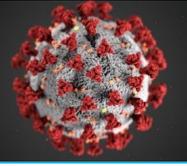


# COVID-19 Vaccination Plan (Interim Draft)

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RHODE ISLAND

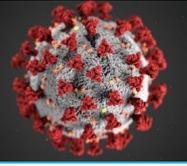
Rhode Island Department of Health  
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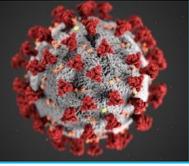
## Foreword

October 16, 2020

This document provides a current overview of Rhode Island's COVID-19 mass vaccination plans, strategies, processes, and systems. **At present, this document represents a working, interim draft plan.** Much of what is contained herein is in various stages of development and implementation. Many of the specific strategies discussed are subject to change pending continued input from our federal partners, key local stakeholders, and the public.

To date, key information about COVID-19 vaccines -- including their type, quantity, and timing -- remains unpublished. This has made planning for a COVID-19 mass vaccination campaign complicated. Nonetheless, Rhode Island continues to prepare for such a campaign, building on previous successful vaccination campaigns and leveraging a robust whole-of-government emergency management infrastructure established in response to COVID-19. Through its COVID-19 vaccination campaign, Rhode Island aims to protect human life, safely speed up the re-opening of the State's economy and equitably distribute vaccines through accessible points of distribution. Ultimately, the State is focused on successfully mitigating the spread of morbidity and mortality by the SARS-CoV-2 virus through effective and efficient mass vaccination strategies that equitably ensure universal access to vaccine, while strategically prioritizing distribution, in light of anticipated limited supply of the vaccine, toward the most critical and high risk populations first.

As more information becomes available, Rhode Island will continue to evaluate and, as necessary, adapt its strategies and plans. In doing so, Rhode Island will ensure key stakeholders from throughout Rhode Island's communities are engaged in the process.



## Section 1: COVID-9 Vaccination Preparedness Planning

### **Instructions:**

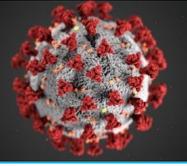
- A. Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.*
- B. Include the number/dates of and qualitative information 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.*

- A. Rhode Island began initial planning on the needs for COVID-19 mass vaccination in April 2020, with ongoing conversations between the Rhode Island Department of Health's (RIDOH's) Office of Immunization and Center for Emergency Preparedness and Response about past models, how to leverage training opportunities leading up to COVID-19 vaccines becoming available, how to leverage vaccination for influenza in the 2020-2021 influenza season to test new mass vaccination strategies, and the need to pursue a technological solution to support mass vaccination (e.g., scheduling, tracking, reporting), especially given COVID-19 considerations, such as social distancing. This work continued on an ad hoc basis until the CDC released its first set of guidance documents for COVID-19 in August of 2020, at which point, RIDOH expanded to a more structured workgroup to plan and prepare for the scenarios CDC had developed (RIDOH Mass Vaccination Workgroup). As planning progressed, the Rhode Island Governor's Office further expanded the Workgroup in September 2020, incorporating it into the overarching governance structure for the State's COVID-19 response, adding supporting structures in Finance, IT, and Data Analytics to the operational and planning makeup of the original Workgroup and formalizing it as a whole-of-government Mass Vaccination Workstream within the statewide COVID-19 response.

Work in these structures has been influenced by Rhode Island's considerable experience in mass vaccination and prophylaxis campaigns over the past 10+ years, including responses to 2009 H1N1 which relied heavily on school-based, hospital-led, and municipal-led Points of Dispensing (PODs), an outbreak of meningitis that warranted college-wide prophylaxis, regular seasonal influenza clinics and PODs, and more.

Considerable work is underway in Rhode Island in the following areas (and is described in other Sections of this Plan):

- Distribution planning and operations
  - Critical population identification
  - Allocation planning
  - Mass vaccination site identification
  - Vaccine provider onboarding and orientation
- Public information planning

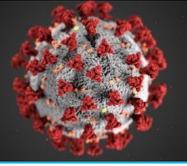


- Adapting Rhode Island's public information and crisis and emergency response communication processes for COVID-19's vaccination campaign
- Establishing methods to better understand consumer confidence and vaccine utilization patterns.
- Response management
  - Staffing/resource assessments
  - IT assessments
  - Establishing program for monitoring, reporting, evaluation
  - Funding and budgeting

Current challenges that have been noted in the process include the following:

- Evolving messaging from the federal government regarding vaccine availability, development process, safety, and distribution.
  - Rhode Island is in the process of convening its COVID-19 Vaccine Subcommittee to the existing Rhode Island Vaccine Advisory Committee, which will review vaccine trials' evidence to assess vaccine efficacy and safety, and to make recommendations for prioritization of critical populations and their respective sub-groups.
- Lack of clarity over which of the several vaccine candidates will be available and in what order and quantity.
  - Including timing of follow-on shipments, which will influence second-dose strategies.
- Storage and cold-chain requirements for at least one of the vaccine candidates is relatively complicated, requiring resources not commonly found in communities or the healthcare system in great supply (e.g., ultra-low temperature freezing capabilities, at less than 80 degrees Celsius).
- Lack of vaccine recovery guidance (i.e., instruction on the management of unused vaccine product).
- Vaccine reporting during the COVID-19 response requires numerous new and existing systems to exchange data. During H1N1, enrolled providers did not use the online vaccine reporting system as RIDOH intended as it was a manual process and providers often did not submit data as requested. Given that the adult immunization registry in Rhode Island is new, some providers are being onboarded for the first time and those that do not have the capacity to submit HL7 files to the registry will use PrepMod, which is also a new.
- Identifying enough vaccinators and spaces to administer vaccine at the time when it is most broadly available, in a safe and socially distanced manner.
- Ensuring vaccine access for homebound individuals was a challenge noted during the H1N1 response and adequate solutions have not yet been identified for the COVID-19 response.

B. A training and exercise plan to support the implementation of this plan is currently under development.



Training for providers will include a mix of content developed by the CDC and RIDOH.

Training on the Rhode Island Child and Adult Immunization Registry (RICAIR) will be provided through online training with support from the Provider Relations Team in coordination with RIDOH's Immunization Program. An advisory has been sent to all RICAIR users letting them know that RIDOH will soon be making immunization data for patients of all ages available to medical providers and authorized users through RICAIR. For practices with KIDSNET web access, immunizations submitted for adults will be viewable within the next few weeks. Practices without web access to RICAIR immunizations will receive an email with information on how to establish access to RICAIR and training instructions for RICAIR within the next couple of months.

Training for vaccination sites that will be using the PrepMod system is provided through the PrepMod vendor and coordinated through the Training Coordinator in RIDOH's Immunization Program. The Training Coordinator is the liaison for all vaccination sites and assists with scheduling trainings and addressing any additional training needs. Trainings will be provided online to all administrative staff who will be utilizing the system. Mass vaccinators, MV Workgroup personnel and other State staff, and hospitals that will be using PrepMod will be trained within the next month.

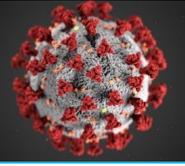
VaccineFinder training is offered through CDC. All providers who enroll as COVID-19 vaccine providers will be granted access to VaccineFinder. CDC will provide direct guidance on how providers can access the system.

In partnership with the State's Division of Information Technology, the State will initiate dry run scenarios to track data flow between IT systems beginning in late October.

Training on vaccine storage, handling, administration, and temperature monitoring will be primarily coordinated by RIDOH's Immunization Quality Assurance Manager and conducted by the immunization program staff. Existing mechanisms in OSMOSSIS, the state vaccine ordering system, to track training of SSV enrollees will be adapted to address new training requirements. As soon as COVID-19 vaccine information is made available, immunization staff will begin to develop online trainings for providers.

Administrative staff and staff involved with vaccine management and distribution will be provided access to Tiberius. Staff will attend ongoing CDC trainings to become familiar with the functionality of the system.

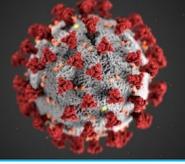
The State of Rhode Island will set up a data reporting and analytics cadence and performance metrics to set baselines and hit specific vaccination, immunity, and other customer service targets throughout the vaccine deployment process.



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

### **Instructions:**

- A. Describe your organizational structure.
  - 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.
  - 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.
  - D. Identify and list members and relevant expertise of the internal team and the internal/external committee.
  - E. Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.
  - F. Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.
  - 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:
    - Pharmacies
    - Correctional facilities/vendors
    - Homeless shelters
    - Community-based organizations
- A. Rhode Island is currently engaged in a whole-of-government response to COVID-19 in the state. Response elements are organized by function, and coordination is largely managed by the Rhode Island Governor's Office, in close partnership with the Rhode Island Department of Health and Rhode Island National Guard. An organizational chart depicting Rhode Island's whole-of-government response structure, with mass vaccination activity reflected, can be found in Attachment 1. This response enterprise also includes the direct involvement of the Healthcare Coalition of Rhode Island (HCRI), Rhode Island's sole emergency preparedness healthcare coalition, which has been integral in ensuring response coordination with Rhode Island's healthcare system.
- B, C. RIDOH is the lead Rhode Island state agency for mass vaccination planning and coordination. Initial planning for mass vaccination began internally, with a team comprising various subject-matter experts within the department, including from such areas as Public Health Communications, Immunization, Emergency Preparedness and Response, Geographic Information Systems, Health Data Analysis, and Infectious Disease and Epidemiology (see Section 1A). Since then, the effort has further broadened inside the department and with key external partners, including the Governor's Office, Rhode Island National Guard, and others. This group has been meeting twice weekly and maintains a Task List of activities to drive its progress.



Among the RIDOH Mass Vaccination Workgroup’s initial tasks was the development of a list of stakeholders whose input should be solicited during the planning process to ensure an effective campaign that successfully targets and engages relevant populations. Existing partnerships and relationships from throughout RIDOH and Rhode Island state government will be leveraged to secure engagement with these stakeholders throughout the Rhode Island.

A complete list of stakeholders that are or will be engaged in the planning and implementation process can be found in Attachment 2.

The Department of Health has also worked to convene a COVID-19 Vaccine Subcommittee to the existing Rhode Island Vaccine Advisory Committee comprising ethicists, scientists, primary care providers, pharmacists, epidemiologists, major insurers, equity advocates, and long-term care representatives to further support RIDOH’s decision-making regarding the vaccines. This Subcommittee will convene on a regular basis to evaluate vaccine distribution and administration strategies, assess vaccine safety, prioritize critical populations, and further support Rhode Island’s COVID-19 mass vaccination campaign.

