

COVID-19 Vaccination Plan

SANGAMON COUNTY



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Executive Summary

The Sangamon County Department of Public Health (SCDPH) is executing a dynamic vaccination plan to vaccinate persons seeking the vaccine as expeditiously as possible while maintaining safety protocols and managing constraints. The SCDPH will be managing daily clinic operations devoted to vaccinating individuals in broad alignment with state and federal directions. These clinics will operate seven days per week.

Among the chief constraints in performing vaccination is the minimum 15-minute observation period which must be managed under social distancing protocols. To deliver more vaccinations in the community, the SCDPH is working with Memorial Medical Center, HSHS St. John's Hospital, Springfield Clinic and the Southern Illinois University School of Medicine to expand the number of clinics. In the coming weeks, the federal government is expected to provide vaccine directly to many pharmacies, which will further expand options and available for residents to get vaccinated.

In addition to providing vaccinations, education and messages directed at vaccine hesitancy are also under development. For persons awaiting vaccination, materials will let people know how and when to proceed with vaccination. Persons and populations reluctant or skeptical about being vaccinated will have specific messaging targeted at their concerns.

Two doses of COVID-19 vaccine separated by at least 21 or 28 days will be needed for immunity for some vaccine candidates. Both doses of the vaccine will be with the same vaccine type, produced by the same manufacturer, but not the same lot of the vaccine. This will require stringent tracking of vaccine administered and patient reminders. Vaccination will be voluntary. Per CDC guidance, the vaccine should be provided to enough of the population to elicit herd immunity as supply of vaccines permits.

Vaccination will take place over many months and provided in phases as more vaccine becomes available. Monitoring for adverse events will be necessary and important; this is the 15-minute waiting period following vaccination. The requirements for COVID-19 vaccine administration will continue to evolve over time.

The vaccines administered in Sangamon County will be tracked on the SCDPH website. The number of vaccinations delivered in any period will depend on the amount of vaccine provided by the state; advanced notice of these quantities is typically not provided to SCDPH. The current estimate is that 300 vaccinations daily will be administered by SCDPH.

COVID-19 Phases for Order of Vaccination

In accordance with guidance and direction from the Centers for Disease Control and Prevention (CDC) and IDPH, populations will be eligible for vaccination according to priority groups. This guidance is established by the CDC's Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts. All people are assumed susceptible to the virus, but vaccination is not mandatory. Employers may require vaccination subject to certain limitations; the Equal Employment Opportunity Commission (EEOC) updated its COVID-19 guidance to address how COVID-19 vaccination interacts with the legal requirements of the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964, and the Genetic Information Nondiscrimination Act (GINA). Some airlines or other businesses may require a "vaccine passport" to enter as they slowly reopen; vaccine passports are proof of vaccination.

Because with the limited amount of vaccine that is currently coming to the county, the first effort competently executed was gaining experience for the mass vaccination process; this beta-test prepared SCDPH for more vaccine rolling out in much larger quantities in the coming weeks. As the county receives more vaccine, we will execute special delivery programs for prioritized groups like the elderly in high risk congregate settings and the elderly confined to their homes.

Projections on the populations eligible in each phase and the estimated number of Sangamon County residents in each phase may be found in Attachment B.

Phase 1A: Health Care Personnel and Long-Term Care Facility Residents

Health Care Personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients' infections materials. This includes clinicians such as nurses, physicians, respiratory technicians, dentists, and hygienists and many other workers in health care settings, such as nursing assistants, environmental services staff, assisted living facility staff, long-term care facility staff, group home staff, and home caregivers. This also includes emergency medical services (EMS), pharmacists, plasma and blood donation staff, morticians, public health nurses, home health, school nurses, optometrist, COVID testing staff, dermatologist, dialysis staff, urgent care workers, nurses/aides working in correctional facilities, physical/occupational/speech therapists, and vaccine clinic workers.

Long-Term Care Facility Residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently. Walgreens or CVS will vaccinate long-term care residents at the facilities through agreements with CDC. As of January 13, most nursing facilities have been contacted by these pharmacies.

Also in this initial grouping are residents in many congregate care establishment including: assisted living facilities, intermediate care facilities for persons with developmental disabilities, continuing care



residential facilities, residential care adult homes, and other supportive housing for seniors and persons with developmental disabilities.

Phase 1B: Persons aged 65 and over as well as Frontline Essential Workers

Frontline essential workers include first responders and workers for critical infrastructure. This group includes firefighters, law enforcement officers, 911 dispatch security personnel, school officers, jail officers, juvenile facility staff, workers providing in-person support, inmates, food and agriculture workers, veterinary staff and animal care, livestock services, postal service workers, manufacturing workers producing goods for distribution, grocery store workers, public transit workers including taxi drivers, in-person support and ride sharing services.

Education workers are included in this phase (congregate child care, pre-K through 12th grade): teachers, principals, student support, student aids and day care workers.

Persons working in shelters, adult day care, sheltered workshops, and psychosocial rehabilitation complete this grouping.

Phase 1C: Persons aged 16-64 with medical conditions that increase risk of severe COVID-19 and other essential workers (as of 1/10/2021, this is considered draft for the context of IL per IDPH)

Persons aged 16 to 64 years old with medical conditions that increase the risk for severe COVID-19. Conditions include obesity, diabetes, pulmonary disease, heart condition including hypertension, kidney disease, cancer, immunocompromised, sickle cell and pregnancy would be in this phase.

Other essential workers in this cohort include persons working in transportation/logistics, food services, housing, finance/banking, information technology, communication, energy, media, legal, public safety, water, wastewater and public health workers.

Phase 2: Pending ACIP recommendations but possible the rest of the population aged 16 and older

SCDPH will continue to schedule drive thru clinics until demand drops significantly, down to fewer than 50 vaccinations per day. At that point, "walk-in" immunizations will be provided in the SCDPH clinic.

Other Important Patient Information

There is no fee for the vaccine but insurance and third party-payer information will be requested so that billing for the administration of the vaccine may occur. At SCDPH, no one will be declined the vaccination for lack of third-party payer information. Vaccine administration tracking is essential to the SARS-CoV-2/COVID-19 vaccine campaign since two doses of the same vaccine separated by at least 21 or 28 days are necessary for effective immunity. Vaccine information statements (VISs) will be provided to each patient prior to vaccination.

COVID-19 vaccination record cards will be given to patients at the vaccine clinic to document the vaccinations and remind them to schedule an appointment for a second dose. Also, the vaccine

administration record will assist those providers administering the second dose with identifying the correct vaccine for the patient. The documentation each person receives at the time of administration will include the vaccine manufacturer name, lot number, dose, site, date of vaccination and the date when the second dose is due. SCDPH will use its appointment system to generate reminder emails. Patients will be encouraged to schedule the second-dose appointment at the time of delivering the first dose. The patient needs to bring this record to the second dose appointment.

