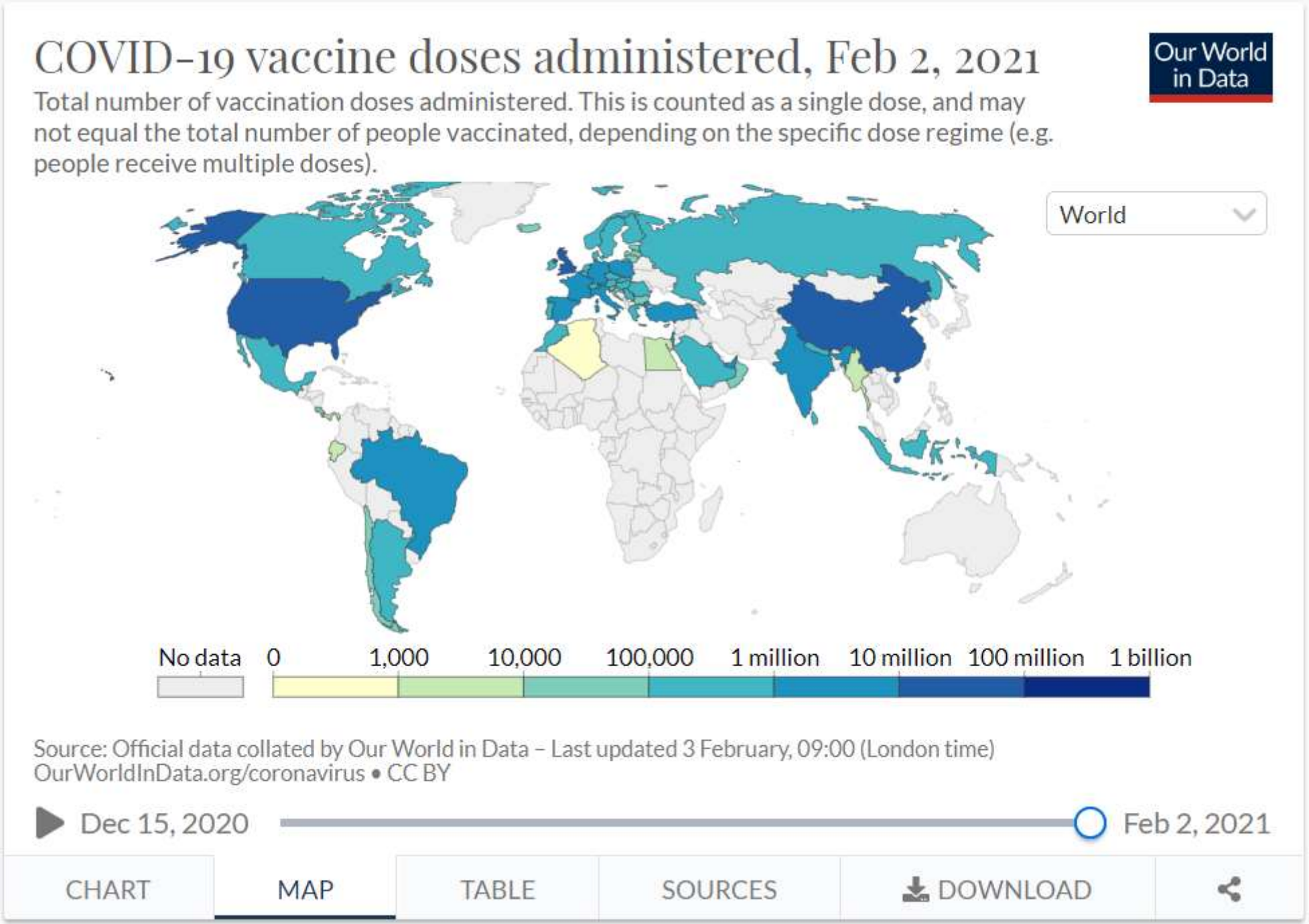
242
vaccines are in development.

55
are now in clinical testing.

10
are in use.