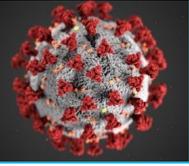
Since the start of Rhode Island’s COVID-19 response, state agencies have been participating in a joint information system to ensure coordinated and consistent public messaging. This system will be leveraged in support of Rhode Island’s mass vaccination campaign. Additional information can be found in Section 12.

- D. RIDOH’s Mass Vaccination Workgroup (also referred to as “MV Workgroup”) comprises personnel from RIDOH – specifically those working in programs whose functional areas relate to this effort and other subject-matter experts – and select SMEs and partners from outside RIDOH who have been involved in the broader Rhode Island COVID-19 response. A roster of the MV Workgroup can be found in Attachment 3.

A roster of the COVID-19 Vaccine Subcommittee can be found in Attachment 4.

- E. RIDOH’s MV Workgroup will leverage existing partnerships and processes to the maximum extent possible to coordinate and align planning, preparedness, and response efforts. Through its Medical Emergency Distribution System (MEDS), managed by RIDOH’s Center for Emergency Preparedness and Response (CEPR), RIDOH maintains direct engagement with municipal officials specifically related to mass vaccination operations. These existing partnerships will be heavily leveraged during the planning, preparedness, and response elements of the COVID-19 mass vaccination campaign, particularly during Phase 3, which may involve the activation of municipal Points of Dispensing (PODs) through Rhode MEDS to vaccinate the general public (see *Rhode Island Medical Emergency Distribution System Plan*, maintained by RIDOH, and 39 individual MEDS-POD plans maintained by their respective municipalities).

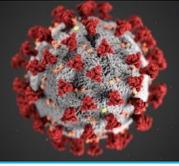
Further, existing processes and mechanisms through the Rhode Island’s emergency management enterprise – specifically through Emergency Support Function 8 (which RIDOH leads) and the Healthcare Coalition of Rhode Island (or HCRI, which RIDOH co-chairs) – will be instrumental to both engaging organizations within the healthcare sector and ensuring a holistic response (see *State of Rhode Island Comprehensive Emergency Management Plan, Emergency*



*Support Function 8 Annex, maintained by the Rhode Island Emergency Management Agency, and Healthcare Coalition of Rhode Island Response Plan, maintained by HCRI).*

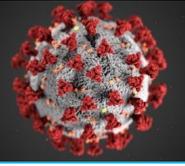
- F. The Narragansett Indian Tribe is the single federally recognized tribe in Rhode Island. The relationship with the Tribe to provide the necessary preparedness-related public health and medical services has operated mainly through the Narragansett Indian Health Center via their active membership and participation in HCRI. The Narragansett Indian Health Center is also actively enrolled in the State-supplied vaccine program for adult and child vaccines and has demonstrated abilities to vaccinate its patients. At the time of this writing, RIDOH has reached out through FEMA's Tribal Liaison working with the Narragansett Indian Tribe (given they have a separate disaster declaration) to request engagement on vaccination efforts for the Tribe, including to request their participation in the COVID-19 Vaccine Subcommittee and to determine their preference for receiving COVID-19 vaccine through the State-supplied vaccine program or directly by the federal government or the Indian Health Service. An initial conversation between RIDOH and the one of the members of Tribal leadership has occurred and the larger Tribal leadership will be meeting to determine their preferred means of engagement.
- G. As referenced above (C), the RIDOH MV Workgroup and the broader Rhode Island COVID-19 response enterprise have already and will continue to engage a number of stakeholders from throughout Rhode Island on COVID-19 mass vaccination planning and preparedness efforts. These same stakeholders will also be instrumental in further supporting and evaluating the effectiveness of Rhode Island's COVID-19 mass vaccination campaign, once underway (see Attachment 2). Many of the providers and organizations that RIDOH will engage to increase uptake of COVID-19 vaccine have been engaged for the State's seasonal flu vaccination campaign. The Immunization Program and the Center for Emergency Preparedness and Response partnered to substantially increase the number of Rhode Islanders who receive flu vaccine this season compared to previous seasons in an effort to decrease circulation of influenza in the community, which will reduce the number of people who contract flu, need to seek care for flu illness, and to reduce the number of hospitalizations as to not overburden the healthcare system and allow for more focus on treating COVID-19 patients. This also lent the opportunity to test new modalities for COVID-19 vaccination. Staff from both programs have been tasked to expand the footprint and increase opportunities for flu vaccination among vulnerable populations and adult populations most at risk for COVID-19, at sites including but not limited to: assisted living communities, group homes, senior housing, homeless shelters, high density urban communities with high rates of COVID-19 (Cranston, Central Falls, Providence and Pawtucket). Opportunities for specific occupational groups, such as first responders, healthcare workers, and frontline workers and close-contact workers such as grocery store and childcare workers will also be expanded.

It is important to note that the federal government is unilaterally engaging several types of organizations – long-term care facilities, the Department of Defense, major chain pharmacies, and federally recognized Tribes – with offers of directly providing vaccine and, in some cases, vaccination capabilities and personnel resources to administer vaccine. Rhode Island will work to coordinate its mass vaccination efforts with those occurring in the state that are directed or



arranged by the federal government. This effort will become clearer as the federal government continues to incrementally finalize its direct outreach plans.

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## 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:

**Phase 1: Potentially Limited Doses Available**

**Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand**

**Phase 3: Likely Sufficient Supply, Slowing Demand**

### **Overview**

Rhode Island's COVID-19 mass vaccination campaign will be conducted in three main phases:

- Phase 1, during which limited vaccine doses are available
  - Phase 1A
  - Phase 1B
- Phase 2, during which large numbers of vaccine doses are available and likely to meet demand
- Phase 3, during which there is sufficient supply of vaccine and demand slows

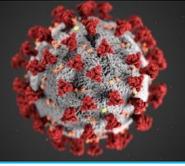
Many operational processes will remain consistent across all three phases. Major distinctions between the phases can be found most prominently in identification and selection of critical populations to whom vaccination efforts will be targeted, particularly in Phase 1 wherein vaccine supply is limited, and in the strategies employed to provide and administer vaccines, which are dependent on a number of factors, most significantly vaccine supply and administration requirements.

### **Critical Populations and Vaccine Allocation**

Utilizing the *Framework for Equitable Allocation of COVID-19 Vaccine* developed by the National Academies of Science, Engineering, and Medicine and the anticipated guidance from CDC's ACIP, Rhode Island will construct COVID-19 vaccination distribution prioritization and sub-prioritization among the critical populations and subpopulations as needed based on vaccine supply. Preliminary thinking, subject to input from the State's COVID-19 Vaccine Sub-Committee, on how the State will prioritize distribution within these phases is summarized below:

In **Phase 1**, vaccine supply will be limited, requiring Rhode Island to judiciously prioritize and allocate vaccine among critical populations. In **Phase 1A**, high-risk healthcare workers and first responders will be the focus of vaccination efforts. In **Phase 1B**, as more vaccine becomes available and those identified for vaccination during Phase 1A have received their second dose (in the event of a two-dose vaccine series), vaccination efforts will broaden in their focus to include people with significant comorbid conditions (defined as having two or more) and older adults in congregate or overcrowded settings.

Depending on just how limited Rhode Island's vaccine allotment is during Phase 1, additional work to identify and prioritize subgroups within these critical population groups may occur. Factors that may be considered in identifying subgroups of critical populations include individuals':



- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting infection to others

In **Phase 2**, as vaccine supply nears or meets level of demand, the following critical populations will be prioritized for vaccination:

- K-12 teachers, school staff, and childcare providers
- Critical workers in high-risk settings
- People with moderate comorbid conditions
- People in homeless shelters or group homes and staff
- Incarcerated or detained people and facility staff
- All older adults

Though supply is likely to meet demand during **Phase 3**, Rhode Island will nonetheless prioritize the following critical populations for vaccination:

- Young adults
- Children
- Workers in industries important to the functioning of society

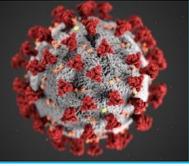
Additional epidemiological factors may also be taken into consideration in prioritizing and allocating vaccines among Rhode Island's population, such as efforts to prevent or mitigate institutional outbreaks. Further, vaccine data may indicate suitability for certain populations rather than others, which will further influence critical population group selection. Such determinations relating to the State's allocation methodology will be made by Rhode Island's Director of Health with input from the COVID-19 Vaccine Subcommittee, and in consultation with the Governor.

## **Vaccine Administration Strategies**

Identification of critical populations and vaccine supply will directly influence the selection and adoption of vaccine administration strategies.

Points of Dispensing, or PODs, are a fundamental mass vaccination or mass dispensing concept. Put simply, they serve as sites where individuals can go to receive either vaccine or other medication during a public health emergency, like a large-scale disease outbreak.

Rhode Island proposes to use two distinct types of POD – **general public PODs**, which are open to all members of the general public without restriction and are typically operated by municipalities, and **Closed PODs**, which limit entry to those individuals on a predefined list. Closed PODs can either be activated within organizations with existing medical infrastructure (like a hospital or long-term care facility) to vaccinate a specific group of individuals (e.g., staff, patients) or by staffing a non-medical site with healthcare professionals to vaccinate specific individuals (e.g., first responders). It is likely these two forms of mass vaccination will be employed at varying scale throughout all three phases.



To meet anticipated demand, and streamline resource allocation, the State's use of PODs will require continued contribution from the Rhode Island National Guard. Extended federal resources to maintain military capacity will be determinative in the State's ability to maximize this resource.

Below, additional strategies related to anticipated phases are described:

## Phase 1

As noted previously, **Phase 1A** will focus efforts on high-risk healthcare workers and first responders. The following strategies may be adopted to administer vaccines during Phase 1A:

- Engaging healthcare facilities and organizations to activate pre-developed Closed POD plans and/or internal staff immunization processes to administer vaccines to their high-risk personnel.
- Activating one or more centralized Closed PODs to administer vaccines to high-risk healthcare workers, regardless of their place of employment.
- Activating one or more centralized Closed PODs to administer vaccines to first responders.