Further details about the clinics, scheduling and what to expect are provided below under “Clinic Operations”.

Projections regarding where the phases and groups may be slated will be posted and updated on the SCDPH web site.

Critical Populations for Vaccine Allocation			
Limited supply of vaccine		Increased Supply of vaccine	
Healthcare Workers & Long Term Care Facility Residents & Staff. Phase 1a Healthcare Personnel: Defined by the CDC as paid and unpaid workers in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. E.g. Nurses & Nursing Assistants, Physicians (MD, NP, PA), Respiratory Technicians, Pharmacists, Emergency Medical Services (EMS), etc. Other workers such as Reception Staff, Environmental Services Staff, X-Ray Technician's, Phlebotomists, Infectious Waste Workers, Dietary staff, Laundry staff, security staff, etc. Long Term Care Facility Residents: Defined by the CDC as adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently. Other Identified Congregate Care Residents & staff: See table 1 State of Illinois COVID-19 Vaccination Plan for list	Persons aged 65 and older frontline essential workers Phase 1b Persons aged 65 & over. Frontline Essential workers: Includes those workers who are essential for the functioning of society and are at highest risk of exposure, such as firefighters (including volunteer), Law Enforcement Officers, 911 Dispatch, Security Personnel, Corrections Officers & inmates, Food and Agriculture Workers, Postal Service Workers, Manufacturing Workers, Grocery Store Workers, Public Transit Workers, Education sector, including teachers and Support Staff and Shelters/Adult Day Care.	Persons 16 to 64 (comorbid conditions) & other essential workers. Phase 1c Further updates to be released for Phase 1c for the context of Illinois; Persons aged 16 to 64: With conditions that increase the risk for severe COVID-19. Such as obesity, diabetes, pulmonary disease, heart conditions including hypertension, kidney disease, cancer, immunocompromised, sickle cell and pregnancy. Other Essential Workers: Workers in transportation & logistics, water & wastewater, food service, shelter and housing (e.g., construction), finance (e.g., bank tellers), information technology & communications, energy, legal, media, and public safety (e.g., engineers), and public health workers.	The rest of the population. Phase 2 Phase 2 is pending ACIP recommendations, possible groups could include; The rest of the population aged 16 & up.

Source: IDPH COVID-19 Vaccination Plan V4.1
January 10, 2021

COVID-19 Vaccination Clinics

SCDPH will be conducting clinics indoors and establish a drive-through operation. Vaccination clinics will be conducted seven days per week beginning January 6, 2020. Between January 6th and January 15, vaccinations will be conducted indoors. While conducting these clinics, SCDPH is examining on-going clinic operations for opportunities to increase efficiency, allowing for more appointments. The number of vaccinations in any period will depend on the amount of vaccine provided by the state; advanced notice of these quantities is typically not provided to SCDPH. Inclement winter weather may also impact the number of vaccines administered; SCDPH expects warmer weather to afford a faster vaccination rate and opportunities to administer more vaccinations. The current estimate is that 300 vaccinations daily will be administered by SCDPH. Estimates on how the vaccinations may be applied to the appropriate phase are made in Attachment C.

Scheduling

Scheduling appointments is accomplished through the 24/7 on-line appointment scheduling process on the SCDPH web site or by calling the SCDPH COVID hotline at 217-321-2606 from 8:30 a.m. to 4:30 p.m. on regular business days. Appointments prevents extensive lines and long waits; also, vaccine supply is limited. This scheduling system will send reminders via email about scheduling the appointment for a second dose. The appointment system will also assure that the appointment for a second dose is not scheduled too soon.

Scheduling an appointment is extremely easy and can be accomplished via the web or by calling the SCDPH hotline. On a computer or mobile device, simply navigate to scdph.org and click the

COVID-19 Vaccination Scheduling 

icon. There will be some questions to answer which will change as the phases or cohorts progress. Individuals may also call 217-321-2606 to have a person book an appointment to be vaccinated. The vaccination is expected to take about 25 minutes on average, which includes the 15-minute waiting period to observe that a patient doesn't experience an adverse reaction. Social distancing protocols will be observed during indoor clinics for the wait period.

Registration

Registration is estimated to take 2.5 minutes and the vaccination, which includes the nurse asking health related screening questions, takes about 4.5 minutes. After the vaccination, the patient needs to allow a minimum 15 minutes of time standing by in the advent that an adverse reaction to the vaccine occurs. Reactions have been extremely rare. Based on medical history, some patients may need to allow 30 minutes. COVID-19 vaccination clinics are also required to have medical personnel available with medicine and equipment for use in emergency resuscitations. The registration form is available on-line for persons to complete in advance of coming to their appointment.



Drive-Through Clinic

Beginning no later than Tuesday January 19th, a drive-through vaccination clinic will be operational in the parking lot at SCDPH. Residents with appointments will be able to have COVID 19 vaccine administered without leaving their car. Shots may be administered indoors for persons that may come by mass transportation or without a car, may have other special needs or may simply not be comfortable with the drive through process.

The drive through building will hold six to eight cars and have garage-type doors. This will allow for a temperature-controlled environment where vaccination can proceed throughout the winter. To ensure that snow and ice don't disrupt operations, there will be floor mats to keep staff out of snow, ice and water during periods where precipitation may be on the ground.

Forms

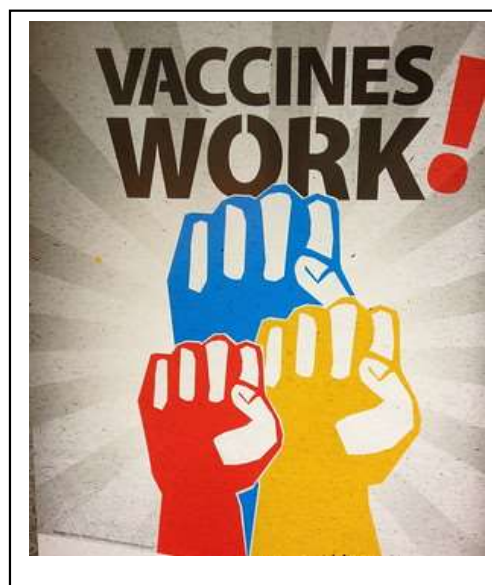
Patients will complete a consent to be vaccinated form which also requests insurance information. The SCDPH would bill insurance for administration of the vaccine, which is about \$23.63. In no case will SCDPH collect the administration fee or other expenses from the patient being vaccinated. Patients will be provided a disclosure document about the vaccine and, after the vaccination, a record of vaccination, a reminder to schedule the follow-up dose, and information about the CDC's "V-safe" program. Staff will suggest to the patient to proceed with scheduling the second appointment at this time.

