

# DRAFT: Capital Area COVID-19 Vaccine Distribution Plan

DEVELOPED BY CAPITAL AREA VACCINE DISTRIBUTION  
COALITION & AUSTIN PUBLIC HEALTH



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## Contributing Partners

The following partners and stakeholders, listed in alphabetical order, contributed to the editing of this plan. Upon addition of vaccine distribution coalition feedback, names/organizations will be added here.

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## Executive Summary

Immunization with safe and efficacious COVID-19 vaccines is a critical component of the Capital Area strategy to reduce COVID-19-related illness, hospitalization, and death and to help restore economic and social functions within our community. Vaccine-induced herd immunity will be achieved by public, private, and community organizations working together – as one – using science, research, and data to promote evidence-based decisions and the sharing of factual information regarding vaccines and vaccination. Working together, we can reduce the burden to our health system and keep our families, friends, and community safe.

This plan is a product of valuable contributions from community partners who provide a voice for those whom they represent and serve. Together, these partners answered a call to action from Austin Public Health to come together as the Austin/Travis County COVID-19 Vaccine Distribution Partner Coalition (Vaccine Distribution Coalition) to create guiding principles to help structure a Capital Area Vaccine Distribution Plan that represents the core Austin values of equity, inclusion, and transparency. These guiding principles (see Figure 1), as reflected throughout the document, support decision making on vaccine allocation and distribution.

**Figure 1:** Vaccine Distribution Coalition Guiding Principles

<h3>Vaccine Distribution Guiding Principles</h3> <p>Austin Vaccine Distribution Coalition</p>	<p><i>Lettering does not reflect a consensus order on the below statements, but rather is used for identification purposes only.</i></p>
<p style="text-align: center;"><b>Guiding Principles</b></p>	
<p>A. Vaccine prioritization should consider those who cannot stay at home, who cannot socially distance in the workplace, and who may face exposure in the workplace (e.g., workers how have externally facing jobs)</p> <p>B. Vulnerability to exposure should consider</p> <ul style="list-style-type: none"><li>• How likely it is that someone will be exposed; and</li><li>• If exposed, how likely is it that this person will become seriously ill</li></ul> <p>C. Each priority population may be further prioritized into tiers</p> <p>D. Outreach strategies should include consistent messaging, trusted community leaders, combat misinformation, and emphasize vaccine safety</p> <p>E. Federal and state government decisions will be reflected in these guiding principle</p>	

From these guiding principles we can focus on the overarching goal for vaccination: To maximize the health of the community through vaccination and to eliminate COVID-19 by focusing on those who are disproportionately impacted by the disease – our communities of color, our low income residents, and the older adults in our community.

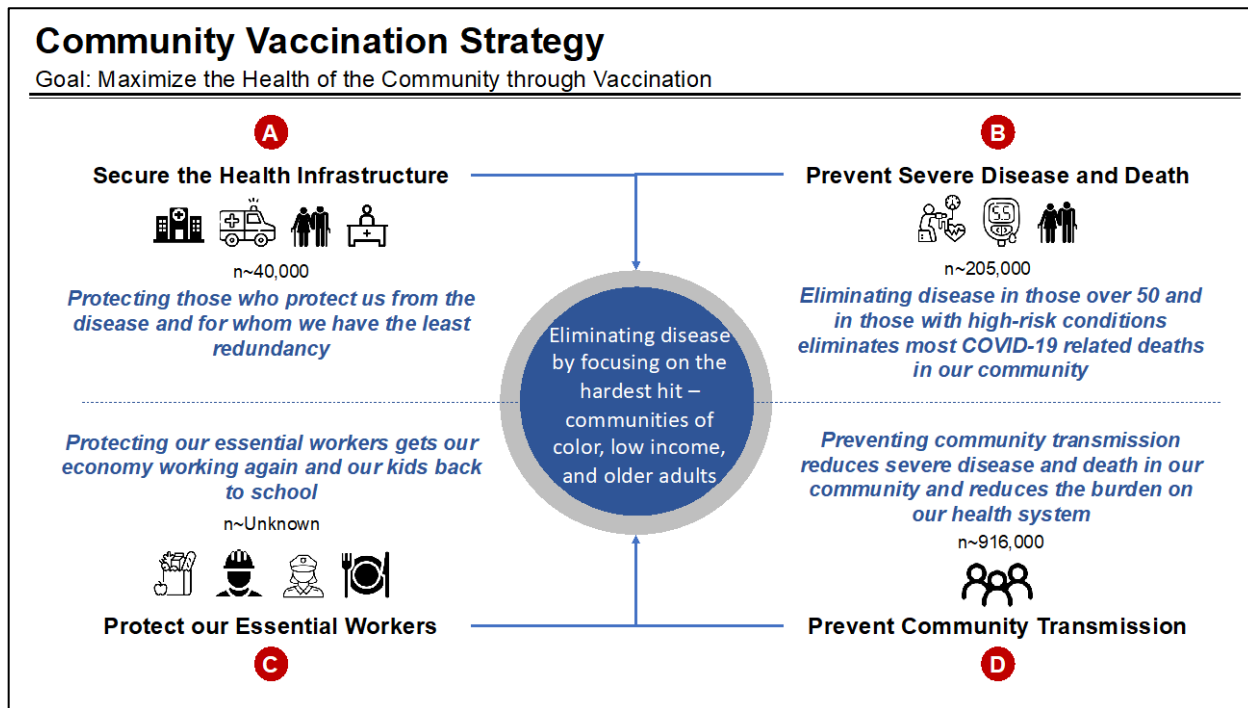
To reach this goal, the Capital Area Community Vaccination Strategy has four objectives (see Figure 2):

- A. Secure the health infrastructure
- B. Prevent severe disease and death
- C. Protect our essential workers
- D. Prevent community transmission

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These objectives support and align with both the Guiding Principles created by the Austin Vaccine Distribution Coalition and by guidance developed by the US Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS).

**Figure 2:** Capital Area Community Vaccination Strategy



This document serves as an iterative plan to allow the Capital Area and its partners to illustrate how the goal and objectives described above will be achieved. Specific topics related to COVID-19 vaccination program planning and implementation are presented in this plan. The document is organized based on a template provided by the CDC to state health departments. While this document is meant to inform, it is also designed to clearly highlight vaccine allocation and distribution areas of responsibility – whether this be at the local level or whether it be the responsibility of DSHS or the CDC.

This document expresses the input and view of members of the Vaccine Distribution Coalition and reflects the desire of Austin Public Health to meet its obligations under local, state, and federal rules and regulations. As this pandemic continues to unfold, so too will the contents of this document be revised on an ongoing basis to reflect new information, new guidance, and new science related to vaccine allocation and distribution.

## Section 1: COVID-19 Vaccination Preparedness Planning

### 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

In 2009, H1N1 swept the nation and tested the pandemic response throughout the United States. This pandemic was one of the first mass vaccination events in the United States. Providers were tasked with vaccinating approximately 30% of the population nationally with a single dose of vaccine. Ten years later, a new mass vaccination challenge has emerged which will require vaccinating approximately 70% of the population with two doses of a vaccine. This daunting task will require learning from H1N1 and doubling the efforts for vaccination and understanding the size of the task that is ahead. Many lessons were learned throughout the country and compiled succinctly within the National Academy of Medicine. Within their framework, the United States has key lessons learned from prior Mass Vaccination Events:

- Leverage relationships with professional medical societies and other key downstream stakeholders from the outset.
- When cost, insurance, and other policies create barriers, consider the of rationing at the state, local, and practice levels.
- Develop effective systems for tracking distribution.
- Ensure that ancillary supply distribution is timely and appropriate.
- “Under promise and over deliver” in planning and communication efforts.
- Ensure up-to-date information on vaccine production, inventory, and projections via stronger and more formal partnerships between federal entities and vaccine producers.
- Plan for a range of vaccine supply scenarios.
- Continue to use the Vaccines for Children program infrastructure as a basis for emergency vaccination distribution programs; consider something similar for adults.
- Deploy limited vaccine supplies equitably and transparently using preestablished, evidence-based criteria to prioritize allocation.
- Promote global regulatory harmonization and standardization in vaccine development to improve speed, flexibility, and efficiency.
- Use consistent, respectful, accurate communication to earn, secure, and maintain trust.