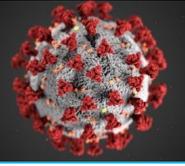
In **Phase 1B**, efforts broaden to include people with significant comorbid conditions (defined as having two or more) and older adults in congregate or overcrowded settings. The following strategies may be adopted to administer vaccines during Phase 1B:

- Activating Closed PODs in long-term care facilities and assisted living residences not directly engaged by the federal government.
- Activating one or more centralized Closed PODs to administer vaccines to individuals with comorbid conditions. This will include engaging healthcare providers and health insurance companies to contact their patients and clients with significant comorbid conditions to notify them of the Closed PODs.
- Engaging with home healthcare agencies to administer vaccines to their homebound clients who have significant comorbid conditions.
- Engaging with private ambulance companies to administer vaccines to homebound individuals who have significant comorbid conditions.
- Activating one or more Closed PODs in congregate care settings with large older-adult populations.
- Providing vaccine to specialty providers/clinics with patients who are being treated for high-risk comorbid conditions

As noted in Section 2, the federal government is unilaterally engaging several types of organizations – long-term care facilities, the Department of Defense, major chain pharmacies, and federally recognized Tribes – with offers of directly providing vaccine and, in some cases, vaccination capabilities and personnel resources to administer vaccine. Rhode Island will work to coordinate its mass vaccination efforts with those occurring in the state that are directed or arranged by the federal government. It is likely such activities will occur in Phase 1B.

## Phase 2

As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there will be two simultaneous objectives:



- To provide equitable access to COVID-19 vaccination for all critical populations to achieve high COVID-19 vaccination coverage in these populations.
- To ensure high vaccine uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19.

With an increase in supply of vaccine, Rhode Island will have the flexibility to expand opportunities to the following populations:

- K-12 teachers, school staff, and childcare providers
- Critical workers in high-risk settings
- People with moderate comorbid conditions
- People in homeless shelters or group homes and staff
- Incarcerated or detained people and facility staff
- All older adults

Lessons learned from efforts in Phase 1 will be incorporated into the selection and implementation of vaccination strategies in Phase 2.

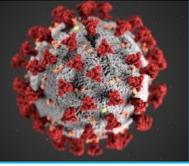
The following strategies may be adopted to administer vaccines during Phase 2:

- Closed PODs in high-risk critical infrastructure and other essential sites for their personnel.
- Closed PODs for in K-12 schools for their teachers and staff.
- Closed PODs for childcare provider organizations, including one or more centralized PODs for individual childcare providers.
- Leveraging the RIDOH Health Equity Zones model to activate Closed PODs specifically for residents of high-density communities and other areas with existing health equity challenges.
- Allocating vaccines for primary care, specialty care, and other select healthcare providers to vaccinate older adults.
- Engaging with home healthcare agencies to administer vaccines to their homebound clients who have moderate comorbid conditions.
- Engaging with private ambulance companies to administer vaccines to homebound individuals who have moderate comorbid conditions.
- Engaging with state and municipal partners to prepare to utilize data from the Rhode Island Special Needs Emergency Registry (RISNER) to help identify and message Rhode Islanders with comorbid conditions or access and functional needs to direct them to vaccination services.

As supply increases over the course of Phase 2, Rhode Island will continually broaden eligibility to receive the vaccine to population groups beyond those already targeted, to include members of the general population, if supply levels permit.

### **Phase 3**

When vaccine supply meets demand, Rhode Island will broaden vaccine availability to all members of the general public, prioritizing young adults, children, and workers in industries important to the functioning of society.



Lessons learned from efforts in Phase 1 and 2 will be incorporated into the selection and implementation of vaccination strategies in Phase 3.

The following strategies may be adopted to administer vaccines during Phase 3:

- Ensuring availability of vaccine to all healthcare providers authorized to administer them.
- School-based PODs or vaccine clinics.
- General public PODs operated by municipalities.
- General public vaccine clinics operated by mass vaccinators.

## **Vaccine Ordering**

In **Phase 1**, RIDOH's Immunization Program, in consultation with the COVID-19 Vaccine Subcommittee, will establish order allowances for each selected vaccination provider site and provider, which will then be communicated to the sites and provider(s). These order allowances will be based on the allocation and prioritization of vaccine among critical populations, as well as number of sites selected and the critical population(s) each is to vaccinate. Those sites and providers will then order vaccines through the Ocean State Management of State-Supplied Immunizations System (OSMOSSIS, RIDOH's ordering system for state-supplied vaccines) or PrepMod (used by mass vaccination sites) in accordance with those allowances. In Phases 2 and 3, as supply increases, order allowances will relax, and ordering will be made available to a continually increasing number of providers. All orders will be processed in the OSMOSSIS ordering system through the EXiS to VtrckS.

Upon receipt and approval under any present order allowances, RIDOH's Immunization Program will enter the orders into VTrckS – CDC's vaccine ordering system. In turn, CDC will use its centralized distribution contract to fulfill orders and will ship vaccine directly to the vaccination provider sites. Ancillary supplies will also be packaged separately from the vaccine and sent by the federal government to the vaccination provider site to support operations, including enough needles, syringes, alcohol prep pads, and COVID-19 vaccination record cards for each dose supplied to the vaccination provider site. A limited amount of PPE (surgical masks and face shields) will accompany these ancillary supplies. (See Section 7)

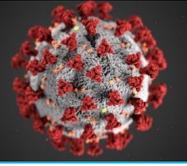
## **Vaccine Receipt, Storage, and Administration**

CDC intends to use its centralized distribution contract to send vaccine directly to vaccination provider sites. In situations wherein mass vaccination sites are being activated (even in the case of some Closed PODs held outside licensed healthcare facilities), vaccines will initially be sent to a licensed healthcare provider site, and will then be redistributed under the coordination of RIDOH to the vaccination sites. (See also Inventory Management and Redistribution, below)

Upon receipt, vaccination provider sites will store all vaccines in accordance with manufacturer's requirements and RIDOH's and CDC's guidance. (See Section 8)

Vaccine doses administered will be recorded by providers in the following ways:

- Mass vaccination sites, or providers not on-boarded for HL7 data submission to the state's immunization registry, known as the Rhode Island Child and Adult Immunization Registry (RICAIR): PrepMod



- Non-mass vaccination sites on-boarded for HL7 data submission : RICAIR

Because initial COVID-19 vaccines will likely be released under an Emergency Use Authorization (EUA), there will be additional time required to monitor each vaccine recipient at the vaccination provider site for any adverse effects from the vaccine. Any adverse events that are noted will be entered into the Vaccine Adverse Event Registry System (VAERS) by the provider. Further, each vaccine recipient will be given appropriate documentation regarding the vaccine, including the Vaccine Information Statement (VIS) and/or EUA information statement, by the vaccine provider. (See Section 14)

PrepMod has HL7 functionality to interface with RICAIR, sending HL7 messages from the data entered into PrepMod to RICAIR; RICAIR will therefore contain all records of COVID-19 vaccine doses administered. (See Section 9)

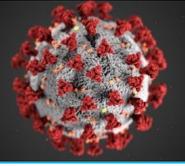
### **Inventory Management and Redistribution**

Inventory of vaccine at mass vaccination sites will be tracked through PrepMod. Inventory of vaccine at non-mass vaccination sites will be tracked through RICAIR and OSMOSSIS, the state vaccine ordering system. Vaccination provider sites will also report any vaccine wastage or return through these systems.

The need for vaccine supply redistribution among the vaccination provider sites will be continually evaluated by RIDOH and the MV Workgroup to address vaccine supply shortages or excesses; if necessary, RIDOH will coordinate redistribution activity. (See Section 7)

### **Monitoring and Evaluation**

Knowing the populations targeted by each vaccination provider site, as well as the allocation of vaccines to each site and the real-time inventory of each site will allow the MV Workgroup to continually assess the effectiveness of vaccination efforts. The MV Workgroup will continually evaluate the need to adapt strategies to increase their effectiveness and efficiency. (See Section 15)



## Section 4: Critical Populations

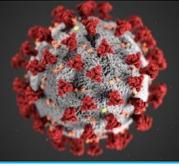
### Instructions:

- A.** Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include:
- Healthcare personnel
  - Other essential workers
  - Long-term care facility residents (e.g., nursing home and assisted living facility residents)
  - People with [underlying medical conditions](#) that are risk factors for severe COVID-19 illness
  - People 65 years of age and older
  - People from racial and ethnic minority groups
  - People from tribal communities
  - People who are incarcerated/detained in correctional facilities
  - People experiencing homelessness/living in shelters
  - People attending colleges/universities
  - People living and working in other congregate settings
  - People living in rural communities
  - People with disabilities
  - 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.

- A. The MV Workgroup will leverage a range of data sources to estimate numbers of critical populations throughout Rhode Island. As new guidance and evidence identifies additional population groups at increased risk of susceptibility or of severe illness, the MV Workgroup will work to identify their numbers and locations. The COVID-19 Vaccine Subcommittee will further support this effort by facilitating engagement with key stakeholders and providing subject-matter expertise and guidance.

Data sources consulted in the process of quantifying and locating members of critical populations include (though are not limited to):

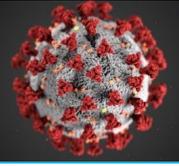
- Rhode Island state agency data
  - Executive Office of Health and Human Services



- RIDOH
  - Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
  - Department of Human Services
  - Department of Children, Youth, and Families
  - Department of Corrections
  - Rhode Island State Police
  - Department of Education
  - Department of Administration
  - Department of Transportation
  - Rhode Island Emergency Management Agency
  - Healthcare Coalition of Rhode Island
  - Rhode Island municipalities
  - Rhode Island NGOs, Non-Profits, Trade Organizations
    - Hospital Association of Rhode Island
    - Rhode Island Health Center Association
    - Rhode Island Health Care Association
    - LeadingAge Rhode Island
    - Rhode Island Assisted Living Association
    - Rhode Island Coalition for the Homeless
  - Federal agency data
    - CMS
    - CDC
      - Social Vulnerability Index
    - US Census
- B. Current estimates of critical populations in Rhode Island can be found in Attachment 5. These estimates are based on data from a number of sources (see above).
- C. While collecting data on critical populations, the MV Workgroup is also seeking specific data on subcategories within these populations to aid efforts of further segmenting critical populations groups if scarce vaccine supply requires it.

