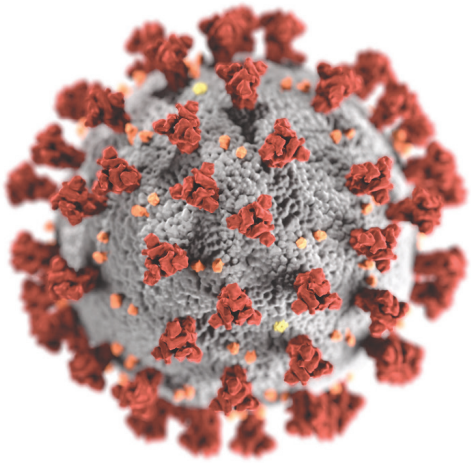

COVID-19 Vaccination Plan

Utah Department of Health

Rich Lakin, Immunization Program, Utah Department of Health

Oct 1, 2020 | VERSION NUMBER I

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This document is a draft and is provided for information only. The information contained herein is subject to change and does not commit the Utah Department of Health. The final version of the Vaccine Plan will be published as soon as adopted.

Record of Changes

Date of original version: 10/15/2020

Date Reviewed	Change Number	Date of Change	Description of Change	Name of Author
	1	10/20/20	Added pharmacy "drop in" language from CDC, updated plan throughout to incorporate this language	Jessica McClellan
	2	11/15/20	Added language regarding essential workers enumeration and prioritization to section 4. Created Appendix C.	Jessica Payne
	3	11/17/20	Updated Table 1 and Appendix A to reflect current planning	Jessica Payne
	4	11/18/20	Added draft statement	Jessica McClellan

Instructions for Jurisdictions

The COVID-19 Vaccination Plan template is to assist with development of a jurisdiction's COVID-19 vaccination plan. Jurisdictions should use this template when submitting their COVID-19 vaccination plans to CDC.

The template is divided into 15 main planning sections, with brief instructions to assist with content development. While these instructions may help guide plan development, they are not comprehensive, and jurisdictions are reminded to carefully review the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations* as well as other CDC guidance and resources when developing their plans. Jurisdictions are encouraged to routinely monitor local and federal COVID-19 vaccination updates for any changes in guidance, including any updates to the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.*

Section 1: COVID-9 Vaccination Preparedness Planning

Instructions:

A. *Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.*

Initial COVID-19 Vaccination Program planning activities include early coordination with Local Health Departments (LHDs). The Utah Immunization Program (UIP) learned from the experience of H1N1 in 2009 that many of the vaccine distribution planning activities will depend largely on the guidance received from the Centers for Disease Control and Prevention (CDC). Planning continued but with open plans to submit CDC guidance where necessary. UIP has already met with our preparedness group at the state and local levels.

B. *Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.*

On April 23, 2019, the UIP participated in the pan flu exercise titled, "One 'Flu' Over the State". The objectives were to determine what jurisdiction oversight can create policies and strategies for communities during a pan flu outbreak, identify situational awareness for jurisdictions, sharing of information amongst all partners, and coordinate resource management. A full scale exercise was planned for June 1, 2020 but was cancelled due to COVID-19.

The Director of Immunizations attended a Salt Lake County COVID-19 Response tabletop on September 10, 2020 that was sponsored by the Salt Lake County Health Department. This workshop was intended for partners that have an area of responsibility relating to planning and operations of vaccinating first-responders.

Consistent communication is occurring on a weekly basis with all partners from hospital systems, local health departments, pharmacies, and other stakeholders.

Section 2: COVID-19 Organizational Structure and Partner Involvement

Instructions:

A. *Describe your organizational structure.*

The UIP is within the Bureau of Epidemiology (BOE). The BOE is within the Division of Disease Control and Prevention (DCP). The Director of Immunizations reports to the Director of Epidemiology. The Division Director reports to the Executive Director for the Utah Department of Health (UDOH). See appendix B for an organizational chart including the current staff of the UIP.

B. *Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage.*

Utah has several internal COVID-19 vaccination planning and coordination teams:
1) ERC COVID Coordination call consists of Emergency Response Coordinators, Nursing Directors and Immunization Coordinators from each of the 13 LHDs.
2) COVID-19 Communication team that is putting together communication material that will be used to notify Utah's residents of the vaccine and next steps as we move forward with the vaccination campaign. This group meets on a weekly basis.
3) COVID healthcare facility call with all invited personnel where updates, communication, and Questions and Answers occur to ensure transparency for partners.

Members of these groups include the following partners:

- Emergency Response Coordinators at LHDs
- Nursing Directors at LHDs
- Immunization Coordinators at LHDs
- Public Information Officer (PIO) at UDOH, Department of Human Services (DHS), Department of Workforce Services (DWS) and Penna Powers
- Healthcare facility staff include infection control, physicians, and nurses that will respond to COVID vaccinations.

C. *Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.*

Utah has organized an internal and external prioritization workgroup (PW. This group meets either on a weekly or bimonthly basis to discuss CDC guidance on priority vaccination groups. Those in the group include the following partners:

- Assistant Division Director DCP, UDOH
- Director of Immunizations, UDOH
- Vaccine Manager, UDOH

- Emergency Physician, Utah Army National Guard, University of Utah
- Emergency Physician & Disaster Medicine, Intermountain Healthcare (IHC)
- Chief, Division of Pediatric Infectious Diseases, University of Utah
- Medical Director, Community Health and Prevention, IHC (patient facing vaccine programs)
- SVP & CSO, IHC (UHA representative)
- Executive Director, Utah Health Care Association
- Local Health officer (LHO) for Davis County
- LHO for San Juan County
- LHO for Director of Davis County LHD
- State Epidemiologist, UDOH
- Deputy Director, UDOH
- Interim Executive Director, UDOH
- Policy Director, Governor's Office
- Emergency Planning Coordinators, Emergency Preparedness Group
- Director of Communications, UDOH
- Director of Public Affairs at Department of Public Safety
- Pharmacist (Pharmacy Clinical Services Coordinator)
- Hospital Epidemiologist University of Utah (UUMC)
- Penna Powers President - Communication strategy
- Department of Emergency Services
- Hofmann - University of Utah, Pediatrics

D. *Identify and list members and relevant expertise of the internal team and the internal/external committee.*

Members of Committees are identified above in C & D.

E. *Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.*

The Utah PW will consider recommendations from the CDC and Advisory Committee on Immunization Practices (ACIP) before making the final recommendations for Utah public health and healthcare providers to initially target the highest prioritized groups for vaccination on a state and local level.

The UIP will coordinate the ordering and distributions for the initial allocation of COVID vaccine provided to Utah through CDC. Vaccine will be provided first to those in the highest prioritized groups, as defined by the PW, through identified partners.

Before the vaccine is available, enrolled healthcare providers will be educated about the planning process for ordering and receiving vaccines. Big chain pharmacies will be part of the long-term care facilities (LTCF) vaccination efforts. Additional information on this process is outlined below in Section 3-Phase 1B.

F. *Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.*

Indian Health Services (IHS) will have two options: 1) order through the federal government, and they will contact Indian Health on how to register or 2) order through the UIP and we will be contacting them with information to prepare for the COVID-19 vaccines or alternate locations to support vaccination within their community. When UIP is ready to enroll Indian Health facilities, we will send information on how to register. This will most likely be sometime in Phase 1.

Below is an official statement from CDC:

"Although CDC is working directly with IHS at the federal level, plans have not been finalized. While IHS may provide vaccination services to the populations they serve, plans are currently in development regarding vaccine distribution to tribal health facilities, including urban facilities that are not officially connected to IHS. Those facilities may need to work through their jurisdiction to receive vaccine. It is also critical that jurisdictions reach out to any non-federally recognized tribes in their area to ensure they have access to vaccination services, since these groups will likely not be served by IHS."

