Lessons Learned from COVID-19 and Other Emergencies

September 28, 2021
Participating in the Webinar

To mute yourself, click the microphone icon. The icon will appear orange when muted.

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

Additional resources available online »

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

www.allhealthpolicy.org
Reginald D. Williams II
Vice President, International Health Policy and Practice Innovations, Commonwealth Fund
Panelists

Dylan Scott
Senior Correspondent
Vox
@dylanlscott

Caroline Pearson
Senior Vice President
NORC, University of Chicago
@CF_Pearson

Rebecca Weintraub, M.D.
Director, Better Evidence and COVID-19 Vaccine Delivery
Assistant Professor, Harvard Medical School
@RWeintraubMD | @AriadneLabs

Reginald D. Williams II
Vice President, International Health Policy and Practice Innovations,
Commonwealth Fund
@RW_Intl

Moderator
Caroline Pearson
Senior Vice President
NORC, University of Chicago

@CF_Pearson
Rebecca Weintraub, M.D.
Director, Better Evidence and COVID-19 Vaccine Delivery
Assistant Professor, Harvard Medical School

@RWeintraubMD
In the pandemic, Covid-19 Vaccine Delivery requires agile systems to prioritize speed, equity and scale.

Rebecca Weintraub, MD
September 28, 2021
Why the Covid-19 Vaccines are effective:

#1 Vaccinated individuals, who became infected, cleared the infection more quickly [1]

#2 Breakthroughs of any severity remain uncommon, and when they do happen, they tend to be milder and shorter; people carry less of the virus, and seem less likely to pass it on to others.

#3 Vaccinated individuals are at decreased risk for Long Haul COVID-19 [2]


In the midst of a pandemic, we need to plan for equitable delivery:

(39%) of states COVID-19 vaccine distribution plans referenced health equity committees

(16%) referenced having minority group representatives

(51%) referenced collaborating with community based organizations

Table. Partnerships Beyond Hospitals or Medical Systems Assisting With Vaccine Plan Implementation

<table>
<thead>
<tr>
<th>Types of partnerships</th>
<th>Vaccination plans, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care and community support services (nursing homes, long-term care facilities, clinics, pharmacies)</td>
<td>51 (100)</td>
</tr>
<tr>
<td>Homeland and national security</td>
<td>5 (10)</td>
</tr>
<tr>
<td>Other critical infrastructure (EMS, communication, technology, banking, finance, shipping)</td>
<td>27 (53)</td>
</tr>
<tr>
<td>Correctional facilities</td>
<td>41 (80)</td>
</tr>
<tr>
<td>Tribal partners</td>
<td>34 (67)</td>
</tr>
<tr>
<td>Educational institutions</td>
<td>28 (55)</td>
</tr>
<tr>
<td>Religious or faith-based organizations</td>
<td>27 (53)</td>
</tr>
<tr>
<td>Homeless shelters or other service providers</td>
<td>34 (67)</td>
</tr>
<tr>
<td>Organizations serving racial and ethnic minority groups</td>
<td>26 (51)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (12)</td>
</tr>
</tbody>
</table>

Abbreviation: EMS, emergency medical services.
Fig. 3 | 56 Jurisdictions’ use of disadvantage indices, by share of population in vulnerable areas, population size and use of Tiberius software. Circle size is proportional to jurisdiction population. All population data includes people under 16 years of age (not currently incorporated in ACIP’s framework). Higher vulnerability = 25% or more of the jurisdiction’s population lives in census tracts with SVI scores in the most disadvantaged quartile (Extended Data Fig. 1). Phil, Philadelphia PA; SA, San Antonio TX; Chi, Chicago IL; Hou, Houston TX; NYC, New York City NY. Excludes the eight territories owing to lack of SVI data. (Depiction: Ariadne Labs). m, million.
Why Speed Matters: Sluggish Summer of Vaccination

If all states got vaccinated at the fastest state’s rate...

19,500 deaths

What actually happened...

35,700 deaths

BARRIER: Current COVID-19 Vaccine Data infrastructure

- **Vaccination sites**
  - Physical shipments of vaccines
  - Vaccine allocations and orders

- **Vaccination sites**
  - Daily vaccine inventory levels
  - Information on the vaccination sites

- **Vaccine manufacturers and main distributor**
  - Vaccine allocations and orders

- **VTrckS**
  - Vaccine allocations and orders
  - Number of vaccines ordered and distributed

- **VaccineFinder**
  - Daily vaccine inventory levels

- **IZ Clearinghouse**
  - De-identified and de-duplicated information on vaccine recipients

- **IZ Data Lake**
  - Ordering and shipping data
  - Provider data
  - Local vaccine inventory data
  - Vaccine administration data

- **Tiberius**
  - Data access
Why CONVENIENCE Matters: Geographic access is a central element of convenience. Trusted providers such as primary care physicians have an important role to play in increasing vaccine confidence.
Map the vaccine deserts in your area

Display counties by Social Vulnerability Index

Shade counties by the number of people who intend to be vaccinated but aren’t yet

Define a “vaccine desert” as outside of:
- 15 or 30 minutes driving
- 15 or 30 minutes walking
- 30 minutes on public transportation

Display these potential sites within deserts:
- Primary health care sites
- FQHCs
- Pharmacies (not already offering)
- Urgent care centers
- Retail sites
- Places of worship
- Schools

Download contact information for potential sites
Generating actionable data to identify vaccine deserts

https://vaccineplanner.org/
EVOLVING GUIDANCE: Providers integrating Storage Guidelines to minimize Vaccine Wastage

**Pfizer-BioNTech**: In May 2021, FDA authorized undiluted, thawed Pfizer-BioNTech COVID-19 Vaccine vials to be stored in the refrigerator at 35° - 46°F for up to 1 month. 
Previously, thawed, undiluted vaccine vials could be stored in the refrigerator for up to 5 days.

**Moderna**: It can be stored up to six months at standard freezer temperatures. It can last up to 30 days refrigerated at temperatures between 36 to 46 degrees F.

**J&J**: Estimated to remain stable for two years at -4 degrees F and a maximum of three months at routine refrigeration at temperatures of 36 to 46 degrees F.
By 9/30/21 the US will have the lowest vaccination level of all prosperous democracies, even with the largest supply and the biggest head start.
Critical Work Ahead to Transition from Vaccine Nationalism to Vaccine Equity
Dynamic Supply & Demand, Need for Better Prediction and Agile Systems

Phase 1: Low Supply, High Demand

Phase 2: High Supply, Low Demand

Phase 3: High Supply, Low Demand
We value your input!

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

www.allhealthpolicy.org
2021 AUDIENCE SURVEY

allh.us/AHP21Survey
Thank you for attending.