Factors that may be considered in identifying subgroups of critical populations include those criteria posited by the National Academy of Science, Engineering, and Medicine to allocate vaccines, which include:

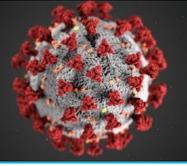
- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting infection to others



The COVID-19 Vaccine Subcommittee will provide guidance and oversight on vaccine allocation, including among critical population groups and subgroups. The Subcommittee intends to meet weekly to discuss and review vaccination strategies, prioritization and allocation, and progress.

- D. The MV Workgroup is working to secure engagement with key stakeholders and representatives from these critical population groups. Many such relationships already exist, made easier by Rhode Island's small size and centralized nature. (See Attachment 2)

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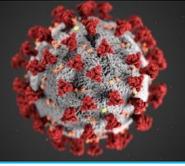
## Section 5: COVID-19 Provider Recruitment and Enrollment

### **Instructions:**

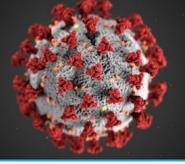
- A. Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.
  - 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.
  - C. Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.
  - D. Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.
  - E. Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.
  - 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).
  - G. Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.
  - 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.
- A. Rhode Island is a universal state in the sense that all licensed healthcare providers authorized to administer vaccine are eligible for enrollment in Rhode Island's State-Supplied Vaccine (SSV) program to access both child and adult routine vaccines, with the exception of shingles vaccine. RIDOH's Immunization Program is currently working to enroll additional providers, particularly those who serve critical population groups (e.g., primary and specialty care providers whose patients are over the age of 65).

As part of the enrollment process, providers' credentials and licenses are verified by RIDOH. The SSV program requires providers to re-enroll on an annual basis, at which time credentials and licenses are re-verified.

- B. Selection of vaccination providers and provider sites to administer the first available doses of COVID-19 vaccine will be determined based on a number of factors, including (though not limited to):
  - a. Number of doses received

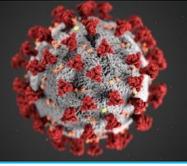


- b. Which vaccine type
  - c. Provider's interest and willingness to serve in this capacity
  - d. Populations and clients served by the provider
  - e. Geographic location of provider
  - f. Provider's facilities and infrastructure
  - g. Number of personnel available to administer vaccines
- C. All providers who desire to administer COVID-19 vaccines must sign a COVID-19 provider agreement. The agreement and enrollment for COVID-19 vaccine will be made available to providers through the PrepMod system. All vaccine providers who do not have the ability to report immunization data to RICAIR using HL7 will be provided access and training on the PrepMod system. The vendor who developed and supports PrepMod is aware of CDC's COVID-19 vaccine data requirements and is working to adapt the system to ensure that it meets all necessary data collection and reporting requirements. RIDOH will upload COVID Provider enrollment files to CDC twice weekly, as required in a CSV file based on data in a PrepMod extract file.
- D. As noted in (A), credential verification of vaccine providers is a standard component of SSV program enrollment. Providers are required to re-enroll on an annual basis, providing an annual opportunity for credentials and licenses to be re-verified. Credentials of those providers vaccinating at mass vaccination sites (using PrepMod) will be similarly verified by RIDOH as part of the enrollment process.
- E. Training for vaccination providers will address the following topics:
- a. ACIP COVID-19 vaccine recommendations, when available
  - b. How to order and receive COVID-19 vaccine
  - c. COVID-19 vaccine storage and handling
  - d. How to administer vaccine, including reconstitution, use of adjuvants, appropriate needle size, anatomic sites for vaccine administration, avoiding shoulder injury with vaccine administration, etc.
  - e. How to document and report vaccine administration via PrepMod and/or RICAIR
  - f. How to manage vaccine inventory, including accessing and managing product expiration dates
  - g. How to report vaccine inventory
  - h. How to manage temperature excursions
  - i. How to document and report vaccine wastage/spoilage
  - j. Procedures for reporting moderate and severe adverse events as well as vaccine administration errors to VAERS
  - k. Providing EUA fact sheets or VISs to vaccine recipients
  - l. How to submit facility information to COVID-19 vaccination clinics to CDC's vaccine provider



Training will be primarily coordinated by RIDOH's Immunization Quality Assurance Manager. Existing flags created in OSMOSSIS to track training of SSV enrollees will be adapted to address any new COVID-19 training requirements.

- F. RIDOH's Immunization Program and the MV Workgroup will evaluate the need for any vaccine redistribution sites or nodes in the initial selection of vaccination provider sites. Any redistribution site or node will be directly engaged by RIDOH/MV Workgroup to ensure that it is adequately prepared to serve in this role. In so doing, the presence of vaccine handling and storage will be confirmed, as will the competencies and credentials of personnel, etc. All approved vaccine distribution sites or nodes must be enrolled in Rhode Island's SSV program. (See also Section 7)
- G. RIDOH's Immunization Program, the MV Workgroup, relevant programs and staff from RIDOH (particularly from the Health Equity Institute), COVID-19 vaccine stakeholders (as referenced in Attachment 2), and the COVID-19 Vaccine Subcommittee will all be consulted and engaged in the planning and implementation process to ensure equitable access to the vaccine, particularly when only available in limited quantities. The MV Workgroup has engaged RIDOH's GIS Manager to plot all flu vaccination sites (public and private) across the State along with their proximity to public transportation. This was developed to assess saturation of flu vaccination opportunities and to explore where there might be access gaps among communities at highest risk for flu and COVID-19. Using this information, RIDOH will deploy vaccination services to areas in need. The GIS Manager has also developed an interactive vaccination site locator web application that can be accessed through the RIDOH website. The public will be able to find public vaccination sites including pharmacies, community-based clinics, and school-located clinics. The goal is to utilize this mechanism to create GIS mapping for COVID-19 vaccination sites and the ability to overlay with locations of critical populations.
- H. A number of pharmacies in Rhode Island (153) are presently enrolled in the SSV program, ranging from those that are parts of major chains (e.g., CVS, Walgreens), to independent pharmacies, to those located in healthcare facilities. Those pharmacies in Rhode Island not currently enrolled – **that are not being directly supplied vaccine by the federal government** – can be enrolled relatively quickly (within days) by RIDOH's Immunization Program.



## Section 6: COVID-19 Vaccine Administration Capacity

### **Instructions:**

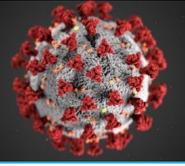
- A. Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.*
- B. Describe how your jurisdiction will use this information to inform provider recruitment plans.*

- A. A number of factors will be evaluated to estimate vaccine administration capacity among Rhode Island's vaccine providers. These factors include, but are not limited to:
  - a. Type of vaccine (number of doses, storage requirements, amount of preparation)
  - b. Number of vaccination provider sites
  - c. Number of licensed, authorized vaccinators
  - d. Amount of physical space, including ability to ensure social distancing
  - e. Number of willing and interested vaccine recipients

Past planning, exercises, and real-world responses have provided Rhode Island some insight into its mass vaccination capacity. As part of RIDOH's MEDS program, regular planning for vaccine PODs has factored target throughput rates as a core assumption. That planning figure – 150 individuals per hour – assumes a POD in social-distancing conditions fully staffed with 13 vaccinators.

Additional work to estimate vaccine administration capacity among non-mass vaccination vaccine providers may include direct outreach and surveys.

- B. Vaccine administration capacity will be a key factor in identifying and selecting vaccine providers in the early phases of the COVID-19 vaccination campaign. In order to achieve the maximum impact during Phase 1 (including 1A and 1B), vaccine provider sites will be encouraged to explore ways to maximize their capacity; depending on Rhode Island's initial vaccine allotment and other factors, only sites that can achieve vaccine administration capacity at sufficient level to vaccinate large groups of critical populations will be selected.



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

### **Instructions:**

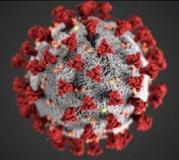
- A. Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.*
  - 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.*
  - C. Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/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.*
  - D. Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.*
  - E. Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.*
- A. Work is currently underway to convene the COVID-19 Vaccine Subcommittee, comprising leadership from RIDOH and the Rhode Island Governor's Office, key community stakeholders, and subject-matter experts and clinicians from RIDOH, Rhode Island's hospitals, community partners and non-profits, pharmacies, and academic institutions (e.g., Brown University). The COVID-19 Vaccine Subcommittee will provide guidance and oversight on vaccine allocation, including among critical population groups and subgroups. (See Attachment 4 for COVID-19 Vaccine Subcommittee members)

To facilitate the process, Rhode Island is currently evaluating several interactive tools, including Tiberius, designed to support allocation decision making.

In Phase 1 of Rhode Island's mass vaccination campaign, vaccine supply will be limited, requiring Rhode Island to judiciously prioritize and allocate vaccine among critical populations. In Phase 1A, high-risk healthcare workers and first responders will be the focus of vaccination efforts. In Phase 1B, as more vaccine becomes available and those identified for vaccination during Phase 1A have received their second dose (in the event of a two-dose vaccine series), vaccination efforts will broaden in their focus to include people with significant comorbid conditions (defined as having two or more) and older adults in congregate or overcrowded settings.

