

COVID-19 Vaccination Plan

STATE OF ALASKA

State of Alaska Department of Health and Social Services
OCTOBER 16, 2020 | VERSION 1

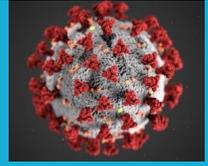
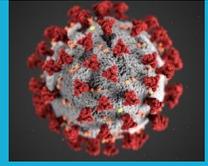


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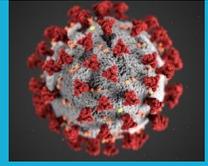
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Introduction

Alaska began actively responding to COVID-19 in January 2020, when we became the first stop for a flight of American citizens leaving Wuhan, China. Since that day, partners from local, state, tribal, and federal organizations have come together to address the challenges presented by the COVID-19 pandemic. This response has called upon our resourcefulness and resilience more than any other emergency in recent memory, and the creative solutions we have forged together will now be applied to the next stage of this pandemic: vaccine distribution and administration.

The distribution of the COVID-19 vaccine is an unprecedented public health effort across our state and across our nation. While we know this will be a difficult task, we have the advantage of strong partnerships built over many years to form the foundation of our response. In the State of Alaska COVID-19 Vaccination Plan, we have outlined our organizational approach to vaccine distribution, including provider enrollment, tracking, and public communication. It describes the capabilities and plans we have built, as well as the unique considerations we face based upon our geographical isolation and limited infrastructure. As new information about the vaccine emerges, we will continue planning and working with critical partners to ensure that the COVID-19 vaccine is safely, efficiently, and equitably distributed across Alaska.



Jurisdiction Overview

The Alaska Department of Labor and Workforce Development estimates, that as of 2019, Alaska has a population of 731,007 living in an area of 663,300 square miles. Over half of the state's residents live in the vicinity of the Municipality of Anchorage and the Matanuska Susitna Borough. This area of the state has the greatest number of health and safety resources, infrastructure, hospitals, clinics, and medical personnel. A significant amount of the state's population is also dispersed between small villages and larger "hub" communities, occupying rural areas and/or islands.

The limited local resources and lack of local health departments means that public health and medical incidents are often referred to the state for coordination and resourcing. Over 80% of Alaska's communities are geographically isolated and accessible only via air or water.

Many of these remote areas rely upon their own power generation and locally managed water and sewage systems. Over 3,300 rural Alaska homes lack running water and a flush toilet. Most of these homes are located in 30 "unserved" villages. In addition, many homes and villages with service depend on aging and deteriorating piped and haul systems.

Alaska Tribal Health System

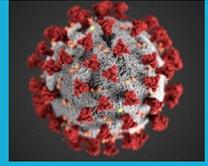
The Alaska Tribal Health System (ATHS) is a comprehensive statewide system of health care. It is a voluntary affiliation of Alaska Tribes and Tribal Organizations providing health services across the state, developed over the last 50 years. The innovative system was created out of necessity to provide healthcare and public health services to the more than 180,000 Alaska Native and American Indian (AN/AI or Tribal) people across the more than 660,000 square miles of predominantly road-less land. Within the ATHS each Tribal Health Organization (THO) is autonomous, each serving a specific geographical area across the state of Alaska, while remaining interconnected via ATHS's sophisticated referral pattern and a common mission of improving the health status of AN/AI people in Alaska.

The ATHS has a statewide network of over 200 health facilities:

- 171 village clinics
- 27 Regional clinics
- Six Regional hospitals
- One tertiary care medical center (Alaska Native Medical Center)

In rural Alaska, ATHS facilities are located in the most remote locations and harshest climatic conditions found in the United States. In the absence of roads, travel is difficult and expensive. The ATHS offers the only available health services in most Native communities and as such it is

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an essential component of Alaska’s public health system and is critical to the state’s vaccination capacity.

Health care and service provided through the ATHS:

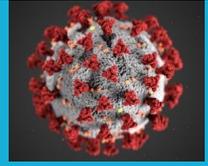
- Primary medical care
- Specialty care and professional support services
- Dental and oral health
- Behavioral health
- Preventative wellness programs
- Health research
- Health education for rural primary care
- Public health community infrastructure construction

The Alaska Native Tribal Health Consortium (ANTHC) is a non-profit Tribal health organization designed to meet the unique health needs of Tribal people living in Alaska. In partnership with the more than 180,000 Tribal people that we serve and THOs of the Tribal, ANTHC provides world-class health services, which include comprehensive medical services at the Alaska Native Medical Center, wellness programs, disease research and prevention, rural provider training and rural water and sanitation systems construction.

ANTHC is the largest, most comprehensive Tribal health organization in the United States, and Alaska’s second-largest health employer with more than 3,000 employees offering an array of health services to people around the nation’s largest state.

