



Tribe and UIHP COVID-19 Vaccine

READINESS

September 14, 2020





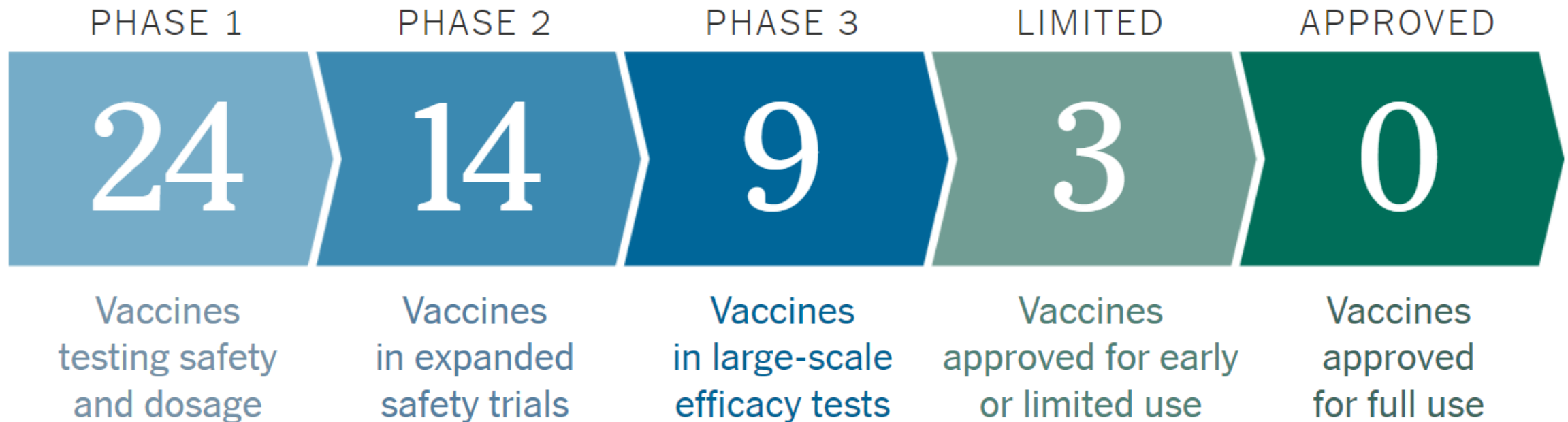
Pulling Together for Wellness

Established in 1994, The American Indian Health Commission is a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.

Recommendation

Develop a clear, complete plan for requesting, receiving, managing, storing, and administering COVID-19 vaccines when they become available

Vaccines in Development

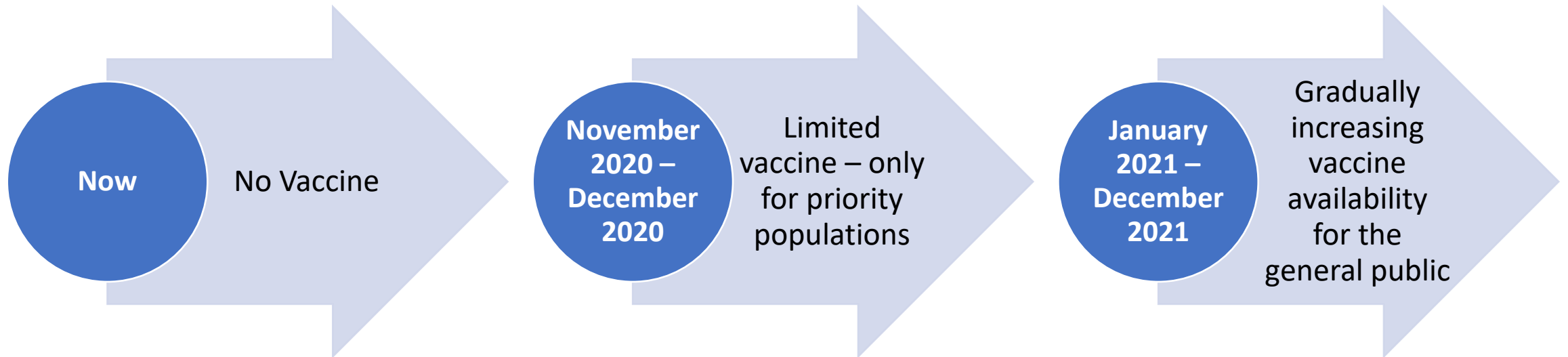


- *37 vaccines in clinical trials on humans*
- *>/= 91 vaccines under investigation on animals*