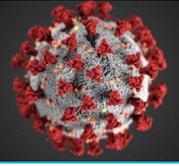
Depending on just how limited Rhode Island's vaccine allotment is during Phase 1, additional work to identify and prioritize subgroups within these critical population groups. Factors that may be considered in identifying subgroups of critical populations include individuals'

- Risk of acquiring infection



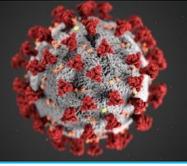
- Risk of severe morbidity and mortality
  - Risk of negative societal impact
  - Risk of transmitting infection to others
- B. Cold-chain capabilities and capacity of all providers are evaluated as part of the SSV enrollment process. In order to be approved as a COVID-19 vaccination provider site, RIDOH's Immunization Program will need to confirm appropriate cold-chain capabilities. Once materials are provided by CDC, the site visit tool utilized by Immunization Program staff will be updated to reflect the new vaccine storage requirements. In addition, the MV Workgroup has taken measures to assess the availability and capacity of ultra-low cold storage in Rhode Island, which revealed that few hospitals and universities in Rhode Island currently have the capacity for the ultra-low cold storage. The MV Workgroup will continue to explore the feasibility of contracting with these, and other partners, to expand ultra-cold storage capacity and dry ice manufacturing to support vaccines that will require this type of cold chain.
- C. The COVID-19 Vaccine Subcommittee, in consultation with RIDOH's Immunization Program, will determine ordering allowances for each vaccination provider site, based on Rhode Island's allotment of vaccine by the federal government. These allowances will be communicated to each vaccination provider site. The vaccination provider site will then order vaccines through Rhode Island's SSV program (OSMOSSIS). This information will then be reviewed by RIDOH's Immunization Program and the COVID-19 Vaccine Subcommittee to ensure order sizes are in accordance with the issued allowances. The COVID-19 Vaccine Subcommittee will adjudicate any discrepancies and finalize allocations for each vaccination provider site. Orders will then be placed to CDC by RIDOH's Immunization Program via VTrckS, after ensuring that vaccination providers' information is correct in the system and performing any necessary updates.
- D. RIDOH's Immunization Program will directly coordinate any vaccine redistribution (at least during Phases 1 and 2). The Immunization Program will directly engage with the vaccination provider site moving vaccine, as well as the one receiving it, to ensure that all parties are familiar with appropriate cold-chain and chain-of-custody requirements. Depending on the circumstances, RIDOH's Immunization Program may require documentation recording chain-of-custody compliance.
- E. As additional information becomes available regarding the use of VaccineFinder by providers to report daily vaccine inventory levels, work will be done to implement the process in Rhode Island.

Reports can be run in RICAIR down to the provider level to monitor doses administered. PrepMod includes a real-time inventory tracking feature. Once the initial allocation for a vaccination provider site is entered into PrepMod, each dose administered and recorded in the system will automatically subtract from the allocation total. Wastage and spoilage will also be recorded in this system. For those not using PrepMod, standard reporting for wastage and



spoilage will be reported in OSMOSSIS. RIDOH Immunization Program staff will regularly monitor reports on wastage and spoilage; for providers who have excessive waste, the Immunization Program staff will make direct contact and work with the provider to build a corrective action plan per Immunization Program protocols.

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## Section 8: COVID-19 Vaccine Storage and Handling

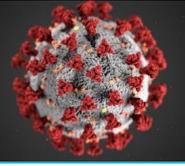
### **Instructions:**

- 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:
- Individual provider locations
  - Satellite, temporary, or off-site settings
  - Planned redistribution from depots to individual locations and from larger to smaller locations
  - Unplanned repositioning among provider locations
- B.** Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.

- A. A standard component of a provider's enrollment in Rhode Island's State-Supplied Vaccine program is the verification of the provider's ability to serve in this role, including confirmation of both the physical infrastructure necessary to store and handle vaccines and the competencies of staff related to vaccine storage and handling. Any entity that enrolls in the SSV program that would like to vaccinate off-site (labeled by RIDOH as mass or community immunizers) must complete additional paperwork and training with RIDOH's Immunization Program staff to learn about cold chain requirements and ensure the organization has the materials necessary to properly maintain and monitor the cold chain.

Any COVID-19 vaccine-specific adjustments that need to be made to current vaccine storage and handling protocols will be accordingly updated by RIDOH's Immunization Program and communicated to all COVID-19 vaccine providers to ensure compliance.

- B. RIDOH will directly review and approve all proposed redistribution sites or nodes to ensure they meet requirements for COVID-19 vaccine storage. COVID-19 vaccine may only be redistributed in Rhode Island with the express permission of RIDOH and under its coordination.



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

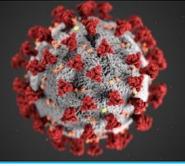
### **Instructions:**

- A. Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.*
- B. Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.*
- 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.*
- 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.*
- 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.*
- F. Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.*

- A. Two systems will serve as the primary means by which data are collected and recorded from vaccination provider sites: Practice EHR- HL7 transmissions to RICAIR and HL7 transmissions from PrepMod.
  - a. **RICAIR**, the Rhode Island Child and Adult Immunization Registry, is Rhode Island's Immunization Information System (IIS). Virtually all vaccine providers in Rhode Island are enrolled in the State-Supplied Vaccine Program (SSV) since RI is a universal vaccine supplier for all ages, with the exception of shingles vaccine. Approximately 90% of vaccine doses are submitted by practices through HL7 interfaces for childhood vaccines. All practices currently sending HL7 files from their EHR systems could send COVID-19 vaccine messages in the same manner. RICAIR will begin accepting adult vaccinations by the end of the month and is in the process of on-boarding practices serving the adult population that do not already have an HL7 interface.

RICAIR/KIDSNET has participated in the American Immunization Registry Association's (AIRA's) measurement and improvement initiatives in the Aggregate Analysis Reporting Tool (AART) to assure that HL7 messages are compliant with standards.

- b. **PrepMod** is a new acquisition of RIDOH's, intended to facilitate information collection and sharing specifically among mass vaccination/prophylaxis administration sites during disease outbreaks. PrepMod will also be used by practice sites for COVID-19 vaccination that do not have the capability to transmit HL7 messages to RICAIR. Designed as an



interoperable system using HL7-compliant infrastructure, PrepMod is currently being on-boarded to submit HL7 messages to RICAIR for any clinic or practice immunization events utilizing PrepMod. Any COVID-19 enrolled vaccine providers can be enrolled to utilize PrepMod.

RICAIR will be the repository and consolidated source for all COVID-19 vaccine administration data whether entered into PrepMod or a practice's EHR.

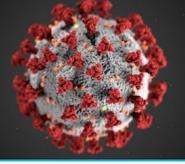
- B. Rhode Island is still exploring ways in which to report to CDC; specifically, RIDOH's Immunization Program's use of the IZ Gateway is still undetermined. Rhode Island was part of the IZ Gateway Onboarding Group 4. The Test Gateway Credential Information Request was completed on 9/16/2020. Test messages were sent to RICAIR; however, not all test identifiers were correctly placed. Rhode Island received legal clearance to execute the DUA (with changes) for the Connect portion of the Gateway with the expectation that RICAIR would receive messages through the Gateway rather than send messages to the Gateway. The changes have been sent to APHL for their approval prior to Rhode Island signing it.

The initial reporting route will likely be through upload of a CSV file utilizing the file layout and parameters provided by CDC. Ultimately, regardless of the means adopted, Rhode Island will ensure reporting compliance with CDC.

- C. Ensuring the ability of COVID-19 vaccination providers to use the RICAIR system is a standard component of SSV program enrollment. There is an HL7 on-boarding manager who works with practices and EHRs to ensure that messages are HL7 compliant and include required data elements. RICAIR Provider Relations Managers also provide training and support to RICAIR web users.

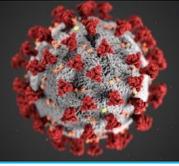
Training will also be provided on the use of PrepMod. Any COVID-19 vaccine-specific data reporting requirements will also be communicated to all vaccine providers. Training for vaccine providers will be primarily conducted and coordinated by RIDOH's Immunization Program Quality Assurance Manager (see Section 5). Computer equipment with hotspots for internet connectivity are being acquired for two mass vaccinators that will be conducting the majority of PODs and mobile clinics to help support real-time data collection and transmission.

- D. Vaccine administration occurring in off-site, satellite, or temporary facilities under RIDOH's approval will be recorded in PrepMod. Clinic coordinators will send HL7 files to RICAIR at the conclusion of each clinic or for multi-day clinics at the end of each vaccination day. HL7 transmissions from all COVID-19 providers will be monitored daily to detect any technical transmission problems. If a transmission to RICAIR has not occurred for any clinics scheduled for the previous day, the clinic coordinator will be contacted.



- E. HL7 transmissions from all COVID-19 providers will be monitored daily to detect any technical transmission problems. If providers have vaccine inventory and have not reported on a daily basis the use of vaccine via an HL7 transmissions to RICAIR, their vaccine coordinator will be contacted. Subsequent supply of vaccine will be contingent on timely reporting of doses administered.
  
- F. Rhode Island is still exploring the types of COVID-19 vaccine coverage reports that will be generated. HLN Consulting, the RICAIR Development Manager, and RICAIR Programmer will work together to meet the requested data needs of RIDOH, CDC, and the White House Coronavirus Task Force. Population estimates of critical groups and geographic areas will be utilized as denominators for assessing the percent of the population having received an initial dose and those completing the COVID-19 series. Consideration will also be given to developing coverage reports for pediatric primary care providers. RICAIR has established patient profile denominators for these practices and could establish coverage reports. Practice-based reports for older populations would have limited utility since adult immunizations have not yet been linked to individuals' primary care providers.

These reports, and other factors, will be used to evaluate the efficacy of Rhode Island's vaccination efforts, which may result in modifications in the response to improve effectiveness and/or efficiency.



## Section 10: COVID-19 Vaccination Second-Dose Reminders

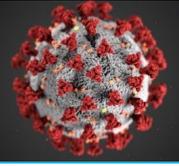
### **Instructions:**

- 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.

A number of methods to remind vaccine recipients of upcoming second doses are under review.

- a. PrepMod includes functionality to issue notifications to vaccine recipients, based on contact information entered into the system at the time of scheduling and actual vaccine administration. These reminders include information about the specific vaccine received for the first dose and the recommended timing of the second dose. The contact information collected at those sites utilizing PrepMod will also be included in the HL7 file sent from PrepMod to RICAIR.
- b. Data fields in RICAIR capture and store vaccine recipients' contact information (phone, phone type, and email) when they are included in HL7 messages. A data file can be produced from RICAIR and a second-dose reminder can be sent via redundant routes, such as State-owned mass notification systems (e.g., CodeRED, Everbridge).
- c. Vaccine recipients will also be encouraged, both by vaccinators and as part as the vaccination campaign's public information strategy, to take pictures of vaccination cards received during administration of the first dose with a smartphone/smart-device to record critical information. This will preserve the information, with the vaccine recipient, even if the vaccination card is lost. The date of the first dose and the type of vaccine received will be recorded.
- d. Leveraging the use of healthcare providers' existing electronic health records and patient portals (particularly those of primary care providers) for reminders will be encouraged. Practices will also be encouraged to book patient appointments for the second dose at the time of first dose administration and provide appointment-reminders.

Whatever method or combination of methods adopted by Rhode Island, efforts will be made to ensure that multiple reminders are issued via several redundant routes (e.g., text, email, phone call). In addition, RICAIR's Immunization page that providers access will display the date and type of COVID-19 vaccine administration, as well as the recommended date for the second dose.