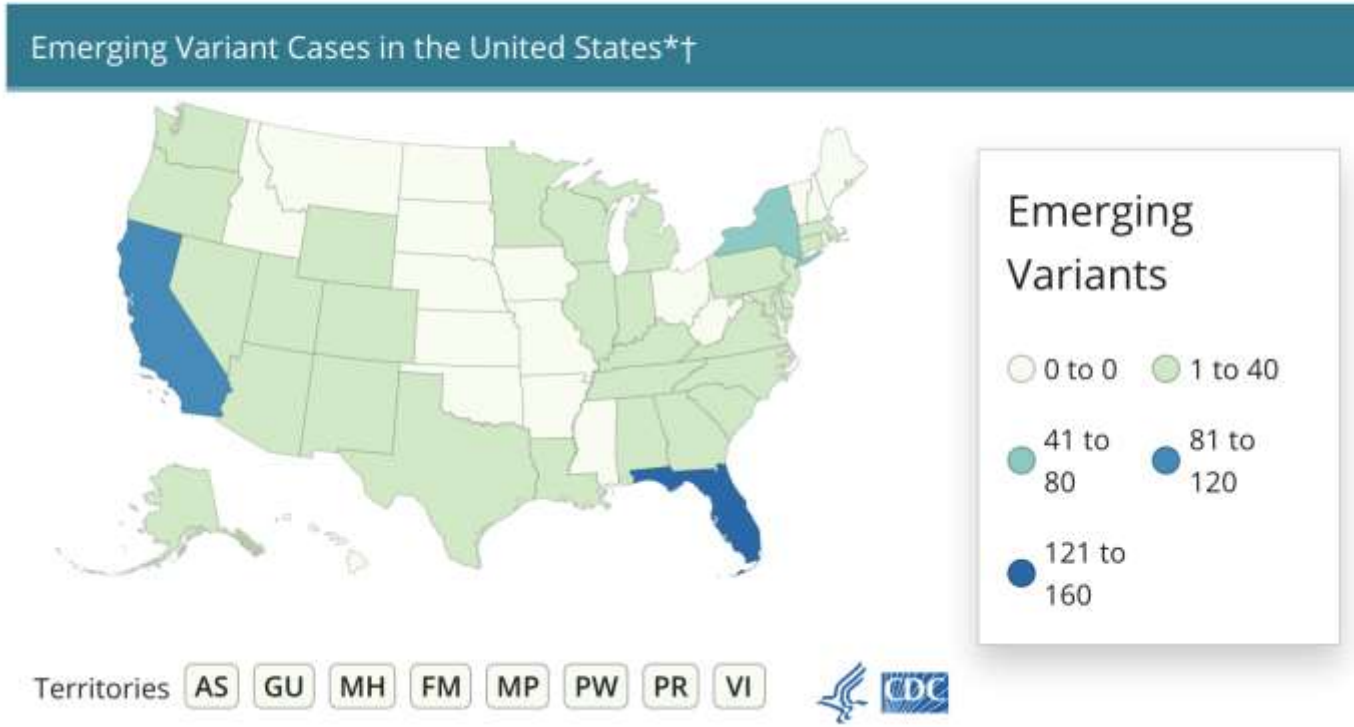
	Vaccine Sponsor	Type	Location
1	Moderna	mRNA	Canada, Israel, Switzerland, and the E.U., U.S., and U.K.
2	Pfizer/BioNTech	mRNA	European Commission and in Argentina, Mexico, Saudi Arabia, Canada, Bahrain, and the U.S. and U.K.
3	AstraZeneca/University of Oxford	Non-Replicating Viral Vector	Argentina, Brazil, Dominican Republic, El Salvador, India, Mexico, Morocco, Pakistan, and the U.K.
4	Gamaleya Research Institute (Russia)	Non-Replicating Viral Vector	Algeria, Argentina, Bolivia, Hungary, Palestine, Paraguay, Serbia, Turkmenistan, UAE, and Venezuela, and "registered" in Belarus and Russia
5	CanSino Biologics	Non-Replicating Viral Vector	“The military" by China’s Central Military Commission
6	Research Institute for Biological Safety Problems, Republic of Kazakhstan	Inactivated Virus	“Temporary registration" in Kazakhstan
7	Wuhan Institute of Biological Products/ Sinopharm	Inactivated Virus	For "emergency use" in China and the UAE
8	Sinovac	Inactivated Virus	For "emergency use" in Brazil, China, and Indonesia
9	Beijing Institute of Biological Products/ Sinopharm	Inactivated Virus	In Bahrain, China, Pakistan, and the UAE
10	Bharat Biotech/ Indian Council of Medical Research	Inactivated Virus	For "emergency use" in India

- 108 million doses administered across 67 countries according to data collected by Bloomberg
- 8.57 billion doses are under contract by 117 agreements with countries and companies
- U.S. has secured 1 billion doses under contract
- 35 million have been vaccinated in the U.S. around a daily average of 1.3million—at this pace we will be well into 2022 to get to herd immunity so vaccination rates need to ramp up significantly in the coming months



COVID-19 Variants – A New Global Challenge

	Variant	Reported Cases in US	Number of States Reporting
U.K.	B.1.1.7	467	32
South Africa	B.1.351	3	2
Brazil	P.1	1	1



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COVID-19 Variants – A New Global Challenge

- The rise of variants (Brazil, UK, and South Africa) are posing new threats to global health as the current vaccines roll-out.

- **What we know, from the CDC:**
  - More transmissible
  - Antibodies from approved vaccines may recognize the mutations, but more study needs to be done
  - Mitigation strategies (masks, social distancing, etc) are more critical than ever to stop the spread and the rise of new mutations

- **What we don’t know:**
  - How widespread these variants are
  - How the disease differs
  - How this may affect existing therapies and tests

Leading Vaccine Candidates Efficacy

Company	Status	Efficacy	Doses	Variants
Moderna	Authorized	94.1%	Two doses	Early data suggests effective against UK variant, slightly less effective against South African variant
Pfizer/BioNTech	Authorized	95%	Two doses	Early data suggests effective against UK variant, slightly less effective against South African variant
AstraZeneca/ University of Oxford	Authorized (UK); Phase 3 (U.S.)	70%	Two doses	Awaiting further data
Novovax	Phase 3	89%	Two doses	Early data suggests effective against UK variant, slightly less effective against South African variant
Johnson & Johnson	Phase 3	66%-Overall 72%-US 57%-SA	One dose	Protection Against Severe Disease Across Geographies, Ages, and Multiple Virus Variants; less protective against South African variant

COVID-19 Variants – What's Needed

Better and faster genomic sequencing and ongoing surveillance

Rapid deployment of vaccines to most at-risk groups, quickly followed by other priority groups

Diligent and consistent mitigation efforts, continued vaccine discovery and rapid production

Thank you!

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We value your input!

Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!

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Thank you for attending.