These lessons learned were reflected in the experience during H1N1 at the local level:

- Vaccine trickled in during the first few months
- Ancillary supplies for vaccines were provided as part of the vaccine package but often did not arrive on time, were incomplete, or contained inadequate types of supplies
- Local jurisdictions lacked awareness on quantity providers were receiving
- Public Health was seen as the knowledge point for quantity of vaccine in the community and providers reached out when they did not receive vaccine
- First experience of retail pharmacies administering vaccines on a national scale
- Vaccine misinformation was developed quickly

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- Utilization of the Incident Command System (ICS) and inventory management at clinic sites are critical areas
- Only one dose was required with H1N1, which was challenging. Adopting this to a two-dose regimen for COVID-19 while increasing the portion of the population requiring vaccination will add substantial complexity to public health interventions and follow-up
- Appointment-based clinics work well
- Drive-thru clinics are a best practice and work efficiently for immunizing adults, but they present logistical and operational challenges
- While prioritization was required at first to manage limited supply, vaccine providers pivoted to extending to larger populations when more vaccine was available in later phases. This allowed for more flexibility in administration, for example vaccinating entire families at point of care instead of the one family member that met the prioritization criteria.
- The lessons learned from H1N1 vaccination are applied in daily and seasonal operations within the local health department. Each October, Austin Public Health supports Boo the Flu vaccination clinics and implements ICS and inventory management to ensure that we can provide efficient mass vaccination services and track vaccination and documentation.

Many of the lessons learned during the initial distribution of COVID-19 Vaccine are similar to challenges faced at the beginning of the response related to COVID-19 Testing. When Austin/Travis County implemented testing in the county, the goal was to serve the most people in the fastest way possible. In order to meet that goal, we created a drive-thru testing site. This model was implemented based on years of point of distribution exercising for situations such as bioterrorism attacks. The drive-thru also allowed Austin Public Health to exercise our cold-chain storage methods during specimen preservation. However, we were quickly met with the challenge that a drive-thru does not always meet the needs of the entire community as there are many with mobility challenges and other barriers that prevent access to testing through a drive-thru operation. The response had to pivot quickly to serve people in their community in order to remove barriers to access, opening several community test sites. These lessons are in the forefront of vaccine distribution planning in order to provide vaccines to the communities that have been disproportionately affected.

**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.**

Austin Public Health (APH) has been working on cold-chain management exercises since 2018. The process has been facilitated through multiple tabletop exercises engaging various stakeholders. These exercises have highlighted the importance of attention to detail when planning for the medical model for vaccine distribution in the event of mass vaccination.

In direct response to the COVID-19 Vaccine and to understand how APH will distribute the COVID-19 Vaccine to Austin/Travis County, APH has hosted multiple vaccine-related exercises. A virtual tabletop exercise was held on June 24, 2020 to understand processes for receiving vaccines and details for different operational pieces including administration, logistics, and operations at a local distribution site and point of distribution. Two COVID-19 Vaccination full-scale exercises were held in October and

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November. On October 24, 2020, a walk-up flu clinic was held at Southeast Library, 5803 Nuckols Crossing Rd, Austin, TX 78744, from 8am to 12pm. This clinic provided 200 vaccines to the public in a walk-up setting that utilized a current neighborhood COVID-19 test site footprint to understand how the current City of Austin run neighborhood COVID-19 test sites will be utilized for COVID-19 vaccines, the resources needed, and the throughput to provide efficient vaccinations. The clinic was able to vaccinate 200 people in 2 hours. The throughput from this event allowed us to understand and anticipate the time to be able to vaccinate for COVID-19. Lessons learned to improve for the second exercise included personal protective equipment recommendations and increased training on vaccine logistics. The first event also highlighted the current expertise that has been developed through the COVID-19 vaccinations for the incident management teams at the neighborhood testing sites. On November 7, 2020, a drive-through flu clinic was hosted at Travis County Exposition Center, 7311 Decker Ln, Austin, TX 78724, from 9am-2pm. This clinic utilized scheduled appointments via the APH Immunization program hotline and same day appointments. A total of 600 flu vaccines were available and 428 were administered to ages 6 months and up. Changes implemented for this exercise included a change to the documentation to make it easier for clients to fill out and enhanced training for exercise participants including incorporating vaccine logistics more fully into the logistics section. Lessons learned from this exercise included the burden of data entry and ensuring we have appropriate staff to meet the 24 hour turnaround for the COVID-19 vaccine, resources needed to be prepared for vehicle issues, and media/communication needs for flow in and out of any location that may be utilized.

On December 14, 2020, APH performed a combination tabletop and functional exercises to assess direct logistics of the ultra-cold vaccine in a local distribution site and how APH will distribute any vaccines it receives to points of distribution for the community.

In January 2021, APH will host a pilot virtual tabletop exercise to understand the needs of the community and how to focus vaccination efforts. This tabletop will be refined and improved and eventually available for anyone who would like to host a tabletop to discuss difficult questions around vaccine distribution.

The knowledge gained from the recent exercises continues to build upon the institutional knowledge from H1N1 as APH and community partners work on building a vaccination program to meet the needs of the community.

## Section 2: COVID-19 Organizational Structure and Partner Involvement

### A. Describe your organizational structure.

The COVID-19 response for Austin/Travis County has been guided by unified incident command of both the City of Austin and Travis County. The Travis County Health Authority and the Austin Public Health Director serve as members of the unified incident command. The response is complex and has expanded to meet the needs of the community since the initial Stay Home, Work Safe orders were put in place on March 21, 2020. The response includes a Public Health and Medical Operations Branch and a parallel Social Services Branch that directs all public health response and medical field operations. A Vaccine Task Force and an Epidemiological Response Task Force are housed with the Public Health and Medical Operations Branch. The Epidemiological Response Task Force provides data for decision making for all

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operations. The Social Services Branch includes multiple taskforces to ensure that operations address the needs of the highest risk and most vulnerable populations to COVID-19. Additionally, the emergency response organizational structure includes an equity officer as part of the Incident Command Staff.

**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.**

The COVID-19 Vaccine Task Force includes public health emergency response planners, epidemiologists, emergency response nurses, public health nurses, public health executives, health equity experts, physicians, immunizations management experts, public information officers, and data systems managers. This team has developed localized playbooks, practiced live public points of distribution exercises to test workforce capacity and available point of distribution (POD) sites, held table top exercises to inform priority population needs, tested existing and launched new data information systems, produced public messaging, and developed partner engagement systems. The team has multiple feedback loops to inform varying planning levels including larger community-wide plans as well as department vaccine clinic site specific plans. The Task Force has built in staff redundancies for each position.

**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.**

The Vaccine Task Force launched a Vaccine Distribution Coalition with health care system and community partners to inform COVID-19 vaccine program planning and distribution within Austin and Travis County and the Central Texas Region.

Local jurisdiction coalitions have been identified at the federal level as a best practice and are key to successful rapid vaccine distribution planning. The focus of the Vaccine Distribution Coalition includes:

- Identifying Priority Populations
- Vaccine Distribution Channels
- Vaccine Management
- Community Messaging/Engagement

The coalition informs community-wide plans and strategies to reach the desired level of COVID-19 vaccination coverage for our community. Additionally, the coalition empowers a partner network with the larger community to promote vaccine and specifically engage high risk, hard to reach, disproportionately affected populations to inform decision making, reduce barriers to vaccine access, and provide support for on-going protection from COVID-19 infection.