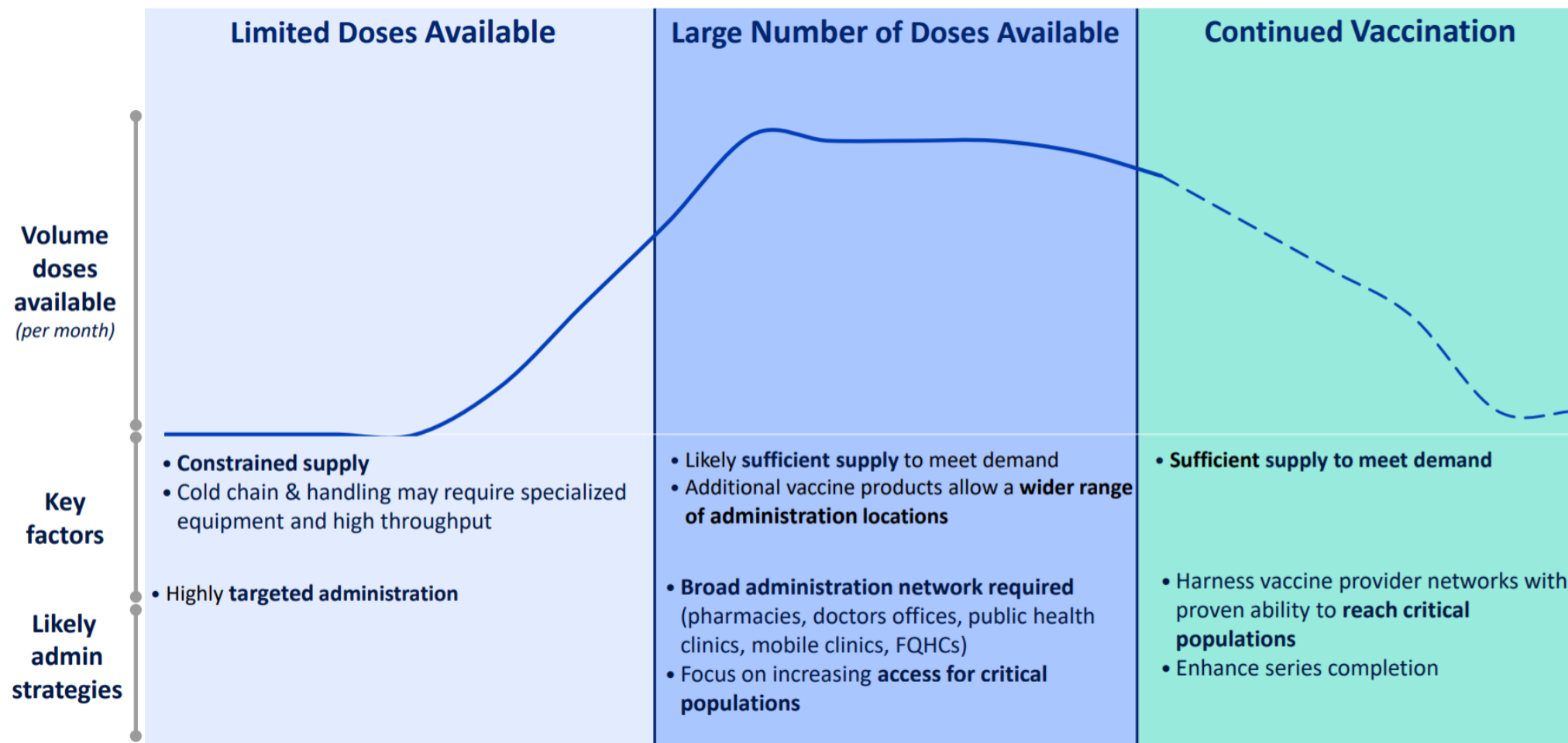
The New York Times <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>



