

PANDEMIC VACCINE TASK FORCE

*Recommendations to
Enhance COVID-19 Vaccine
Distribution and Access in
Texas*

March 2021

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Published by



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INTRODUCTION

The COVID-19 pandemic has delivered a devastating impact to the state of Texas and its residents. The broad and extensive force of the pandemic's effects have pushed our health care system to its limits and revealed deep fissures in our public health infrastructure at a time when Texans most need to rely on a strong public health foundation.

Since Texas' first COVID-19 case was announced on March 4, 2020, there have been 2,715,993 confirmed cases in the state and, regrettably, 46,007 lives lost.¹ More Texans have died from COVID-19 during 11 months of the pandemic than the 36,574 American service members' lives lost during the three years of the Korean War.² Nationwide, there have been 29,320,580 confirmed COVID-19 cases and 531,654 deaths.³ American deaths attributed to COVID-19 since

¹ Johns Hopkins University & Medicine, Coronavirus Resource Center, *Texas State Overview* (March 12, 2021), <https://coronavirus.jhu.edu/region/us/texas>.

² U.S. Department of Veterans Affairs, *America's Wars 1* (November 2020), https://www.va.gov/opa/publications/factsheets/fs_american_wars.pdf.

³ Johns Hopkins University & Medicine, Coronavirus Resource Center, *Global Map*, (March 12, 2021), <https://coronavirus.jhu.edu/map.html>.

February 2020 exceed the 521,915 American service members' lives lost during World War I and World War II combined.⁴

Texas suffered through COVID-19 cases and deaths in all 254 counties. Likewise, all Texans have felt the devastating economic impact of the pandemic, with more than 4.6 million jobs lost in Texas during the COVID-19 pandemic.⁵

We can help reduce the rapid spread of SARS-CoV-2, the virus that causes COVID-19 disease, when all Texans follow public health precautions, such as (1) wearing a mask; (2) keeping a 6-foot distance between people who do not live in the same household; (3) avoiding crowds of people; (4) avoiding indoor spaces without outdoor ventilation; and (5) washing hands often with soap and water or using hand sanitizer when soap is unavailable. But our most effective tool to end the pandemic and return Texas back to life, back to work, and back to school, are vaccines to prevent COVID-19.

The Pandemic Vaccine Task Force was convened to develop recommendations on how Texas can enhance its draft COVID-19 Vaccination Plan⁶ in the areas of vaccine allocation, distribution, and administration. In this report, the Pandemic Vaccine Task Force outline 12 recommendations for the state to immediately incorporate to address COVID-19 vaccine challenges.

Our mission with these recommendations is to minimize the impact of COVID-19 on hospitalizations and deaths through the strategic and tactical rollout of our limited COVID-19 vaccine resource to high-risk groups. With the adequate immunization of Phase 1A and 1B Texans, our mission, while COVID-19 vaccine supply remains limited, will move toward mitigating the prevalence of COVID-19 in our communities by prioritizing those with the most exposure to others. Finally, with adequate vaccine supply, we will focus on vaccine hesitancy and targeted population outreach.

The recommendations focus on 4 key issues:

- Support to COVID-19 Vaccine Providers
- Health Equity
- COVID-19 Impact on High-Risk Texans
- Transparency in Vaccine Allocation and Distribution

⁴ U.S. Department of Veterans Affairs, *America's Wars 1* (November 2020), https://www.va.gov/opa/publications/factsheets/fs_american_wars.pdf.

⁵ Texas Workforce Commission, *COVID-19 Unemployment Claims Filed* (March 7, 2021), <https://www.twc.texas.gov/news/unemployment-claims-numbers#unemploymentClaimsFiled>.

⁶ Texas Department of State Health Services, *Draft Texas COVID-19 Vaccination Plan* (October 16, 2020), <https://www.dshs.state.tx.us/news/updates/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf>.

KEY RECOMMENDATIONS

Support to COVID-19 Vaccine Providers



Improve the functionality, interoperability, and efficiency of ImmTrac2, the state immunization registry, to aid in equitable and efficient COVID-19 vaccine distribution and administration. Texas should build a more functional state immunization registry with interoperable data transfer systems that work with existing data collection tools to reduce administrative burden and allow providers to focus on vaccinating Texans against COVID-19. The state should require COVID-19 vaccine providers to perform reminder-recall outreach based on ImmTrac2 data.

Texas must develop plans with COVID-19 Vaccination Hub Providers and Multispecialty Group Practices to administer COVID-19 vaccines in underserved areas. Underserved and rural areas, as well as socially vulnerable populations, may lack resources, including transportation, to access COVID-19 vaccine providers. The state should create detailed plans with COVID-19 Vaccination Hub Providers and multispecialty group practices to identify and vaccinate Texans in underserved areas and the socially vulnerable. Mobile vaccination units should be utilized to bring COVID-19 vaccines to underserved and rural areas. Partnerships between health care payors and health care systems may help identify underserved and socially vulnerable individuals without a medical home.