COVID-19 vaccination record cards will include the vaccine manufacturer name, lot number, dose, site, date of vaccination and the date when the second dose is due. SCDPH will use its appointment system to generate reminder emails and may utilize the state's system for reminders. The patient needs to bring this record to the second dose appointment.

Considerations for Employers

Because the COVID-19 vaccines are new, employers should consider spreading out appointments for employees out so that any related staff outage can be managed. While many persons will want to be vaccinated as soon as possible, please ask them to consider on-going operations at the business. As much as possible, stagger the schedule of vaccinations in the business so that not all personnel in a single department, service, or unit are vaccinated at the same time. Staggering considerations may be more important following the second dose when systemic symptoms after vaccination, such as fever, are more likely to occur.

Encourage employees to seek COVID-19 vaccination at the appropriate time. Post articles in company communications (i.e., newsletters, intranet, emails, portals, etc.) about the importance of this vaccination and where to get the vaccine in the community. Establish policies that allow employees to take an hour or two to seek the vaccination. Vaccination has many benefits for employers and employees:




- Reduces cost by decreasing time missed from work to get vaccinated
- Reduces cost by reducing absences due to illness, resulting in improved productivity
- Vaccination often already covered under employee health plans
- Improves morale
- Reduces absences due to sickness and doctor visits
- Improves health
- Convenience

The U.S. Equal Employment Opportunity Commission has relevant information about COVID-19 and equal employment opportunity laws at its website: <https://www.eeoc.gov/coronavirus>.

CDC'S 8 things to know about COVID-19 Vaccine Safety

12.5.2020

01 The safety of COVID-19 vaccines is a top priority .	03 At least at first, COVID-19 vaccines might be used under an Emergency Use Authorization (EAU) from the U.S. Food and Drug Administration (FDA).	06 At first, COVID-19 vaccines may not be recommended for children .
02 Many vaccines are being developed and tested, but some might be ready before others – CDC is planning for many possibilities.	04 There may be a limited supply of COVID-19 vaccines before the end of 2020, but supply will continually increase in the weeks and months that follow .	07 Cost will not be an obstacle to getting vaccinated against COVID-19.
05 If there is limited supply, some groups may be recommended to get a COVID-19 vaccine first .		08 COVID-19 vaccine planning is being updated as new information becomes available.

stay safe

save lives

Sangamon County Department of Public Health
www.scdph.org

General Patient Flow for COVID-19 Vaccination

Appointments

- Go to our website scdph.com to schedule.
- Call 217-321-2606 to schedule.
- Scan the QR code on your blue vaccine card to schedule 2nd dose.

Registration (2.5 minutes)

- (10 seconds) Patient checks in at the registration table for their scheduled appointment.
- (1.5 minutes) Patient fills out the 1-page registration form.
- (5 seconds) Patient is given vaccine information handout.
- (45 seconds) Patient proceeds to the nurses' station.

Vaccination (4.5 minutes)

- (1.5 minutes) Nurse asks patient a series of screening questions such as if the patient has medicinal allergies and any prior reaction to a vaccination.
- (1 min.) Nurse fills out patient paperwork, including discharge time and vaccination card.
- (30-45 seconds) Nurse administers the vaccine.
- (1.5 min.) Nurse give the patient instructions to wait in the monitoring area and give patient their card and a handout with instructions to make their next appointment.

Monitoring (15-30 minutes)

- (5 seconds) Patient is directed to the waiting area (a designated parking area or chairs appropriately spaced if indoors).
- (15-30 minutes) A Nurse monitors all patients in the waiting area until their discharge time (most patients wait 15 minutes, but, if they have a history of severe allergies, they wait 30 minutes)
- Patient is advised to schedule their next appointment while they wait.

Emergencies

- The nurses have Epi pens in the vaccination room and the monitoring area.
- An EMS will be on site.
- A recovery area is available if a patient needs to lie down.

Documentation

- Throughout the day, completed COVID shot forms will be taken to the support desk (place in the COVID data entry box).
- Support staff will enter each vaccine into the IDPH's web-based immunization record sharing application within 24 hours of administration.

TOTAL TIME of APPOINTMENT = approximately 30 minutes

Other sources for obtaining COVID-19 Vaccination

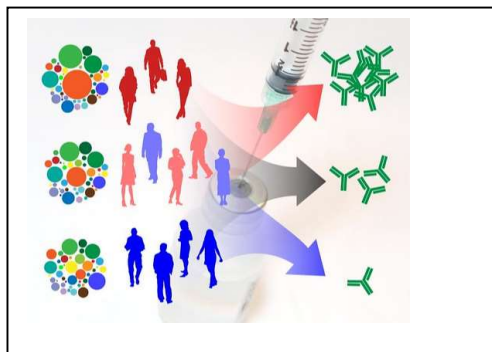
From the onset of the pandemic there has been tremendous cooperation and coordination among the Sangamon County Department of Public Health, the SIU School of Medicine, the Springfield Clinic, Memorial Medical Center and HSHS St. John's Hospital. Those efforts continue as we move into the vaccination stage of the pandemic. In order to achieve an increased level of vaccination, all five organizations have agreed on an expanded clinic operation plan utilizing resources from each organization. As with all other aspects of the vaccination plan, the expanded operation is completely dependent upon additional vaccine. Planning models for the expanded operation show that on average 1,500 individuals a day can be vaccinated, with the vaccine available seven days a week. While additional details are being finalized, all five organizations have pledged support for the expanded program and are meeting regularly.

All vaccine providers must register with IDPH and execute the CDC COVID-19 Vaccination Program Provider Agreement and Profile form. Once completed, these approved vaccine administrators will order and receive the SARS-CoV-2/COVID-19 vaccine via the IDPH's IL Comprehensive Automated (Immunization) Registry Exchange (I-CARE) system, a web-based immunization record sharing application. Vaccine would be shipped directly from the manufacturer or distributor to the provider.

As part of the CDC COVID-19 vaccine provider agreement, the enrollee must attest and agree to being able to receive the vaccine and report to the immunization information system (I-CARE) within 24 hours of vaccine administration.

Closed Points of Distribution (PODs)

Certain organizations, like the county's major medical providers, have agreements to dispense medication during a public health emergency to the people who work there. These are typically updated annually. Vaccine allocations are made from the IDPH and SCDPH as needed to afford these organization the vaccine supplies necessary to vaccinate personnel and household members. These sites are enrolled as discussed and must be approved as a pandemic vaccine provider before any vaccine is transferred to them. These entities assume responsibility for storage administration and reporting of the vaccine.