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

The Vaccine Distribution coalition is made up of over 100 representing organizations throughout Travis County and the surrounding Central Texas community. The coalition membership can be divided into 3 main types:

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- Possible Vaccine Providers
  - Includes: Federally Qualified Healthcare, Private, hospital systems, long-term care, pharmacy, and Vaccines for Children representatives
- Public Health
  - Includes: local, metropolitan statistical area, regional, and state public health entities and coordinating entities like health plans and the capital area healthcare coalition
- Community Representatives and Advocates
  - Includes: volunteer organizations, non-profits focused on vulnerable populations, community advocacy groups, quality of life commissions, City of Austin Equity Office, and faith-based organizations

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

Austin Public Health participates and/or coordinates the following:

- Weekly Texas Department of State Health Services COVID-19 vaccine update webinars
- Weekly regional calls with the Public Health Region 7 Regional Public Health Medical Operations Center, which includes surrounding local health departments
- Local, regional, and state authorities are invited to participate in the Vaccine Distribution Coalition

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

Travis County does not have any official tribal communities, tribal health organizations, or urban Indian organizations; however, we recognize that there may be members of tribal communities within the community and will work to ensure vaccination needs, engagement, and communication reach these individuals.

**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:**

- i. Pharmacies
- ii. Correctional facilities/vendors
- iii. Homeless shelters
- iv. Community-based organizations

The Austin/Travis County COVID-19 Vaccine Distribution Partner Coalition includes partners from each of these key areas. Additionally, direct outreach to each of the critical population groups is ongoing. This includes priority population specific stakeholder meetings, conference calls, and working with each of these groups to identify appropriate methods to engage and communicate with the critical populations. Key engagement activities include meeting with the long-term care task force to discuss plans to ensure access to vaccine providers for onsite distribution; meeting with Austin Latinx Coalition members to identify vaccine barriers and inform culturally and linguistically appropriate messages; outreach to public safety, Austin-Bergstrom International Airport, Cap Metro to determine best approaches for

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vaccine distribution among their workforce; and engaging construction, health care, education, childcare, behavioral health sectors to develop and communicate decisions on priority population phased vaccine distribution criteria for essential workers and high risk groups.

Additionally, congregate settings such as homeless shelters and correctional facilities are key concerns due to the high risk of infection among the resident population and the staff. APH provides regular outreach to providers that serve these populations, site managers and staff, and advocacy groups to identify and inform appropriate vaccine distribution and education strategies.

### 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.**

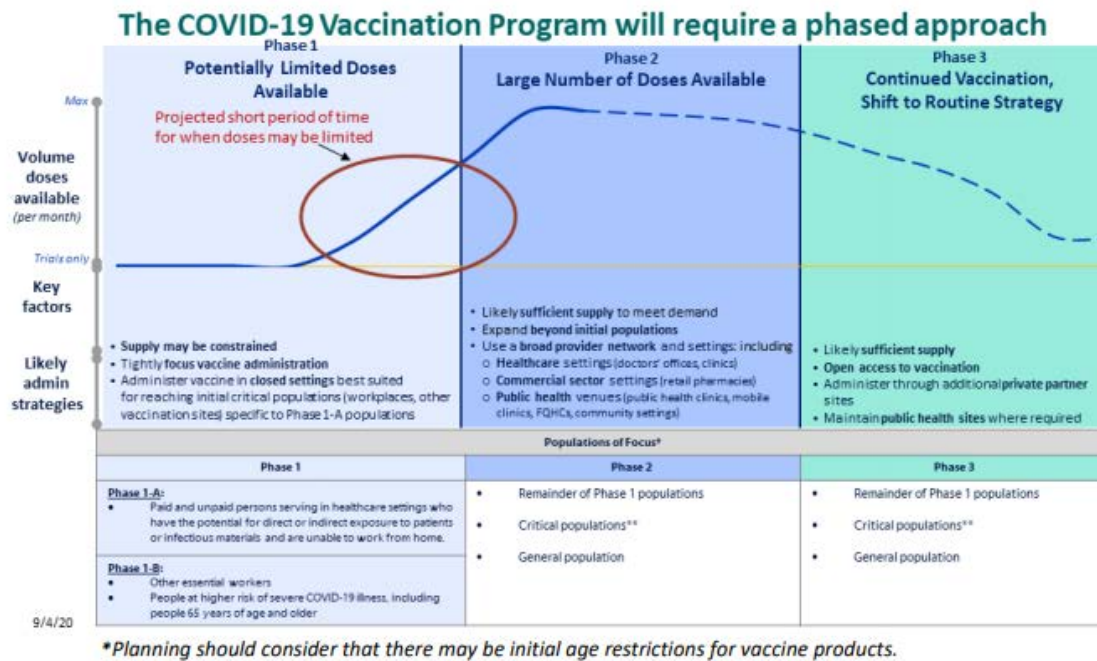
A critical planning assumption is that, due to the ever-evolving situation with vaccine supply level and types of vaccines available, all providers need to be flexible in their approach to vaccination. However, they must also remain as specific as possible to attempt to reduce confusion and will need to accommodate and plan for the multiple vaccine supply scenarios that may occur. Austin Public Health will follow and utilize guidance that comes from the CDC, ACIP, and DSHS Expert Vaccine Allocation Panel (EVAP) to ensure proper vaccine allocation. This guidance in coordination with demographic and epidemiological data specific to the morbidity and mortality of COVID-19 in Austin/Travis County will drive how vaccines are administered during the three allocation phases defined by the CDC. A change in epidemiological data or guidance may adjust distribution plans at any time. The allocation phases are defined by the limiting factor in the process, the supply of vaccine available. Vaccine supply will be limited in the early phase (Phase 1) of the vaccine distribution program. The supply is expected to increase and change quickly in the early months of 2021, allowing vaccination efforts to expand and more providers to receive the vaccine for distribution. All aspects of the vaccination program in Austin/Travis County and the Capital Area should focus on maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. The three allocation phases are defined by the CDC as:

- Phase 1: Potentially Limited Supply of COVID-19 Vaccines Available
- Phase 2: Large Number Doses Available, Supply Likely to Meet Demand
- Phase 3: Sufficient Supply of Vaccine Doses for Entire Population

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**Figure 3: CDC COVID-19 Vaccination Program Phases**



### Phase 1: Potentially Limited Supply of COVID-19 Vaccine Doses Available

During Phase 1 the key considerations for planning are:

- COVID-19 vaccine supply may be limited
- COVID-19 vaccine administration efforts must concentrate on the initial populations of focus to achieve vaccination coverage in those groups
- Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.

The vaccination program will focus on critical populations defined by CDC and DSHS guidance with the goal of protecting the healthcare infrastructure within the Capital Area. Vaccine supply within Phase 1 may not be able to reach all the defined critical populations. Vaccination sites may be limited to closed points of distribution and smaller population specific clinics in order to provide the vaccine to those that meet the defined criteria and guidance.

### Phase 2: Large Number of Doses Available

As the supply of available vaccine increases into 2021, distribution will expand, increasing access to vaccination services for individuals within Phase 1. When larger quantities of vaccine become available, there will be two simultaneous objectives:

- Provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations in the jurisdiction.
- Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19.

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During this time many considerations will be needed in a balance to communicate, serve the population, as well as follow guidance from DSHS and CDC. Providers will need to continue to vaccinate those within Phase 1. During this time, the supply will need to be reviewed to ensure that we are meeting demand and able to connect services for critical populations. The additional doses will permit an increase in vaccination providers and locations as well as a need for clear, concise, and timely messaging related to vaccination sites and availability. APH will support DSHS outreach and supplement messaging developed in coordination with critical populations.