Estimated Timeline – Vaccine Availability



Phased Approach - Vaccines Availability





Time for Flexibility

- Uncertainty
- Begin planning with the information available
- Stay engaged
- Be prepared to modify your plans
- Document your plans so you can easily adjust them

AIHC Readiness Planning Areas

Pre-plan

Request

Receive

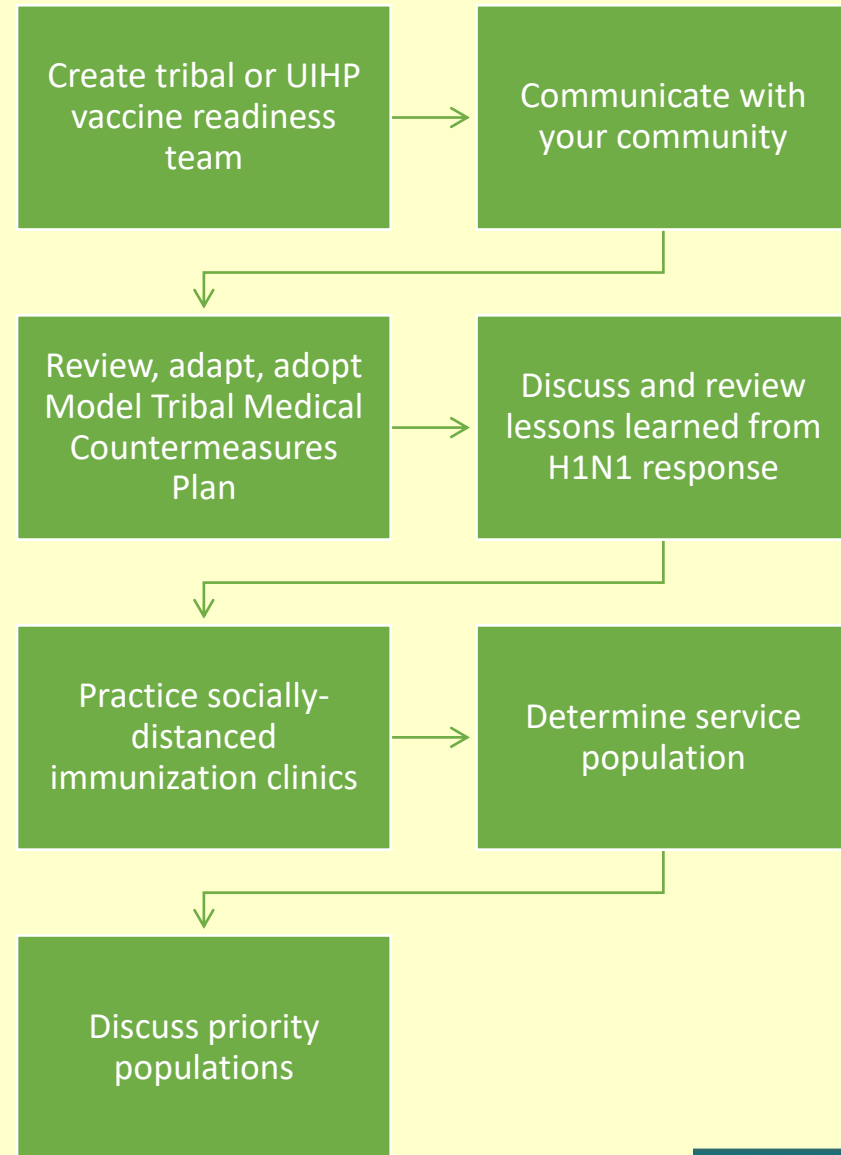
Store and Handle

Administer

Report and Document

Return and Demobilize

Pre-planning



Tribal Vaccine Readiness Team

- Tribal leaders
- Vaccine experts
- Emergency managers
- CHRs
- Clinical staff
- Long term care facility staff
- Inpatient treatment facility staff