Educational Campaign – General and Specific to Vaccine Hesitancy

A campaign to inform and educate the population about getting the vaccine has been developed. This effort will be largely aimed at persons and populations skeptical of receiving the COVID-19 vaccine or overcoming language barriers. Key partners include the SIU School of Medicine and the Sangamon County Board of Health. A current draft of the plans for outreach to minority groups is included as Attachment A.

Vaccination program communication may be disseminated via social media, website postings, interviews, newspaper, television, and radio broadcasts. Public service announcements will be developed as needed to inform priority groups as to when they are eligible to call for appointments. Social media will be an important tool to provide updates and educational information.

Messages may include understanding the key differences between U.S. Food and Drug Administration (FDA) emergency-use authorization and FDA approval, a timeline of vaccine availability, authorization, distribution, targeted populations, why the vaccine is essential, and that situations are continually evolving. One of the primary goals will be to ensure public confidence in the approval and authorization processes, safety, and efficacy of COVID-19 vaccines. The program will also use traditional education materials for countering myths about the vaccine and information regarding safe handling, storage, preparation, and administration of the actual vaccine to ensure education for providers.

In addition to SCDPH and Sangamon area efforts, the state will likely implement a multifaceted communication strategy to ensure effective messaging across all populations. While SCDPH will not rely on those efforts, IDPH is an important partner with resources to help target the public to maximize COVID-19 vaccination uptake, including information specific to subpopulations.

Reaching Underserved Communities



If COVID has taught us anything, it has taught us that a deadly virus seeks to connect us all for its own purposes. It is critical that a successful mass vaccination plan make a concerted outreach to the medically underserved community.

SCDPH has partnered with SIU School of Medicine and SIU has, in turn partnered with the broader medical community and leaders in the medically underserved communities to develop a comprehensive and inclusive plan to communicate and educate this constituency that is critical to the overall success of the mass vaccination plan.

The Vaccine Communications Workgroup has identified the following tasks and strategies:

- Baseline understanding of how vaccines work
- Assessment of credible health communicators
- Assessment of accessible communications channels
- Assessment of trusted clinical locations and providers
- Vaccine acceptance and hesitancy
- Vaccine efficacy and safety

Stakeholders Currently Integrating into the Communications Plan (not limited to the following)

- NAACP
- Springfield Urban League
- BLM Springfield
- Frontiers International
- Divine Nine
- Springfield Ministerial Alliance
- Faith Coalition for the Common Good
- Independent deacons and nurses
- Area barbers and stylists
- City and housing leaders
- Black and Latinx restaurant owners
- Springfield Immigrant Advocacy Network
- AARP and senior groups, facilities
- The Black Chamber of Commerce
- Certified nurse's assistants
- Home healthcare providers
- One In A Million Inc.
- The Outlet Mentoring Program
- Memorial Health System
- HSHS St. Johns

Strategies to be implemented over the following weeks (not limited to the following)

Cultural health ambassadors program to equip community influencers.

- Identify possible advocates/ambassadors
- Ambassador training forums online
- Ambassador talking points and social kits
- Documenting ambassador journeys on social

Campaign toolkit (companion toolkits tailored for faith and clinical environments).

- Listening session guides
- Vaccine FAQs
- Culturally appropriate Q and A scripts
- Cultural health myth busters
- Key message cards
- Fliers for targeted groups
- Town hall slide deck

Virtual town halls and forum calendar that is accessible to the public.

- Divine Nine Town Hall
- NAACP Town Hall
- Kenniebrew Forum
- BLM Springfield Town Hall

Shareable social media content for all health and community organizations.

- Q and A posts
- “I’m in” or “I’m good” selfie campaign
- Vaccines work infographics
- Diverse voices ask the doc interviews
- Black History Month content

Paid media campaign

- Outdoor ads
- Television ads
- Radio ads
- Print ads
- Digital ads

Timeline – In process of development.

Budget – In process of development.

Vaccine Storage, Handling and Recording

SCDPH is capable of handling both the Pfizer-BioNTech and the Moderna COVID-19 vaccines. SCDPH has an Ultra-Low Freezer to -80 degrees and an approved vaccine freezer with data loggers. The cold chain begins at the COVID-19 vaccine manufacturing plant, includes delivery to and storage at the COVID-19 vaccination provider site, and ends with administration of COVID-19 vaccine to a person. Jurisdictions and vaccination providers are responsible for maintaining vaccine quality from the time a shipment arrives at a vaccination provider site until the dose is administered. Most COVID-19 vaccine will be delivered from CDC's centralized distributor directly to the location where the vaccine will be stored and administered, although some vaccine, such as initial shipments of ultra-cold vaccine, will be distributed through a centralized "hub and spoke" model.

Cold Chain Storage

Assuring vaccine quality and maintaining the cold chain are shared responsibilities among manufacturers, distributors, public health staff, and health care providers. An effective cold chain relies on a well-trained staff, reliable storage and temperature monitoring equipment, and accurate vaccine inventory management. SCDPH has experienced personnel managing these processes and equipment. Appropriate hard coolers, dry ice and ice packs will be used as appropriate when vaccine shipping to other entities.

Illinois Comprehensive Automated Immunization Registry Exchange

The Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) is the state's Immunization Information System (IIS) and will be the primary system utilized to order and track SARS-CoV-2/COVID-19 vaccine administration. SCDPH will use I-CARE to report COVID doses administered. Other providers approved to receive and administer vaccine will be responsible to report in I-CARE. IDPH expects all data to be entered within 24 hours of vaccination being provided. Additional metrics may be requested from CDC.

Immunization registries, also known as Immunization Information Systems (IIS), are defined by the CDC as confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. Immunization registries offer a consolidation of patient immunization records. Compiling all immunizations in one database allows easy access for healthcare providers. Certificates for proof of immunization are also easier to obtain for the purposes of school and childcare centers. The registry also offers timely reminders for vaccines coming due for patients.

I-CARE works to provide high-quality patient immunization records, applying vaccine evaluation and forecasting algorithms, and transforming this data into actionable information for clinicians, public health practitioners, and other IIS users to support immunization practice and improvement in one secured system. Other functionality supports clinical decision making for an individual patient, assessment of vaccine coverage rates for groups of patients or populations, reminder/recall outreach to improve vaccination rates, and management of vaccine inventory.