The UIP has interpreted that to mean that IHS facilities will receive their vaccine from the federal level. Those facilities that are not IHS could still possibly receive their vaccine at a federal level or they can receive it from the UIP. If the federal level decides to deliver the vaccine to tribal health facilities who are not connected to IHS, the UIP should hear from the CDC. The CDC will provide further guidance on this. If the UIP becomes responsible to get COVID vaccine to those not connected to IHS, they will be able to order the vaccine with the same modalities Utah Vaccines for Children (VFC) providers order VFC vaccine for their clinics. If they would like LHD assistance, then they can notify the UIP and the UIP can connect them to their LHD (this is only a resource if they need it), or they can connect with their LHD on their own.

Again, those tribes that will be ordering from the UIP will have a separate ordering process. It is not in collaboration with the LHDs unless they would like to use LHDs as a resource.

G. *List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:*

- *Pharmacies*
    - Big chain pharmacies will have the responsibility during Phase 1B to vaccinate LTCFs' residents. Also, it may be that during this phase they will also vaccinate staff at LTCFs. If LTCFs' staff are not included to be vaccinated by big chain pharmacies, local public health, and Community Nursing Services (CNS) will hold clinics to vaccinate staff. Pharmacies that are not receiving the vaccine from the

federal government will then enroll by methods within the enrollment process so they can receive the vaccine directly from the UIP.

- *Correctional facilities/vendors*
    - County correctional facilities will receive vaccines in coordination with their LHD and the phase they will be enrolled/provided vaccine. In the event the correctional facility does not have capacity, the LHD will assist them in their plans for vaccination.
    - State-run correctional facilities will receive vaccines for inmates as part of the statewide coordination jurisdiction. Additional support can be provided by LHDs and mobile vaccination providers, as identified.
- *Homeless shelters*
    - This is a vulnerable population and each LHD has plans in place to reach this group within their health district. These plans include doing outreach at the homeless clinics and shelters.
- *Community-based organizations*
    - LHDs have plans in place to reach community based organizations. For example, Salt Lake County Health Department has reached out to the coalition "Communities of Color" to ensure resources are available and communication is complete to notify this community-based organization when and where vaccine is available.

Section 3: Phased Approach to COVID-19 Vaccination

Instructions:

A. *Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:*

The UIP program has planned for the following around the three phases of vaccine administration (see Table 1 below and Appendix A for further details).

Phase 1: Potentially Limited Doses Available

Phase 1A: As mentioned earlier, Utah has a PW that includes many partners. With limited supply of vaccine, this PW will meet on a weekly basis to make a determination based on CDC and ACIP guidelines of healthcare providers to receive the vaccine during this phase. A survey will be sent to identified hospitals to receive the vaccine as identified by the PW. The survey will help the UIP identify volumes per group identified below, as an example.

- Emergency departments, urgent care, primary care setting (e.g., community-based as they are seeing people that haven't been diagnosed yet and therefore may not be as protected at the time)
- COVID ward & ICU workers
- Healthcare workers with pre-existing conditions
- Housekeeping - most impacted in some cases
- LTCF staff - vaccination avenue TBD either through big chain pharmacies (phase 1b or 2) or directly through the LTCF or by LHDs and CNS. Local health departments and CNS will be ready if staff are identified to be vaccinated in Phase 1A. Phase 1B will be implemented to LTCF staff via LHDs, CNS, or perhaps other pharmacies.
- Staff only phase - Recommendation as part of healthcare personnel (HCP). Staff vaccinated with other HCP in the community (via state allocation).

Wave 1 - Limited Doses

A select number of hospitals with the highest COVID-19 response will be enrolled to conduct vaccination among their healthcare personnel (HCP) who are identified as most at-risk by their health organization system.

Wave 2 & 3

As additional doses become available, facilities receiving doses within Wave 1 will begin to receive second dose shipments for vaccinated personnel. Remaining hospital facilities will be enrolled to vaccinate their healthcare personnel most at-risk. Then remaining HCP, including clinics, pharmacy staff, COVID-19 testing center staff, long-term care/assisted living/skilled nursing staff and other healthcare personnel, will be included for vaccination and potential enrollment depending upon their storage and utilization.

Once this population is identified through the survey, onboarding documents such as the CDC COVID Vaccination Provider Agreement and Provider Profile will be sent to the initial healthcare

facilities to get registered to receive the vaccine. Ongoing enrollment will be conducted in the Utah Statewide Immunization System (USIIS) when the new module is available.

Note: People serving in the healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.

Phase 1B: **Potentially limited supply of COVID-19 vaccine doses available AND long-term care residents recommended to receive vaccine.**

Wave 1

LTCF residents (e.g., nursing home, assisted living, independent living facility residents). Utah will plan to participate in the Pharmacy Partnership for Long-term Care Program coordinated by the CDC, which is detailed below.

Pharmacy Partnership for Long-term Care (LTC) Program:

- Partner through CDC's Pharmacy Partnership for LTC Program for COVID-19 Vaccine to provide on-site vaccine clinics for residents of long-term care facilities (LTCFs) and any remaining LTCF staff who were not vaccinated in Phase 1-A. The **Pharmacy Partnership for Long-term Care Program** provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments.
    - This program is free of charge to facilities. The pharmacy will:
        - Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months are likely to be needed to administer both doses of vaccine and vaccinate any new residents and staff.
        - Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
        - Ensure cold chain management for vaccines.
        - Provide on-site administration of vaccines.
        - Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 24 hours of administering each dose.
        - Adhere to all applicable CMS requirements for COVID-19 testing for LTCF staff.
    - If interested in participating, each facility should sign up and indicate their preferred partner from the available pharmacies.
        - Skilled nursing facilities and assisted living facilities will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) their facility prefers to have on-site (or opt out of the services) between October 19–October 30.

        - SNFs will make their selection through NHSN beginning October 19.
        - An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
    - ALFs will make their selection via online REDCap sign-up form.
    - The online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
    - After November 1, 2020, no changes can be made via the online forms, and the facility will have to coordinate directly with the selected pharmacy provider to make any changes in requested vaccination supply and services.
    - Indicating interest in participating is non-binding and facilities may change their selection (opt-out) if needed.
    - CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage.
  - CDC expects the Pharmacy Partnership for Long-term Care Program services to continue on-site at participating facilities for approximately two months.
  - After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice.

Wave 2

First responders, EMS personnel, commercial and private sector partners (e.g. pharmacies, doctors’ offices, clinics)

K-12 school staff

Wave 3

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHC), public health clinics

Big chain pharmacies will receive vaccines from the federal government once the agreements are signed. They will not receive the vaccine through the UIP. Big chain pharmacies will contact LTCF to vaccinate residents. Pharmacies have teams that will go to the LTCF in urban and rural areas and vaccinate the residents.

- Staff and resident recommendations - On-site vaccination services provided by pharmacy partners receiving direct federal allocations.
- Self-administration or administration by a provider of their choice with vaccine from state allocation.
- Understanding staff and resident recommendations - It is recommended that staff and resident vaccinations occur at the same time when big chain pharmacies once their

allocation from the federal government. It would make it easier for both groups to be vaccinated within LTCF and coordinated with big chain pharmacies.