Ongoing outreach to high risk populations will be needed. Austin Public Health will work to understand gaps in the community where access to the vaccine may be limited and serve as a safety net provider for those who are uninsured or underinsured who meet current vaccination guidelines. Meeting the needs of these communities may require adapting neighborhood test sites to serve as vaccination sites as well as communicating about the use of all vaccine providers in the community.

### Phase 3: Sufficient Supply of Vaccine Doses for Entire Population

Ultimately COVID-19 vaccines will be widely available to all residents of the capital area. There will be a sufficient supply that may exceed demand and a broad administration network in place for increased access. At the end of Phase 3, the demand for the COVID-19 vaccine will be lower due to the planning assumption that most of the local population will have already been vaccinated.

Austin Public Health will consider:

- Adopting current vaccination service models for non-COVID-19 vaccines in Travis County
- Monitoring COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- Monitoring supply and assisting in vaccine movement to minimize wastage
- Communicating the need for boosters or annual vaccines, if applicable

As more vaccine becomes available and data from the community vaccination efforts increase, it will be possible to utilize data-driven methods to improve access to vaccine providers. During this phase, if the vaccine provider network is not robust enough to meet the needs of the community, a general public mass vaccination point of distribution may be considered in conjunction with other points of distribution to specific populations.

## 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 populations group may include:**
  - a. Health care personnel**
  - b. Other essential workers**
  - c. Long-term care facility residents (e.g. nursing homes and assisted living facility residents)**
  - d. People with underlying medical conditions that are risk factors for severe COVID-19 illness**

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- e. People 65 years of age and older
  - f. People from racial and ethnic minority groups
  - g. People from tribal communities
  - h. People who are incarcerated/detained in correctional facilities
  - i. People are experiencing homelessness/living in shelters
  - j. People attending colleges/universities
  - k. People living and working in other congregate settings
  - l. People living in rural communities
  - m. People with disabilities
  - n. People who are under-or uninsured
- B. Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.**
  - C. Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.**
  - 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.**
  - E. Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.**
  - F. Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.**
  - G. 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**

Austin Public Health uses principles, criteria, and frameworks from the CDC, the National Academy of Medicine, the DSHS Expert Vaccine Allocation Panel (EVAP), and the Advisory Committee on Immunization Practices (ACIP) to develop a vaccine allocation framework for the Capital Area. In addition, Austin Public Health has launched the Austin/Travis County COVID-19 Vaccine Distribution Partner Coalition, a combination of community partners and representatives from local health care systems, community organizations and advocacy groups, and other possible vaccine providers, to assist APH in developing plans and strategies so that we can reach the desired level of COVID-19 vaccination coverage for our community. Local jurisdiction coalitions have been identified at the federal level as a best practice and are key to successful rapid vaccine distribution planning.

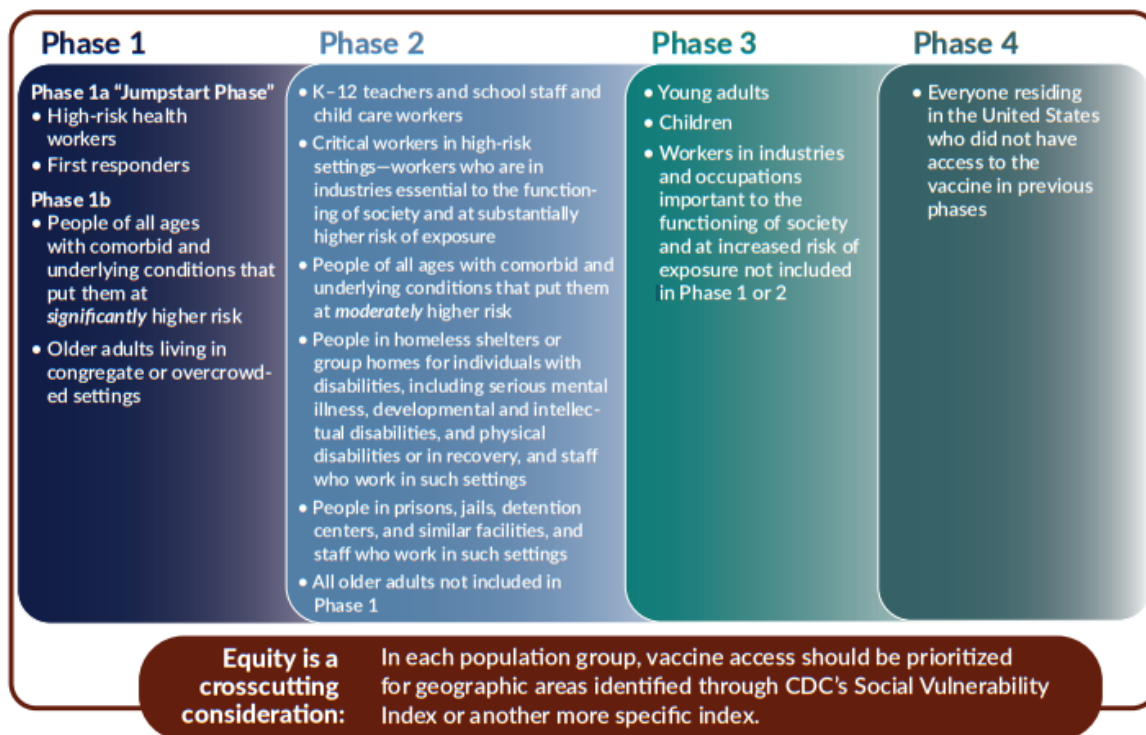
Understanding the population within Travis County takes more than numbers and data as people are not static. In order to define populations and understand where a vaccine will be applied to reduce the morbidity and mortality it is important to quantify our populations and locate areas where vaccines can be introduced using a low barrier, equitable manner. This framework will outline prioritization and allocation guidance and identify critical populations recommended for vaccine in each phase of the COVID-19 vaccination response.

The [National Academy of Medicine Framework for Equitable Allocation of COVID-19 Vaccine](#) (Figure 4) approaches vaccination in four phases with equity as a critical crosscutting consideration.

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**Figure 4:** National Academy of Medicine Framework for Equitable Allocation of COVID-19 Vaccine



Austin Public Health awaits final guidance from the ACIP and the DSHS EVAP to identify specific groups who will be recommended for vaccination in each phase.

The Vaccine Distribution Coalition developed guiding principles for distribution of the vaccine and allocation guidance within the Austin Metropolitan Area. These guiding principles are:

- Vaccine prioritization should consider those who cannot stay at home, who cannot socially distance in the workplace, and who may face exposure in the workplace (e.g., workers who have externally facing jobs)
- Vulnerability to exposure should consider
  - How likely it is that someone will be exposed; and
  - If exposed, how likely is it that this person will become seriously ill
- Each priority population may be further prioritized into tiers
- Outreach strategies should include consistent messaging, trusted community leaders, combat misinformation, and emphasize vaccine safety
- Federal and state government decisions will be reflected in these guiding principles

The Vaccine Distribution Coalition's guiding principles are supplemental to those developed by the EVAP for Texas. Dependent on directive, the Coalition's recommendations cannot supersede allocation guidance recommended by the state. On November 23<sup>rd</sup>, [the governor announced](#) the Texas guiding principles. Texas will initially allocate COVID-19 vaccines based on the following criteria:

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- Protecting health care workers who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the health care infrastructure for all who need it.
- Protecting frontline workers who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
- Protecting vulnerable populations who are at greater risk of severe disease and death if they contract COVID-19.
- Mitigating health inequities due to factors such as demographics, poverty, insurance status and geography.
- Data-driven allocations using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
- Geographic diversity through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
- Transparency through sharing allocations with the public and seeking public feedback.
- Protecting healthcare workers who fill a critical role

At this time the DSHS EVAP, in consultation with initial ACIP guidelines and their guiding principles, have identified priorities for Phase 1. Phase 1 has been stratified into Phase 1a and Phase 1b, with each phase also having tiers. The DSHS EVAP has only released their healthcare worker definition for Phase 1a at the time of this version.

