



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

DISCLAIMER

The information presented today is based on CDC's recent guidance and MAY change.

January 8, 2021

COVID-19 Vaccine Distribution Plan Update

Imelda Garcia, MPH

Associate Commissioner, Laboratory & Infectious Disease Services Division



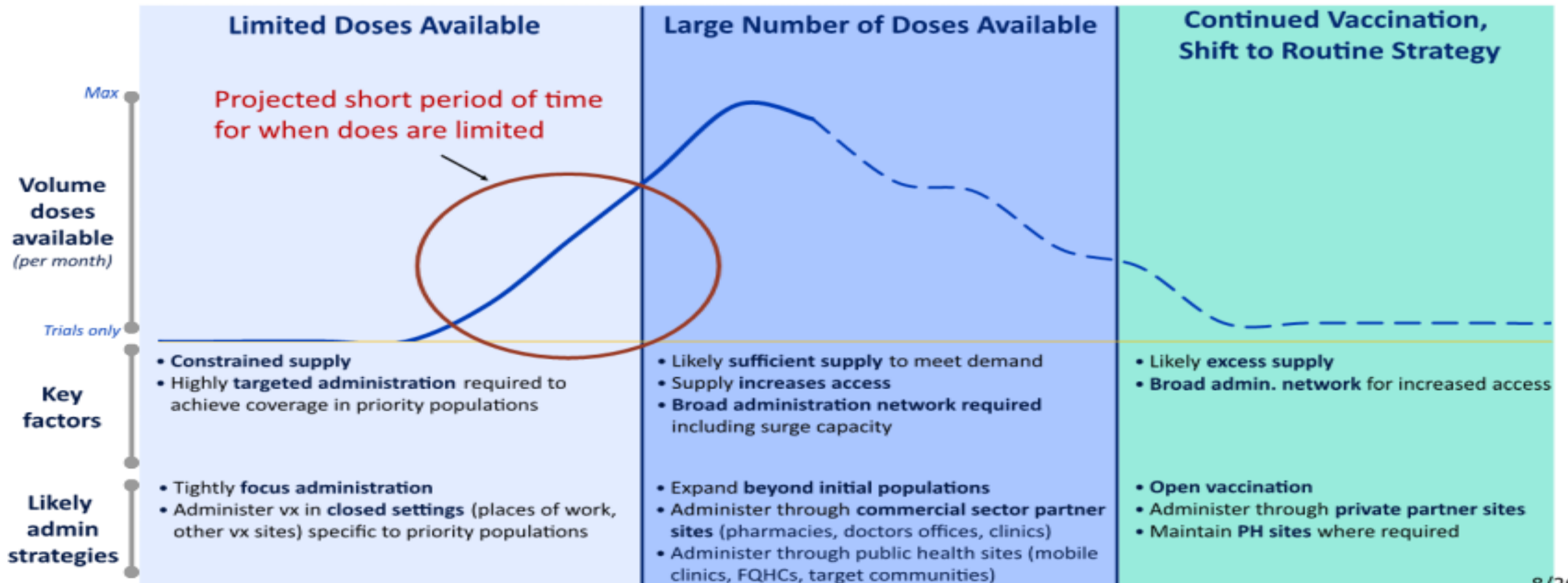
TEXAS
Health and Human
Services

Texas Department of State
Health Services

Phases and Timeframe of COVID-19 Vaccine Distribution

Draft – for planning purposes only and subject to change

Administration of COVID-19 vaccine will require a phased approach



Phased Approach to Vaccination

- ***Phase 0 (October 2020 - November 2020)***
 - Provider recruitment and registration into ImmTrac2 and new web-based portal.
- ***Phase 1 (December 2020 – January 2021): Limited supply of COVID-19 vaccine doses available.***
 - Vaccines will be direct-shipped to registered providers serving healthcare workers and other select populations based upon the DSHS Commissioner’s approval.
 - Occupational healthcare settings will be the primary administrators of vaccines.
 - Some large chains enrolled directly by CDC to serve some targeted populations (long-term care facilities).
 - Continue ongoing provider recruitment and registration to ensure access to vaccination.