Note: People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace and people at increased risk for severe COVID-19 illness, including people 65 years of age or older.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

- With increased available supply UIP will expand provider enrollment.
- Provider enrollment will be conducted online through USIIS during phase 2.
- Smaller pharmacies, doctors' offices, and clinics will be allowed to enroll.
- At this point we expect that big chain pharmacies will continue to receive vaccines through the federal government, while smaller pharmacies, doctors' offices, clinics LHDs will receive vaccines through UIP. Utah plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC. Detailed plans about the federal direct allocation to pharmacy partner program is below:
    - Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government.
        - Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies[1] (those with a minimum of 200 stores). All partners must sign a pharmacy provider agreement with the federal government.
        - Once the list of federal partners has been finalized, CDC will share the list with jurisdictions.
        - On a daily basis, pharmacy partners must report to CDC, the number of doses of COVID-19 vaccine a) ordered by store location; b) supply on hand in each store reported through VaccineFinder, and c) number of doses of vaccine administered to individuals in each state, locality, and territory.
    - Pharmacy providers will be required to report CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements and methods to report if stores are not able to directly provide data to jurisdiction IISs.
    - All jurisdictions participating in this program will have visibility on number of doses distributed to and administered by each partner store.
    - Jurisdictions will be given contact information for each partner participating in this program if they have any questions or concerns related to distribution of vaccine to stores in their jurisdiction.
- UIP will monitor surge in COVID-19 vaccine demand and adjust ordering strategies to minimize vaccine wastage.

Continued vaccination during Phase 2

[1]Pharmacy services administrative organizations, or PSAOs

Phase 3: Likely Sufficient Supply, Slowing Demand

- UIP and LHDs will continue partnerships within the public and private sectors to ensure access to the COVID vaccine.
- Public health will continue services throughout the community as identified by state and LHDs.
- Continued monitoring of COVID-19 vaccine uptake and coverage through population data, so the UIP and LHDs can enhance strategies that target areas that are low in coverage.
- Continued monitoring of vaccine to minimize vaccine wastage and improve vaccine coverage throughout the LHDs.

Table 1. Planning Assumptions for Vaccine Administration

Months	Phase	Wave	Priority populations	# in pop
November	-	-	-	-
December	1	Wave 1	Frontline healthcare workers @ 5 UT hospitals treating the majority of COVID patients	Estimate: 25,000
			Additional hospital's staff	Estimate: 38,500
January - March	1	Wave 2 - 5	Remaining hospital staff	Estimate: 500 - 2,000
			Non-hospital healthcare workers (incld. frontline public health)	Estimate: 30,000 - 40,000
			LTCF staff	Estimate: 20,000 - 23,000
			LTCF residents (Federal distribution?)	Estimate: 20,000 (Doses from UT allocation?)
			EMS/First responders	Estimate: 10,000
			K-12 school staff	Estimate: 45,000 - 50,000
March - April	2	Wave 1 - 3	Tribal populations	Estimate: 35,000
			Incarcerated populations	Prisons - 4,200 County jails - 5,000 to 9,000
			65+ residents	Estimate: 375,000
			Homeless/sheltered population	Estimate: 3,500
			Workers with risk level 3	Estimate: 325,000
			At risk racial/ethnic groups	TBD
			Persons with an underlying medical conditions	Unknown
			Workers with risk level 2	Estimate: 800,000
			Persons in congregate living (mental health hospitals, residential treatment, student housing)	Unknown
April	3	Wave 1	The general public	Total Utah population (3.2 million) minus all previously distributed doses

* Minus 2nd dose from the previous month

Section 4: Critical Populations

Instructions:

A. *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups include:*

- *Healthcare personnel*
  The UIP is currently assessing the numbers of healthcare workers in Utah through a number of data sources including: Bureau of Labor's standard occupational classification (SOC) codes, active professional licenses (provided by the Division of Professional Licensing [DOPL]), direct survey of LTCF staff (2019), and a direct survey of Utah's hospitals and health systems to assess the number of total staff. The location of hospital-based healthcare workers throughout the state will be determined through survey results including hospital location. SOC code classification counts are provided by county and LHD from the Quarterly Census of Employment and Wages program. Additionally, professional license information is available by county and may serve as a secondary confirmation of the estimated number of healthcare workers in each local health jurisdiction.
- *Essential workers*
  The UIP is collaborating with the Economic Development Corporation of Utah to create a risk model for prioritizing workers for COVD -19 vaccination. This risk model not only provides state-wide, county and LHD-specific estimates of workers in each occupational category, but also assigns a risk level based on their category's average likelihood of COVID exposure. This risk level will be used to prioritize workers in riskier occupational categories (e.g., healthcare, protective services, education, social services, etc.) for COVID vaccination. See Appendix C.
- *Long-term care facility residents and (non-health care) staff*
  The UIP will identify the number and location of LTCF residents in Utah through the following data sources: yearly immunization survey of all licensed facilities (2019), total number currently licensed bed capacity within the state, and a survey of Utah Healthcare Association membership (nursing facilities, 2020). The annual LTCF immunization survey also provides the number of staff that are not directly caring for residents. Addresses are available for all licensed LTCF in Utah and can be summarized by LHD or county.
- *People with underlying medical conditions that are risk factors for severe COVID-19 illness*
  The UIP has used 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) data to estimate the number of adults in each LHD with the following conditions: obesity, hypertension, diabetes, heart disease, and COPD.
- *People 65 years of age and older*
  The portion of the Utah population that is >65 years old has been determined through 2019 data available from the National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau. This population has been summarized to both the LHD and the county level.

- *People from racial and ethnic minority groups*
  Population numbers by race and ethnicity groups have been obtained from the U.S. Bureau of the Census, IBIS Version 2019 and are summarized by LHD.
- *People from tribal communities*
  The UIP will work with the Indian Health Liaison, Melissa Zito, to gather the most accurate number of persons living on tribal lands in Utah. We will also determine the age distribution and location of tribal members.
- *People who are incarcerated/detained in correctional facilities*
  The UIP will gather population information (included age and location, if possible) on all incarcerated individuals in Utah from the Utah Department of Corrections and Utah Commission on Criminal & Juvenile Justice.
- *People experiencing homelessness/living in shelters*
  The UIP will use number and location data of homeless individuals from the State of Utah Annual Report on Homelessness, 2020.
- *School Staff*
  The UIP will use data from the Utah State Boards of Education (school year 2018-2019) to estimate the number of licensed and certified staff in Utah Schools.
- *People attending colleges/universities*
  The UIP will use estimates from the American Community Survey (ACS) (2019) to estimate the number of students (K-12 and College/Graduate school).
- *People living in other congregate settings*
  The UIP has received data on the capacity of licensed congregate living facilities and will use this to make an estimate of number and location of persons living in these settings.
- *People living in rural communities*
  The UIP will work with the Utah Office of Primary Care and Rural Health to determine the number and location of persons living in rural settings throughout our state. We will also determine, if possible, which rural communities have the greatest difficulty accessing vaccination services.
- *People with disabilities*
  The UIP will work with the DHS, Division of Services for People with Disabilities determine the number, location, and disability type of persons living disabilities settings throughout our state.
- *People who are under or uninsured*
  The UIP will use 2019 BRFSS data to determine the percentage of Utahns that are without health insurance. UIP staff will also reach out to other partners to assess the number of Utahns that are underinsured.

  This information is summarized below in Table 2.