#### Phase 1a, Tier 1:

- Hospital staff working directly with patients who are positive or at high risk for COVID-19. Includes:
  - Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
  - Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
- Long-term care staff working directly with vulnerable residents. Includes:
  - Direct care providers at nursing homes, assisted living facilities, and state supported living centers
  - Physicians, nurses, personal care assistants, custodial, food service staff
- EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
- Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients
- Residents of long-term care facilities

#### Phase 1a, Tier 2:

- Staff in outpatient care offices who interact with symptomatic patients. Includes:
  - Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
  - Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
  - Non 9-1-1 transportation for routine care
- Direct care staff in freestanding emergency medical care facilities and urgent care clinics
- Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID-19

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- Public health and emergency response staff directly involved in administration of COVID-19 testing and vaccinations
- Last responders who provide mortuary or death services to decedents with COVID-19. Includes:
  - Embalmers and funeral home workers who have direct contact with decedents
  - Medical examiners and other medical certifiers who have direct contact with decedents
- School nurses who provide health care to students and teachers

Early vaccine supply within Phase 1 may not be able to reach all the defined Phase 1 critical populations. Further prioritization within critical populations will be required when there is insufficient vaccine supply to vaccinate an entire population. For example, critical infrastructure workforce staff that have regular, direct contact with the public may be prioritized over staff members who do not often come in contact with the public. Organizations, such as hospitals and other vaccine providers that will be responsible for vaccinating their own staff, will be responsible for developing their own prioritization system within their workforce. However, these systems must be consistent with state and federal guidance. The United States Department of Labor's Occupational Safety and Health Administration has [shared information](#) on classifying workers at risk (low to very high based on position within an organization) for exposure to SARS-COV-2. This list may help with tiering within phases during periods of low vaccine supply to ensure the vaccine is distributed to those at highest risk for exposure to SARS-COV-2.

Throughout Phase 1 and subsequent phases, Austin Public Health will continue to work with community partners to address the issue of health equity, communicate safety, and overcome barriers. Austin Public Health is committed to identifying disadvantaged populations that have been disproportionately affected by COVID-19. The data compiled by Austin Public Health throughout the COVID-19 pandemic and the CDC demonstrates that minority racial and ethnic groups, including American Indians and Alaskan Natives, Black Americans, and Hispanics/Latinos, have experienced higher rates of COVID-19 infection, hospitalization, and death in comparison to Non-Hispanic Whites. As well, the homeless population, prisoners, people with disabilities, and people who are uninsured may have limited access to vaccination services or face an increased risk of acquiring COVID-19. The disproportionate impact of COVID-19 on Travis County's communities of color and vulnerable populations will be a principal consideration in Austin Public Health's vaccine distribution efforts.

Austin Public Health has developed population estimates for specific groups, including healthcare personnel, critical infrastructure workers, and other groups that face an increased risk of acquiring COVID-19 or suffering severe illness. These estimates are collected in Appendix A. These estimates were obtained using a variety of sources including the United States Census Bureau, the Texas Health Professions Resource Center, local non-profits and community organizations, and Travis County data. When available, data was collected from publicly available and readily accessible data sources. The intent is to increase transparency and reveal the lack of bias inherent in the data used by Austin Public Health in describing these populations. As further guidance is received from the CDC and ACIP, additional populations and subpopulations may be identified. Austin Public Health will continue to reevaluate the available data to provide the most representative estimation of these critical populations. Utilizing these data, in coordination with existing vaccination provider infrastructure, will allow APH to potentially identify barriers to access and provide timely intervention.

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Although Austin Public Health has been proactive in our consideration of vaccine distribution and prioritization, it is unknown to what extent state or federal guidelines may predetermine vaccine allocation priorities throughout the entire vaccine program. For that reason, the preliminary guidelines discussed within this document are subject to change.

## Section 5: COVID-19 Provider Recruitment and Enrollment

- 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.**

Austin Public Health is tasked with encouraging and facilitating recruitment of COVID-19 vaccination providers within Travis County. The initial information sharing to providers was released by DSHS. Texas DSHS controls all processes for enrollment including verification of credentials and licenses. Austin Public Health communicates enrollment information, provides enrollment status updates, and shares enrollment experience and best practices through routine Vaccine for Children channels, the vaccine distribution coalition, healthcare coalition, the long-term care task force, and Travis County Medical Society.

- 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.**

This is outside our jurisdiction and is controlled at the DSHS level. Austin Public Health will work to link the critical population groups to providers as vaccines become available. Austin Public Health is enrolled as a provider, but it is unknown when vaccines will be allocated. Upon allocation, Austin Public Health will actively work to inoculate critical populations in accordance with guidance.

- C. Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided CSV or Java script template via a SAMS-authenticated mechanism.**

This is outside our jurisdiction and is controlled at the DSHS level.

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

This is outside our jurisdiction and is controlled at the DSHS level.

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

This is outside our jurisdiction and is controlled at the DSHS level. Austin Public Health will collect training certificates of all our internal registered providers. We will also track training of any of our nurses as they complete designated training for administration for the COVID-19 vaccination.

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- 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).**

This is outside our jurisdiction and is controlled by DSHS.

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

Austin Public Health will utilize enrolled provider information shared by DSHS to map providers throughout Travis County in order to ensure adequate coverage for the entire county.

- 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.**

DSHS provided outreach to many pharmacies. Austin Public Health coordinated with various partners for outreach throughout the community to enroll pharmacies not already enrolled in the federal program. These pharmacies, as private providers, may distribute vaccines and some are offering services to assist in pop-up vaccination clinics.

## Section 6: COVID-19 Vaccine Administration Capacity

### Instructions:

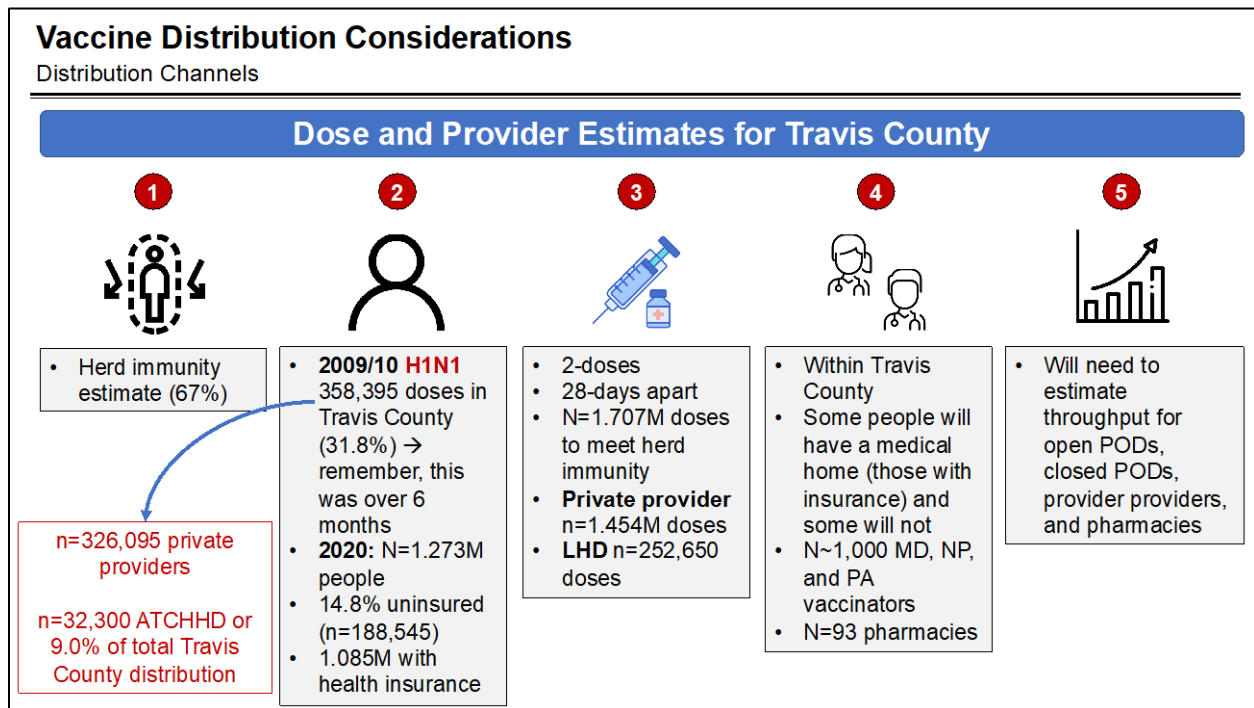
- A. Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.**
- B. Describe how your jurisdiction will use this information to inform provider recruitment plans.**