Vaccine Adverse Event Reporting System

All vaccinating entities will have access to the national Vaccine Adverse Event Reporting System (VAERS). This system is used to report and investigate adverse events following immunization with the COVID-19 vaccine. VAERS is a national passive surveillance reporting system that is co-sponsored by the CDC and the FDA. It is a component of the United States' comprehensive vaccine safety monitoring system. Reports are accepted from anyone, including vaccine recipients, healthcare providers, and vaccine manufacturers. VAERS reports are monitored carefully by CDC and the Food and Drug Administration (FDA). VAERS complies with all U.S. Government security standards and protections concerning health information.

Providers will receive an educational packet upon enrollment into the COVID-19 Vaccination Program. The CDC is working to expand safety surveillance through new systems and additional information sources and by scaling up existing safety monitoring systems. More information on safety monitoring will be shared when it becomes available from the CDC.

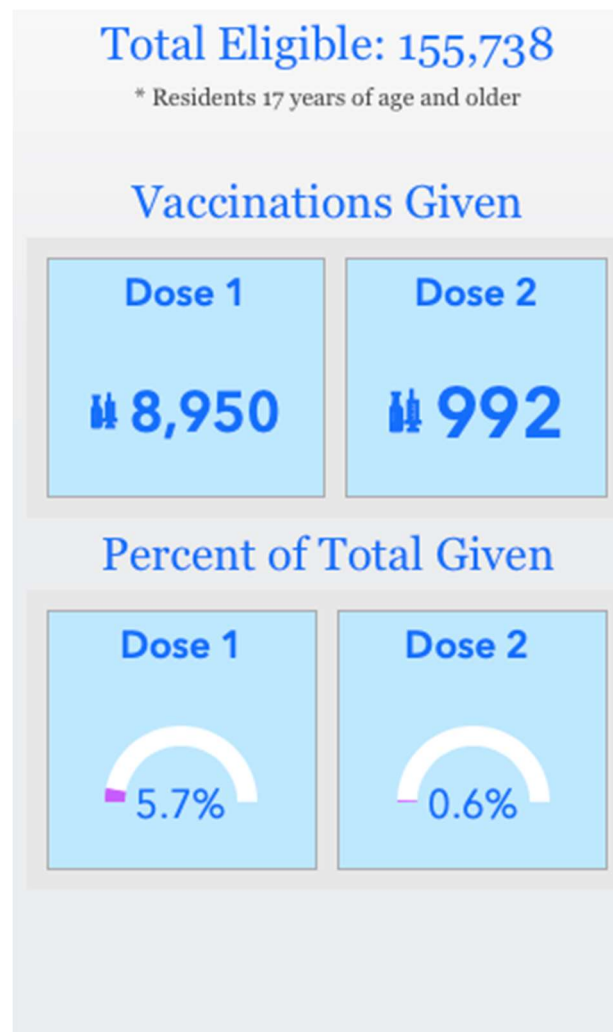
OPERATIONAL DETAILS: BUDGET AND STAFFING

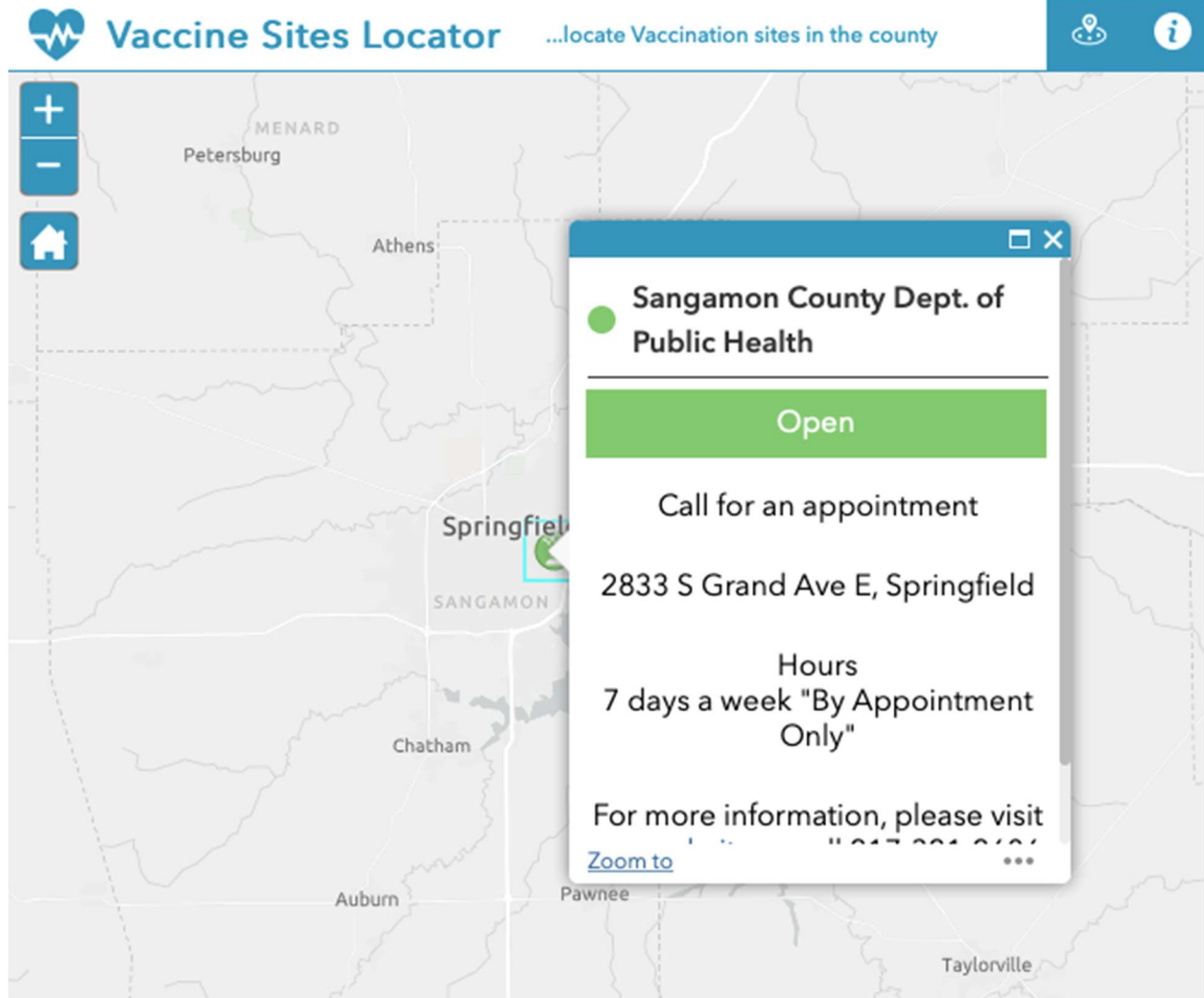
The budget for operating the vaccination clinics and associated operations will be documented as the program builds up and functions. Sangamon County is funding this operation initially and until federal and state pandemic emergency funds dedicated to vaccination services become available.

