



The Network for Excellence in Health Innovation (NEHI) held its third summit in a series of four virtual meetings on COVID-19 immunization on November 10, 2020. The summit, *Looming Challenges of COVID-19 Immunization: Progress and Gaps*, charged into two key issues in COVID-19 vaccination: building trust in the COVID-19 vaccines that will be available in the months ahead, and assuring they are administered efficiently and equitably.

The following is a summary of panelists' insights and NEHI's possible solutions to addressing the issues raised.

Three insights from NEHI's third vaccine summit, and possible solutions:

1. **Vaccine hesitancy related to a lack of trust** remains a major concern. It appears to be greatest within Black communities, but distrust persists among other minority communities as well. Causes of vaccine hesitancy also varies within and among these communities. It will be crucial for COVID-19 immunization campaigns to tailor communications to the unique characteristics and beliefs of each community and their associated roots of vaccine hesitancy and distrust. Enhancing vaccine trust will depend on: 1) reliable and evidence-based information about vaccine safety and efficacy; and 2) an informed network of health care providers and community leaders who have established relationships with individuals most affected by the pandemic sharing this information.

Possible Solution: *Create a dedicated office or program for COVID vaccination communication in every state/jurisdiction.* Much will depend on how COVID vaccination communication is reorganized at the CDC in the months ahead, but COVID vaccine messaging will still need to be tailored to the unique demographics and culture of each state. The urgent need to end the pandemic justifies creation of state-level offices for COVID vaccination communication (or a dedicated state-level initiative) that will coordinate public information and provide resources to health care providers and community groups. Offices for COVID vaccination communication can be built on existing state public health agency offices for health promotion but should be tasked with meeting specific COVID vaccination communication goals, including the following critical functions:

- Organize information from federal, academic, and private sector sources for dissemination to the general public, leveraging other coalitions seeking to verify and translate information.
- Develop strategies and detailed communication materials to support providers and other community sources of health information. This may be especially critical as vaccines are administered in phases, which provide certain populations priority over others. Clarifying who is in what phase with the supporting rationale for prioritizations will enable vaccination sites and community leaders to align expectations with vaccine availability and avoid mistrust and frustration.
- Stand as an accessible channel for feedback to ensure that messages remain responsive to evolving community needs. Immunizers and community leaders need a central resource for identifying issues and making recommendations that can be used to update and modify messages.

2. **Equitable access** cannot be achieved by overcoming vaccine hesitancy alone. States must ensure that sites accessible to minority and other priority populations have enough vaccine to meet legitimate demand. Moreover, because demand for the vaccine will exceed its availability, even as states pursue a phased vaccine approach, states must be able to clarify sub-population priorities within the federal allocation framework (once formally adopted by ACIP) to ensure fairness in the vaccine administration process.

Possible Solution: *Establish a planning and coordination council for immunization sites.* Not all sites will be able to handle the complex storage requirements for available vaccines. Large medical centers and retail organizations, which will likely be able to do so, will be unlikely to provide all the access required for priority populations. A coordinating council for immunizers would serve to identify collaborations needed to enable community pharmacies and health centers to serve as access points and obtain enough vaccine supply to serve their constituents. Community providers must be included at the planning table early.

3. **Operational support and resources** are critical. States and jurisdictions have core immunization infrastructure in place, but it was clear before the COVID pandemic that this legacy infrastructure has gaps and weaknesses that vary from state to state, (as evidenced by wide disparities in adult immunization rates among the 50 states). The CDC's "playbook" for state COVID immunization programming provides detailed guidance and instructions to states and jurisdictions responsible for immunizations. The most recent playbook (Version 2.0) makes clear that the COVID-19 immunization campaign will be an order of magnitude more complex than previous campaigns and will impose unprecedented demands on immunization infrastructure that was already sub-optimal. State immunization managers calculate that over \$8 billion in new funding is needed to support rapid and equitable COVID immunization.¹ Failing to acknowledge different jurisdictional needs and provide necessary funding will prolong the pandemic and widen the health disparities that the COVID virus has already exacerbated throughout the country.

Possible Solution: *Empower and Require the CDC to publicly:*

- Describe the funding required by states and jurisdictions to complete their submitted plans and the funding the CDC will need to complement state plan functions, including enhancements to its technical assistance functions. Every state has submitted a state plan for COVID-19 vaccine administration. The CDC has begun identifying strengths and weakness in those plans. Together with each state, the CDC can now quantify the cost of rectifying weaknesses, as well as identify tasks that must be centralized at the federal level. Communications, information system connectivity, and provider recruitment are critical gaps that must be addressed at **both** the state/jurisdictional and federal levels. ***Congress should appropriate funds that address these documented gaps now.***
- Complete its consideration of the equitable allocation framework developed by NASEM, publish the final federal allocation framework, and begin working with states to assist them in defining priority sub-populations. The CDC must publish guidance to minimize variation in state prioritization and allocation processes that would enhance confusion and distrust, while also increasing the likelihood that states move through vaccination phases at different rates.
- Clarify contingency planning for what could be a protracted COVID-19 immunization campaign, should resources prove insufficient for rapid and equitable administration of COVID-19 vaccines.

¹ <https://astho.org/Federal-Government-Relations/Correspondence/ASTHO-AIM-Funds-for-Vaccination-Distribution-Letter/>
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