Map of Alaska Tribal Health System Referral Pattern and Telehealth Network. The map shows illustrates connections in the telehealth network, and shows a scaled drawing of Alaska relative to the contiguous United States.

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Alaska spans over 660,000 square miles (1/5 of the size of the contiguous United States) and is larger than the next three largest states (Texas, California, and Montana) combined.

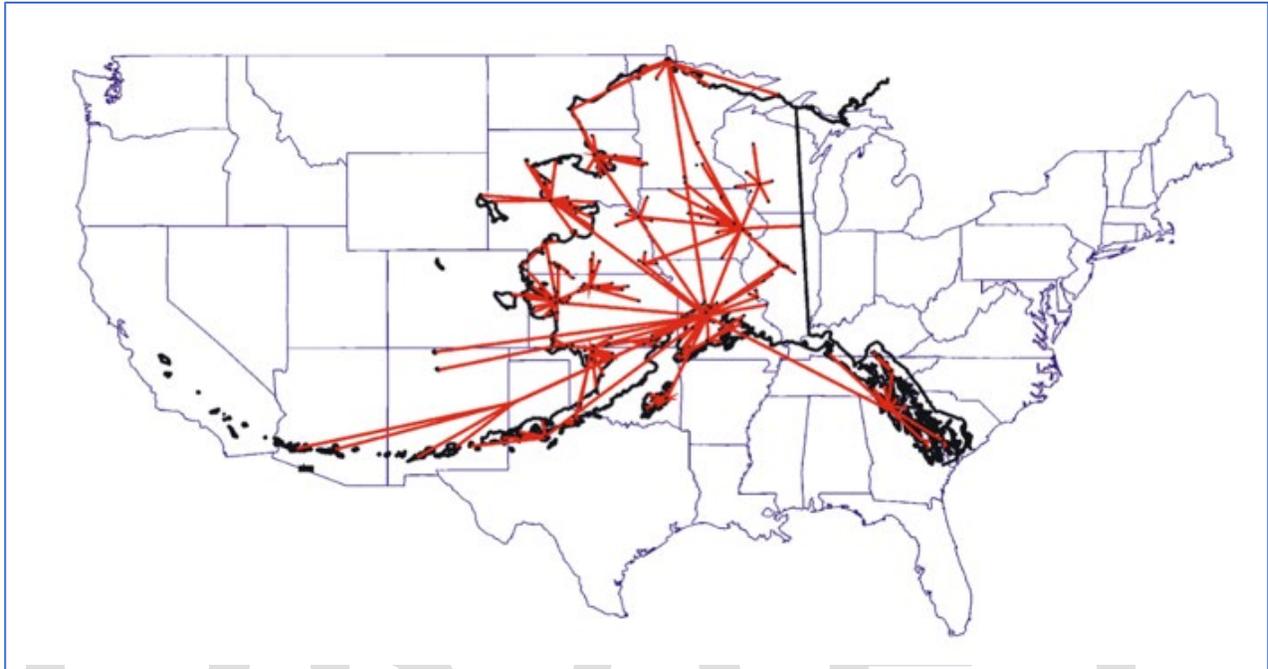


Figure 1. Alaska Tribal Health System Referral Pattern and Telehealth Network; scale drawing of Alaska relative to the contiguous United States.

Source: Alaska Native Tribal Health Consortium (ANTHC), 2020.

ATHS Regions

The ATHS coordinates management of care across geographic regions following well-established Tribal and THO agreements with defined service delivery areas for each THO. The basic design is that coordinated management of care moves from village to sub regional hub, to regional hub, to ANMC based on acuity and supports the continuum of care. The referral patterns thusly often follow a wheel and spoke pattern illustrated in the figure above. One can see that for some communities, accessing a general practitioner might require a flight that is roughly the distance from Albuquerque to St. Louis.