At the local level, dose and provider estimates for Travis County have been calculated to understand potential quantity of doses required to achieve herd immunity. Estimates indicate a minimum of 67% of the population will need to achieve immunity against COVID-19 through exposure and /or vaccination to curb person to person transmission of the disease. At this time, specific data on the basic reproduction number (R0) is only an estimate; as such it is safe to assume vaccine coverage will need to reach 67% within the Capital Area for herd immunity to be achieved. Data from the 2009/10 H1N1 response was used to calculate COVID-19 vaccine administration estimates. In 2009/2010, 30% of the population in Travis County was vaccinated and 358,395 doses of monovalent vaccine were distributed in Travis County over a 6-month period. Private providers accounted for 326,095 of these doses and Austin-Travis County Health and Humans Services Department, now Austin Public Health, accounted for 32,300 of these doses. In 2020, the population of Travis County is approximately 1.273 million people, 14.8% of who are uninsured (approximately 188,545) and 1.085 million who are insured. In order to achieve a 67% herd immunity with 2 doses, 1.707 million doses will need to be distributed in Travis County (see Figure 5). To match COVID-19 vaccine administration to the vaccine administration percentages during H1N1, private providers will need to account for 1.454 million doses distributed and Austin Public Health may need to account 252,650 doses, primarily for those without health insurance who do not have a medical home. When compared to a decade ago, vaccine coverage for COVID-19 will be twice that for H1N1 and will need to account for two doses of the vaccine, not one.

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**Figure 5:** Estimated doses of COVID-19 vaccine for Travis County based on US Census Bureau population estimates and a 67% herd immunity rate to disrupt person-to-person transmission of the virus



Within Travis County, those with insurance will likely have a medical home, but the 14% of the population who are uninsured will not. It is estimated that there may be up to 1,000 providers (MD, NP, and PA) and 93 pharmacies who are may provide vaccination. At the time of the current version of this document (December 18, 2020), Travis County has 321 organizations enrolled as vaccine providers.

Surveys completed by Sendero Health Plans, also note that a majority of members who responded to a survey about COVID-19 vaccination preferences prefer to receive the vaccination from their primary care provider. However, based on provider enrollment numbers, it is imperative that a flexible approach be adopted to encourage individuals to obtain the vaccine from any available source – whether it be their physicians, a pharmacy, or another provider outlet. Providers should be encouraged to vaccinate those beyond their normal clientele.

Austin Public Health continues to communicate about the need for practices to enroll as a provider as well as having large companies and organizations link with vaccine providers to create closed points of distribution to remove the burden from primary care providers and public health. Public Health will work to ensure that they meet the needs of those without insurance; however, it cannot be the main source of vaccinations for the entire population.

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

### Instructions:

- A. 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.**

Overall, vaccine allocation to providers is outside of our jurisdiction and is controlled by DSHS. Austin Public Health intends to use data collected from the COVID-19 response to ensure that vaccine access is available for populations outlined in the phases. Austin Public Health will use vaccines allocated to the health department to serve the underinsured and uninsured populations.

- B. 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.**

This is assessed, controlled, and maintained by DSHS during provider enrollment.

- C. Describe your jurisdiction’s procedures for ordering COVID-19 vaccine, including entering and 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**

This is controlled and maintained by DSHS. On the local level, an enrolled provider will be allocated vaccine from DSHS and need to approve or deny the shipment within the DSHS Vaccine Allocation and Ordering System (VAOS).

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

This is outside our jurisdiction and is controlled by DSHS.

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

Austin Public Health will utilize the DSHS local health department dashboard to monitor COVID-19 vaccine wastage and inventory levels in Travis County.

## 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:**
- i. Individual provider locations**
  - ii. Satellite, temporary, or off-site settings**

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- iii. **Planned redistribution from depots to individual locations and from larger to smaller locations**
  - iv. **Unplanned repositioning among provider locations**
- B. Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.**

This process for other providers will be handled by DSHS and is beyond our jurisdiction. Within Austin Public Health there are five enrolled providers. Austin Public Health is developing plans to rapidly distribute vaccine at multiple locations. Three of these locations are current vaccine clinic sites, two are sites that will deploy vaccine to community sites such as points of distribution, specific facilities, or support other APH vaccine clinic locations. APH has launched an internal group to coordinate vaccines across our provider sites, develop mobilization plans, and to report into an electronic inventory system that will bidirectionally report vaccine administration to the DSHS-required registry, ImmTrac2. Unplanned repositions among provider locations will require coordinating with DSHS to ensure vaccine is authorized to be repositioned.

## Section 9: COVID-19 Vaccine Administration Documentation and Reporting

### Instruction:

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

Providers enrolled with DSHS will be required to report doses administered into the Texas Immunization Registry, ImmTrac2. DSHS will also receive doses administered from national chain pharmacy providers through the CDC Immunization Gateway interface. More details on ImmTrac2 can be found in APPENDIX B: Texas Immunization Registry, ImmTrac2.

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

This is a function of Texas DSHS. Austin Public Health will not have a role in this.

- 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.**

Texas DSHS is providing training to each provider enrolled as a COVID-19 vaccine provider. Texas DSHS will ensure all training is available for providers as well as conduct remote trainings with participating vaccine providers to inform them of federal and state reporting requirements.

- 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.**

DSHS is responsible for data validation as well as the management and enforcement of real-time documentation and reporting of vaccine administration. For any satellite, temporary, or off-site clinics

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hosted by Austin Public Health current technology will be used to provide complete and timely reporting.

- 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.**

Data validation will be performed by Texas DSHS. Austin Public Health will perform data validation on entries made for APH supplied vaccines. APH will provide training and education as needed to ensure all reporting requirements are met.

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

Austin Public Health will utilize data from COVID-19 vaccination coverage reports to provide communication, adjust possible locations of vaccination points of distribution, and to share the data with the public on our website.

## 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.**

Healthcare providers will be required to notify their own patients for reminders of second doses. Texas DSHS will provide lists from ImmTrac2 of clients to support second dose reminders and it is up to the healthcare provider to provide the reminder. For any Austin Public Health administered vaccines, the current scheduling portal for COVID-19 will be used. Austin Public Health is working to modify this portal to support vaccine scheduling, including reminders for scheduling appointments for a second dose of the respective vaccine.