Phased Approach to Vaccination

(Specific dates are subject to change)

- ***Phase 2 (March 2021-July 2021): Increased number of vaccine doses available.***
 - Emphasis on ensuring access to vaccine for members of Phase 1 populations who were not yet vaccinated as well as for the additional populations; expand provider network.
 - Mass vaccination events for larger population.
 - Texas will use specialized vaccine teams, as needed, to vaccinate identified critical groups lacking access to the vaccine (e.g., rural communities).
- ***Phase 3 (July 2021 -October 2021): Sufficient supply of vaccine doses for entire population.***
 - DSHS will focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.
 - May consider extending the use of vaccine teams depending on the uptake and coverage received thus far, especially to ensure second doses are administered from the end of Phase 2.
- ***Phase 4 (October 2021 and forward): Sufficient supply of vaccine with a decreased need due to most of the population being vaccinated already.***
 - May include boosters or annual vaccines, if required.
 - Vaccine availability open throughout private providers. Population able to visit provider of choice.



COVID-19 Expert Vaccination Allocation Panel (EVAP)

- Texas has convened a team of appointed external and internal subject-matter experts (SME) into the COVID-19 Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health.
- The panel has developed guiding principles and utilizes them in their recommendations.
- The recommendations from the EVAP will be sent to the Texas Commissioner of Health for final approval.
- EVAP voting members

<https://www.dshs.texas.gov/coronavirus/immunize/evap.aspx>



Texas Vaccine Allocation Guiding Principles

Texas will allocate COVID-19 vaccines that are in limited supply based on:

- **Protecting healthcare workers** who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the healthcare infrastructure for all who need it.
- **Protecting front-line 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.



COVID-19 Critical Population

Phase 1A Healthcare Workers Definition – First Tier

- Paid and unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19. Such as but not limited to:
 - Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
 - Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
 - Others having direct contact with patients or infectious materials
- 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



COVID-19 Critical Population

Phase 1A Healthcare Workers Definition – Second Tier

- Staff in outpatient care settings who interact with symptomatic patients. Such as but not limited to:
 - 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
 - Healthcare workers in corrections and detention facilities
- 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.
- Public health and emergency response staff directly involved in administration of COVID 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.



COVID-19 Critical Population

Phase 1B Definition

- DSHS will work with vaccine providers and local partners to ensure that people who are 65 and older or have the medical conditions listed below and who also work in front-line and critical industries have access to the vaccine so they will be protected from COVID-19 while on the job.
- Texas equally will strive to ensure vaccine reaches communities with health disparities in accordance with Texas Vaccine Allocation Guiding Principles.



COVID-19 Critical Population

Phase 1B Definition

Texas Phase 1B Vaccine Priorities

- People 65 years of age and older
- People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19, such as but not limited to:
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
 - Solid organ transplantation
 - Obesity and severe obesity (body mass index of 30 kg/m² or higher)
 - Pregnancy
 - Sickle cell disease
 - Type 2 diabetes mellitus



