

King County Unified Regional Strategy COVID Vaccine Delivery

January 12, 2021

Our unified regional goal is to quickly, efficiently and equitably vaccinate as many King County residents as possible in order to suppress the spread of COVID-19 and get the pandemic under control. This will be a tremendous effort requiring sustained active engagement from both public and private sector partners across our region. The scale and urgency of this effort cannot be understated.

To contain the virus so that we can reopen society and rebuild our economy, it will be necessary to vaccinate at least 70 percent of all adults for whom there is currently an approved vaccine. With total adult population of 1.8 million, this means delivering two doses to 1.26 million people, starting with those at highest risk, in addition to vaccinating children when an approved vaccine for people younger than 16 years becomes available.

In an ideal scenario, achieving this goal could be accomplished in as soon as six months, through an aggressive, multimodal strategy to administer 16,000 vaccines each day, 6 days per week.¹ This timeline is a best-case scenario dependent on adequate and stable supply chains for vaccine and other needed materials, the ability to mobilize the logistical/administrative and health workforce needed, and demand for vaccination in the population.

Meeting the goal as quickly and as equitably as possible will require strong participation and investment from all levels of government, the health care system, labor and employer groups and philanthropy. Together we will build a diversified vaccine delivery infrastructure to ensure that every willing person can be vaccinated when they are eligible at a location that works for them. Racial, geographic and other COVID-19 inequities and needs will drive our strategies so that those most impacted by COVID-19 infection, hospitalization and death are prioritized.

The Role of State and Local Public Health

The **State Department of Health** (DOH) is the lead entity for distribution and allocation of vaccines. Based on recommendations from the CDC, they provide guidance to prioritize which populations will be eligible for vaccine at what point in time. In addition, they enroll providers as vaccinators, determine weekly allocation of doses among those providers in consultation with local public health agencies, transmit provider orders to the CDC for processing, and support the statewide Immunization Information System for required reporting of COVID-19 vaccine doses administered by facility.

For our region, **Public Health – Seattle & King County** (PHSKC) is responsible for overall oversight, guidance and assurance that all residents of King County, and especially those who are the most vulnerable and most at risk of severe illness and death related to COVID-19, are able to access COVID-19 vaccination when eligible. We are working with the health care system including hospitals and pharmacies, professional associations, and independent providers to facilitate access for eligible populations to vaccination, enhance the health care system's ability to serve our residents, and target allocation of doses where most needed. We are also working with partners to address gaps. Concurrently, our staff are also managing a locally tailored public information campaign, collaborating with Black, Indigenous and people of color leaders and organizations and leading with racial equity principles, in order to address systemic issues that have led to vaccine hesitancy in our communities.

¹ This estimate assumes doses for the approximate population 18 and older = 1,802,000 X (70% target) X (2 doses/person) /156 days over 6 months = 14, 000 doses/day).

Multimodal Vaccine Delivery: No Single Strategy Will Be Sufficient

No single vaccine delivery mechanism will be sufficient to ensure that 1.26 million people in King County are vaccinated. While many people, particularly in the later phases after high-risk groups are vaccinated, will access vaccine through their primary care provider or a pharmacy, these access points alone will not be sufficient to reach people at scale and serve the most vulnerable. King County's experience with COVID-19 testing indicates that barrier-breaking strategies such as high-volume vaccination sites and mobile strategies are essential. And from our experience with influenza vaccine, we also know that employer-based vaccine programs and community-based pop-up clinics can increase uptake.

To achieve the scale necessary to reach King County's large and diverse population, PHSKC will work with partners to employ a multimodal delivery strategy. To ensure success, our county will need a strong and steady supply of doses, and the discretion to drive those doses to providers most able to serve at scale and to those committed to serving the most vulnerable. To calibrate this approach, staff will actively track vaccine uptake to determine the effectiveness of various strategies and the need to implement other interventions to assure timely vaccination.

The multimodal vaccine delivery strategy will include six major delivery mechanisms:

- 1. Health care system** – Beginning with Phase 1a, hospitals, health systems, community health clinics and outpatient providers will vaccinate eligible healthcare providers in their own systems and community-based eligible healthcare providers who do not have access to vaccine. They will also vaccinate their established eligible patients and serve as open points of distribution for all eligible persons during later phases.
- 2. Pharmacies** – Through CDC's Pharmacy Partnership for Long-term Care (LTC) Program, CVS and Walgreens will provide an end-to-end vaccine service to staff and residents in enrolled long-term care facilities in Phase 1a. Later, a broader group of pharmacies (including grocery store chains) will offer vaccination appointments for additional populations as they become eligible.
- 3. Employer-based vaccination clinics** – Some employers and labor organizations will operate vaccine clinics for their employees or broader groups through employee health programs and via vendors — a key strategy for quickly vaccinating frontline and essential workers — or leverage their locations, technical capacity or personnel, and/or funds to support open access community-based vaccination strategies.
- 4. High-volume community vaccination sites** – High-volume, free (no charge to patient), open-access, drive-up and walk-up vaccination sites are essential to ensure equitable access and reach people as quickly as possible and at scale. These sites are particularly important for individuals who are not connected to the health care system, who work multiple jobs and/or face barriers to accessing health care such as availability during regular business hours. These sites will be essential in South King County and other areas that have a higher incidence of COVID-19, racial inequities, and prevalence of underlying health disparities. Public-private partnerships as well as health care system support will be important to stand up and operate these sites.
- 5. Mobile vaccination teams** – Mobile vaccination strategies will be necessary to reach high-risk individuals who cannot leave their homes or facilities or face other barriers to making appointments and presenting at a clinic or high-volume sites. Key populations that they will serve include congregate settings – e.g., people living in homeless shelters or encampments, behavioral health facilities, homebound older adults and individuals with disabilities.
- 6. Community-based pop-up vaccination clinics** – Pop-up vaccination clinics planned in partnership with community centers, faith-based organizations and other trusted community-based organizations will be critical in expanding access to COVID-19 vaccination to underserved communities based on their needs and preferences.