The SCDPH facility at 2833 South Grand Avenue East will be used to perform clinics and indoors initially while a temporary drive through structure will be rented to allow drive through vaccinations. In addition to the ancillary facility, all supplies will be procured in accordance with procurement policies established by Sangamon County.

SCDPH will maintain on its website facts and figures relative to the vaccine received to Sangamon County, vaccine distributed within Sangamon County, vaccine administered within Sangamon County as well as projections and other data relative to the progress in vaccinating the area population. Examples of the website information are below.

(1/12/2021)





The critical staffing component will be performed by SCDPH personnel including full time permanent nursing staff and part time vaccine nurses, registration staff from other SCDPH programs, security, phone bank temporary staff and managers from various programs. The health department staff can provide any training necessary for staff to implement the vaccination program. SCDPH is committed to delivering a quality experience both medically and personally to persons that are vaccinated. Typically, the vaccine clinics will be staffed by nine vaccinators and two registration staff; SCPDH will also be taking appointments by phone and answering questions at 217-321-2606.

Sangamon County Department of Public Health

Vaccine Administration Forecast Budget: January – June 2021

Staff Salary & Fringe	\$866,000
Supplies	\$30,000
Contractual - Ambulance	\$47,000
Contractual – Express temps	\$42,000
Capital Expense - Building	\$95,000
	\$1,080,000

Appendix A. General Question and Answer

Q. Is a COVID-19 vaccine safe?

A. The vaccine has undergone the rigorous scientific and clinical testing that all vaccines in development receive. The COVID-19 vaccine took less time than other vaccines to develop because scientists had already begun research for a coronavirus vaccine during previous outbreaks caused by related coronaviruses. The U.S. vaccine safety system is a deliberate and multi-phase process to ensure all vaccines are as safe as possible.

Q. Do I have to get a COVID-19 vaccine?

A. There is no federal or state mandate to receive the COVID-19 vaccine.

Q: Is there an age limit on the vaccine?

A: COVID-19 vaccines are not approved in people under the age of 16.

Q: How will I know when it's my turn to get the vaccine?

A: The public will receive notification through news release, website and social media updates as well as other available means including options of public service announcements, community-level outreach and other forms of outreach.

Q: How many doses of the vaccine will persons receive, and how much time is there between doses?

A: There are two different vaccines – one by Pfizer and one by Moderna. They both require two doses, but there are a few differences. One of the differences is that the two Pfizer doses must be separated by an interval of 21 days, while the two Moderna doses must be separated by an interval of 28 days. The doses cannot be interchanged. For example, a person cannot get the first dose of the Pfizer vaccine and the second dose of the Moderna vaccine

Q: If I miss the 21 or 28 day mark for the second dose, do I need to start over with 2 vaccinations?

A: No. But the next dose should be as soon as possible. In the initial studies, some doses were given as late as 42 days after the first dose.

Q: How will I know when it is time to get the second dose?

A: After receiving the first dose, people will receive a paper immunization record that will include the vaccine received, date and location of the vaccine and the date when the next shot is needed. The public will be encouraged to schedule a second appointment at the time of their first appointment. Individuals will be reminded when it's time to receive their second shot.

Q. How long will it take for COVID-19 vaccines to take effect?

A. The COVID-19 vaccine is expected to provide some protection a couple of weeks after your first shot and reaches its greatest effectiveness after your second shot. It is very important to take the second shot within the recommended time period for maximum vaccine effectiveness.

Q. If I get the vaccine, can I quit wearing a mask?

A. No. While the COVID-19 vaccine is highly effective, it not 100% effective. Until the COVID-19 pandemic is controlled, people who receive the vaccine need to continue the use of facemasks, social distancing, and regular hand washing. This protects you as well as your family and community.

Q: Do I need the vaccine if I already had COVID?

A: Yes. It is still recommended because immunity after natural disease is not permanent.

Q: Can I get the vaccine if I just had COVID?

A: Yes. You should wait 90 days from onset of COVID symptoms since you likely have some natural immunity. The vaccine could then be used for someone else with no immunity while the supply is limited, however, getting the vaccine within 90 days of having COVID has not been shown to cause harm. If immunosuppressed and recent COVID illness, discuss with your provider about getting the COVID vaccine sooner than the 90 days.

Q: What if I get COVID-19 between vaccine doses?

A: If a person contracts COVID-19 between doses, that person should wait until the illness has passed and the isolation period is complete. It is OK if the second dose of the vaccine needs to be delayed past the usual time span, as there is no maximum interval for either vaccine.

Q: How long do I need to be monitored after my vaccine?

A: Recommended time is 15 minutes or 30 minutes if recipient has a history of any significant allergies (vaccines or medications).

Q. What are the side effects of this vaccine?

A. Some people may experience side effects, which are a part of the normal immune response to a vaccine. The majority of the side effects, while not seen in every individual, are signs that your body is recognizing the vaccine and mounting an immune response. Based on prior studies, side effects may include pain, redness and swelling at the site of the injection., fatigue, headache, muscle pain, chills, joint pain, fever, nausea, malaise, and swollen lymph nodes. Side effects may be more frequent after the 2nd shot (booster) and less frequent among older adults

Q: Can I still work if I have side effects?

A: Yes, if you feel well enough. However, if you have COVID like symptoms (sore throat, congestion, shortness of breath or temperature > 100.4) further evaluation may be needed.

Q: Can I get a different vaccine for my second dose (switch brands)?

A: No. It is preferred to stay with the same brand of vaccine.

Q: How many people need to be vaccinated in order to have herd immunity?

A: For COVID-19, herd immunity occurs when approximately 75% of people in a population are immune to the disease either because of natural immunity or because they have received a vaccine.

Q: What is the cost of the vaccine?

A: The federal government will cover the cost of the production and distribution of the vaccine. There is no cost to individuals for the vaccine. Vaccination providers can charge an administration fee for giving the shot. Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration at the US Department of Health and Human Services. The administrative fees will not be passed on to the patient in the form of a co-pay or deductible.

Appendix B. Medical Question and Answer

Q: Does the vaccine contain a virus?

A: The vaccine that is currently available does not contain a live or weakened virus. It contains the gene for a virus protein. You cannot get COVID-19 from the vaccine or infect others from receiving the COVID-19 vaccine, because the vaccine contains no live virus. Instead, the vaccine directs your body to produce a protein that teaches your body how to fight off the virus.

Q: If I have symptoms or some side effects from the vaccine, will I be contagious during this time?