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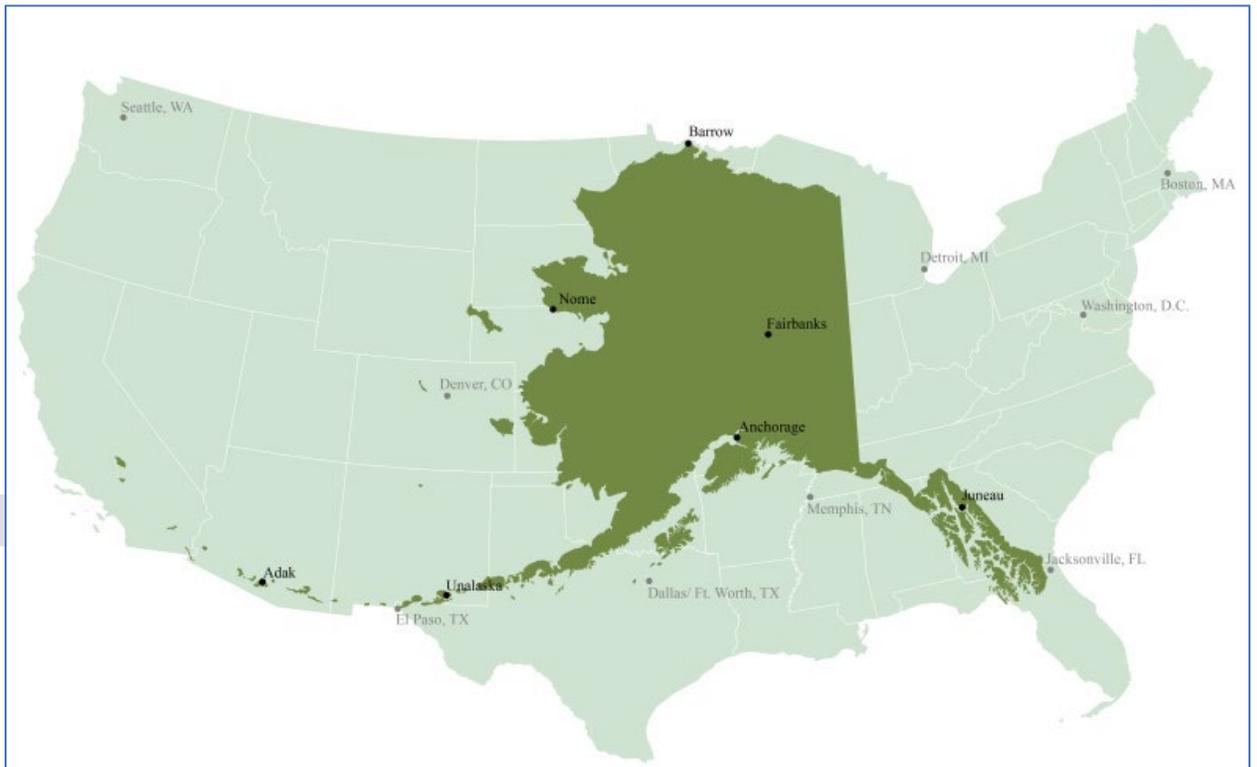
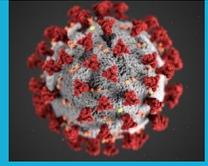


Figure 2. Scale drawing of Alaska relative to the contiguous United States.

Source: Alaska Division of Homeland Security & Emergency Management - 2018 State of Alaska Hazard Mitigation Plan.

Alaska Boroughs

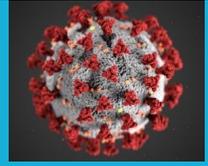
Alaska is divided into 19 organized boroughs and 1 unorganized borough. Boroughs cover approximately 38% of the land mass and encompass 86% of the population.

The organized boroughs of Alaska are as follows:

Aleutians East Borough, Bristol Bay Borough, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, City and Borough of Yakutat, Denali Borough, Fairbanks North Star Borough, Haines Borough, Kenai Peninsula Borough, Ketchikan Gateway Borough, Kodiak Island Borough, Lake and Peninsula Borough, Matanuska-Susitna Borough, Municipality of Anchorage, Municipality of Skagway, North Slope Borough, Northwest Arctic Borough, and Petersburg Borough.

The 19 existing boroughs are not equivalent to county governments in other states. Boroughs focus primarily on education, land use planning, and tax assessment and collection.

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Alaska has 11 statistical entities called “census areas.” Census areas are statistical areas established in cooperation with state government for reporting data in the portion of the state outside any borough. These areas are sometimes referred to as the “unorganized borough” and are administered by the state. The remaining 14% of the population resides in a vast, sparsely inhabited area called the unorganized borough, which encompasses 323,440 square miles.

The 10 United States Census Bureau-defined census areas include: Aleutians West Census Area, Bethel Census Area, Dillingham Census Area, Hoonah-Angoon Census Area, Kusilvak Census Area, Nome Census Area, Prince of Wales-Hyder Census Area, Southeast Fairbanks Census Area, Valdez-Cordova Census Area, and Yukon-Koyukuk Census Area.

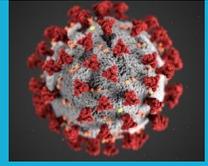
Alaska Regions

The Alaska Division of Homeland Security & Emergency Management divides the state into five distinct regions for planning purposes.



Figure 3. Alaska’s five distinct regions: Southeast, Southcentral, Southwest, Interior, and Arctic.
Source: Alaska Division of Homeland Security & Emergency Management – 2016 State of Alaska Emergency Operations Plan (updated 2018).