Strategies by Phase: Focus First on Highest Risk Individuals

A broad group of partners across our region will work collaboratively to vaccinate individuals as they become eligible according to the DOH prioritization guidance phases which prioritize serving the highest risk individuals first followed by lower risk groups, until all are reached. Partners such as the City of Seattle, health systems, and large employers will directly run high volume vaccination sites and other strategies, under the direction and guidance of PHSKC.

Across all phases, a simple, clear and functional system is urgently needed for people to identify in what phase they are eligible and make an appointment at a vaccination site that works for them. The *Phase Finder* system introduced by DOH is intended to serve these functions. The initial roll out allows eligible individuals to receive a printout or screenshot denoting their eligibility to show a vaccine provider. However, at present it does not have the ability to interface with vaccine providers to offer scheduling for a vaccination. As a result, scheduling systems vary per provider and are not centrally linked for consumers. Streamlining this will make it much easier for people to make an appointment and allow for better planning and level loading for vaccine providers.

Phase 1a – Health Care Personnel and Long-Term Care Staff and Residents

Phase 1a includes an estimated 140,000 health care personnel (HCP), 5,000 Emergency Medical Services (EMS) personnel, 40,000 long term care facility staff and residents and additional individuals who provide and receive long term care in in-home settings. The general approach to reaching this population is as follows:

Hospitals and health systems are the primary access point for health care personnel. To date, most of these systems have focused first on vaccinating their own 1a eligible employees. In addition, some are also acting as open points of dispensing for EMS and health care personnel not affiliated with their systems. While most 1a eligible EMS have been served, the vast majority of health care personnel not affiliated with a hospital or health system that is not an enrolled provider, including HCP who work at outpatient clinics, dental clinics or in the behavioral health sector, have not yet been served. Enhanced partnerships will be necessary to serve these groups.

The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination for residents and staff of long-term care facilities. Nearly all of the 51 nursing homes and 154 assisted living facilities in King County are enrolled in this program. While implementation is slower than anticipated, vaccination visits at these facilities are beginning to occur. In contrast, only one third of the approximately 1,200 Adult Family Homes and an even smaller portion of Supported Living are enrolled. Alternative mobile strategies are being explored to reach these high-risk groups, and to enable vaccine access for the even larger population of home care, home health and other in-home caregivers and clients.

While PHSKC established clinics to complement these strategies to reach 1a population not otherwise served, there remains a sizable number of highest-risk individuals who have not yet been vaccinated.

Phase 1a Recommendations:

- 1) Identify enhanced partnerships to complete Phase1a as soon as possible.
- 2) Before extending vaccination to all their healthcare personnel, it is recommended that hospitals and healthcare systems that offer vaccination help ensure vaccination of community-based HCP at highest risk.
- 3) Partner with EMS and others to deploy mobile vaccine teams to offer on-site vaccination to individuals who provide and receive long term care and for whom it would be a hardship to travel to a vaccination site.

Phase 1b – Older Adults, High Risk Critical Workers and People with Underlying High-Risk Medical Conditions

Phase 1b will include a large population of older adults and workers segmented into four waves.

PHSKC will work with Aging and Disability Services, the Area Agency on Aging for King County, and other partners to map out a plan to reach the most vulnerable individuals 70 years and older and people 50 and older living in multigenerational households. For those who are frail, homebound, not connected to a health care provider or otherwise unable to travel to an appointment, mobile strategies or pop-clinics at senior centers or low-income senior housing will be essential.

Concurrently, PHSKC will look to the leaders of employer and labor organizations to assist with reaching and serving high-risk workers in congregate and high exposure settings, such as those who work in agriculture, food processing, grocery stores, K-12, child care, corrections, public transit, fire and law enforcement. High volume sites in addition to other strategies will be essential to broaden reach.

In later waves of this phase, health care providers will reach out to their patients who are 16 or older with 2 or more underlying health conditions and recommend that they make appointments to get vaccinated, and will work with community partners to serve the same population who may be uninsured or not already connected to a provider.