Communicate with Your Community

Begin communicating with your community NOW and stay in touch

Key messages:

- Your Tribe or UIHP is staying involved and informed regarding vaccine development and availability
- Your Tribe or UIHP will prioritize safety above all else in developing its vaccine plan
- Your Tribe is preparing and planning to assure safe, timely and efficient access to vaccine for the community
- Vaccines will not be available for the general population for months

Monitor your social media sites for misinformation and respond quickly with facts



Model Tribal Medical Countermeasures Plan

<https://aihc-wa.com/covid-19-medical-countermeasures-planning/>



Review Your Tribe's or UIHP's H1N1 Lessons Learned

- What went well?
- What did not go well?
- Were there partners who supported your efforts?





Practice Socially Distanced Vaccine Clinics

Example Clinics

- Seasonal Flu Clinics
- Child Vaccine Clinics

Example Approaches

- Drive-through
- Parking lot by appointment
- Tribal gym or large casino facility by appointment
- Train staff who are new to this work

Service Population

Determine who your Tribe or UIHP will be providing vaccines to.

- Tribal members only, regardless of where they live?
- Reservation residents only, regardless of tribal affiliation?
- Employees? (Some employees? All employees?)
- How many?
- Demographics (Age, Gender)?



Priority Groups

Phase 1

Phase 1a “Jumpstart Phase”:

- High-risk workers in health care facilities
- First responders

Phase 1b:

- People of all ages with comorbid and underlying conditions that put them at significantly higher risk
- Older adults living in congregate or overcrowded settings

Phase 2

- Critical risk workers—workers who are both in industries essential to the functioning of society and at substantially high risk of exposure
- Teachers and school staff
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- All older adults not included in Phase 1
- People in homeless shelters or group homes for individuals with physical or mental disabilities or in recovery
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings

Phase 3

- Young adults
- Children
- Workers in industries essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

Phase 4

- Everyone residing in the United States who did not receive the vaccine in previous phases

Equity is a crosscutting consideration:

In each population group, vaccine access should be prioritized for geographic areas identified through CDC’s Social Vulnerability Index.

From:

“Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine”

National Academy of Sciences

Healthcare personnel

- All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
- Includes persons not directly involved in patient care but potentially exposed to infectious agents while working in a healthcare setting

Estimated
Population ~17-20M

Examples:

- Hospitals
- Long term care facilities (assisted living facilities & skilled nursing facilities)
- Outpatient
- Home health care
- Pharmacies
- EMS
- Public health

Essential Workers (non Healthcare)

- Workers who are essential to continue critical infrastructure and maintain the services and functions Americans depend on daily
- Workers who cannot perform their duties remotely and must work in close proximity to others should be prioritized
- Sub-categories of essential workers may be prioritized differently in different jurisdictions depending on local needs

Estimated
Population ~60-80M

Examples:

- Food & Agriculture
- Transportation
- Education
- Energy
- Water and Wastewater
- Law Enforcement

Workers at greatest risk for exposure to infectious diseases

Occupational groups most likely to be exposed to infection or disease ≥ 1 time per month



Healthcare support

(e.g., home health aides, nursing assistants, massage therapists, dental assistants, medical assistants)



Personal care and service

(e.g., childcare workers, barbers, manicurists, fitness trainers, skincare specialists, gaming service workers)



Healthcare practitioners & technical

(e.g., physicians, dentists, nurses, pharmacists, physical therapists, respiratory therapists)



Community support

(e.g., social workers, therapists, counselors, probation officers, health educators)



Protective service

(e.g., police officers, firefighters, correctional officers, security guards, transportation screeners)



Education, training, & library

(e.g., teachers (K-12), teaching assistants, librarians)

Adults with medical conditions at higher risk for severe COVID-19*

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Immunocompromised state from solid organ transplant
- Obesity (BMI of 30 or greater)
- Serious heart conditions (heart failure, coronary artery disease or cardiomyopathies)
- Sickle cell disease
- Type 2 diabetes mellitus