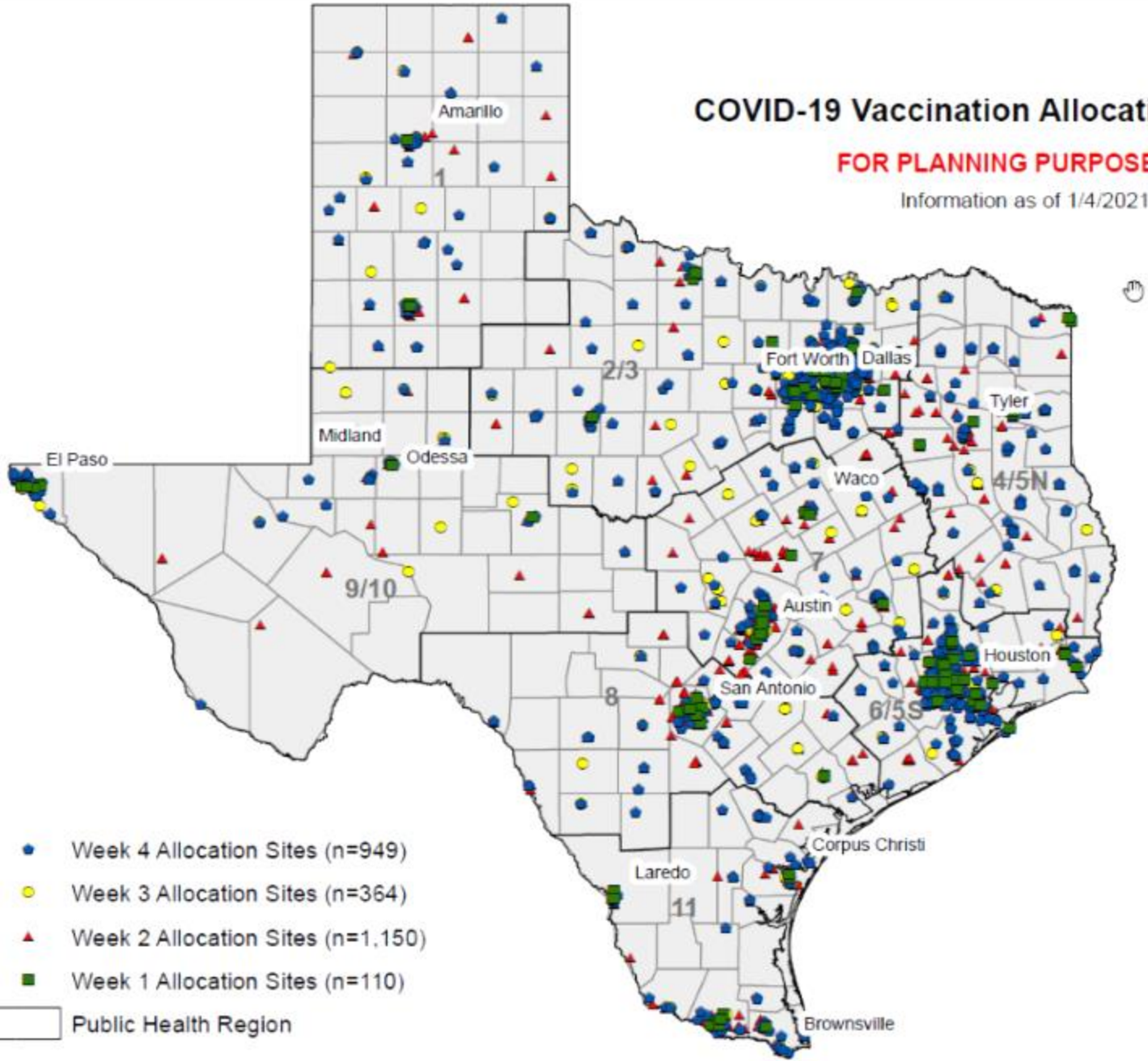
Texas COVID-19 Vaccine Allocation

Week of December 14th	Week of December 21st	Week of December 28th	Week of January 4th	Week of January 11th	Week of January 18th
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Pfizer Only	Pfizer	Pfizer	Pfizer	Pfizer	Pfizer
	Moderna	Moderna	Moderna	Moderna	Moderna
	Put in reserve for LTCF	Put in reserve for LTCF	Put in reserve for LTCF	Put in reserve for LTCF	No LTCF Reserve
			2nd Dose Pfizer Allocation	2nd Dose Moderna Allocation	

COVID-19 Vaccination Allocations Weeks 1-4

FOR PLANNING PURPOSES ONLY

Information as of 1/4/2021



- Week 4 Allocation Sites (n=949)
- Week 3 Allocation Sites (n=364)
- ▲ Week 2 Allocation Sites (n=1,150)
- Week 1 Allocation Sites (n=110)

□ Public Health Region

Allocation Status by County

Weeks 1 - 4

- 214 counties out of 254 counties received vaccines with 1,159,325 doses
- 254 counties out of 254 counties with vaccine doses administered.
- 365,625 Pfizer doses to LTCFs by federal program.



