

Federal and New York State COVID-19 Vaccination Strategy Crosswalk

[CDC Playbook](#)

[NYS Playbook](#)

Organizational Leadership and Partner Involvement

<p>Response Teams</p>	<ul style="list-style-type: none"> • <i>Planning and Coordination Team (Internal)</i>: advises jurisdictions to create a team with broad expertise, including from: immunization program; preparedness program; legal affairs; media/public affairs; crisis and emergency risk communications; clinical experts; providers focused on vulnerable populations (i.e., aging, HIV/AIDS programs, rural health, etc.); and local health departments • <i>COVID-19 Vaccination Program Implementation Committee (Internal and External)</i>: ensures outreach to vaccine recipients, particularly vulnerable populations, by incorporating community providers and partners. Membership includes the Planning and Coordination Team, vaccine provider representatives, and members from other sectors (emergency management agencies, health systems, pharmacies, community health centers, etc.) 	<ul style="list-style-type: none"> • <i>Vaccine Implementation and Distribution Task Force</i>: advises the set up and operation of the state’s COVID-19 vaccination program • <i>Clinical Advisory Task Force</i>: comprised of leading scientists, doctors, and health experts who will expeditiously review every COVID-19 vaccine authorized by the federal government and will advise NYS on the vaccine’s safety and effectiveness in fighting the virus
<p>State-Local Coordination</p>	<ul style="list-style-type: none"> • State-level personnel must closely monitor activities at the local level to ensure the COVID-19 Vaccination Program is implemented throughout the jurisdiction in adherence with federal guidance and requirements, and that there is equitable access to COVID-19 vaccination across all areas 	<ul style="list-style-type: none"> • All localities and entities in NYS will be required to follow the state’s guidance and protocols for COVID-19 vaccination to ensure coordinated and efficient statewide distribution and administration
<p>Tribal Nations and Tribal Communities</p>	<ul style="list-style-type: none"> • Each tribal nation has the sovereign authority over its population • For the COVID-19 Vaccination Program, tribal nations have two options for receiving vaccine: <ul style="list-style-type: none"> ○ Through the jurisdiction’s allocation and distribution mechanism (in which case they 	<ul style="list-style-type: none"> • NYS DOH will plan to include tribal organizations as part of state planning and distribution efforts, pending further federal direction • Tribal Nations, being sovereign entities, may choose to work directly through federal relationships

	<ul style="list-style-type: none"> are responsible to adhere to program guidelines) <ul style="list-style-type: none"> ○ Through the IHS allocation and distribution mechanism • Jurisdictions should reach out to Urban Indian Health Centers (UIHCs) as part of the planning process to determine their preference for vaccine access 	
Vaccine Availability and Prioritization		
Phased Approach	<ul style="list-style-type: none"> • Phases of vaccine availability: <ul style="list-style-type: none"> ○ Phase 1 - potentially limited supply of vaccine doses available <ul style="list-style-type: none"> ▪ Concentrate on reaching the initial critical populations (listed below) ○ Phase 2 - Large number of vaccine doses available <ul style="list-style-type: none"> ▪ Focus on ensuring access for all critical populations, as well as for the general population ○ Phase 3 - Sufficient supply of vaccine doses for entire population (surplus of doses) <ul style="list-style-type: none"> ▪ Focus on equitable vaccination access across the population 	<ul style="list-style-type: none"> • Builds on the 3-phased Federal approach with greater specificity and 5 phases: <ul style="list-style-type: none"> ○ Phase 1 - healthcare workers, long-term care (LTC) facility workers that interact with residents, most at-risk long-term care facility patients ○ Phase 2 - first responders, teachers/school staff, childcare providers, public health workers, essential frontline workers, other LTC facility patients, residents in congregate housing, high risk individuals in general population ○ Phase 3 – individuals over 65, high risk individuals under 65 ○ Phase 4 – all other essential workers ○ Phase 5 – healthy adults and children • NYS will use up-to-date data to determine which geographic areas of the state may derive a greater public health benefit to receiving early vaccine
Critical Populations	<ul style="list-style-type: none"> • Phase 1 critical population subgroups include: <ul style="list-style-type: none"> ○ Critical infrastructure workforce (i.e., healthcare personnel, other essential workers) - worker risk classification (here) ○ People at increased risk for severe COVID-19 illness 	<ul style="list-style-type: none"> • Within each phase, sub-populations will be identified to allow for additional micro-level prioritization based on vaccine availability and vaccination rates • Critical populations will be identified and recommended by the Advisory Committee on Immunization Practices