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Southeast

The Southeast Region comprises thousands of islands and a rugged strip of mainland bordering British Columbia and the Yukon Territory of Canada. Principal communities include Craig, Haines, Juneau, Ketchikan, Petersburg, Sitka, and Wrangell.

The winter-summer averages in Southeast range from +10°F to + 70°F, the climate is mild by Alaska standards. By locale, average annual rainfall varies from 25 to 155 inches.

The majority of communities can be reached only by either marine or air travel.

Southcentral

Curving 650 miles north and west from the coastal areas of the Gulf of Alaska to the Alaska Range, the Southcentral Region includes coastal waters rich in sea life, fertile river valleys, rugged mountain ranges, forests, and glaciers. Anchorage is the largest populated city in the state. Other key communities in Southcentral include Palmer, Wasilla, and Port MacKenzie in the Matanuska-Susitna Borough, and Kenai and Soldotna. This region is home to approximately 60% of Alaska's people.

The Gulf of Alaska causes coastal temperatures to range between zero to 70°F.

Anchorage is also the state's primary transportation hub. Its airport is one of the state's three international airports and provides major connections for in-state air travel and air freight service. Southcentral Alaska also hosts the Alaska Railroad, which connects the ports of Seward and Whittier to northern communities including Anchorage and Fairbanks. Valdez is the terminus and port for the Trans-Alaska Pipeline System.

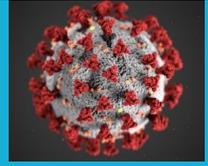
Southwest

The Southwest Region includes the Alaska Peninsula which stretches 550 miles from Cook Inlet to its tip at False Pass, the Kodiak Island Group to the south, and the Aleutian Island Chain, which reaches out 1,100 miles from False Pass toward Asia. The Aleutian Range forms the spine of an arc of active volcanoes. The other portion of the Southwest Region reaches north from the head of Bristol Bay to the Seward Peninsula. The region includes Nunivak and St. Lawrence Islands and encompasses the Yukon-Kuskokwim Delta. Bethel, a city on the north bank of the Kuskokwim River, is a regional hub.

Kodiak is the region's largest city, home to a U.S. Coast Guard Base and rocket launch facility, major airport, port, and harbor.

Travel is accomplished by either boat or aircraft. Air is the principal mode of travel to and from the region; however, boats, snow machines and all-terrain vehicles are widely used.

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Summer temperatures in this region rarely rise above 60°F during the day, while winter temperatures hover around 30°F in winter due to the temperate influence of the North Pacific current.

Interior

The Interior Region is larger than Montana, bordered on the south by the Alaska Range and on the north by the Brooks Range. Between these mountain ranges, the Yukon River and its drainages arc 1,875 miles across the state from the Canadian border to the Bering Sea.

Fairbanks, Alaska's second largest city, is somewhat central to the region and is the northern terminus of the Alaska Railroad. Logistical support to the North Slope is provided overland via the Dalton Highway (opened to public travel in 1991).

Interior Alaska experiences extreme seasonal temperature variability. Winter temperatures in Fairbanks average -12 °F and summer temperatures average +62 °F. Temperatures have been recorded as low as -65 °F in mid-winter and as high as +99 °F in summer

Arctic

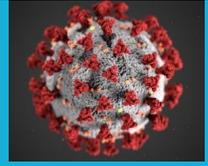
The Arctic Region lies between the Brooks Range and the Arctic Ocean. Winter at these latitudes results in 67 days without daylight.

Utqiagvik (formerly Barrow), Nome, and Kotzebue are the largest communities. Air is the principal method of travel. Boat use is seasonal as the Arctic Ocean (including the Beaufort and Chukchi Seas) and shorelines are ice-locked seven to eight months annually.

The Arctic Region contains the North Slope oil fields and the Red Dog Zinc Mine with additional infrastructure including small airports, schools, hospitals or clinics, police and fire stations, and government facilities; however, the majority of it is sparsely populated coastal plain.

The climate varies radically. Temperature can reach 95°F in summer and occasionally plunge to -60°F and colder in winter. These conditions demand advanced cold adapting techniques and products.

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Road System

Alaska has 13,546 paved road miles, 1,601 unpaved road miles, and 3,500 Alaska Marine Highway water miles statewide. Alaska has one mile of road for every 38 square miles of land area.

The majority of Alaska has no road system. Plane travel is the primary source of transportation in those areas, with occasional boat and ice road use depending on location and season. Travel between communities and out-of-state travel occur frequently to support day-to-day health and medical needs of the population.