## Section 11: COVID-19 Requirements for IISs or Other External Systems

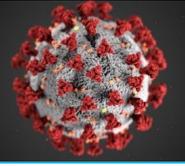
### **Instructions:**

- 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.
- B.** List the variables your jurisdiction'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.
- C.** Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.
- D.** Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.
- E.** Describe your jurisdiction's current status and plans to onboard to the IZ Gateway **Connect** and **Share** components.
- F.** Describe the status of establishing:
  - 1. Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway
  - 2. Data use agreement with CDC for national coverage analyses
  - 3. Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component
- G.** Describe planned backup solutions for offline use if internet connectivity is lost or not possible.
- 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.

- A.** All documentation of vaccine administration in temporary or high-volume vaccination sites (e.g., PODs, Closed PODs) will be recorded in PrepMod. (See Section 9). The application is web-based and can effectively be accessed anywhere with an internet connection.

All mass vaccination sites will be required to have redundant means of internet access.

The MV Workgroup will engage the vendor of PrepMod in discussion about additional downtime capabilities the platform possesses, as well as any of the vendor's business continuity practices that may impact Rhode Island's operations.



In the event PrepMod is entirely inaccessible, Rhode Island may revert to paper-based recording, including those processes referenced in the *Rhode Island Medical Emergency Distribution System Plan* (maintained by RIDOH).

- B. RIDOH has the direct ability to customize the data fields of PrepMod in order to capture a range of information related to vaccine recipients' attributes, including (though not limited to):
  - a. Name
  - b. Contact information
  - c. Date of birth
  - d. Gender
  - e. Race and ethnicity
  - f. Occupation
  - g. Comorbidity status
  - h. Membership in critical population group

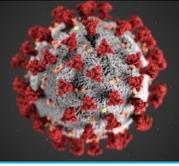
Data from PrepMod will be sent to RICAIR in HL7 messages. RICAIR collects all standard data elements in Immunization HL7 VXU messages; however, comorbidities, occupation, and membership in critical population groups are not part of those messages and will not be stored in RICAIR. Age, race and ethnicity, identifying information, contact information, and data elements related to the vaccine administration will be collected from both PrepMod and through HL7 messages directly from other immunization sites and stored in RICAIR.

Optional data elements such as serology results, missed vaccination appointments, and vaccination refusal will not be captured or stored in either PrepMod or RICAIR.

- C. Rhode Island's immunization information system, RICAIR, can process standard VXU messages and respond to Z=34 and Z=44 queries from authenticated users. RICAIR utilizes the standard CDC WSDL. Rhode Island's WSDL, its VXU messages, and Query processes have been tested through AIRA's measurement and improvement processes and meet standards.

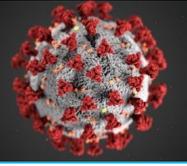
Rhode Island is in the process of standing up the adult component of RICAIR which will include improvements related to real-time processing (vs batch processing) and updates to demographic fields, as well as capturing telephone type and email contact info (to support second-dose reminders, follow up).

- D. Rhode Island's universal vaccine program for all ages means that virtually all administrators/vaccine providers in Rhode Island are already enrolled in the State-supplied vaccine program (SSV) program and, by extension, RICAIR and VTrckS. These practices will be notified of the COVID Provider enrollment process. In anticipation of this, outreach has already occurred to likely vaccination sites that are not currently enrolled in RICAIR and VTrckS. Sites wishing to administer COVID-19 vaccine will be either on-boarded for direct submission utilizing HL7 or will



be offered use of PrepMod. Additional training will be required to onboard providers to the PrepMod system (see Section 5).

- E. Rhode Island is currently in the process of testing IZ Connect. No decision has been made at this time to adopt use of IZ Share. As noted previously (Section 9), Rhode Island is still evaluating the use of the IZ Gateway.
- F. The data-use agreement (DUA) with the Association of Public Health Laboratories to use the IZ Gateway is currently under RIDOH's legal review. RIDOH is awaiting receipt of the DUA with CDC for national coverage analyses, as CDC has yet to release it. The Share component of the DUA and the memorandum of understanding will be sent to RIDOH legal counsel for review, if a decision is made to participate in this component.
- G. If internet connectivity is completely unavailable, Rhode Island will be forced to resort to paper-based reporting methods, which may be further facilitated by the use of fax, if available. RICAIR staff, and, if needed, Immunization Program staff, will manually enter the data into the system.
- H. Data will need to be reviewed on a regular basis to ensure accuracy and validity. A Data Manager for the expanded Lifetime registry was recently hired and, along with the Interoperability Manager, will be responsible for the review COVID-19 data to identify submission sources with missing or invalid data. They will also monitor to assure daily submissions.



## Section 12: COVID-19 Vaccination Program Communication

### **Instructions:**

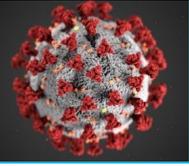
- A. Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.*
- B. Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.*

- A. Starting before COVID-19 vaccines are available, clear, effective communication will be critical to maximizing vaccine uptake in Rhode Island. Building vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispelling vaccine misinformation, are critical to this effort. To support this work, RIDOH has developed a COVID-19 vaccination communications plan. This plan will help RIDOH and its partners deliver clear, timely, accurate, effective messages about COVID-19 vaccination to targeted audiences and the general public before, during, and after a vaccine becomes widely available.

RIDOH's COVID-19 vaccination communications plan, like all communications plans, is a living document that will be continually updated as the situation evolves. Using the plan as a guide, RIDOH will strive to ensure messaging is timely and applicable for each phase of the COVID-19 Vaccination Program. In all communications, RIDOH and its partners will use risk communication principles and draw upon the Centers for Disease Control and Prevention (CDC)'s [Vaccinate with Confidence Framework](#) and [COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#), as well as Rhode Island's own vaccine distribution plan.

Before vaccine is available, RIDOH and its partners will share information about the vaccine planning process in a transparent, timely manner. Key audiences will include the general public, the media, and key stakeholders and partners, including healthcare providers and members of the COVID-19 Vaccine Subcommittee that RIDOH is currently forming. RIDOH will leverage existing communications channels, including weekly COVID-19 press conferences held jointly by the Governor's Office and RIDOH; RIDOH's social media channels; RIDOH's weekly COVID-19 healthcare provider briefing e-newsletter; and stakeholder meetings and calls. During this phase, RIDOH will also partner with a Brown University researcher and with vendors on the State's master purchasing agreement (MPA) for communications and marketing services to identify best practices for COVID-19 vaccine messaging and to conduct formative research to inform a paid media campaign to promote vaccination during all three phases of the COVID-19 vaccination program.

During Phase 1, when vaccine is available in limited supply for certain populations of early focus, RIDOH will continue building broad-based vaccine awareness and confidence while also ensuring that clear, timely communication about first and second dose vaccination opportunities reaches target populations for early and complete vaccination. For



example, to reach paid and unpaid persons serving in healthcare settings, RIDOH can send targeted communications to licensed healthcare providers; leverage existing partnerships with healthcare worker and facility associations; and implement targeted earned and paid media strategies. To reach other essential workers, RIDOH can leverage existing relationships with industry associations and licensing bodies and implement targeted earned and paid media strategies. To reach people at higher risk of severe COVID-19 illness, including people 65 years of age and older, RIDOH can leverage key healthcare, stakeholder, and advisory committee networks, implement targeted earned and paid media strategies, and implement grassroots outreach campaigns.

During Phase 2, RIDOH will continue targeting communications to Phase 1 populations as needed while also focusing on other critical populations and the general public, dependent on vaccine availability. These populations may include the critical infrastructure workforce; people at increased risk for severe COVID-19 illness; people at increased risk of acquiring or transmitting COVID-19; and people with limited access to routine vaccination services. RIDOH has many existing stakeholder relationships and communications channels to reach these groups. RIDOH also has a robust relationship with the local media and holds weekly COVID-19 press conferences, which will assist in raising awareness of vaccination opportunities for these target populations. In addition, the paid media campaign that RIDOH is developing will include a focus on these audiences, including through grassroots outreach strategies in high-density communities and communities of color.

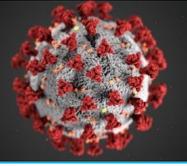
During Phase 3, when vaccine is widely available, RIDOH will focus on raising awareness of vaccination opportunities among the general public through paid and earned media strategies and other communications channels, as appropriate.

Throughout all three phases, RIDOH will also ensure that vaccination providers have the information they need to enroll as vaccine providers; receive, store, and administer vaccine; and report data as required.

RIDOH has established feedback mechanisms that will help ensure that Rhode Islanders can get their questions about vaccination answered throughout all three phases of the vaccination program. Existing feedback mechanisms include the following:

- COVID-19 Hotline: 401-222-8022 (211 after hours)
- Health Information Line: 401-222-5960 / RI Relay 711
- COVID-19 Email Inbox for the General Public: [RIDOH.COVID19Questions@health.ri.gov](mailto:RIDOH.COVID19Questions@health.ri.gov)
- COVID-19 Email Inbox for Healthcare Providers:  
[RIDOH.ProviderQuestions@health.ri.gov](mailto:RIDOH.ProviderQuestions@health.ri.gov)
- Rhode Island Department of Health social media pages (Facebook, Twitter, Instagram)

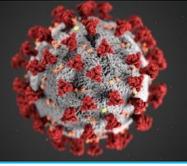
- B. As mentioned earlier, since the start of Rhode Island's COVID-19 response, state agencies have been participating in a joint information system to ensure coordinated and consistent public messaging. Joint Information Center (JIC) staff, who include public information officers and communications staff from the Governor's Office and agencies across state government,



participate in multiple conference calls per week to discuss and coordinate messaging, plan weekly COVID-19 press conferences, and provide updates from COVID-19 response workstreams. RIDOH will leverage this system to support communications related to Rhode Island’s mass vaccination campaign.