	<ul style="list-style-type: none"> ○ People at increased risk of acquiring or transmitting COVID-19 ○ People with limited access to routine vaccination services ● There will be prioritization within Phase 1 population (e.g., Phase 1-A, Phase 1-B, etc.), with health care personnel with potential direct exposure as the first priority ● For critical workforce, jurisdictions may enumerate by place of employment (rather than residence) to address those who cross boundaries. Visual maps may be created to assist 	<p>(with input from the National Academies of Sciences, Engineering, and Medicine)</p> <ul style="list-style-type: none"> ● Prioritization decisions will account for the disparate impact of COVID-19 on communities of color, and the health disparities present in underrepresented and marginalized communities ● Strategy also informed by the federal government
Vaccination Providers		
Vaccination Provider Recruitment	<ul style="list-style-type: none"> ● Jurisdictions are encouraged to immediately reach out to potential vaccination providers and target the appropriate settings where initial targeted recipients are located ● Playbook advises building upon existing relationships with community partners (e.g., medical societies, state licensing boards/rural health offices, IHS/tribal health entities, insurers, etc.) ● Non-traditional vaccination settings should be considered, including pharmacies, in-home care provider organizations, congregate settings such as jails, colleges and universities, homeless shelters, and retirement communities ● It is important to consider infection control measures that are currently necessary when selecting COVID-19 vaccination clinic setting 	<ul style="list-style-type: none"> ● NYS will rely on an established network of health care providers, including hospitals, LTCFs (nursing homes, adult care facilities, assisted living), Federally Qualified Health Centers (FQHCs), Community Health Centers, Rural Health Clinics, private provider offices, local health departments, and other Vaccination Administration Sites (VAS) such as universities, homeless shelters, correction facilities ● NYS will work with commercial and independent pharmacies, businesses, and other organizations to enable on-site vaccination ● NYS will mobilize and operationalize a statewide network of state-operated and supported vaccination sites depending on need

Provider Enrollment & Training	<ul style="list-style-type: none"> • Enrolled providers must be credentialed/licensed in the jurisdiction where vaccination takes place and sign and agree to the conditions in the CDC COVID-19 Vaccination Program Provider Agreement (e.g., administer without regard to ability to pay; report administration within 24 hours; seek no payment for supplies provided by the federal government) • Enrolled COVID-19 vaccination providers must also fully complete the CDC COVID-19 Vaccination Provider Profile form for each location where the vaccine will be administered • CDC will release educational resources, but immunization programs may develop or use other materials in conjunction with CDC materials 	<ul style="list-style-type: none"> • Providers of all types will need to enroll with the NYS DOH Vaccine Program to be a COVID-19 vaccinator by completing and submitting a COVID-19 Vaccination Provider Agreement and Provider Profile available through the Health Commerce System (HCS) • Providers will then be activated in the New York State Immunization Information System (NYSIIS) with COVID-19 vaccine ordering capability • NYS DOH will develop and provide trainings, webinars, and technical support, specifically focusing on facilities and providers who have not used NYSIIS previously and promoting NYSIIS enrollment • NYS will offer pharmacies with specific training and support as they have become increasingly important immunization partners • A comprehensive provider outreach, enrollment and training effort is already underway and will be supported by associations representing the various provider groups
Allocation, Ordering, Distribution, and Inventory Management		
Direct Allocation to Commercial/Federal Partners	<ul style="list-style-type: none"> • Some multijurisdictional vaccination providers (e.g., select large drugstore chains, some IHS locations, Veterans Administration clinics and hospitals, and other federal providers) will enroll with CDC to receive direct allocations of COVID-19 vaccine • CDC will partner with CVS and Walgreens to provide on-site vaccinations in LTC facilities • The federal government will distribute directly to pharmacy networks with at least 200 stores • Jurisdictions may opt out of having pharmacies in their area receive direct allocations 	<ul style="list-style-type: none"> • Large pharmacy partners with existing distribution and administration infrastructure will assist with on-site vaccination in LTCFs, per the federal Pharmacy Partnership for Long-term Care Program • Federal vaccine distribution plans may allow for some private entities to distribute certain vaccines (e.g., McKesson, the current distributor for the CDC, is expected to distribute the Moderna vaccine) • NYS Playbook cites that more details will be required to determine how such federal efforts will dovetail with what is expected of New York State

<p>Allocation</p>	<ul style="list-style-type: none"> • The federal government will determine the amount of COVID-19 vaccine designated for each jurisdiction • The jurisdiction’s immunization program will then be responsible for managing and approving orders from enrolled providers within their jurisdiction using this allotment • The amount allotted will change over time based on factors such as availability, population vulnerability, and size 	<ul style="list-style-type: none"> • Prior to the first vaccine(s) being approved for distribution and administration, NYS will prepare detailed allocation scenarios based on data and variables for vaccine allotment amounts and vaccination rates within priority populations
<p>Ordering</p>	<ul style="list-style-type: none"> • Most jurisdictions will use existing procedures for ordering • CDC will provide jurisdictions with regular updates on the available vaccine supply and their assigned vaccine product-specific allocations in the Vaccine Tracking System (VTrckS) 	<ul style="list-style-type: none"> • COVID-19 vaccination providers will order COVID-19 vaccine through the NYSIIS system
<p>Distribution</p>	<ul style="list-style-type: none"> • COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers • Whenever possible, vaccine should be shipped to the location where it will be administered to minimize potential breaks in the cold chain (e.g., vaccine products with ultra-cold temperature requirements, will be shipped directly from the manufacturer to the vaccination provider site) • CDC will not pay for or reimburse any entity for any redistribution beyond the initial location • Jurisdictions should ensure accurate and complete shipping information (e.g., shipment address, provider contact information, shipping hours) is available in VTrckS for all vaccine shipments to enrolled vaccination • Under circumstances where COVID-19 vaccines need to be redistributed beyond the identified primary 	<ul style="list-style-type: none"> • NYS will assign management to state agencies with operational/logistical expertise including DOH, DHSES, DMNA, NY National Guard, OGS, DOT, and other agencies will coordinate all aspects of vaccine acquisition and distribution with private and community health care and partners and local governments • NYS will seek more information on vaccine-specific distribution plans from the federal government