Table 2. Data Sources Used to Estimate Critical Populations

Critical Populations		Data Source
Healthcare workers		
	Hospital workers	Directly asked of each Utah hospital
	All healthcare workers (categories available)	Utah Dept of Workforce Services
	Lisc professionals	Utah Health Informatics Office, Div. of Professional Lisc database
Public Health Workforce		
	Local Public Health	Utah Assoc of Local Public Health?
	State Public Health	Utah Department of Human Resource Management?
Essential workers		
	Members of Utah's workforce classified by COVID risk and prioritized for vaccination	Bureau of Labor Statistics, Quarterly Census of Employment and Wages, SOC codes. Model to classify risk developed in partnership with the EDCU and approved by workgroup of various partners.
Long-term care facilities (LTCF)		
	LTCF staff	Utah Dept of Health, Immunization program survey, 2019
	LTCF residents	Utah Dept of Health, Immunization program survey, 2019
	LTCF lisc beds	Utah Bureau of Health Facility Lisc and Cert, Facility Report 2019
People with underlying medical conditions		
	Obesity	Utah BRFSS, 2019
	Hypertension	Utah BRFSS, 2019
	Heart Disease	Utah BRFSS, 2019
	Diabetes	Utah BRFSS, 2019
	COPD	Utah BRFSS, 2019
Schools		
	Educational staff	Utah State Board of Education

	K-12 students	American Comm. Survey, 2019 est
	College students	American Comm. Survey, 2019 est
People who are incarcerated		
	State prisons/inmates	Utah Dept. of Corrections
	County Jails	Utah Commission on Criminal & Juvenile Justice
Demographic groups		
	Age 65+	US Census, 2019
	Racial/ethnic minority groups	US Census, 2019
	Tribal communities	American Comm. Survey, 2019 est
	Rural communities	US Census, 2019, Utah Office of Rural Health classification
	People experiencing homelessness	State of Utah Annual Report on Homelessness 2020
	People living with a disability	American Comm. Survey, 2019 est
	People living in congregate settings	Utah Dept. of Human Services, Office of Licensing
	Un- or Underinsured people	

B. *Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.*

The UIP is collaborating with the Economic Development Corporation of Utah to create a risk model for prioritizing workers for COVD -19 vaccination. This risk model not only provides state-wide, county and LHD-specific estimates of workers in each occupational category, but also assigns a risk level based on their category's average likelihood of COVID exposure. This risk level will be used to prioritize workers in riskier occupational categories (e.g., healthcare, protective services, education, social services, etc.) for COVID vaccination. See Appendix C.

C. *Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.*

For Phase 1, and possibly Phase 2, of COVID vaccine distribution it may be necessary to identify subsets of our critical populations for priority vaccination. This will be done by the PW and they will consider the following items when making recommendations: persons in direct contact with COVID-19 patients, persons increased risk contracting COVID-19 and of having severe complications of COVID-19 disease (e.g., those living in LTCF)

D. *Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers, or communities (as appropriate) within the critical population groups.*

The UIP has robust relationships with healthcare providers and partners throughout the state and has established POCs within each of the four major health systems within our state. Communication about the logistics of healthcare worker vaccinations will be pushed out through these channels as soon as it is available. For non-healthcare critical populations, UIP will provide communications regarding vaccine availability through LHDs and partner departments/organizations such as those mentioned as data providers/collaborators above. The Office of Public Information and Marketing (OPIM) will approve any publicly available information on vaccination of priority groups.

Section 5: COVID-19 Provider Recruitment and Enrollment

Instructions:

A. *Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

The UIP is working with the PW to identify what providers will likely administer COVID-19 vaccine. Providers will be enrolled into USIIS and manage vaccine orders through that system. Currently all likely providers for the first phase are already enrolled in USIIS and will need to complete the CDC COVID-19 Provider Agreement and Provider Profile forms. As the UIP enrolls providers for Phase 2 and Phase 3, UIP will work with the PW and local associations to identify and enroll providers through an online enrollment process.

B. *Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.*

The UIP has sent a survey to each of the health plans/hospitals that were identified by the PW. This survey is specific to answering the questions from these organizations to ask questions by provider types and settings. Once we have gathered this information, we will compile the information and present it to our PW for review and make a decision on this critical population.

C. *Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.*

Enrollment data will be collected using online forms, or through PDF or paper forms. This data will be entered into USIIS, either automatically through the online form or manually through data entry. A CSV file will be exported and uploaded to the CDC through SAMS twice a week. The file will contain all required data elements contained in the file format specification guide.

D. *Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

All newly enrolled providers credentials will be verified through the DOPL website (https://secure.utah.gov/llv/search/index.html) before an USIIS account will be created.

E. *Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.*

All provider enrollment data is stored in USIIS and an export file will be generated twice weekly to be uploaded to the CDC through SAMS.

All required provider training is available online and providers will need to provide completion certificates to the UIP. Provider training is tracked within their profile in USIIS.

F. *Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).*

Facilities will be required to enroll and ship vaccines to the site intended to use and administer the vaccines. Redistribution may only occur by UIP or LHDs where facilities do not have the need to administer vaccines to the minimum shipping quantity, they have appropriate storage to maintain cold-chain and referring staff/residents to outside entities is not permissible.

G. *Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.*

The UIP is partnering with pharmacies, LHDs, CNS, private physician offices and clinics around the State of Utah. Information on enrollment will be sent to each site to ensure they meet all the CDC requirements to receive COVID-19 vaccine. Through the provider enrollment process, the UIP will know their capacity to receive, store and implement COVID vaccines.

H. *Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.*

All pharmacies are currently enrolled in USIIS and required to report all vaccine administrations according to the DOPL Vaccine Administration Protocol (https://dopl.utah.gov/licensing/forms/VACCINE_ADMINISTRATION_PROTOCOL.pdf). Utah has collected a list of pharmacies from DOPL and is working to identify which pharmacies will provide the COVID-19 vaccine via the federal government or need to receive information from the UIP. Those participating in vaccination efforts from the UIP will be required to complete registration forms and order COVID-19 vaccine through USIIS.

Section 6: COVID-19 Vaccine Administration Capacity

Instructions:

A. *Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.*

Facility vaccination administration capacity will be collected as the providers enroll. However Utah is releasing a Provider Interest Survey to collect information about the populations at each facility and their capacity to administer. This data will be used to determine if the facility is able to enroll directly into the COVID-19 Vaccination Program or will be referred to the LHD or other mobile immunization providers, such as CNS. This will be based on their staff/patient populations, and storage and administration capacities. Providers, who do not have staff/patient populations, will need to work with their LHDs and potentially receive redistributed vaccines.

B. *Describe how your jurisdiction will use this information to inform provider recruitment plans.*

Based on the information provided in the Provider Interest Survey, facilities will be informed of next steps or information will be given to the LHD for follow up and set up of vaccination plans.

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

Instructions:

- *Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.*

  Utah has been divided into multiple jurisdictions to allow cohesiveness among the health systems, visibility and coordination from local health, outreach to tribal entities not working with the federal government, and state populations that include entities best coordinated at a statewide level. These local health jurisdictions include:

  - LHD
    - Bear River
    - Central Utah
    - Davis County
    - San Juan County
    - Salt Lake County
    - Southeast
    - Southwest
    - Summit
    - Tooele County
    - Tri-County
    - Utah County
    - Wasatch County
    - Weber/Morgan
  - Health Systems
    - IHC
    - MountainStar Health
    - Steward Healthcare
    - University of Utah Health
    - Non-affiliated Hospitals (e.g. Beaver Hospital, Milford Hospital)
  - Indian Health Facilities not enrolled with IHS for federal distribution
  - Statewide Coordination
    - State-run correctional facilities
    - CNS
    - National Guard

  Facilities with the capacity to administer vaccines to increased-risk individuals will be enrolled throughout each phase of the distribution process under their LHD.

  - LTCF
  - Assisting Living Facilities
  - Skilled Nursing Facilities

- Healthcare providers (eg. Pediatrics, Family Medicine, Internal Medicine, OB/GYN)
- Local/regional pharmacies (not enrolled with federal agreements)

Facilities who do not have the capacity to administer the COVID-19 vaccine, will be referred to the following partners to coordinate coverage at their locations:

- LHD
- Pharmacies with mobile vaccination capacity
- CNS

Based on the ACIP Recommendations and targeted groups identified by the PW, the vaccine will be released to local health jurisdictions in phases and waves. These will be based on provider readiness and ability to serve each population.

1. Phase 1 covers critical infrastructure, LTC staff and residents, and limited essential workers.
2. Phase 2 covers 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.
3. Phase 3 covers the general population to help provide community immunity.