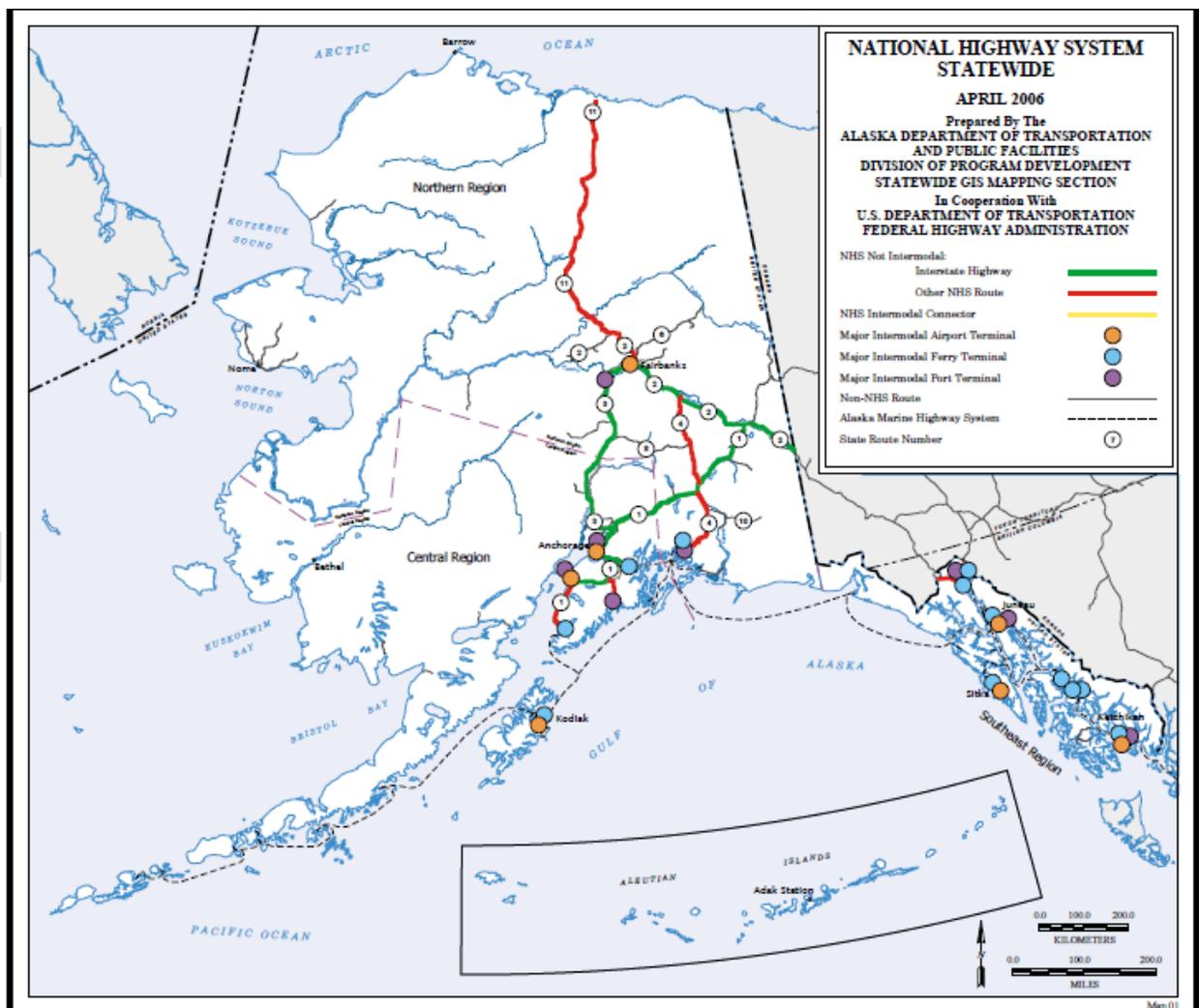
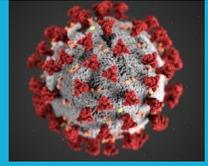


Figure 4. State of Alaska National Highway System Maps.

Source: Alaska Department of Transportation and Public Facilities Division of Program Development in cooperation with the U.S. Department of Transportation Federal Highway Administration April 2006.



Section 1: COVID-9 Vaccination Preparedness Planning

- 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.*

The Alaska Department of Health and Social Services (Alaska DHSS) Immunization Program (Immunization Program) and the Emergency Medical Countermeasure (MCM) Program met in May 2020 to begin conducting COVID-19 vaccination planning activities.

Since COVID-19 vaccine distribution planning assumptions were unknown at that time, the programs planned for the following two scenarios:

- Scenario One: The MCM Program would be responsible for vaccine distribution
- Scenario Two: The Immunization Program would be responsible for vaccine distribution

During the pre-planning process, the MCM Program and the Immunization Program actively collaborated with Tribal partners.