COVID-19 vaccine providers should provide Texans more options to access and register for a vaccine appointment. COVID-19 providers should allow residents to register online or by telephone for a COVID-19 vaccine appointment. COVID-19 providers should also maintain a waitlist of registrants to contact for an appointment when additional vaccine doses are delivered to the provider. For providers without the resources to maintain accessible appointment registration and waitlist systems, the state should create a statewide system for public registration and waitlists for these providers. COVID-19 Vaccination Hub Providers should offer in-person registration for residents without internet or telephone access.

COVID-19 providers in Texas develop their own administration systems and wrestle with the accompanying logistical challenges. The public, in turn, has become increasingly frustrated by their attempts to register for a COVID-19 vaccine appointment. Texans in high-risk groups Phase 1A and 1B have spent countless hours calling provider after provider searching for an appointment. Statewide accessible registration avenues and waitlist opportunities would alleviate much of the frustration many Texans have experienced in their attempts to secure a COVID-19 vaccine appointment.

Health Equity



COVID-19 vaccine information and resources must be culturally appropriate and provided in multiple languages. We must vaccinate the vast majority of Texans to reach the herd immunity levels needed to end the pandemic. The United States Census estimates there are 165 languages spoken in Texas.⁷ Registration points and vaccination locations should utilize images to reduce barriers for non-English speakers and Texans with low reading capability. Language should not be a barrier to COVID-19 vaccine access or administration.

Implement the COVID-19 Community Vulnerability Index (CCVI) data into the state's distribution and allotment software. The Surgo Foundation pairs data from the CDC's Social Vulnerability Index (SVI) with epidemiological and health care system factors to identify communities in need of additional support and resources during the COVID-19 pandemic. This valuable data can help the state target the most vulnerable communities.

Texas can use CCVI data to identify communities at highest risk, inform vaccine distribution and allocation, and determine ideal community sites for mobile units or other vaccine administration sites, such as churches, clinics, and community centers. After identifying these locations, Texas should implement a campaign to inform targeted communities of local COVID-19 vaccination events and vaccination registration opportunities using communication methods proven effective in those communities. Such methods may include telephone outreach, community newsletters, church bulletins, signage at local businesses, or the local emergency message system.

As Texas receives additional vaccine supply, the state should prioritize distribution to areas with higher COVID-19 prevalence to reduce disease impact and burden. Vaccine distribution priorities, whether based on population or disease prevalence, should be transparent to the public.

Coordinate funding for programs that reduce health disparities in immunizations.

Texas should aggressively pursue funding opportunities from the federal government and business sector to support programs that reduce disparities in vaccine education and access. For example, Community Health Workers (CHWs) and *Promotores de salud* (Promotores) are an underutilized, but critical resource in outreach and education to vulnerable and marginalized populations. Creative partnerships regarding transportation to access vaccines should be coordinated with local civic groups and business leaders to help rural and low-resource communities access COVID-19 vaccine providers.

⁷ U.S. Census Bureau, *Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for States: 2009-2013: Texas* (October 2015), <http://www2.census.gov/library/data/tables/2008/demo/language-use/2009-2013-acs-lang-tables-state.xls>.

COVID-19 Impact on High-Risk Texans



High-risk Phase 1A and Phase 1B Texans must continue to receive priority access to full COVID-19 vaccine dosing regimens after Phase 1C expansion. Texas should focus its efforts on decreasing the impact of disease immediately for those most at risk for hospitalization and death from COVID-19. Sufficient COVID-19 vaccine supply should be available before expanding to lower-priority phase groups to ensure the highest-priority phase groups have adequate opportunity to be vaccinated. Frustrations with COVID-19 vaccine availability will increase if Texas expands eligibility before vaccine supply is sufficient to meet current and future priority phase group needs.

Increase mass vaccination opportunities outside of the COVID-19 Vaccination Hub Providers system. The state should utilize existing resources and procedures to create mass vaccination opportunities in smaller communities with heavy disease burdens. The state can utilize the Medical Reserve Corps (MRC), with its extensive experience in Point of Dispensing Operations (POD) execution, to vaccinate Texans in public areas where residents feel safe. The state should develop plans to reduce or eliminate long lines at mass vaccination events, which are a deterrent to high-risk and socially vulnerable populations.

Family members of Phase 1A and Phase 1B Texans should be considered high-priority once adequate vaccine supply is available. Federal and state pandemic and emergency plans recognize the need for family-based distribution of medical countermeasures and immunizations.^{8,9} Once vaccine supply is adequate, vaccination of family groups should be considered to protect the most vulnerable within the family group.