- *Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.*

Prior to enrollment to the COVID-19 Vaccination Program, facilities will be required to submit photos of their current storage units to reflect the appropriate units available; temperature logs reflecting the monitoring of the storage units reflecting visual inspection of in-range minimum and maximum (min/max) temperatures for all storage units that will be certified for storage; and certified, calibrated data loggers that will monitor the temperatures 24 hours per day and meet the same requirements as the VFC Program. Copies of the current certificate(s) of calibration will also be collected. Facilities must also identify their current plans for storage, including a Vaccine Management Plan, identification of emergency plans in the event of power loss or other environmental situation, staff responsible for monitoring appropriate storage, and temperature logs monitoring the min/max temperatures in the existing storage units.

After enrollment, temperatures must be submitted on a monthly basis once vaccines have been received to monitor ongoing temperatures.

In situations where off-site clinics will be held, the provider must request approval for the clinics one week prior to the off-site clinic date. Facilities will be required to track and record temperatures with certified, calibrated data loggers during transport and throughout the off-site clinic(s) to ensure appropriate temperatures are maintained. Data logger information and reports must be submitted to the UIP upon completion of the clinic.

Depending on the vaccines approved and storage requirements finalized, the monitoring of facility storage will be modified to include storage within the container and appropriate temperature monitoring.

- *Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.*

  During Phase 1 or upon completion of the USIIS Onboarding Module, facilities enrolled in the COVID-19 Vaccination Program will submit all data via email. The UIP will manually upload the information to Utah's Contact Management System (UCMS) and the CDC's Vaccine Tracking System (VTrckS) to ensure tracking of all required information. Providers will be set up to request doses in Utah's Vaccine Ordering Management System (VOMS) via USIIS. Modifications/updates to the facility will be updated in the same process. Provider information will be uploaded through an interface with VTrckS to ensure cohesiveness.

  During Phase 2 or upon completion of the USIIS Onboarding Module, facilities with USIIS access will have the ability to view and submit data to enroll in the COVID-19 Vaccination Program. Data will be entered directly by the facility and agree to the terms and conditions indicated on the federal agreement. Information will be reviewed by UIP and approved. Any additional setup or transmission of data to VTrckS will be completed to ensure cohesiveness in the systems.

  Depending upon the facilities enrolled and the priority groups being served with COVID-19 vaccine, allocation will be provided to the various local health jurisdictions. Each jurisdiction will receive vaccine allocations based on the number of staff/patients served. Health jurisdictions will be responsible for the utilization of the vaccine within their system and can place orders on facilities within their jurisdictions if they identify issues with utilization or compliance.
  Allocations will be uploaded for each health jurisdiction based on their Provider Profile data received for all facilities within their jurisdiction. Those allocations will then create orders based on the vaccine requests submitted and approved for the provider.
  Local Health Jurisdictions include the following:
  - 13 LHDs
  - 6 Major Health Systems
  - IHS
  - Statewide Coordination Facilities

- *Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.*

  During enrollment, facilities will be informed of the transfer and off-site clinic policy. Any reporting of providers conducting transfers or off-site clinics without prior authorization or completion of the CDC Redistribution COVID-19 Agreement will be contacted to ensure location

of all vaccine doses and review policies. Any continued breach of contract will result in termination from the program and referral to CDC/Health and Human Services.

- *Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.*

  All COVID-19 vaccine doses lost must be reported to USIIS VOMS within 24 hours of occurrence. Monitoring of vaccine levels will be completed based on reporting of doses administered, vaccine loss and administration capacity. Providers will be required to verify vaccine inventory within USIIS VOMS/Vaccine Inventory weekly to ensure accurate reporting.

Section 8: COVID-19 Vaccine Storage and Handling

Instructions:

A. *Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:*

- *Individual provider locations*
- *Satellite, temporary, or off-site settings*
- *Planned redistribution from depots to individual locations and from larger to smaller locations*
- *Unplanned repositioning among provider locations*

Based on the vaccines approved, providers will be required to submit temperature logs for all units storing vaccines. Any approval of ultra-cold or cold chain vaccines, where the facility does not have the capability to store the product directly within a stand-alone unit, will be allowed to store and monitor temperatures within the shipping containers. Depending on the monitor marks or other storage monitoring, plans will be adjusted to ensure cold-chain will be maintained.

All facilities are required to enroll satellite locations individually. Vaccine must be shipped and administered at sites intended to use the product. Any site location needing to conduct off-site clinics must review the pre-check list and submit an Off-Site Clinic Request Form. Throughout the transport and administration of the vaccine, providers must submit documentation reflecting appropriate storage and monitoring.

Only the UIP and LHDs will complete the CDC COVD-19 Redistribution Vaccine Agreement to allow redistribution of select facilities unable to receive the minimum vaccine shipping quantity and who cannot refer staff/patients to alternate vaccination opportunities. A Transfer Form will be required to complete the relocation of doses.

B. *Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.*

Facilities will be required to provide appropriate storage plans and temperature logs prior to enrollment to the program. Facilities will be required to enroll individually to the site intended to use the vaccine. Throughout the process, providers must submit temperature logs and documentation reflecting cold-chain requirements. In the event the facility is unable to maintain cold chain storage, the vaccine will be picked up by the UIP or the LHD to relocate the vaccine to another enrolled facility.

Section 9: COVID-19 Vaccine Administration Documentation and Reporting

Instructions:

A. *Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.*

USIIS is used to track vaccine doses administered from providers. If a provider has an electronic health record (EHR) with an interface to USIIS, vaccine administrations are automatically reported to USIIS and deducted from the provider's inventory. If the provider does not have an interface with USIIS, they may login to the web application and report administered doses or submit a CSV file with the required information to be uploaded into USIIS. All COVID-19 vaccine doses must be reported to USIIS within 24 hours after administration.

B. *Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.*

USIIS will generate the required file for vaccine administrations and submit that to the IZGateway using the required file specifications.

C. *Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.*

During the enrollment process, the UIP will determine the method of reporting that each provider will use. The UIP will conduct an assessment of their needs and provide any training required. The UIP will monitor and ensure that doses are reported within 24 hours of the administration date and take corrective action to bring providers back into compliance, if needed.

D. *Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.*

The UIP will provide documentation on methods to report vaccine administrations to all enrolled providers, including information that providers will be required to report doses within 24 hours of administration. The UIP will actively monitor reports to ensure compliance and take the necessary steps to train or sanction providers who are not meeting the requirements.

E. *Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.*

The UIP will have daily data quality reports specific to COVID-19 vaccine administrations that will identify any providers who do not meet the documentation or reporting requirements. Any provider that is out of compliance will be contacted and provided necessary training or USIIS will work with their EHR vendor to make the required adjustments. Any provider who does not meet the requirements will not be allowed to order COVID-19 vaccine.

F. *Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.*

The UIP will work with program epidemiologists to generate coverage reports, using data from USIIS, surveys, or other data sources to get the most comprehensive coverage of COVID-19 within Utah. UIP epidemiologists will generate these and publish them as needed. These coverage reports will be used to identify areas that need additional provider coverage or have too much and will allow us to adjust vaccine distribution to areas of need.

Section 10: COVID-19 Vaccination Second-Dose Reminders

Instructions:

A. *Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.*

Vaccine administrations will be recorded within USIIS. Patients will receive a reminder card when they receive the vaccine, and most EHR systems will use their internal patient portal to provide reminders for subsequent doses. The UIP will provide reminder-recall reports to providers to show which patients are due for a second dose and they can send out notifications. Additionally the UIP is working with a mobile phone app, Docket, which provides consumer access to immunization records. This app will be used to provide text or email notifications for immunization due dates. Additionally, it will be used to link to Vaccine Finder (https://vaccinefinder.org) to notify patients which providers have the required dose available.

Section 11: COVID-19 Requirements for IISs or Other External Systems

Instructions:

A. *Describe your jurisdiction's solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues.*

Vaccine administrations can be either submitted to USIIS by either using the quick entry form through the USIIS web interface, entered into a spreadsheet and uploaded into USIIS, or recorded on paper and manually entered into the EHR or USIIS.

B. *List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.*

This is the current list the UIP and USIIS are collecting. The USIIS program can add fields as needed as long as providers are able to send this data in the HL7 message, or CSV file.

