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Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 28 *Vaccine Allocation and Administration Guidelines for Phase 1a New Vaccine Frequently Asked Questions (FAQs)*

Key Points and Recommendations:

1. The U.S. Food and Drug Administration (FDA) is expected to imminently issue an Emergency Use Authorization (EUA) for the new Pfizer/BioNTech COVID-19 mRNA vaccine. Review our new [COVID-19 Vaccine FAQs for Healthcare Providers and Public Health Partners](#) about this vaccine – these FAQs will be updated with more detail when there is an official EUA granted and the Advisory Committee on Immunization Practices (ACIP) has provided recommendations.
2. CDC has advised NH Department of Health and Human Services (DPHS) that COVID-19 vaccine will arrive each week beginning December 14 for the Pfizer vaccine and December 21 for the Moderna vaccine, pending FDA EUA and clinical recommendations by ACIP.
3. [DPHS recommends](#) the following three groups for vaccination under Phase 1a when vaccine supply is limited: 1) health workers at most and moderate risk for COVID-19 acquisition and/or transmission; 2) older adults in residential care settings; and 3) first responders with patient contact.
4. There will not be enough vaccine to vaccinate all Phase 1a health workers staff in the first week (or weeks). All employers of Phase 1a workers should prepare documentation including contact information and prioritization of your staff. First priority for vaccination should be given to health workers who work in situations where the risk of SARS-CoV-2 transmission is highest, or who are at an elevated risk of transmitting the infection to patients at higher risk of severe morbidity and mortality.
5. Initial doses of vaccine will be distributed proportionally to all NH hospitals based on data provided to NH DPHS by each hospital about numbers of high-risk health workers.
6. Most nursing homes, assisted living, residential care, and supported residential care facilities have enrolled in the federal Pharmacy Partnership Program (PPP) for long-term care facilities and will be vaccinated through an agreement with either CVS or Walgreen's pharmacies. Facilities not enrolled in the PPP should coordinate with their Regional Public Health Network (RPHN) to arrange for vaccinations. The PPP is expected to begin vaccinating during the week of December 21st or 28th.
7. First responders who do not receive vaccine through a pre-existing affiliation with a hospitals will receive vaccine through fixed vaccination sites in late December or early January.
8. Candidacy for vaccine in Phase 1a is based on the health services the candidate provides and is not dependent on their licensing status or employer within the State.
9. DPHS will provide information about later vaccination phases as it becomes available.
10. The U.S. CDC is hosting a Clinician Outreach and Communication Activity (COCA) webinar on Monday, December 14th from 1:00 – 2:00 pm about "What Every Clinician Should Know about COVID-19 Vaccine Safety". For more information and to attend the webinar, please visit the [CDC website](#).

Background/Situation

The COVID-19 vaccine developed by Pfizer/BioNTech is expected to imminently receive FDA EUA, with ACIP recommendations issued thereafter, so that an initial allocation of vaccine may arrive in NH during the week of December 14. The vaccine, developed by Moderna, will undergo the same process and may arrive the week of December 21. NH DPHS will deliver vaccine to all NH hospitals when the hospital reports being prepared to receive and administer the vaccines.

CDC has advised NH DPHS that the initial allocation will be 12,675 doses of the Pfizer vaccine. Vaccine allocations for subsequent weeks have not been finalized.

NH DPHS will deliver vaccine as it becomes available and employers are ready to administer. The goal after the initial weeks of this vaccination campaign is to transition to direct shipments of vaccine to employers.

Prioritization Considerations

The initial vaccine allocations will not be adequate to vaccinate all in phase 1a. Therefore, NH [DPHS recommends](#) the following criteria be used to prioritize workers in hospitals:

- **Most risk:** Those who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.
- **Moderate risk:** Those who have indirect or limited patient contact.

Health workers at **least risk** and who should be deferred to a phase later than phase 1a include staff who have no direct patient contact but are critical to healthcare infrastructure. Such workers include but are not limited to administrative and financial staff, kitchen workers with no patient contact and others.

Tools to guide specific decisions are found in NH COVID-19 Vaccination Planning [webpage](#).

DPHS recommends to be prepared to further prioritize within each risk category based on personal risk to include: high risk medical conditions (who choose to disclose); age > 65; populations disproportionately affected by COVID-19 such as minorities; cannot telework; or who have inadequate PPE.

- Prior infection with COVID-19 should generally not be taken into consideration for vaccination eligibility, however, if vaccine supply is severely limited, healthcare facilities could consider prioritizing health workers who have not had a previous infection in the prior 90 days.
- Active infection does require deferring vaccination until recovery.

Vaccine Distribution and Documentation

- NH DPHS expects to receive weekly allocations of both the Pfizer and Moderna vaccines. Initially, all vaccine will be received by NH DPHS and then distributed to entities for administration.
- Over time, some entities will be enrolled as COVID-19 vaccine providers and will receive shipments directly from the manufacturers.
- Vaccine will be allocated based on entities' rate of administration and availability.
- There are two components required for initial documentation of vaccine ordering and administration:
 - Enrollment in NH Immunization Program Provider Agreement to order vaccine.
 - Enrollment in the CDC's Vaccine Administration Management System (VAMS) to track vaccinations given to individuals.

- The final repository of vaccine administration records will be the NHIP's new Immunization Information System (IIS) and the providers' electronic medical record system.
- There is a federal requirement that COVID-19 vaccinations be recorded in a federal data system; however, personally identifiable information (PII) should only be accessible by NH.

Laboratory Testing

- Prior infection with COVID-19 should generally not be taken into consideration with respect to vaccination. Therefore, antibody testing prior to vaccination is not recommended.

Partner and Public Communications

- Both CDC and NH DPHS will implement partner and public communications initiatives to increase understanding of vaccine safety, efficacy and how to access vaccinations. These initiatives should be complemented by facilities among their staff and patients to maximize vaccine uptake.
- NH DPHS leadership is also available to address professional associations and other partner organizations regarding sector-specific recommendations and operations.
- NH DHHS will coordinate the public communication initiative with the state's Joint Information Center (JIC) to include broadcast, print and social media components.

For additional information on COVID-19 Vaccine Allocation please refer to NH COVID-19 Vaccination Planning [webpage](#).

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

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Attachments: None