Once it was determined that the Immunization Program was responsible for vaccine distribution, DHSS Leadership reached out to the Immunization Program Manager and formed the Vaccine Group (Appendix A: Alaska COVID-19 Vaccination Task Force Organizational Structure).

Planning activities are on-going as additional information is released from CDC.

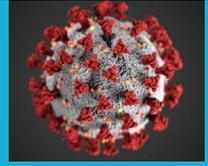
Lessons Learned

Historical Data

The 1918 influenza pandemic caused as many as 50 million deaths worldwide. The Alaska Office of Vital Statistics reported nearly 3,000 deaths between 1918 and 1919 in the Alaska Territory. Per capita, more people died in Alaska from the 1918 influenza pandemic than anywhere else in the world other than Samoa.

The first cases in Alaska were identified in the late fall of 1918, concurrent with the second wave in the Lower 48 and Canada, followed by an additional wave in the spring of 1919. Estimates of the numbers of deaths during the epidemic vary; the majority of deaths were among Alaska Native people (Reference: [Alaska Facts and Figures - 1918 Pandemic Influenza Mortality in Alaska](#)).

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Influenza Vaccine Distribution

Alaska transitioned in August 2018 from having a centralized Vaccine Depot, where the vaccine was received and redistributed, to local providers primarily receiving all shipments from the McKesson Corporation. The forty-eight contiguous United States transitioned to receiving shipments from the McKesson Corporation in 2009. Shipping technology took almost 10 years to develop enough to successfully ship directly to the majority of locations in Alaska.

The Alaska Immunization Program learned early in the 2018 influenza season that the McKesson Corporation cannot successfully ship to all locations in Alaska. For example, multiple shipments failed to get to City of Utqiagvik, formerly known as Barrow, which was problematic for the ATHS. The Alaska Immunization Program developed a solution called pass-throughs.

During a pass-through, Alaska Immunization Program Distribution staff:

- Stop the vaccine shipment in Anchorage
- Coordinate transfer from FedEx to another airline
- Book vaccine shipment on “highest” priority level
- Notify provider with updated tracking information

As of October 2020, there are 17 locations where the pass-through method is utilized. The Alaska Immunization Program pays for the transfer and airline costs from Anchorage to the final destination community using Vaccines for Children (VFC) Program operation funds.

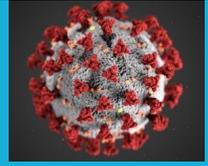
- B.** *Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.*

The Alaska DHSS Division of Public Health's Rural and Community Health Systems, Training, Exercise, and Outreach Program, and Public Health Nursing work together to assist local communities, healthcare facilities, state and federal agencies, and other private partners to prepare for emergencies. Preparation for emergencies, disasters, and operating Points of Dispensing (PODs) includes developing plans, coordinating with partners, and conducting training and exercises for disaster preparedness activities.

Division of Public Health's Rural and Community Health Systems, Training, Exercise, and Outreach Program

The Division of Public Health's Rural and Community Health Systems, Training, Exercise, and Outreach Program, works with local communities, healthcare facilities, state and federal agencies, and other private partners to help prepare and respond to an emergency or disaster impacting the health of Alaskans. The Training, Exercise, and Outreach Program works, plans, and trains with partner agencies and provides educational materials for healthcare agencies and

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the general public. In addition, the Program holds readiness exercises for and with local, state, federal, tribal, and non-profit partners.

Public Health Nursing

Public Health Nursing is housed within the State of Alaska, Division of Public Health. Public Health Centers provide preventative and other health services to individuals from 16 health centers. In addition to providing services at Public Health Centers, Public Health Nurses (PHN) also support approximately 280 small communities and villages. While some health centers are mostly staffed by full-time employees, other communities and villages are supported by itinerant nurses who are only available on a limited basis. In addition to these health centers, there are three PHN Grantee locations.