Interface ID	Required	USIIS assigned ID. Interface ID uniquely identifies the interface between USIIS and the participating organization.
Date Generated	Required	Indicates the time the message was generated. Used to replace older data with more recent data. Format: yyyymmddhhmmss+/-0000 (UTO). Year Month Day Hour in 24 hour time format, Minute, Second (Coordinated Universal Time offset; -0700 mountain standard time or -6 mountain daylight savings time). Example: 20200121202913-0700
Facility ID	Required*	USIIS assigned facility code. Facility ID is assigned to a clinic/facility during USIIS enrollment.
Patient ID	Required*	Unique Patient Identifier from the clinic's or facility's local system.

Patient First Name	Required*	
Patient Middle Name	Required if available*	
Patient Last Name	Required*	
Patient Name Suffix	Optional*	Examples: Junior, II, IV, Jr.
Patient Birth Date	Required*	Format: yyyymmdd.
Patient Gender	Required*	Coded value. Valid values: M (male), F (female), U (unknown).
Patient Birth State	Optional	Coded value. See State code tab for valid values.
Patient Social Security Number	Optional*	Format: 999999999
Patient Medicaid Number	Optional*	
Patient Race	Required if available*	Coded value. See Race codes tab for valid values.
Patient Ethnic Code	Optional*	Coded value. Valid Values: H (of hispanic descent), N (not of hispanic descent), U (unknown)

Patient Language Code	Optional	Coded value. See Language codes tab for valid values.
Patient Phone Number	Required if available*	Format: 999999999. Used to facilitate patient or guardian access to record.
Patient Email	Required if available*	Used to facilitate patient or guardian access to record.
Patient Occupation	Optional	
Mother’s First Name	Required if available*	
Mother’s Middle Name	Required if available	
Mother’s Last Name	Required if available*	
Mother’s Maiden Name	Required if available*	
Mother’s Social Security Number	Optional	Format: 999999999
Mother's Phone Number	Required if available*	Format: 999999999. Used to facilitate patient or guardian access to record.
Mother's Email	Required if available*	Used to facilitate patient or guardian access to record.

Father’s First Name	Required if available*	
Father’s Middle Name	Required if available	
Father’s Last Name	Required if available*	
Father’s Social Security Number	Optional	Format: 999999999
Father's Phone Number	Required if available*	Format: 999999999. Used to facilitate patient or guardian access to record.
Father's Email	Required if available*	Used to facilitate patient or guardian access to record.
Guardian’s First Name	Required if available*	
Guardian’s Middle Name	Required if available	
Guardian’s Last Name	Required if available*	
Guardian’s Social Security Number	Optional	Format: 999999999

Guardian's Phone Number	Required if available*	Format: 999999999. Used to facilitate patient or guardian access to record.
Guardian's Email	Required if available*	Used to facilitate patient or guardian access to record.
Patient Street Address	Required if available*	
Patient Address - City	Required if available*	
Patient Address - State	Required if available	Coded value: see State Codes Tab.
Patient Address - Zip Code	Required if available*	
End Affiliation Indicator	Optional	Coded value. Valid Values: Y (End my facilities affiliation with this patient), Blank (Do not end affiliation)
Patient Deceased Indicator	Optional	Coded value. Valid values: Y (deceased), N or blank (living)
Patient Comments	Optional	Any comments the facility wants to include regarding the patient
Vaccine Administered Flag	Required	Indicates if an immunization was given at your facility or entered from a historical source. Coded Value. See Immunization Information Source Codes tab for valid values.

Vaccination Date	Required	Format: yyyymmdd.
Vaccine CVX Code	1 of these 3 code types are Required	Coded value. See CDC valid code list at https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx Preferred vaccine code, as specified by the CDC
Vaccine CPT Code		Coded value. See CDC valid code list at https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt Accepted if CVX code cannot be used. Required if vaccine CVX vaccine code is blank.
Vaccine NDC Code		NDC Codes are printed on the vaccination vials.
Route Code	Required if available	Coded value. See Immunization Route Codes tab for valid values.
Immunization Site	Required if available	Coded value. See Immunization Site Codes tab for valid values.
Dosage	Required if available	Unit: ml or cc (same) Format: #.## Usual dosage value is 0.5 (unit ml) Cannot exceed 9.99
Vaccine Manufacturer	Required if available	Coded value: see CDC valid code list at https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx .
Vaccine Lot Number	Required if available	

Vaccinator	Required if available	The name of the physician, nurse, PA, or MA who administered the vaccine.
VIS Version Date	Required if available	Date the Vaccine Information Statement (VIS) was printed. Format: yyyymmdd. Choose 1 if multiple Vaccine Information Sheets exist.
VIS Issued Date	Required if available	Date the Vaccine Information Statement (VIS) was provided to patient. Format: yyyymmdd.
Financial Class	Required if available	Coded value. See Financial Class Codes tab for valid values.
Reaction Code	Optional	Coded value. See Reaction Codes tab for valid values.
Reaction Note	Conditional	Required if there is a reaction type of "Other".
Invalid Code	Optional	Coded value. See Invalid Vaccine Codes tab for valid values.
Invalid Note	Conditional	For notes regarding a vaccination event that is considered invalid. Required if Invalid Code = Other.
General Notes	Optional	
Contraindication Code	Required	Coded value. See Contraindication Codes tab for valid values.
Immunity Date	Conditional	For immunity type contraindications only. This is the best guess for the date the patient had the disease indicated by the contraindication code. Required if the contraindication code is a contraindication of type immunity.

		Format: yyyymmdd.

C. *Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.*

USIIS currently has the capacity to exchange data with internal information systems at the Department of Health and external systems at health facilities. USIIS can exchange data using any standard format, such as web-services or sFTP. We will exchange data through the IZGateway for all COVID vaccines and will participate with inter-jurisdictional sharing. USIIS uses the Mirth integration engine to format and transport electronic data, and can easily be configured for different situations. Additionally the UDOH has many other resources available, such as collecting data through RedCap, displaying data through Cognos or R Shiny, and custom reports as needed.

D. *Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.*

USIIS is currently working on an online, automated enrollment process that will allow the UIP to enroll as many providers as needed to support the COVID vaccine. Currently most pharmacies and healthcare providers are already enrolled in USIIS, so the UIP will mostly be enrolling non-standard providers. Most providers have an interface with USIIS, and those that do not will be able to submit data through a CSV upload or manual entry through the web interface.

E. *Describe your jurisdiction's current status and plans to onboard to the IZ Gateway **Connect** and **Share** components.*

USIIS has the data use agreements (DUA) signed and submitted to participate in Connect and Share. USIIS is actively receiving queries through the IZGateway for the Docket mobile app and is ready to receive data through the IZGateway. USIIS has a certificate generated and is currently testing the connection to send data to the IZGateway.

F. *Describe the status of establishing:*

1. *Data use agreement with the Association of Public Health Laboratories (APHL) to participate in the IZ Gateway*
   DUA with APHL has been completed and sent to APHL for signature

2. *Data use agreement with CDC for national coverage analyses*
   DUA with CDC has been signed and send to CDC for signature

3. *Memorandum of Understanding (MOU) to share data with other jurisdictions via the IZ Gateway Share component*
   TBD - We will participate with sign MOU once scenarios have been developed. Our state rule already allows us to share data with other publicly funded programs.

G. *Describe planned backup solutions for offline use if internet connectivity is lost or not possible.*

Offline backup solutions include capturing data in offline spreadsheets that can be uploaded to USIIS once connectivity is established. Paper forms can also be completed and manually entered into USIIS.

H. *Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.*

Data quality reports will be reviewed daily to identify any data quality issues that need to be addressed. Providers identified will be contacted and a plan will be developed to address issues.