Allocation Status by Phase 1a

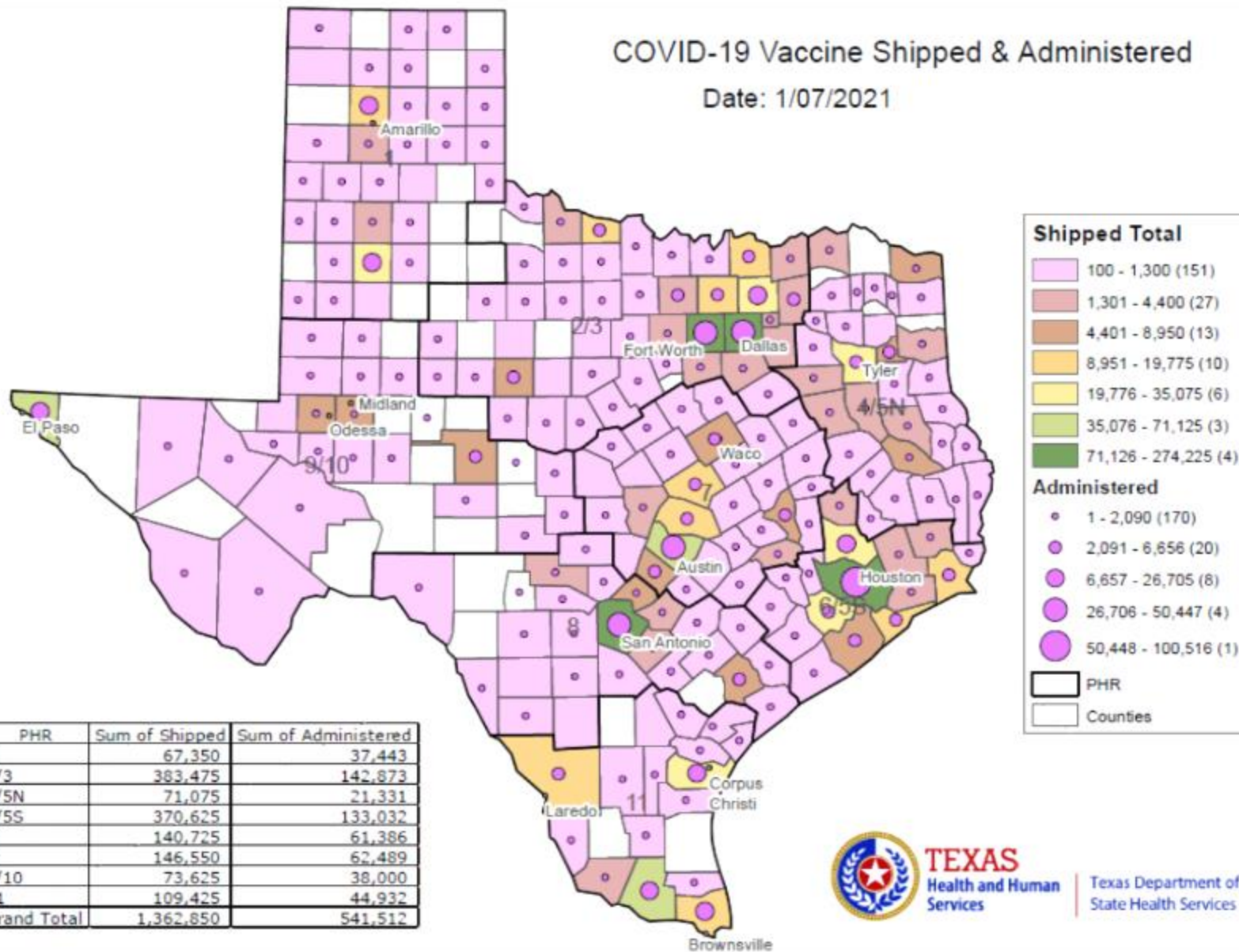
Weeks 1 - 4

- Estimated 1.6 Million healthcare workers (HCWs) in the state.
 - 697,270 HCWs pre-booked by hospitals.
- 697,270 HCWs pre-booked by hospitals. DSHS has allocated 654,525 (94%) of the pre-booked HWCs in hospitals.
- DSHS has allocated additional 535,300 doses to non-hospital organizations for HCWs.



COVID-19 Vaccine Shipped & Administered

Date: 1/07/2021



Shipped Total

- 100 - 1,300 (151)
- 1,301 - 4,400 (27)
- 4,401 - 8,950 (13)
- 8,951 - 19,775 (10)
- 19,776 - 35,075 (6)
- 35,076 - 71,125 (3)
- 71,126 - 274,225 (4)