## 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.**

In Travis County, individual providers will document vaccinations they perform. Austin Public Health will utilize currently available technology to document APH vaccine administration in temporary and high-volume settings. In the event of a network outage, documentation will be completed manually through paperwork.

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- B. List the variables your jurisdictions' 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.**

Austin Public Health will collect data in accordance to requirements by the CDC and DSHS.

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

Texas DSHS is responsible for managing data at the jurisdiction level; Austin Public Health, as a provider, will provide data on APH vaccination activities that will feed into city and county data managed by DSHS. Austin Public Health is working to expand our testing platform to internally manage vaccine receipt, inventory, scheduling, and information exchange with Texas ImmTrac2. The improvements will allow APH to track vaccine inventory, vaccine distribution rates, and other vaccine related details to provide data for continuously improving vaccine distribution by Austin Public Health.

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

This function is handled at the Texas DSHS level. Austin Public Health continues to share information about enrollment through Texas DSHS with potential local and regional providers to enhance coverage in the Austin Metropolitan area. Information about enrollment is shared through healthcare coalitions, Travis County Medical Society, Capital Area of Texas Regional Advisory Council, and long-term care facility task force within the COVID-19 response.

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

This function is handled by DSHS.

- F. Describe the status of establishing:**

- a. Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway:** This function is handled by DSHS.
- b. Data use agreement with CDC for national coverage analyses:** This function is handled by DSHS.
- c. Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component:** This function is handled by DSHS.

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

All data collected via technology utilized by APH will also be able to be collected manually to allow for a backup solution for manual data entry in the event of lost internet connectivity or other technology-related problems.

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**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.**

When APH serves as the vaccine provider, Austin Public Health provides random data validation and builds controls into data entry to ensure it is entered properly into the Austin Health Force platform. Data reporting will be set up with timestamps for reports to be run in order to ensure that data is timely.

## Section 12: COVID-19 Vaccination Program Communication

**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.**

The APH vaccination communication plan recommends that APH leverage its ongoing COVID-19 communications to incorporate vaccination messaging and information. We also plan on focusing on those who are at increased risk for severe disease and partnering with community groups, the vaccine distribution coalition, and the Emergency Operations Center (EOC) Social Services Branch to lead partner activation and engage with groups disproportionately impacted by the pandemic. Communications will follow a phased approach that mimics the three phases of vaccine distribution outlined by the CDC.

- **Phase 1:** Campaign messaging will focus on 1) *setting expectations* as initial supply of the COVID-19 vaccine will be limited and 2) *continued precautions* as social distancing, masking, and hygiene will still be needed in the community.
- **Phase 2:** Campaign messaging will focus on 1) *patient education* such as safety standards, dose requirements, and immune response and 2) *operational details* including provider locations and vaccine availability.
- **Phase 3:** Campaign messaging will continue to focus on 1) *patient education* and 2) *operational details* to emphasize vaccine safety and dose requirements, as well as 3) *metrics for hope* to guide a return to normalcy through vaccine acceptance and herd immunity.

Key audiences are as follows: APH clients, business owners, city and county elected officials, communities of color, community partners and organizations, healthcare providers, municipal staff, schools and childcare, social service agencies, vulnerable and critical populations identified by the CDC and DSHS, and the general public. Relationships with local and community media will be emphasized to reach the key audiences.

Communication channels are as follows: media, social media, community newsletters, employee emails and/or memorandums, print materials, web content, 311 scripts, stakeholder/partner emails, and virtual meetings. Marketing and advertising efforts will include television, radio, digital/online, out-of-home, and social media, with a focus on outlets that reach the key audiences.

**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.**

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When developing and disseminating timely and new information, APH will adhere to CDC Crisis and Emergency Risk Communication principles as well as the APH Crisis and Emergency Risk Communication Plan, which includes procedures for crisis and emergency risk communication related to the activities of APH in response to public health threats or emergencies affecting Austin and Travis County and the Central Texas Region. This includes direct communication with the news media from APH and the City of Austin (COA) communications and public information staff as well as information disseminated to educate the public regarding exposure risks and effective public response. The goals of this communication are:

- I. Education, including correction of false or misleading information
- II. Informed decision-making about the acceptability of known risks
- III. Persuasion to modify the behavior of individuals or communities
- IV. Cooperation among all involved parties (e.g. government officials, health experts, industry and the public)

Prior to the distribution of communication materials, they will be developed by public information staff based on the most up-to-date information and then approved by APH leadership and subject matter experts.

## 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.**

Texas DSHS will send each enrolled COVID-19 vaccine provider the CDC-mandated Emergency Use Authorization fact sheets as well as any Vaccine Information Statements (VIS) or other necessary documentation. DSHS will also host these documents on their website ([immunizetexas.com](http://immunizetexas.com)) as well as feature these documents and how to access the documents in webinars and mass communications to providers. Austin Public Health will post the documents to their COVID-19 Vaccine website to ensure easy access by local providers as well as send out through appropriate channels including to coalition partners and Capital Area of Texas Regional Advisory Council (CATRAC).

- 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.**

Austin Public Health will provide guidance on the EUA and VIS anytime they are shared via mass communication. The COVID-19 Vaccine website will provide instructions on the use of the EUA and VIS, including but not limited to how to provide the documents to those receiving the vaccinations.

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## 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).**

DSHS will provide education for VAERS data entry for all who enroll as COVID-19 vaccination providers. Austin Public Health will support any questions from providers and provide guidance as needed to ensure all providers are aware of the process for reporting adverse events.

## Section 15: COVID-19 Vaccination Program Monitoring

### Instructions:

- A. Describe your jurisdictions methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:**
- i. Provider enrollment**
  - ii. Access to COVID-19 vaccination services by population in all phases of implementation**
  - iii. Immunization Information System (IIS) or other designated system performance**
  - iv. Data reporting to CDC**
  - v. Provider-level data reporting**
  - vi. Vaccine Ordering and Distribution**
  - vii. 1- and 2-dose COVID-19 vaccination coverage**

Method/Procedure	Data System(s)	Intended Audience	Frequency
<b>Provider Enrollment</b>			
Track number of providers enrolled by location, provider type, populations served	Website controlled by DSHS	Local Health Departments	Weekly
<b>Access to COVID-19 vaccination services by population in all phases of implementation</b>			
Overlaying vaccination coverage with inventory and high-risk population data to ensure areas with high-risk populations have adequate supply and high coverage	Dashboard from DSHS	Local Health Departments	Dashboard is refreshed by DSHS nightly
Ensure Vaccine Finder is current and	Vaccine Finder	External audience	Unknown; Under control of DSHS

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promoted as a resource			
IIS or other designated system performance			
Participate in IIS consortium calls to prioritize system enhancements	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
Monitor IIS system speed to ensure providers can access it and data are entered	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
Data reporting to CDC			
Review internal report that data were successfully submitted daily	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
Provider-level data reporting			
Track date from dose administered at provider to date entered into IIS	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
Vaccine Ordering and Distribution			
Track vaccine ordered by providers based on populations served to ensure vaccine is going to high-priority groups	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
Compare state-, county-, and provider-level doses ordered with doses administered to ensure vaccine is being used	DSHS Responsibility	DSHS Responsibility	DSHS Responsibility
1- and 2-dose COVID-19 vaccination coverage			
Calculate percent with vaccine initiation (1-dose) and series completion (2-dose) by broken out by various geographic and population groups (by county, age group, race/ethnicity, sex)	DSHS Responsibility; APH will be able to track this data for those that we vaccinate	Shared to external audience through Dashboard	To be determined based on reports received from DSHS

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- B. Describe your jurisdiction's methods and procedures for monitoring resources, including:**
- i. Budget**
  - ii. Staffing**
  - iii. Supplies**

The Austin/Travis County Unified Incident Command structure includes finance and logistics branches. The logistics branch is responsible for sourcing operation needs including staffing and supplies and identifying available internal and external resources. Response budget is monitored by the finance branch to ensure adequate funds are available to meet operational demands, eligible expenses for federal emergency reimbursement and aid are tracked, and work with City/County departments and budget offices to develop financial plans and timelines for on-going response and recovery resources.