⁸ National Association of County and City Health Officials, *Medical Reserve Corps (MRC) 2019 Deployment Readiness Guide* 11 (August 27, 2019), https://www.naccho.org/uploads/downloadable-resources/MRC-Deployment-Ready-Guide_August-2019_082719.pdf.

⁹ Committee on Prepositioned Medical Countermeasures for the Public, Institute of Medicine, *PREPOSITIONING ANTIBIOTICS FOR ANTHRAX* 29, 75, 140, 169 (September 30, 2011), https://www.ncbi.nlm.nih.gov/books/NBK190048/pdf/Bookshelf_NBK190048.pdf.

Transparency in Vaccine Allocation and Distribution



The COVID-19 Expert Vaccine Allocation Panel (EVAP) must hold public meetings and accept public testimony as it develops vaccine allocation strategies and recommendations to the Texas Commissioner of Health. Increasing public trust and transparency should be a priority for the state as we attempt to vaccinate the vast majority of Texans to end the COVID-19 pandemic. Perceptions of unfairness and a lack of transparency in the decision-making process have the potential to undermine trust of the entire COVID-19 vaccination plan. Currently, the EVAP, composed of elected officials and government employees selected by the Governor, meets and deliberates in secret, unlike the public meetings held by the corresponding federal panel, the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP); or the U.S. Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC), which reviews and evaluates data concerning the safety, effectiveness, and appropriate use of vaccines.

The EVAP created vaccine allocation strategies for Phase 1A, 1B, and 1C that diverge significantly from the CDC's ACIP recommendations for allocation of COVID-19 vaccines. Texas has the authority to develop its own vaccine allocation strategies to best meet the needs of its residents. However, as the EVAP recommendations depart considerably from federal guidelines, it is imperative that the public has access to EVAP deliberations and votes, as well as the opportunity to submit public comment.

Adhere to FDA dosing regimens for COVID-19 vaccines. Texas should not modify dosing regimens indicated by the U.S. Food and Drug Administration (FDA) Emergency Use Authorizations or approvals of current or future COVID-19 vaccines. The dosing regimens described in FDA authorization and approval documents reflect the evidence tested and presented from clinical trials. Any modification of the original FDA dosing regimen should be based on strong evidence-based scientific data. Deviation from FDA standards may erode public trust in COVID-19 vaccines and the vaccination process.

Collaborate with trusted community partners to share clear, consistent, and customized public health messages to ensure Texans understand the importance of receiving their COVID-19 vaccines. Trusted community partners can amplify public health messaging to build trust in the scientific process, the vaccine development process, and COVID-19 vaccine safety and efficacy data. Prior to the pandemic, many communities of color mistrusted establishment institutions such as the government and the health care system. Meaningful engagement in local communities may help address and mitigate COVID-19 vaccine hesitancy. The state should develop COVID-19 vaccine communication tools and develop partnerships with compelling messengers.



CONCLUSION

Texas must take immediate action to reduce the spread of COVID-19, increase transparency and build public trust, and improve the COVID-19 vaccine distribution and allocation program. The Pandemic Vaccine Task Force encourages the state to implement these recommendations to save lives, decrease COVID-19 incidence, and end the pandemic.

Key Takeaways

1. Provide Support to COVID-19 Vaccine Providers
 - a. Improve the functionality, interoperability, and efficiency of ImmTrac2, the state immunization registry, to aid in equitable and efficient COVID-19 vaccine distribution and administration.
 - b. Texas must develop plans with COVID-19 Vaccination Hub Providers and Multispecialty Group Practices to administer COVID-19 vaccines in underserved areas.
 - c. COVID-19 vaccine providers should provide Texans more options to access and register for a vaccine appointment.
2. Ensure Health Equity
 - a. COVID-19 vaccine information and resources must be culturally appropriate and provided in multiple languages.
 - b. Texas should implement the COVID-19 Community Vulnerability Index (CCVI) data into the state's distribution and allotment software.

- c. The state should coordinate funding for programs that reduce health disparities in immunizations.
- 3. Decrease COVID-19 Impact on High-Risk Texans
 - a. High-risk Phase 1A and Phase 1B Texans must continue to receive priority access to full COVID-19 vaccine dosing regimens after Phase 1C expansion.
 - b. Increase mass vaccination opportunities outside of the COVID-19 Vaccination Hub Providers system.
 - c. Family members of Phase 1A and Phase 1B Texans should be considered high-priority once adequate vaccine supply is available.
- 4. Ensure Transparency in Vaccine Allocation and Distribution
 - a. The COVID-19 Expert Vaccine Allocation Panel (EVAP) must hold public meetings and accept public testimony as they develop vaccine allocation strategies and recommendations to the Texas Commissioner of Health.
 - b. Adhere to FDA dosing regimens for COVID-19 vaccines.
 - c. Collaborate with trusted community partners to share clear, consistent, and customized public health messages ensure Texans understand the importance of receiving their COVID-19 vaccines.