Administered

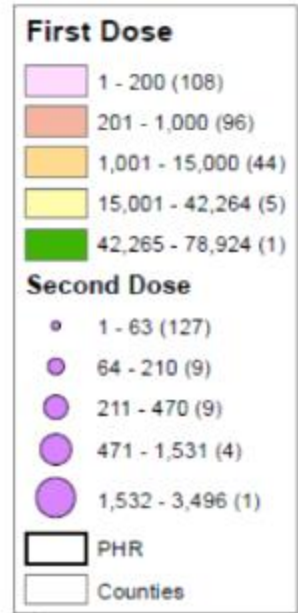
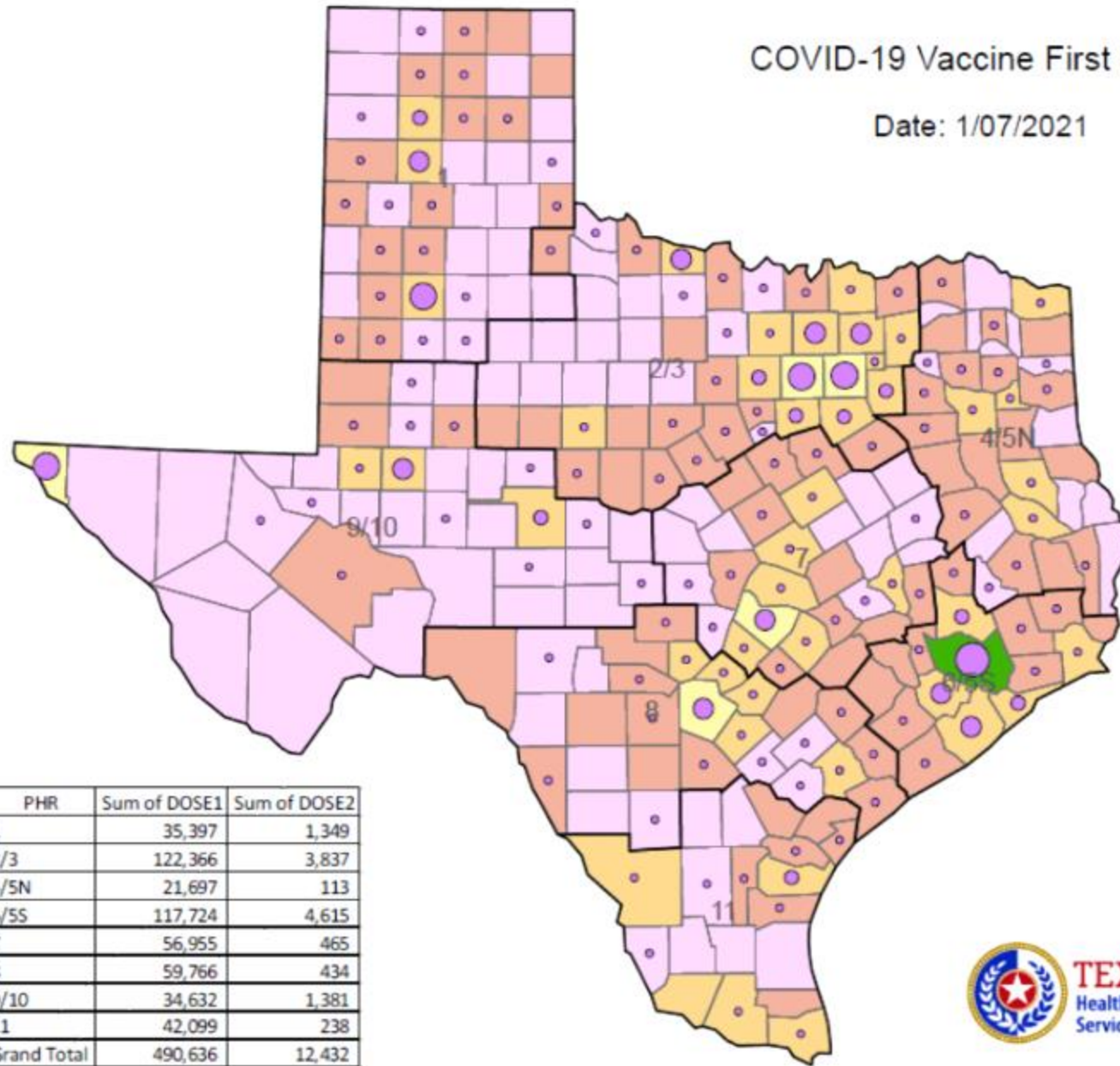
- 1 - 2,090 (170)
- 2,091 - 6,656 (20)
- 6,657 - 26,705 (8)
- 26,706 - 50,447 (4)
- 50,448 - 100,516 (1)

PHR
 Counties

PHR	Sum of Shipped	Sum of Administered
1	67,350	37,443
2/3	383,475	142,873
4/5N	71,075	21,331
6/5S	370,625	133,032
7	140,725	61,386
8	146,550	62,489
9/10	73,625	38,000
11	109,425	44,932
Grand Total	1,362,850	541,512

COVID-19 Vaccine First & Second Dose

Date: 1/07/2021



PHR	Sum of DOSE1	Sum of DOSE2
1	35,397	1,349
2/3	122,366	3,837
4/5N	21,697	113
6/5S	117,724	4,615
7	56,955	465
8	59,766	434
9/10	34,632	1,381
11	42,099	238
Grand Total	490,636	12,432



TEXAS
Health and Human
Services

Texas Department of
State Health Services

Populations (Phase 1A Phase 1B)

All providers that have received COVID-19 vaccine must immediately vaccinate healthcare workers, Texans over the age of 65, and people with medical conditions that put them at a greater risk of severe disease or death from COVID-19. No vaccine should be kept in reserve.”

– DSHS Commissioner John Hellerstedt, M.D.



Texas Department of State
Health Services

DISCLAIMER

The information presented today is based on CDC's recent guidance and MAY change.

January 8, 2021