	CDC ship-to sites, providers and third-party vendors must seek approval by the jurisdiction's immunization program	
Inventory Management	<ul style="list-style-type: none"> • COVID-19 vaccination providers will be required to report COVID-19 vaccine inventory daily using VaccineFinder • Jurisdictions may also require that providers submit inventory on hand when placing an order for more vaccine to help inform their allocation decisions 	<ul style="list-style-type: none"> • NYS will work with local jurisdictions to identify and operationalize appropriate regionally based storage locations, each that comply with CDC and manufacturer recommendations • To address limited specialized storage capacity, the plan may utilize larger vaccination administration sites to also serve as the regional storage locations
Administration and Reporting	<ul style="list-style-type: none"> • CDC requires that vaccination providers enrolled in the COVID-19 Vaccination Program report certain data elements for each dose administered within 24 hours of administration 	<ul style="list-style-type: none"> • The complete and accurate reporting of vaccination administration information will be critical to tracking through NYSIIS to order vaccine supply relative to local population that is eligible for vaccination at each phase of vaccine availability
Data and Information Technology (IT) Infrastructure		
IT System	<ul style="list-style-type: none"> • Determine and implement a solution for documenting vaccine administration in temporary or high-volume settings (e.g., Vaccine Administration Management System, or VAMS, or similar application, IIS or module that interfaces with the IIS, or other jurisdiction-based solution) • Jurisdictions should take certain steps to ensure the IIS or other external system's infrastructure is ready to support the COVID-19 Vaccination Program. 	<ul style="list-style-type: none"> • NYSIIS collects and maintains demographic and immunization information in one consolidated record for persons of all ages in New York State • NYSIIS will be the system for pre-ordering vaccine, ongoing tracking, reporting, and collecting of priority group information <ul style="list-style-type: none"> ○ Facilities and providers will be trained and enrolled in NYSIIS

<p>Vaccination Second-Dose Reminders</p>	<ul style="list-style-type: none"> • COVID-19 vaccination record cards will be provided as part of vaccine ancillary kits <ul style="list-style-type: none"> ○ Vaccination providers must complete these cards with accurate vaccine information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date), and give them to each patient who receives vaccine to ensure a basic vaccination record is provided • Providers may use notification methods (e.g., automated phone calls, emails, SMS messages) to issue additional second-dose reminders • Immunizing sites will also receive COVID-19 vaccination record cards and providers will be trained to complete with accurate vaccine information 	<ul style="list-style-type: none"> • NYS COVID-19 vaccination providers can generate reminder notices within NYSIIS specific for their patient population • NYSIIS can also support centralized reminders that can be blasted out to scale via postcards, robocalls, and/or text messaging
<p>Dashboard and Resources</p>	<ul style="list-style-type: none"> • Operation Warp Speed (OWS) has created the Tiberius platform to serve as a COVID-19 vaccine distribution planning, tracking, modeling, and analysis application. Awardees can reach out to the OWS point of contact to request access. • CDC will provide timely messaging throughout the COVID-19 vaccination response via all-jurisdiction calls, regular e-mail communication, and website updates 	<ul style="list-style-type: none"> • NYS will release a public facing dashboard to keep New Yorkers informed of vaccination progress and relevant updates • An online website for New Yorkers seeking information regarding vaccine eligibility and appointment scheduling will be available that offers a vaccine eligibility screening tool and a vaccine administration site locator • A call center will be available for patients and providers to access live support to raise any issues with vaccine access and delivery
<p>Vaccination Program Communication</p>		
<p>Public Education and Community Engagement</p>	<ul style="list-style-type: none"> • CDC’s education campaign will target various audience (healthcare personnel, health plans, employers, government and community partners, and the general public) with information on the vaccination strategy 	<ul style="list-style-type: none"> • NYS will launch a public education campaign to ensure the public has the latest facts about the vaccine, the progress and success of the program and all other critical information needed

Post-Vaccination Safety

Monitoring

- The Vaccine Adverse Event Reporting System (VAERS) will be co-administered by the CDC and FDA to detect possible safety problems with the vaccine
 - COVID-19 vaccination providers are required to report a number of adverse events to VAERS (even if they are not sure if the vaccination caused the event).
 - CDC will implement v-safe, a smartphone-based tool that uses text messages and web surveys to check in with vaccinated individuals for adverse events after a COVID-19 vaccination
 - Other broader surveillance systems and research initiatives will be in effect, monitoring electronic health data and conducting clinical research to address or pre-empt any safety concerns
- NYS will promote the VAERS, which will give New Yorkers the opportunity to report any adverse events