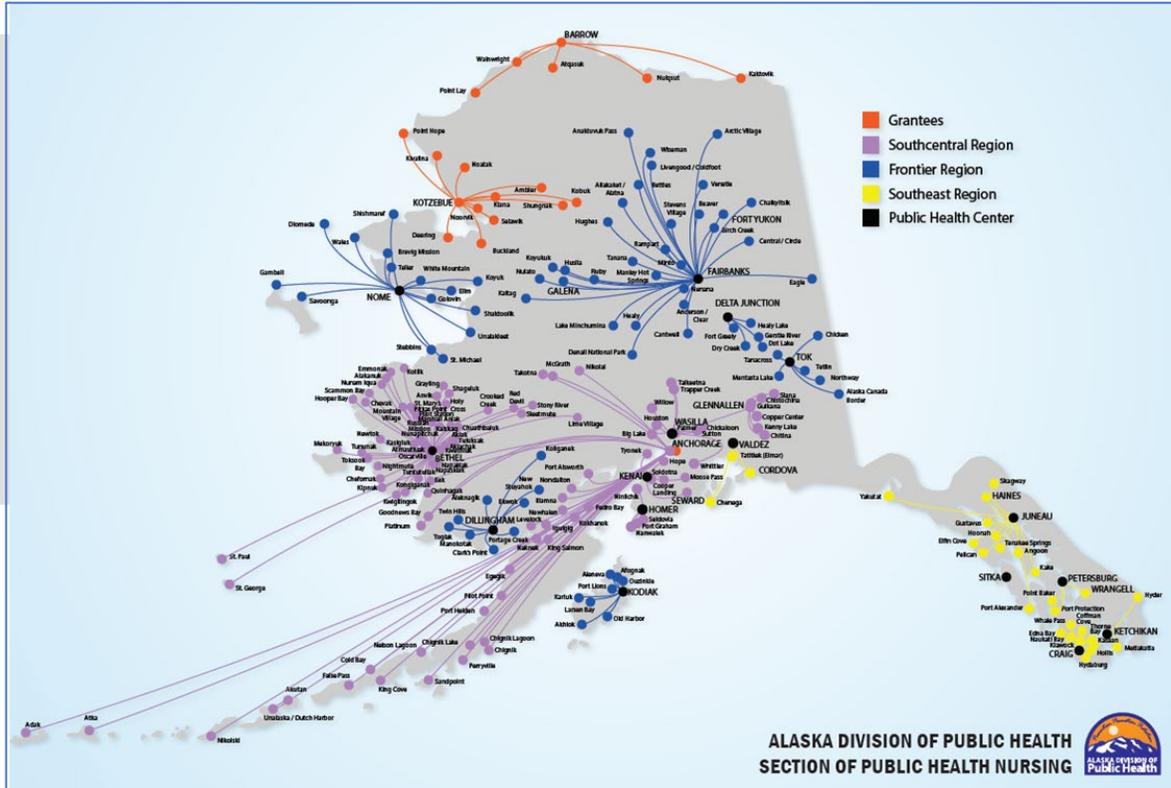
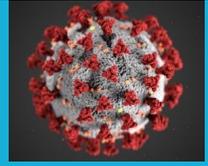


Figure 5. State of Alaska Division of Public Health, Public Health Nursing, Public Health Centers and Itinerant Services Map.

The Training, Exercise, and Outreach Program utilizes the Homeland Security Exercise and Evaluation Program (HSEEP) for design and development of exercises, conducting evaluations, and improvement planning.

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Exercises are conducted through discussion or live events and assist with the development, assessment, and validation of plans, policies, procedures, and capabilities that jurisdictions/organizations use for continuous quality improvement.

During exercise design and development, the Training, Exercise, and Outreach Program ensures that the exercises are assessed and validated by:

- conducting risk and hazard assessments
- evaluating plans, policies, and procedures
- holding an exercise debrief (hot wash)
- developing relevant After-Action Reports (AARs) and Improvement Plans (IPs)

Vaccination Training and Exercises

Alaska DHSS Training, Exercise, and Outreach Program, Public Health Nursing, the Vaccine Group, and the Alaska Native Tribal Health Consortium (ANTHC) continue to focus on local vaccination training and planning exercises.

Training

Representatives from ANTHC and Public Health Nursing aligned efforts to develop COVID-19 education specifically focused on supporting approximately 550 Community Health Aides that care for Alaska Native Peoples in over 170 Alaska villages. Training materials and PowerPoints were developed, and training offered to communities and Tribal Health Organizations.

Scheduled Points of Dispensing (POD) Exercises

The information below describes exercises that are known as of the date of this plan draft.

Communities continually add POD exercises focusing on influenza vaccination throughout the fall and winter and will continue to do so this year. The PODs are used to help inform planning for COVID-19 vaccine and to strengthen community partnerships. PODs are being utilized to identify areas for efficiencies and effectiveness as they work to incorporate COVID-19 mitigation efforts and identify areas to assess and improve aspects like through-put while maintaining safety measures.

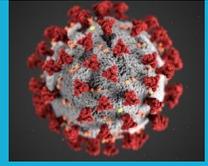
Southwest Region

- Dillingham – Drive through POD exercise scheduled for 10/9.
- Kodiak – Four POD exercises are planned between 10/17 through 10/24 at canneries.

Interior Region

- Fairbanks – Drive through POD exercise is scheduled; date is pending.