Estimated Population >100M

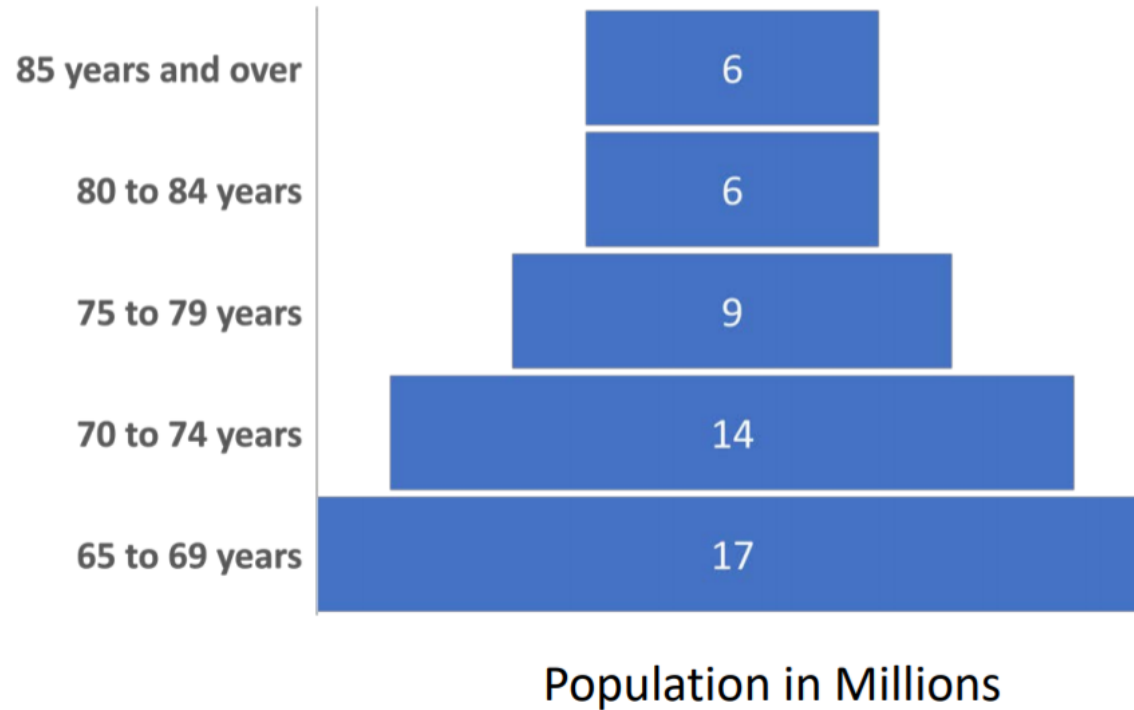
Examples[‡] % Population

- Obesity 31%
- Diabetes 11%
- COPD 7%
- Heart Condition 7%
- Chronic kidney 3%

* https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

‡ https://www.cdc.gov/mmwr/volumes/69/wr/mm6929a1.htm?s_cid=mm6929a1_w

Adults 65 years and older



United States Census Bureau <https://www.census.gov/topics/population/older-aging.html>
<https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>

Estimated
Population ~53M

- 16% of the U.S. population
- ~3M person live in long-term care facilities



Be Prepared to Recommend Priority Groups

- Determine which staff to prioritize and document the criteria they meet
- Determine which patients to prioritize and document the criteria they meet
- Be prepared to review recommendations with tribal leaders
- Be prepared to clearly communicate the science and reasoning for prioritization with tribal leaders and tribal community
- Document numbers in each priority group, by age and gender



Sensitive Decisions

- Close-knit community
- Family relations
- Tribal politics
- Communicate now
 - Share the science with tribal leaders and community members
 - Tribal newspaper
 - Social media




Assign Roles

- Clinic contact for coordinating with your state
 - Requesting vaccine
 - Receiving
 - Storing and handling
 - Information system and reporting requirements
- Social media steward
 - Draft communication materials for community
 - Monitor social media for misinformation and quickly respond with facts
 - Build trust



NOW

- 
- Stay engaged and informed
 - Start planning (stay flexible)
 - Keep tribal leaders and community members informed

Web Page

<https://aihc-wa.com/covid-19-vaccine-readiness-planning/>



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