Section 12: COVID-19 Vaccination Program Communication

Instructions:

A. *Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.*

Our vaccination communication plan is a collaborative effort between the following organizations.

- UDOH OPIM
- DWS public information office
- Department of Homeland Security
- Penna Powers, a contracted advertising agency

Weekly meetings are conveyed with these partners to discuss how communications will occur during Phase 1A, Phase 1B, Phase 2, and Phase 3. Each message is being tailored for each one of these phases. Once vaccines are approved and the UIP is given CDC and ACIP guidance, a specific message for each phase will drive the communication and messages given. This will be altered/edited as further COVID vaccine is released.

B. *Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.*

The UIP will work closely with the OPIM on messaging involving COVID-19 vaccination plans. The OPIM staff are responsible for verifying all LHD PIOs have an opportunity to review all press releases prior to media distribution.Press releases will be developed through the OPIM staff at the request of the PIO, Executive Director's office, or the UIP. The OPIM staff are also responsible for final approval on all written materials (e.g., speaking points, fact sheets, messaging, press releases) surrounding the COVID-19 vaccination distribution.

Depending on the availability of funding, the UIP staff will work with the OPIM staff and the approved media messaging vendor to develop and distribute communications material surrounding the COVID-19 vaccinations.

Section 13: Regulatory Considerations for COVID-19 Vaccination

Instructions:

A. *Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.*

As the UIP on boards or enrolls COVID-19 vaccination providers, part of our messaging will be directed to either EUA fact sheets provided by CDC or the VISs. We will have contact information for each enrolled provider and messaging will flow to those providers with education about these critical items.

B. *Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.*

Many of the providers already know that it is a requirement to offer fact sheets, whether it is an EUA fact sheet or VIS. Utah's understanding is that each vaccine will come with a VIS or a EUA fact sheet to be given to each patient. This requirement will be communicated to each provider when they complete enrollment.

Section 14: COVID-19 Vaccine Safety Monitoring

Instructions:

A. *Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).*

Part of the education for enrollment will be to watch a training and this training will include VAERS reporting requirements and how to report. The UIP has a VAERS coordinator that will assist during the COVID vaccine distribution.

Section 15: COVID-19 Vaccination Program Monitoring

Instructions:

A. *Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:*

- *Provider enrollment*

  As identified providers enroll, the UIP will implement an active monitoring program to ensure they accurately complete enrollment requirements. Any provider who does not complete any requirements or fails to maintain requirements will be contacted and a plan will be developed to bring them back into compliance, if they want to continue to provide vaccines. Vaccine distribution will be compared to covered population as reported in the enrollment forms to ensure equitable distribution is and population coverage is maintained.

- *Access to COVID-19 vaccination services by population in all phases of implementation*

  The UIP will monitor populations identified by the PW during the phases in implementation outlined in section 3 to ensure access to vaccination services is maintained. Any areas where gaps in vaccine services are identified will be brought to the PW and LHDs to address.

- *IIS or other designated system performance*

  The system performance of USIIS is actively monitored by UIP staff and the UDOH Department of Technology Services (DTS). Standard performance metrics have been defined and any deviations from the standard are alerted to the appropriate DTS and UIP staff to implement a resolution. USIIS will monitor system usage and add system resources as needed to ensure acceptable response times are maintained.

- *Data reporting to CDC*

  The UIP will report provider enrollment files to the CDC twice a week and report vaccine administrations as required. IZGateway DUA forms have been completed and tested. Staff at the UIP have SAMS access to submit data to the IZDL.

- *Provider-level data reporting*

  Provider level vaccine administration reporting will be monitored daily to ensure data quality and timeliness requirements are met and any provider not in compliance will be contacted and a plan will be developed to bring them back into compliance before any new vaccine distributions will be processed.

- *Vaccine ordering and distribution*

  Vaccine will be ordered through the VOMS application. UIP staff and LHDs have access to view vaccine orders to ensure appropriate distribution to maximize population coverage.

- *1- and 2-dose COVID-19 vaccination coverage*

  The UIP will routinely monitor vaccine administrations and provide follow up for patients who are late in receiving their second dose. The UIP will work with LHDs and providers, as needed, to send reminders and provide lists of patients who are due. USIIS will work with providers both in Utah and out of state to collect complete vaccine administration on all Utah residents.

B. *Describe your jurisdiction's methods and procedures for monitoring resources, including:*
   - *Budget* –The UIP works closely with the UDOH Finance Division. The UIP has monthly meetings with the UDOH Finance Division to review the budget which includes projections.
   - *Staffing* – The UIP Director of Immunizations works with staff on a regular basis. The UIP also has managers that supervise staff to ensure work load is efficient.
   - *Supplies* – The UIP works closely with the UDOH finance division to ensure that supplies are obtained and the UIP budget is not exceeded.

C. *Describe your jurisdiction's methods and procedures for monitoring communication, including:*
   - *Message delivery* –The UIP Director of Immunizations works with a designated team of PIOs from OPIM and Penna Powers. The Director of Immunizations and OPIM meet on a weekly basis to update plans and guidance is delivered.
   - *Reception of communication messages and materials among target audiences throughout jurisdiction* - Collaborative efforts as mentioned above to meet all target audiences throughout all phases of vaccination.

D. *Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).*

   Local-level situational awareness will be monitored through routine workgroup meetings with LHDs, vaccine advisory committees, nursing directors, and provider groups. The PW will be informed of which providers enroll and the status of the vaccination among critical workforce.

E. *Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.*

   There is no current plan to place COVID-19 vaccination program metrics on our public-facing dashboard. However, our state's COVID-19 dashboard is flexible, responsive and updated frequently. It is likely that after COVID-19 vaccine distribution has begun several measures may be developed for display on https://coronavirus.utah.gov/case-counts/ under a separate tab dedicated to COVID-19 vaccination.

Appendix

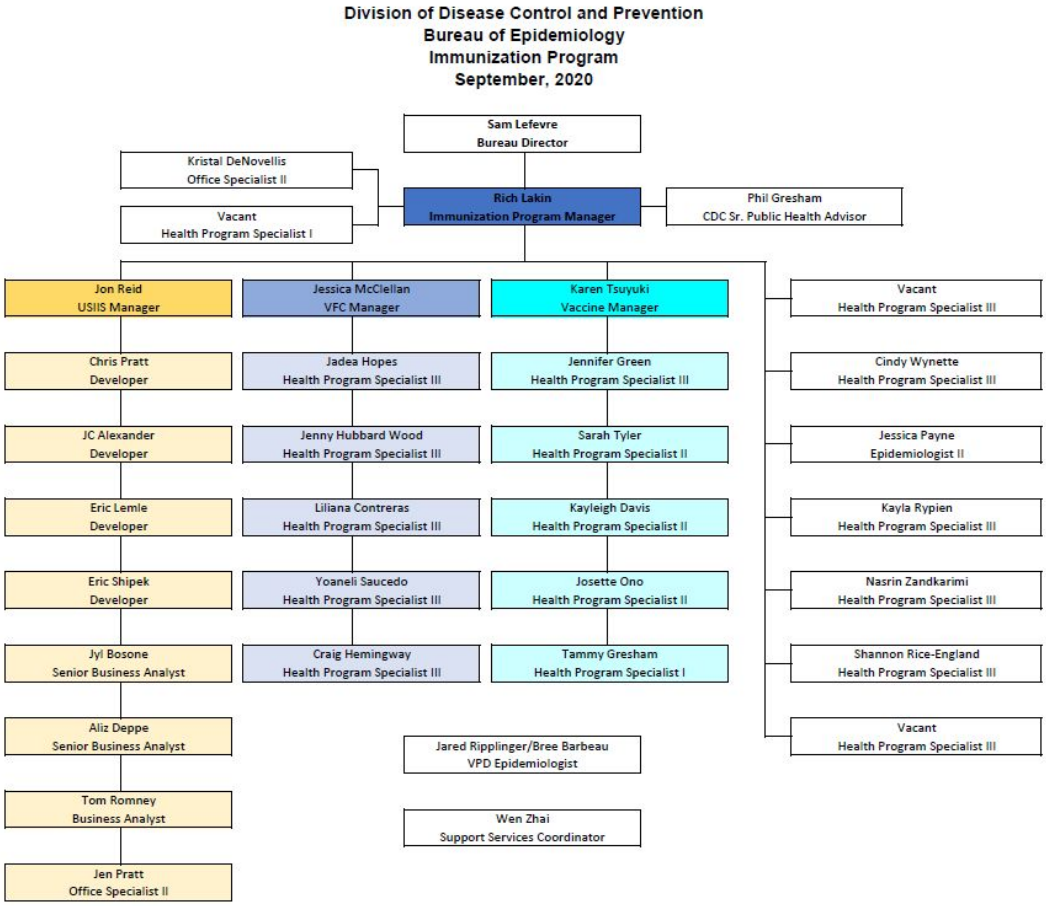
Instructions: *Jurisdictions may choose to include additional information as appendices to their COVID-19 Vaccination Plan.*