A: No. Some local reactions such as arm pain at the site of injection and other symptoms low grade fever have been reported with the vaccine, but they do not indicate an infection or risk of transmitting this to others.

Q: Will my family need to quarantine if I develop side effects after the vaccination?

A: No. You do not need to isolate or quarantine family members with side effects from the vaccine. These symptoms should subside by 48 hours. If they do not improve, you should contact your provider.

Q: Can I receive the flu vaccine at the same time?

A: No. Space the COVID vaccination 14 days apart from any other vaccine. However, if administered less than 14 days apart, repeat administration is not necessary for either virus. Besides influenza, also space the COVID vaccine 2 weeks apart from other adult vaccines such as pneumonia vaccine, shingles vaccine, etc.

Q. What happens if I refuse to get vaccinated?

A. There are no legal repercussions (such as fines, sanctions or punishments) for refusing the vaccine. If you do not get vaccinated, you will not be protected against the virus that causes COVID-19 and will be more likely to be infected with the virus. Additionally, you will be at risk of transmitting this deadly virus to loved ones and other community members.

Q. Do I have to get both the flu vaccine and the COVID-19 vaccine?

A. A seasonal flu vaccine will not protect you from COVID-19. Being infected with both the flu and COVID-19 at the same time could lead to more severe illness, which is why it is important now more than ever to get the flu vaccine.

Q: How was the COVID-19 vaccine studied?

A: Each authorized COVID-19 vaccine has been studied in large trials of over 30,000 volunteers and shown to be highly effective in preventing COVID-19 disease. The trials involved people of different ages, sex, race/ethnicity, weight, and medical conditions.

Q. Can I get a COVID-19 vaccine if I am pregnant?

A. Pregnant women and people with weakened immune systems were excluded from the COVID-19 vaccine trials, and so the currently available studies do not provide direct information about vaccine safety and effectiveness in these groups of people. The CDC recommends that those who are pregnant

consult with their provider before taking the vaccine. When discussing with your provider, it is important to consider that COVID-19 in pregnancy can be devastating with complication from the virus.

Q. Will youth with high risk conditions be included in any of the phases?

A. Youth with high risk conditions will not be included in any of the phases at this time. The availability of a vaccine for youth, under the age of 16 years, will depend on the availability of a pediatric vaccine. Clinical trials need to be conducted with children before determining if the existing COVID-19 vaccines are safe and effective for them.

Q. After getting a flu shot, I always get the flu. Will this cause me to get COVID-19?

A. No, you cannot become infected, or infect others, from receiving the COVID-19 vaccine, because the vaccine contains no live virus. Instead, the vaccine directs your body to produce a protein that teaches your body how to fight off the virus. Some people develop flu-like symptoms, such as mild fever and muscle aches, after getting a flu vaccination. These symptoms are not the same as having influenza.

Q. I have allergies. Is this vaccine safe for me?

A. While serious allergic reactions were not seen in vaccine clinical trials of thousands of patients, rare allergic reactions to vaccines are possible. If you have a history of serious allergic reactions, you should contact your healthcare provider. The COVID-19 vaccine does not contain any animal products such as eggs.

Q. How long will the vaccine protect me from COVID-19? Will this be an annual vaccination, like the flu?

A. We are still learning about how long the immunity will last after vaccination. To determine this, follow-up studies are required to detect levels of both types of immune responses – antibody and T cell responses with any repeated exposure risks. As more data becomes available, this information will be shared on the duration of immunity.

Q. How does the vaccine protect me?

A. Your immune system makes antibodies to fight infections. The COVID-19 vaccine causes your body to make antibodies that target the COVID-19 virus. In the event that your body is exposed to the actual COVID-19 virus, the new antibodies prevent infection.

Q. Is a COVID-19 vaccine a guarantee that I will not get the virus?

A. Like any vaccine, there is no guarantee that you won't get the virus, but early indications are the vaccines under consideration are about 95% effective in protecting against COVID-19. After being vaccinated, even if you develop COVID-19, the course of the illness will be mild. The vaccine will help protect from developing any complication from this viral illness,

Q: Can an immunocompromised person receive the vaccine? A. Yes. It is more important for the immunocompromised person to receive the vaccine. Discuss with your providers if you are immunocompromised for any safety concerns and more information.

Appendix C. Question and Answer for January 13, 2021

What is launching today?

This is the formal launch of the beta test of a mass vaccination program for Sangamon County. We have identified approximately 150,000 residents (above the age of 16) who we hope to vaccinate. Since the current vaccines require two separate vaccinations, a complete program would require some 300,000 separate vaccinations. At this time, we have enough vaccine to administer approximately 300 vaccines per day for 8 days. We were scheduled yesterday for a new shipment of vaccine from IDPH but it was delayed.

It is important for the community to understand that large scale vaccinations are coming in the near future, but at the present time, the amount of vaccine we are receiving is only enough to support a beta test of the vaccination system so that we are ready when larger quantities of vaccine arrive.

We have tested the process through our clinic for the last several weeks. Within the next few days we will begin testing the vaccination process through our new drive-thru clinic.

What was going on last weekend?

Again, that was a test of the system using the very limited quantities of the vaccine that we have on hand. We asked small numbers of people who met the state's criteria to help us walk through the system.

If I sign up today for the vaccine on the County's website will I be scheduled for an appointment?

No. At the current rate we are receiving vaccine all of the available time-slots have been filled. We expect more vaccine to be available in the next couple of weeks and more time slots will open up. It is likely that sign up will require patience and persistence until more vaccine becomes available.

Why open the system to the public if all the current vaccination time slots are filled?

Because we have to start beta testing our systems to get ready for the arrival of more vaccine, and, critically important, more time slots will open, soon, as more vaccine arrives. But we do not know in advance when or how much vaccine we will receive.

Can anyone sign up now?

No. Only people who meet the state's criteria for group 1 (a), frontline health workers, long-term care facility residents and persons that live and work in certain congregate settings, and 1(b), people over the age of 65 and people under age 65 who work in essential jobs, can sign up for vaccination at this time.

What is the current status of vaccinations in Sangamon County?

To date working with our hospitals, the SIU School of Medicine and Springfield Clinic as well as the federal program through Walgreens and CVS devoted to nursing facility residents and staff, close to 9,000 people have received at least one dose of the vaccine.

How are we ever going to get from 8000 doses to 300,000 doses (2 doses per person)?

Step by step.

First, our drive through facility will be operating at full capacity next week and to operate with maximum efficiency we need some time for experience and more vaccine. Note that what we learn standing up the county's drive through vaccine program will help our partners more quickly stand up their efforts.