In addition, RIDOH maintains an Emergency Public Information Plan (EPIP), a Health Information Center Manual (HIC Manual), and a Public Information Officer Resource Guide, all of which outline processes for risk/crisis/emergency communication and which support timely message development and dissemination. The EPIP and HIC Manual outline communications roles, responsibilities, and chains of command in the event of an incident or activation. Drawing from the guidance in these resources, RIDOH will gather information from sources—such as CDC alerts, FDA communications, RIDOH programs, and RIDOH partners and subject matter experts—and will evaluate and approve that information using its Document Approval Form or other related document approval processes. How information is disseminated will depend on the target audience. RIDOH will rely on the methods outlined above for dissemination. In addition, RIDOH has activated its Emergency Information Line (EIL), which currently has 50 phone lines activated with 31 agents staffing them. RIDOH maintains the ability to increase its EIL capacity by hiring contract employees or reactivating RIDOH staff to support the COVID-19 response.

Each of these resources is regularly updated. Because the majority of those involved in COVID-19 Vaccine Communications have been activated for the Rhode Island COVID-19 response since February/March, staff involved are familiar with these resources and how they can be updated using lessons learned in this current activation.



## Section 13: Regulatory Considerations for COVID-19 Vaccination

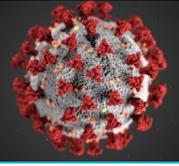
### **Instructions:**

- 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.*
- 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.*

- A. The content of COVID-19 vaccine EUA fact sheets and vaccine information statements (VIS), as well as the need to provide this information to vaccine recipients, will be covered in the training offered to vaccine providers. (See Section 5)

EUA fact sheets and VISs will be directly issued to providers during orientation and/or vaccine ordering and will also be posted to RIDOH's website. They may also be issued to licensed healthcare providers through RIDOH's routine means of issuing information to that community, including through advisory bulletins. (See RIDOH *Emergency Public Information Plan*) They may also be discussed during RIDOH's regularly scheduled COVID-19 Pandemic Update for Providers calls.

- B. Ensuring that vaccine providers have processes in place to provide this information to vaccine recipients will be a condition of their participation in Rhode Island's COVID-19 vaccine ordering and distribution processes. The EUA fact sheet and/or VIS will be made available electronically to patients registering through the PrepMod system. The State has also begun budgeting to provide back-up printing capacity as needed should paper copies be required.

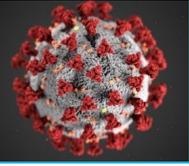


## Section 14: COVID-19 Vaccine Safety Monitoring

### **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).*
- A. Reporting adverse vaccine events through VAERS is standard practice among all vaccine providers in Rhode Island. VAERS reporting will be covered in Rhode Island’s vaccine provider training (see Section 5). Further, a standard component of VISs is a section regarding reporting adverse events through VAERS.

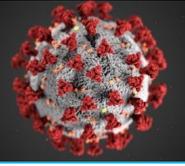
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## Section 15: COVID-19 Vaccination Program Monitoring

### **Instructions:**

- A.** Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:
- Provider enrollment
  - Access to COVID-19 vaccination services by population in all phases of implementation
  - IIS or other designated system performance
  - Data reporting to CDC
  - Provider-level data reporting
  - Vaccine ordering and distribution
  - 1- and 2-dose COVID-19 vaccination coverage
- B.** Describe your jurisdiction's methods and procedures for monitoring resources, including:
- Budget
  - Staffing
  - Supplies
- C.** Describe your jurisdiction's methods and procedures for monitoring communication, including:
- Message delivery
  - Reception of communication messages and materials among target audiences throughout jurisdiction
- D.** Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).
- 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.
- A.** The MV Workgroup will continually monitor a number of data sources to assess Rhode Island's COVID-19 vaccination campaign's progress. These sources include:
- RICAIR generates reports that are regularly monitored on doses administered statewide (including first and second doses), at which vaccination site, and by numerous demographic categories
  - PrepMod
    - Provider agreement completion
    - Enrollee information
    - Doses administered
      - Second-dose reminder functionality
  - OSMOSSIS (Rhode Island's SSV ordering program)
    - Processing and uploading providers orders to VTrckS
    - Inventory tracking



- Doses distributed
- VTrckS
- Tiberius
  - Monitor vaccine allocations and distribution among critical populations
- VaccineFinder
  - Provider inventory levels

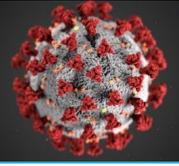
For provider enrollment monitoring, all providers who will be administering COVID-19 vaccine must be enrolled in the SSV program, in which Immunization Program staff verify a valid Rhode Island license for medical oversight and assess adequate vaccine storage capacity and monitoring. All providers will be directed to the PrepMod link, located on the RIDOH website, to complete the COVID-19 Provider Agreement. Data from the agreements will be collected in a CSV file and submitted to CDC twice a week, as required.

All vaccination data collected through PrepMod will be transmitted through an HL7 file to RICAIR each day. This data, along with data submitted to from providers connected to RICAIR, will be submitted to CDC daily.

RICAIR's clinical decision support tool, ICE (Immunization Calculation Engine), will format an algorithm for each approved vaccine to determine when the patient is due for a next dose for vaccines that are a two-dose series. RICAIR is also utilized to monitor vaccination coverage rates by practice or provider site.

The MV Workgroup will work to develop and implement processes to track relevant essential elements of information requested by key stakeholders, including the Governor's Office and the federal government.

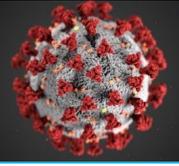
- B. Leveraging lessons learned from other significant functional components of Rhode Island's COVID-19 response, the Mass Vaccination Workstream Lead is currently implementing processes to expand, track, and monitor budget, staffing, and supplies to support Rhode Island's COVID-19 vaccination campaign. With support from the Rhode Island Department of Administration's Office and Management and Budget, the Division of Information Technology, and project management vendors already engaged in other elements on the response, the requisite monitoring structures will be implemented. Alignment with other functional areas of the response (e.g., Supplies Workstream for mass vaccination support supplies and PPE; Tech Enablement Workstream for the purchase of PrepMod and ongoing evaluation of vaccine IT infrastructure) were established earlier in the response to ensure a forward-leaning posture for mass vaccination support and will continue to be cultivated throughout the phases of COVID-19 vaccination.
- C. By monitoring and evaluating the general public's reception of Rhode Island's COVID-19 vaccine public messaging, the MV Workgroup will be able to continually modify both its public messaging and broader vaccination response strategies to adapt to trends identified and other feedback and data collected in the process. To the maximum extent possible, Rhode Island will



leverage existing mechanisms currently employed through its joint information system in the COVID-19 response, as well as processes outlined in RIDOH's Emergency Public Information Plan (of which the Health Information Center [HIC] Manual is an appendix). Both RIDOH's HIC Manual and its Emergency Public Information Plan have outlined roles and responsibilities for monitoring and evaluating reception of public information. In both emergency and non-emergency scenarios, the Rhode Island Department of Health relies on Google Analytics, social media analytics, regular meetings with community partners (e.g., Health Equity Zones), and vendors (e.g., RDW) to understand how public information is accessed and received. Specifically for emergency scenarios, RIDOH's HIC Manual has outlined the roles and responsibilities for activated HIC staff. These roles and responsibilities include designating individuals to monitor and evaluate messages to the public. Best practices and lessons learned through Rhode Island's media monitoring and evaluation will be incorporated, as appropriate, both in current COVID-19 response plans and after-action reports.

RIDOH has also contracted with an Assistant Professor at Brown University to support research efforts related to COVID-19 vaccination, focused on a theory-based and empirical approach to ensuring the development of an effective Rhode Island public health campaign to promote the efficient uptake of a COVID-19 vaccine. She will assist RIDOH in understanding the barriers and facilitators of vaccine uptake and developing a vaccine program to address identified barriers to maximize public participation. Findings through these processes will be compared to data collected through monitoring vaccine coverage rates and the penetration of critical population groups to provide a holistic evaluation of the mass vaccination campaign.

- D. Rhode Island will seek to leverage its existing COVID-19 information collection and sharing processes to the maximum extent possible to support the COVID-19 vaccination campaign. Available information collection processes include (though are not limited to):
- Monitoring RICAIR, PrepMod, OSMOSSIS, VAERS, Tiberius, VaccineFinder
  - Direct engagement with vaccination provider sites
  - Regular check-ins with healthcare provider groups by Zoom or telephone conference call
  - Surveys of healthcare and vaccine providers (e.g., via SurveyMonkey)
  - Leveraging existing relations between RIDOH's public health programs and community stakeholders throughout Rhode Island
  - Emergency management information-sharing processes, as outlined in
    - Rhode Island's Comprehensive Emergency Management Plan
      - ESF-8 Annex
    - Rhode Island Department of Health Emergency Operations Plan
      - Emergency Public Information Plan
        - Health Information Center Manual
      - Medical Emergency Distribution System Plan
        - Municipal MEDS Points of Dispensing Plans



- Rhode Island Healthcare System Tactical Communications Plan
- Healthcare Coalition of Rhode Island Response Plan
- Healthcare system data collection systems
  - Hospital Incident Reporting System (currently being used for all data entered into HHS Protect)
  - Public Health Emergency Management Suite
    - Hospital Capacity System
  - Rhode Island Long-Term Care Mutual Aid Plan

Monitoring and information collection processes will be developed as essential elements of information are determined.

- E. As essential elements of information desired by various stakeholders are identified, RIDOH and the MV Workgroup will evaluate the best methods by which to share them. Further, RIDOH and the MV Workgroup will continually assess the value of publicly displaying certain metrics, especially when those metrics are either incomplete, significantly delayed, or otherwise prone to misinterpretation. Key data will be posted with RIDOH's and the Governor's metrics at: <https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/>. The Rhode Island COVID-19 mass vaccination campaign will always strive for the utmost transparency.

## Attachments

This section includes the following attachments:

1. Rhode Island's COVID-19 Response Organizational Chart
2. Rhode Island COVID-19 Vaccination Campaign Key Stakeholders
3. Rhode Island COVID-19 Mass Vaccination Task Force Members
4. Rhode Island COVID-19 Vaccine Subcommittee Members
5. Rhode Island's Critical Population Groups

## Attachment 1: Rhode Island COVID-19 Response Organizational Chart

The following depicts the organizational structure of Rhode Island’s COVID-19 response, including its vaccination activities.



## Attachment 2: Rhode Island COVID-19 Vaccination Campaign Key Stakeholders

The following stakeholders are being engaged in the development and implementation of Rhode Island's COVID-19 vaccination campaign.