Appendix A: Vaccine Time Table

November 2020 – February 2021* Very Limited Vaccine	
Phase 1	1A: Hospital staff 1B: Non-hospital healthcare staff, Long term care facility staff, EMS/First Responders/Fire/Police, Frontline public health staff, Long term care facility residents
Closed PODs, Small Clinics Onsite, Mobile and Health Department Clinics	
January 2021 – April 2021* Larger Amounts of COVID Vaccine Availability	
Phase 2	Tribal populations ≥65 years older Homeless/sheltered populations Incarcerated population Workers with COVID risk level 3 (e.g., Teachers, social services, childcare, transportation, etc.) At risk racial/ethnic groups Workers with COVID risk level 2 (e.g., Construction, food prep/service, farming, maintenance, production, etc.) Persons with underlying medical conditions People living in congregate living facilities (e.g., Mental Health Hospital Patients, Treatment Center Residents, dorm-style living) Any remaining workers in risk level 2 or 3
Closed & Open PODs, Targeted Population, Small and Medium Clinics Onsite, Mobile, Health Department Clinic, county buildings, other preplanned sites (inside and drive-through)	
April 2021* Sufficient Supply of Vaccine	
Phase 3	All groups listed above and all Utahns not yet vaccinated
Closed & Open PODs, Targeted Population, Small, Medium, Large Clinics All sites above and large sites (inside and drive-through)	

* Timelines are approximate

Appendix B: Utah Immunization Program Organization Chart



Appendix C: Utah Workers COVID-19 vaccination prioritization model

Data used in this analysis are sourced from the Bureau of Labor Statistics (BLS) Quarterly Census of Employment and Wages (QCEW) survey. This data is publically available at bls.gov. "The Quarterly Census of Employment and Wages (QCEW) program publishes a quarterly count of employment and wages reported by employers covering more than 95 percent of U.S. jobs, available at the county, MSA, state and national levels by industry" (https://www.bls.gov/cew/).

The analysis conducted to identify vaccine prioritization assigns a risk level based on probability of contracting COVID-19 by occupation. Standard Occupational Classification (SOC) codes were used to conduct this analysis. "The 2018 Standard Occupational Classification (SOC) system is a federal statistical standard used by federal agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 867 detailed occupations according to their occupational definition. To facilitate classification, detailed occupations are combined to form 459 broad occupations, 98 minor groups, and 23 major groups. Detailed occupations in the SOC with similar job duties, and in some cases skills, education, and/or training, are grouped together" (https://www.bls.gov/soc/).

All 804 detailed occupation codes (Utah does not have all 867 detailed occupations) were evaluated to determine occupational risk level based on the following criteria:

1. Can work from home / no required human contact
2. Cannot work from home, little / distant human contact
3. Cannot work from home, direct human contact, non-healthcare related
4. Cannot work from home, direct human contact, secondary healthcare services
5. Cannot work from home, direct human contact, primary healthcare services

The 804 detailed occupation risk assignments were then averaged over the broader 22 major occupational groups (Utah does not have all 23 major occupational groups) to assign a risk level to each.

Risk Level	Utah Employment	Description
1	669,293	Can work from home / no required contact with others
2	707,735	Cannot work from home, little contact with others
3	115,663	Cannot work from home, direct human contact, non-healthcare
4	57,512	Cannot work from home, direct human contact, healthcare
5	66,189	Cannot work from home, direct human contact, critical medical procedures

BLS Occupation major categories	SOC two digit codes	Example Occupations (not a comprehensive list)	Assigned risk categories	Population of workers in Utah
Healthcare Practitioners and Technical Occupations	29-	Physicians, Nurses, Medical Technicians, Pharmacists, EMTs	5	71,015
Healthcare Support Occupations	31-	Medical/Dental Assistants, Home Health Aids, Nursing Assistance, Phlebotomists	5	52,450
Protective Service Occupations	33-	Firefighters, Police, Correctional Officers, Security Guards	3	23,875
Educational Instruction and Library Occupations	25-	Elementary/Secondary Teachers, Teaching Assistants, Preschool teachers, Post-secondary instructors, Substitute teachers	3	93,953
Community and Social Service Occupations	21-	Social Workers, Community Health Workers, Mental Health Counselors, Religious workers	3	27,504
Personal Care and Service Occupations	39-	Childcare workers, Funeral Service Workers, Personal Care Workers (Barbers and others)	3	42,722
Transportation and Material Moving Occupations	53-	Material Movers, Truck Drivers, Airline Workers, Bus Drivers, Delivery Drivers	3	125,941
Arts, Design, Entertainment, Sports, and Media Occupations	27-	Media and Communications Workers, Journalists, Public Relations Workers	3	32,217
Food Preparation and Serving Related Occupations	35-	Food Prep and Service workers, Wait staff, Bartenders, Dishwashers	2	111,329
Construction and Extraction Occupations	47-	Carpenters, Electricians, Laborers, Plumbers, Building Inspectors, Roofers, Miners	2	99,223
Farming, Fishing, and Forestry Occupations	45-	Farm Workers, Agricultural Equipment Operators, Forest Workers	2	4,539
Installation, Maintenance, and Repair Occupations	49-	Maintenance and Repair Workers, Automotive Service Technicians, Heavy Equipment Mechanics, Power Line Installers	2	62,146
Production Occupations	51-	Assemblers, Machinists, Machine Operators, Butchers, Bakers, Wastewater Treatment Workers	2	97,572
Building and Grounds Cleaning and Maintenance Occupations	37-	Janitors, Housekeeping, Landscaping, Pest Control, Grounds Maintenance	2	49,917
Life, Physical, and Social Science Occupations	19-	Biological/Physical/Chemical Scientists, Psychologists, Scientific Technicians, Urban Planners, Economists	2	14,222
Sales and Related Occupations	41-	Retail Salesperson, Cashiers, Real Estate Workers, Financial Sales, Insurance Sales	2	160,440
Legal Occupations	23-	Lawyers, Judges, Arbitrators, Paralegals, Clerks	2	11,867
Office and Administrative Support Occupations	43-	Postal workers, Tellers, Office/Accounting/Billing Clerks, Hotel/Motel Desk Clerks	2	223,013
Business and Financial Operations Occupations	13-	Project Managers, Loan Officers, Accountants, Marketers, Human Resources Specialists, Purchasing Agents	1	94,706
Architecture and Engineering Occupations	17-	Engineers, Architects, Architectural Drafters, Surveyors,	1	30,454
Management Occupations	11-	General Operations Managers, Financial Manager, Chief Executives, Facilities Managers, Human Resources Managers, Sales Managers	1	127,487
Computer and Mathematical Occupations	15-	Software Developers, Network Administrators, IT Support Specialists, Database Administrators	1	59,811