Finally, mobile teams will be essential to serve high risk groups in congregate living settings, such as homeless shelters, group homes and correctional settings.

Phase 1b Recommendations:

- 1) Begin phasing in 2-5 high volume open access sites to serve the broad population groups.
- 2) Deploy up to 10 mobile vaccination teams to serve hard to reach populations, including people living homeless and homebound older adults.
- 3) Encourage worksite-based vaccination programs and business sector engagement in broader strategies.

Phase 1c/2 and beyond – Persons 16-64 years of age without underlying medical conditions

Future phases will include lower risk individuals, including otherwise healthy people who are eligible for the currently licensed vaccines, and those under 16 years of age when a vaccine is authorized for this group.

As broader swaths of the population become eligible for vaccine, all modalities will need to continue to be fully employed. To continue to move as quickly as possible towards 70 percent population coverage, the health care system and pharmacies will need make it as easy and convenient as possible for people to be vaccinated through strategies such as pop-up clinics at off-site locations and appointments outside regular business hours.

In addition, to be successful at achieving population-wide reach, we estimate that more than 10 high-volume open access sites will be necessary across King County including Seattle, with a disproportionate share sited in South King County and other areas with the highest COVID-19 incidence rates, and accounting for health disparities corresponding to measures of social vulnerability.

Phase 2 and beyond Recommendations:

- 1) Implement and enhance all vaccine delivery modalities.
- 2) Maximize operations at up to 10 high-volume open access sites with a disproportionate share sited in South King County.

Communications and Community Engagement

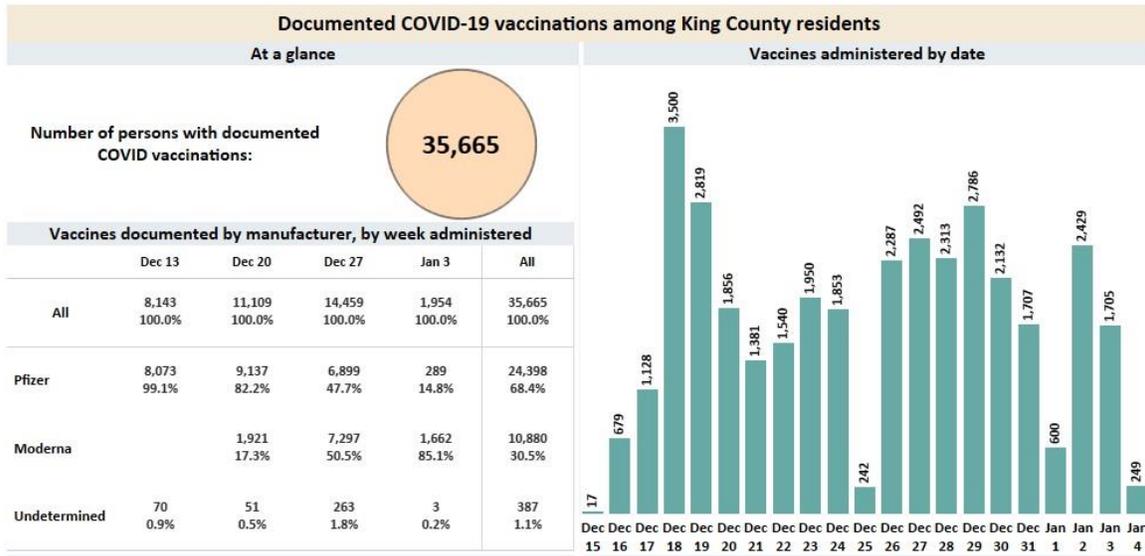
PHSKC will work with partners to complement the statewide communications campaign with locally tailored communications. PHSKC and a network of community organizations will work collaboratively to co-create a strategy that builds trust and creates transparency around the COVID-19 vaccine, especially with Black and Indigenous communities. This effort will include educating the public about vaccine and partnering with communities and stakeholders with focused messages by trusted leaders and organizations. The activities will include:

- Understand community needs by holding listening sessions to address barriers, identify resources and support needs of communities related to vaccinations;
- Working with community-based organizations, faith-based organization and small business to assess needs and opportunities;
- Sharing information via meetings, webinars and open public meetings; and
- Having available outreach materials for racially and language-diverse populations

Measuring Success

To ensure maximum accountability and transparency, a regularly updated public dashboard available on the PHSKC web site will track data points such as total vaccine doses administered, administration per enrolled provider and where possible uptake by variables such as age, race and geography.

Vaccine Delivery as of January 4, 2021 (not all inclusive):



Conclusion

On December 17, 2020, the first person in King County was vaccinated. From that date through January 4, 2021, partners in King County delivered more than 35,665 vaccines. This is a good start and we have a steep climb ahead. From the lessons learned in these first early weeks, it is clear that a well-resourced, aggressive, multi-modal delivery strategy, combined with tailored communications and the trust of our community will be essential to achieving broad immunity as fast as possible and getting our region on track for a successful recovery in 2021.