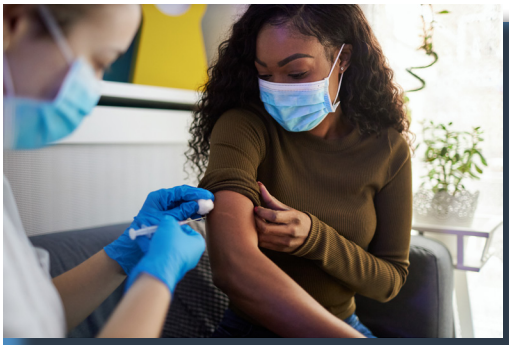

Lessons Learned from the Early COVID-19 Vaccine Rollout

The GHPC COVID Collection *January 2021*

Three interrelated challenges are impacting the early rollout of COVID-19 vaccines: vaccine scarcity, distribution, and communication. There is wide variation in how quickly states have been able to administer vaccine supply on hand as first doses.[1] As of January 14, West Virginia is a leader, administering 87% of the doses delivered to the state and had giving 9.4% of its population their first dose of the vaccine.[1] Many states have had slower initial rollouts.

There is high demand for vaccines, and appointments to receive the initial dose fill up almost immediately. Health centers report not receiving adequate vaccine shipments to meet their local demand. Some health centers also have had difficulty registering with state governments to become registered vaccine providers.[2] Reporting when a vaccine has been administered has also been an issue. Hospital officials have struggled with inputting data into state immunization registries.[3]

Researchers at the Georgia Health Policy Center examined top-performing to states to identify innovative practices and policies.

Local Pharmacies: Lessons From West Virginia and Arkansas

West Virginia delivered and administered the first round of shots at all of the long-term care facilities in the state as of January 14. The state already began administering the second round of doses and moving on to other populations, including people aged 80 and older and teachers aged 50 and older.[4] While many states partnered with Walgreens and CVS to help distribute the vaccine, neither company had enough stores in the West Virginia to implement a wide-scale vaccination effort. Instead, West Virginia delivered its vaccine supply to over 250 local pharmacies. These small, independent pharmacies already had connections with long-term care facilities and did not have the red-tape that Walgreens and CVS require to administer a vaccine (both chains require written approval by the vaccine recipient or the recipient's family). Arkansas took a similar approach and partnered with independent pharmacies to distribute the vaccines to nursing homes with great success (60% of delivered shots administered). Both of these states have high proportions of rural counties where taking advantage of small independent pharmacy networks served as a boon to vaccination efforts.

Strong Communication: Lessons From Connecticut and Montana

Connecticut administered 66% of all doses delivered to the state in January. Every week, Connecticut's state agencies hosted calls with hospitals to troubleshoot emerging problems.[1] Montana, which administered 65% of all doses received in January, cited a close relationship between the state health department and hospital administrators as contributing to their success in administering the doses they received. Both states provided notices to health centers of vaccine shipments far in advance of the centers receiving them to ensure that the center staff had time to prepare to administer the doses. This strong communication between state agencies and health centers likely benefited vaccine rollout efforts.

Georgia Health Policy Center

404.413.0314
ghpc.gsu.edu
ghpc@gsu.edu

Georgia State University | Andrew Young School of Policy Studies

Administrative and Technical Support: Lessons From Oregon

Oregon encountered "administrative and technical challenges that caused many providers to lag in their reporting."[6] To resolve this issue, the Oregon Health Authority (OHA) created a division to provide technical support. OHA worked with providers to ensure they report their data into their immunization information system within the state's established reporting window.

Potential Improvements to Vaccine Rollout
1. Vaccine tracking dashboard detailing the status of doses administered, vaccine provider sites, and demographic information at the county level[5]
2. Vaccine centers in low-income, diverse areas with the appropriate number of appointments available to the populace utilizing Resources, Information, and Systems for Equity networking capabilities[7]
3. Weekly calls between the department of public health and local partners to ensure effective, ongoing communication between the state, health care facilities, and providers
4. Advance notice of vaccine shipments and arrivals (can be communicated through weekly meetings)
5. Executive orders to convey new guidelines quickly when new needs arise[5]
6. A webpage that allows individuals to check eligibility, sign up for vaccine appointments, get placed on a waitlist, and receive text messagess
7. Phone lines for booking appointments for individuals without access to the internet or computers
8. A division within the department of public health or a program with state medical colleges to provide administrative and technical support for vaccine providers

References

[1] Haseman, J. (2021, January 14). Tracking COVID-19 vaccine distribution by state. *USA Today*. Retrieved from https://www.usatoday.com/in-depth/graphics/2021/01/14/covid-vaccine-distribution-by-state-how-many-covid-vaccines-have-been-given-in-us-how-many-people/6599531002/

[2] Michaud, J., Kates, J., Dolan, R. & Tolbert, J. (2020, November 18). States are getting ready to distribute COVID-19 vaccines. What do their plans tell us so far? Kaiser Family Foundation. Retrieved from https://www.kff.org/coronavirus-covid-19/issue-brief/states-are-getting-ready-to-distribute-covid-19-vaccines-what-do-their-plans-tell-us-so-far/

[3] Aguilar, M. (2021, January 29). 'Our top headache': How data collection is posing new challenges in the COVID-19 vaccination effort. *STAT*. Retrieved from https://www.statnews.com/2021/01/29/covid19-vaccination-data-tracking-disparities.

[4] Noguchi, Y. (2021, January 7). Why West Virginia's winning the race to get COVID-19 vaccine into arms. National Public Radio. Retrieved from https://www.npr.org/sections/health-shots/2021/01/07/954409347/why-west-virginias-winning-the-race-to-get-covid-19-vaccine-into-arms

[5] Levison, J., Cooper, R., & Rosenthal, J. (2021, January 18). States quickly retool strategies to maximize vaccination coverage. National Academy for State Health Policy. Retrieved from https://www.nashp.org/states-quickly-retool-strategies-to-maximize-vaccination-coverage/

[6] Oregon reports 1,152 new confirmed and presumptive COVID-19 cases, 29 new deaths. (2021, January 14). *Canon Beach Gazette*. Retrieved from https://www.cannonbeachgazette.com/news_free/oregon-reports-1-152-new-confirmed-and-presumptive-covid-19-cases-29-new-deaths/article_80dc9e44-56c7-11eb-91f8-e74fbad092ae.html

[7] Public Health Institute. (2021). Communities RISE together: Equity in action for COVID-19. Unpublished proposal. Retrieved from https://www.dropbox.com/s/dn50prbxii7wxfl/5.13%20FINAL%20DRAFT%20OMH%20TECHNICAL%20NARRATIVE%20__Public%20Health%20Institute.pdf?dl=0