- Hospital Association of Rhode Island and all hospitals and health systems in Rhode Island
- Rhode Island Assisted Living Association and all assisted living communities in Rhode Island
- Rhode Island Healthcare Association, LeadingAge Rhode Island, and all nursing homes in Rhode Island
- Rhode Island Health Center Association and all health centers in Rhode Island
- Rhode Island Partnership for Homecare and Hospice and all homecare and hospice agencies in Rhode Island
- Retail Federation of Pharmacies, Rhode Island Pharmacists Association, and all chain and independent pharmacies in Rhode Island
- Rhode Island Vaccine Advisory Committee and the COVID-19 Subcommittee
- Rhode Island Infectious Disease and Epidemiology Advisory Committee
- Rhode Island Chapter the American Academy of Pediatrics
- Rhode Island Academy of Family Physicians
- Rhode Island Chapter of the American College of Obstetricians and Gynecologists
- Insurers – BCBSRI, UHC, America's Health Insurance Plans (AHIP), NHPRI, Tufts, others
- Rhode Island Health Equity Council
- Health Equity Zones
- Narragansett Indian Tribe
- Rhode Island-based National Association for the Advancement of Colored People (NAACP) Units
- Progreso Latino
- Urban League
- Rhode Island Coalition for the Homeless and its partner organizations providing services to individuals experiencing homelessness
- Faith-Based Organizations
  - State Council of Churches
- Rhode Island National Guard
- Rhode Island Emergency Management Agency
- Rhode Island Association of Emergency Managers
- Rhode Island Police Chiefs' Association
- Rhode Island Association of Fire Chiefs
- Rhode Island Department of Corrections
- Rhode Island Executive Office of Health and Human Services
  - Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
  - Department of Human Services
  - Department of Children, Youth, and Families
- Rhode Island Department of Education
- Rhode Island Commerce

### **Attachment 3: Rhode Island COVID-19 Mass Vaccination Workgroup Members**

The following is a list of the Mass Vaccination Workgroup Members.

- Tricia Washburn (Immunization Program, RIDOH) - Lead
- Alysia Mihalakos (Center for Emergency Preparedness and Response, RIDOH) - Lead
- Dacia Read (Governor's Office) - Lead
  
- CAPT Joanne Barrett (Rhode Island National Guard), Planning and Operational Support
- Brittan Bates-Manni (Center for Emergency Preparedness and Response, RIDOH), MEDS/PODs SME
- Denise Cappelli (Immunization Program, RIDOH), Immunization SME
- Andrea Creach (Center for Emergency Preparedness and Response, RIDOH), Planning Support
- Kristin Danko (Brown University School of Public Health), Communications SME
- John Fulton (Brown University School of Public Health), SME
- LTC Peter Horne (Rhode Island National Guard), Planning and Operational Support
- Meaghan Joyce (Immunization Program, RIDOH), Immunization SME
- CAPT Regan Keenan (Rhode Island National Guard), Planning and Operational Support
- Nicholas Larmore (Center for Emergency Preparedness and Response, RIDOH), Planning Support
- Bunmi Lewis (Center for Public Health Communication, RIDOH), Communications SME
- Kathy Marceau (Immunization Program, RIDOH), Immunization SME
- Lauren Piluso (Immunization Program, RIDOH), Immunization SME
- Jason Rhodes (Center for Emergency Medical Services, RIDOH), EMS SME
- Kim Salisbury-Keith (Center for Health Data Analysis, RIDOH), Immunization SME
- MAJ Joseph Sgambato (Rhode Island National Guard), Planning and Operational Support
- Hsiu Chin Shen (Immunization Program, RIDOH), Immunization SME
- Travis Vendetti (Center for Emergency Preparedness and Response, RIDOH), MEDS/PODs SME
- Heidi Wallace (Immunization Program, RIDOH), Immunization SME
- Sophie Wendelken (Center for Public Health Communication, RIDOH), Communications SME

## **Attachment 4: Rhode Island Vaccine Advisory Committee's COVID-19 Vaccine Subcommittee Members**

The following is the current, evolving list of the COVID-19 Vaccine Subcommittee members:

- Dr. Tom Bledsoe (Rhode Island Hospital)
- Dr. Sapna Chowdhry (Thundermist Health Center)
- Dr. Kerry LaPlante (URI School of Pharmacy)
- Dr. Pablo Rodriguez (Care New England)
- Dr. Jennifer Clarke (Medical Programs Director, Department of Corrections)
- John Fulton, PhD (Epidemiologist, Sociologist, Brown School of Public Health)
- Dr. Beth Lange (Coastal Medical)
- Jonathan Brice (Superintendent, Bristol/Warren Schools)
- Dr. Wilfredo Perez (Tri-County Community Action Agency)
- Rev.Chris Abhulime (King's Tabernacle)
- Larry Warner (United Way)
- Dr. Karen Tashima (Director of Clinical Trials, Lifespan Immunology Center)
- Dr. Sabina Holland (Hasbro Children's Hospital)
- Kathy Heren (Rhode Island Long-term Care Ombudsman)
- Dr. Eugenio Fernandez (Asthenis Pharmacy)
- Joan Kwiatkowski (CEO, PACE)
- Teresa Paiva-Weed (Hospital Association of Rhode Island)
- TBD: insurer contact (waiting for confirmation)
- TBD: Tribal contact (waiting for confirmation)
- TBD: Hospital-based nurse contact (waiting for confirmation)
- TBD: Brown School of Public Health representative under the leadership of Dr. Ashish Jha

## Attachment 5: Rhode Island’s Critical Populations

The following are current estimates of potential critical population groups to be prioritized for phased vaccine administration in Rhode Island. This list is presented in no particular order and is subject to change.

Group	Subgroup	Total	Data Source
Healthcare Personnel (Inpatient)	Total Full and Part Time Hospital Staffing, All Units	25,505	American Hospital Association, 2018
Healthcare Personnel (Inpatient)	Inpatient healthcare providers	24,450	US BLS, 2019
Healthcare Personnel (Inpatient)	Nursing and Residential Care Facility Employees	17,860	RI DLT May 2019, Nursing and Residential Care Facilities
Healthcare Personnel (Inpatient)	Healthcare providers in long term care facilities (LTCF)	17,860	US BLS, 2019
Healthcare Personnel (Outpatient)	Outpatient and home health care providers	25,180	US BLS, 2019
Healthcare Personnel (Outpatient)	Health Centers		Not currently available
EMS	Nationally Registered EMT	1,766	NREMT, 2020
EMS	Emergency Medical Technicians and Paramedics	4,521	RIDOH licensing data base
EMS	Ambulance Drivers and Attendants, Except Emergency Medical Technicians	250	RI EMS Information System
Fire Department	First-Line Supervisors of Firefighting and Prevention Workers and Firefighters	2,942	RI Office of the State Fire Marshal
Public Health	State and Territorial Public Health Personnel	639	RIDOH
Law Enforcement	Full-Time Law Enforcement (including university Peace Officers)	1,086	RI State Police, municipal PDs
Law Enforcement	Police and Sheriff's Patrol Officers	1,694	US BLS, 2019
RI National Guard	All service members	3,000	RING leadership
ACI	Correctional Officers & Medical/Mental Health Staff	901	RI Department of Corrections

ACI	All other ACI staff	372	RI Department of Corrections
ACI	Incarcerated Population	2,216	RI Department of Corrections
USPS	Postal Service Mail Carriers	1,280	US BLS, 2019
USPS	Postal Service Clerks	280	US BLS, 2019
USPS	Postal Service Mail Sorters, Processors, and Processing Machine Operators	610	US BLS, 2019
>= 65	>= 65	187,507	2019 Census Population Estimates
Underlying Medical Conditions	Ongoing Asthma (18+)	94,817	BRFSS, 2019
Underlying Medical Conditions	Ongoing Asthma (0-17)	12,893	BRFSS, 2019
Underlying Medical Conditions	Immunocompromised	29,652	2013 National Health Interview Survey estimate based on 2.8% of population
Underlying Medical Conditions	Immunocompromised - Solid Organ Transplant	26	US DHHS - Organ Procurement and Transplantation Network, 2020
Underlying Medical Conditions	Immunocompromised - ≥13 years, HIV and AIDS Prevalence	2,548	RIDOH
Underlying Medical Conditions	Cystic Fibrosis	118	Cystic Fibrosis Foundation, 2017
Underlying Medical Conditions	Heart Disease	65,190	BRFSS, 2019
Underlying Medical Conditions	Hypertension	281,150	BRFSS, 2020
Underlying Medical Conditions	End-Stage Renal Failure	1,840	USRDS, 2017
Underlying Medical Conditions	Diabetes	90,060	BRFSS, 2019
Underlying Medical Conditions	Chronic Liver Disease		Not currently available
Underlying Medical Conditions	BMI >= 40	35,150	BRFSS, 2019/2018 avg
Underlying Medical Conditions	BMI >= 30	226,573	BRFSS, 2019
Underlying Medical Conditions	Adults with COPD	58,886	BRFSS, 2019

Race and Ethnicity	Black non-Hispanic	69,254	US Census, American Community Survey, 2018
Race and Ethnicity	Hispanic	158,858	US Census, American Community Survey, 2018
Tribal Populations	Narragansett Indians	11,649	US Census, American Community Survey, 2018; To be further validated with the Narragansett Tribe
Essential Workers	Grocery Store Employees	19,420	US BLS, 2019
Essential Workers	Transportation & Material Moving Employees	30,880	US BLS, 2019
Essential Workers	Animal slaughtering and processing	555	US Census, Annual Economic Surveys, 2018
Essential Workers	Butchers and Meat Cutters	270	US BLS, 2019
Essential Workers	Slaughterers and Meat Packers	30	US BLS, 2020
Individuals Experiencing Homelessness	In Shelters	247	CAPER Report for September 2020, January 2020 Point in Time Count
Individuals Experiencing Homelessness	Not in Shelters	325	CES and Street Outreach projects between 8/25-9/25
Higher Education	Staff and Faculty	18,000	RI Office of Postsecondary Commissioner; Based on 2020 Summer survey estimates
Higher Education	Students	66,000	RI Office of Postsecondary Commissioner; Based on 2020 Summer survey estimates
K-12 Education	Staff and Faculty	20,671	RI Department of Education
K-12 Education	Students	156,167	RI Department of Education
Insurance	Uninsured	42,305	2020 HSRI survey
Insurance	Underinsured	306,615	2018 HSRI survey based on Commonwealth Fund definition of underinsured