- C. Describe your jurisdiction's methods and procedures for monitoring communication, including:**
- a. Message delivery**

Austin/Travis County's COVID-19 Response is utilizing a Joint Information System (JIS) to provide communication to the public throughout the COVID-19 Response. The JIS will create a communication plan to monitor message delivery throughout different communities.

- b. Reception of communication messages and materials among target audiences throughout jurisdiction**

The JIS will monitor the reception of communication messages and materials among target audiences in a variety of ways including:

- Number of COVID-19 vaccines locally available; number of COVID-19 vaccines administered
- COVID-19 health statistics: cases, deaths, hospitalizations, ICU patients, patients on ventilators, and overall test positivity rate
- Traditional media metrics:
  - o Number of interviews facilitated
  - o Number of articles published
  - o Virtual news conference views
- Digital media metrics:
  - o Social media impressions and engagements
  - o Number of website hits
  - o Community newsletter opens

For paid marketing and advertising campaigns that utilize television, radio, digital/online, out-of-home, and social media, additional metrics may be obtained that show the demographics and interests of the audience reached.

APH also has access to ZenCity, a sentiment monitoring tool, which will be utilized to understand the community sentiment of COVID-19 and vaccines throughout the phased distribution.

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

Austin Public Health will continue to meet with partners throughout the administration phases of the vaccine. Monitoring of vaccine administration activity will include reports from Austin Public Health that illustrate vaccination progress as well as asking partners to share updates on their own progress of vaccinating staff. Austin Public Health will utilize data provided by DSHS to monitor progress and status of vaccines throughout Travis County.

**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.**

Austin Public Health is still working to understand the data that will be shared by DSHS. Information will be shared on the City of Austin website. Austin Public Health will share the following metrics, although metrics may change throughout the response:

- Percent of population vaccinated
- Vaccination information by age/ethnicity
- Vaccination information by age
- People vaccinated with at least 1 dose of a 2-dose vaccine
- People fully vaccinated

## Appendix A: Travis County Priority Population Estimates

The population groups described below are not an exhaustive list of all potential priority groups for vaccination. Rather, the selected groups were chosen after careful consideration and discussion with healthcare professionals, community partners, and guidance issued by the CDC. Austin Public Health will follow all applicable state and federal laws and guidelines in vaccine distribution.

It is important to note that groups and individuals may fall into multiple categories; the frameworks are not mutually exclusive. It is possible that a single individual may fall into multiple categories or even all of them. As well, a variety of data sources were used to provide a comprehensive description of several critical populations. These data sets are not always fully compatible, and each data set should be interpreted in the appropriate context of the methodology from which it is sourced.

<b><i>Critical Infrastructure; Healthcare Personnel</i></b>	<b>Individuals Within Travis County, Estimate</b>
<i>Nursing Care Facilities (Skilled Nursing Facilities)</i>	3,779
<i>Residential Care Facilities, Except Skilled Nursing Facilities</i>	3,153
<i>Outpatient Care Centers</i>	7,292
<i>Home Health Care Services</i>	5,394
<i>Other Health Care Services</i>	6,187
<i>General Medical and Surgical Hospitals, And Specialty (Except Psychiatric and Substance Abuse) Hospitals</i>	19,806
<i>Direct Care Physicians</i>	3,567
<i>Offices of Other Health Practitioners</i>	15,573

<b><i>Other Critical Infrastructure (Selected industries)</i></b>	<b>Individuals Within Travis County, Estimate</b>
<i>Utilities</i>	4,824
<i>Bus Service and Urban Transit</i>	1,638
<i>Postal Service</i>	2,106
<i>Air, Rail, and Water Transportation</i>	2,813
<i>Other Transportation and Warehousing</i>	15,800
<i>Essential Retail</i>	29,114
<i>Justice, Public Order, and Safety Activities</i>	9,112
<i>Other Public Administration Services</i>	32,195
<i>Child Day Care Services</i>	6,313
<i>Individual and Family Services</i>	5,766
<i>Other Social Assistance Services</i>	1,098
<i>Elementary and Secondary Schools</i>	40,909
<i>Colleges, Universities, And Professional Schools, Including Junior Colleges</i>	32,763
<i>Other Schools and Instruction, And Educational Support Services</i>	8,131

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<b>People at Increased Risk for Severe COVID-19 Illness</b>	<b>Individuals Within Travis County, Estimate</b>
<b>Vulnerable Group</b>	
<i>Long-Term Care Facility Residents</i>	9,969
<b>Age Cohorts</b>	
<i>5 and under</i>	78,751
<i>5 to 9 years</i>	75,966
<i>10 to 14 years</i>	73,312
<i>15 to 19 years</i>	72,912
<i>20 to 24 years</i>	85,452
<i>25 to 34 years</i>	241,541
<i>35 to 44 years</i>	190,102
<i>45 to 54 years</i>	152,905
<i>55 to 59 years</i>	67,198
<i>60 to 64 years</i>	57,677
<i>65 to 74 years</i>	70,442
<i>75 to 84 years</i>	27,992
<i>Over 85 years</i>	11,916
<b>Medical Conditions*</b>	*These categories are not mutually exclusive. A single individual may have more than one condition and be counted in each category.
<i>Cancer</i>	116,707
<i>Kidney Disease</i>	32,485
<i>COPD</i>	34,892
<i>Cardiovascular Disease</i>	84,222
<i>Obese or Extremely Obese</i>	353,731
<i>Current Smoker</i>	140,770
<i>Diabetes</i>	110,691
<i>Pregnancy</i>	20,516

<b>People at Increased Risk of Acquiring or Transmitting COVID-19</b>	<b>Individuals Within Travis County, Estimate</b>
<b>Racial and Ethnic Minorities</b>	
<i>Hispanic/Latinx population</i>	407,987
<i>Black or African American alone</i>	100,040
<i>Asian alone</i>	78,800
<i>American Indian and Alaskan Native alone</i>	4,108
<i>Native Hawaiian and Pacific Islander alone</i>	670
<b>Other Vulnerable Groups</b>	
<i>People who are incarcerated in correctional facilities</i>	1,831
<i>Unsheltered homeless individuals</i>	1,574
<i>Sheltered homeless individuals</i>	932
<i>People working in educational settings</i>	81,803

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<i>People with Limited Access to Routine Vaccination Services</i>		Individuals Within Travis County, Estimate
<i>Vulnerable Groups</i>		
<i>Rural Population</i>	65,729	
<i>Disabled Population</i>	99,853	
<i>Uninsured Population</i>	167,017	

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## Appendix B: Texas Immunization Registry, ImmTrac2

The Texas Immunization Registry, ImmTrac2, is an “opt-in” registry that stores immunization records for Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system. Only doctors, schools, child-care centers, public health departments, and other authorized healthcare organizations may directly access ImmTrac2. Immunization records are NOT available to view online by the general public, including parents or legal guardians.

During a publicly declared disaster, providers must provide the data for any antiviral, immunization, or other medication (AIM) to DSHS within 30 days. Once administered each dose of a COVID-19 vaccine must be reported within 24 hours of administration. The registry will track adverse reactions to an AIM administered during the disaster.

All COVID-19 immunization records of people who have not consented to be included within the registry will be removed after 5 years.

For more information on the state law related to the registry:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=25&pt=1&ch=100&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=100&rl=Y)

For more information on the registry from DSHS:

<https://www.dshs.texas.gov/immunize/immtrac/FAQs.shtm>