Second, Memorial, St Johns, the Springfield Clinic and SIU are in the processes of preparing programs to expand vaccinations as soon as more vaccine becomes available.

Third, we will be rolling out focused programs for elder care facilities not covered by IDPH nursing home program, as well as people confined to their homes, and other special needs populations as more vaccine becomes available.

Fourth, we expect that eventually drug stores and potentially other sites will be enlisted to provide vaccinations (much like the flu vaccine is distributed) as soon as more vaccine becomes available. Although students are not a candidate for the vaccine at this time, the possibility that schools may be enlisted to help distribute the vaccine to adults is being evaluated.

Why didn't you prioritize the elderly in congregate settings or teachers with this first trickle of vaccine?

IDPH guidelines, developed per the CDC's Advisory Committee on Immunization Practices (ACIP), required us to prioritize front line medical personnel with the initial shipments of vaccine. Later, IDPH expanded the first priority group to include other congregate care residents and staff. Working on these groups, as required, has shown that the rate we were receiving vaccine creates two important challenges:

1. The rate at which vaccine was arriving would not be sufficient to cover any single group in category 1(b) within the next three or four weeks, and
2. Trying to focus our efforts on a single group in category 1(b) would cause more confusion as large scale vaccinations ramp up in anticipation of a greater supply of vaccine.

We determined that our best course of action was to prepare for larger scale vaccinations to be ready when more vaccine was available.

Needless to say, many important groups in category 1(b) feel that they should be prioritized, but we felt that with our very limited supply the best course was to train the system to serve a larger quantities of

people as more vaccine rolled out. And training the system means taking public reservations and handling the full range of citizens in category 1(b).

Why are communities in other counties already administering vaccine more widely?

We have heard this rumor. We do not know if it is true. But consider for a moment that at the outset IDPH could not be certain exactly how many first responders each county had. It is possible that some, perhaps more rural counties, had excess vaccine after inoculating all of their first responders. If this was the case, they may have, wisely, chosen to use the vaccine on some members of the general public rather than waste the extremely perishable medicine.

Why was The Prairie Heart Institute able to provide vaccinations to some of their clients?

We don't know. They may have received some vaccine left over from the vaccination of front line workers at St. John's. They may have received some special shipment. Whatever the case might be, we are delighted to get more vaccine into our community and we are pleased to see it in the hands of an organization that can distribute it effectively.

Category 1(b) includes everyone over the age of 65 many of whom are not computer savvy. Why must they sign up using the website?

No one has to use the website to sign up. Those eligible can also sign up via phone by calling 217-321-2606.

How much vaccine do you have right now?

As of the end of the business day on January 12, 1,830 doses; that's enough to administer about 290 doses per day working seven days per week.

Is staffing limiting the number of people inoculated?

Not in any way. We have had excellent participation of our staff to operate seven days per week. The county has pledged full funding support for any level of staffing we need. Our only limitation at this time is the availability of vaccine.

When will we receive larger shipments of vaccine?

We don't know and, frankly, we doubt that the state knows exactly when more vaccine will be available but everyone expects the volume of vaccine to ramp up with each additional week. We requested an additional 1500 doses a day to stand up the initial runs of our health partners, Memorial, St Johns, the Clinic and SIU who are ready to spring into action, but we were told that it isn't possible at this time.

Appendix D. SCDPH Projections for Number of Vaccinations

** SUBJECT TO CHANGE **			Staffing: Nurses vaccinating, nurse monitors, registration support, data entry support			
Vaccination Projections - SCDPH vaccinations in Sangamon County						
			Appointment Hours are 8:30 am to 3:30 pm			
Date	Group	Estimated # of Vaccines	Approximate timing (V=nurse vaccinator)	ACTUAL	Cumulative Projection	Cumulative Actual
Tuesday, January 5, 2021	1A			60	0	60
Wednesday, January 6, 2021	1A	116	4 V * 4/hour * 7.25 hours	108	116	168
Thursday, January 7, 2021	1A	116	4 V * 4/hour * 7.25 hours	130	232	298
Friday, January 8, 2021	1A	174	4 V * 6/hour * 7.25 hours	176	406	474
Saturday, January 9, 2021	1A	290	8 V * 4/hour * 7.25 hours	183	696	657
Sunday, January 10, 2021	1A	290	8 V * 4/hour * 7.25 hours	322	986	979
Monday, January 11, 2021	1A	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25	232	1218	1211
Tuesday, January 12, 2021	1A	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25	225	1450	1436
Wednesday, January 13, 2021	1A	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		1682	1436
Thursday, January 14, 2021	1A	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		1914	1436
Friday, January 15, 2021	1A	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		2146	1436
Saturday, January 16, 2021	1A	290	8 V * 5./hour * 7.25 hours		2436	1436
Sunday, January 17, 2021	1A	290	8 V * 5./hour * 7.25 hours		2726	1436
Monday, January 18, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		3016	1436
Tuesday, January 19, 2021	1A & 1B	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		3248	1436
Wednesday, January 20, 2021	1A & 1B	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		3480	1436
Thursday, January 21, 2021	1A & 1B	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		3712	1436
Friday, January 22, 2021	1A & 1B	232	4 V * 4/hour * 7.25 hours + EMTS @ 2 V* 4/hour * 7.25		3944	1436
Saturday, January 23, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		4234	1436
Sunday, January 24, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		4524	1436
Monday, January 25, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		4814	1436
Tuesday, January 26, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		5104	1436
Wednesday, January 27, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		5394	1436
Thursday, January 28, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		5684	1436
Friday, January 29, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		5974	1436
Saturday, January 30, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		6264	1436
Sunday, January 31, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		6554	1436
Monday, February 1, 2021	1A & 1B	290	8 V * 5./hour * 7.25 hours		6844	1436

Appendix E. SCDPH Estimates regarding the phases and eligibility for vaccinations

Using IDPH 1/10/21 COVID-19 Vaccination Plan (page 16 estimates)									
Sangamon County proportion to state		1.519%							
Phase		1a	1a	1b	1b	1b	1c	1c	2
Population Group		Health Care Personnel	Long Term Care	Essential Frontline Workers	Persons 65 and older	Sheltered population	Other essential workers	People with high risk comorbidities	Rest of population 16+
Statewide, including Chicago	12/31/2020	490,000	360,000	1,200,000	1,900,000	100,000	800,000	3,200,000	2,000,000
Sangamon proportion to IL		7,442	5,467	18,224	28,855	1,519	12,150	48,598	30,374
Est Sang 1a	12,909								
Est Sang 1b	48,598								
Est Sang 1c	60,748								
Est Sang 2	30,374								
	152,628								
Note: population 0-14 is estimated at 36,331 per the American Community Survey.									