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- Public Health Nursing reports that additional mobile POD exercises are under development for Fairbanks, Alaska, and other Interior Region areas.

Southwest Region

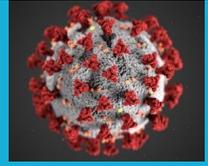
- Kodiak – Four POD exercises are planned between 10/17 through 10/24 at canneries.

Southcentral Region

- Kenai – POD exercise scheduled for 10/24.
- Kenai – Alaska VA HealthCare POD exercise scheduled for 10/16.
- Matanuska-Susitna – Alaska VA HealthCare POD exercise scheduled for 10/15, 10/22, and 10/29.
- Soldotna – Central Peninsula Hospital Community Flu Drive POD scheduled for 10/14.
- Valdez – POD exercise scheduled from 10/9 through 10/17.

Southeast Region

- Craig, Alaska – POD exercise scheduled for 10/17.
- Coffman Cove, Prince of Wales Island, Alaska – POD exercise scheduled for 10/15.
- Hollis, Prince of Wales Island, Alaska – POD exercise scheduled for 10/20.
- Klawock, Prince of Wales Island, Alaska – POD exercise scheduled for 10/17.
- Naukati Bay, Prince of Wales Island, Alaska – POD exercise scheduled for 10/14.
- Organized Village of Kasaan, Prince of Wales Island, Alaska – POD exercise scheduled for 10/23.
- Thorne Bay, Prince of Wales Island, Alaska – POD exercise scheduled for 10/23.
- Whale Pass, Prince of Wales Island, Alaska – POD exercise scheduled for 10/14.
- Haines, Alaska – POD exercise scheduled for 11/7.
- Hydaburg, Alaska – POD exercise scheduled for 10/20.
- Ketchikan, Alaska – POD exercise scheduled for 10/17.
- Juneau, Alaska – POD exercise date is pending.
- Skagway, Alaska – POD exercise was held at the Dahl Memorial Clinic 10/8-10/9.



Section 2: COVID-19 Organizational Structure and Partner Involvement

A. *Describe your organizational structure.*

Within the State of Alaska, the responsibility for COVID-19 vaccination planning falls primarily to DHSS as the lead entity. The Division of Public Health within DHSS is further tasked with standing up a task force and creating an organizational structure to direct these efforts.

There are several ways that Alaska is divided into geographical or functional regions that impact regional and community health planning. This includes, but is not limited to, the borough/census areas and ATHS Regions. These areas have various emergency management and health planning structures, dependent upon local capabilities.

The Alaska COVID-19 Vaccination Program Task Force works collaboratively with local communities by coordinating with local emergency management, community leaders, municipal leaders, tribal leaders, Tribal Health Organizations, and others to ensure efficient distribution of the vaccine.

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.*

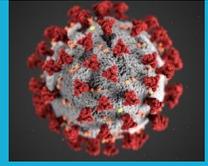
The Alaska COVID-19 Vaccination Program Task Force was assembled to plan and coordinate our jurisdiction's COVID-19 vaccination effort (see organizational chart, Appendix A: Alaska COVID-19 Vaccination Task Force Organizational Structure). The Alaska COVID-19 Vaccination Program Task Force was assembled in coordination with our tribal health partner, the Alaska Native Tribal Health Consortium (ANTHC).

The Alaska COVID-19 Vaccination Program Task Force is jointly led by a State of Alaska Nurse Consultant and an ANTHC Nurse Immunization Coordinator and two deputy co-leads.

The Alaska COVID-19 Vaccination Program Task Force consists of seven teams headed by SOA and ANTHC co-leads. The teams include:

- Vaccine Group Deputies
- Planning Team Leads
- Operations Team Leads
- Software Solutions Team Leads
- Payers Team Leads
- Communication/Education Team Leads
- Data Team Leads

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- Liaisons Team Leads
- Medical Countermeasures Subject Matter Experts
- Public Health Nurse Subject Matter Experts
- The Task Force includes a wide array of expertise including immunization coordinators, pharmacists, emergency managers, and public health nurses.

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.*

Within the Task Force, the Liaisons Team is solely focused on connecting with external partners.

The Liaisons Team has identified the following workgroups for outreach:

- State partners
- Federal partners
- Tribal Health Organizations
- Rural partners
- Community partners
- Non-governmental organization (NGO) partners.

The Liaisons Team is also reaching out to various associations and stakeholder groups.

D. *Identify and list members and relevant expertise of the internal team and the internal/external committee.*

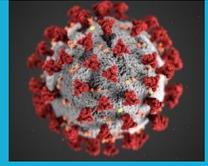
An organizational chart of members and a list of their relevant expertise is located in Appendix A: Alaska COVID-19 Vaccination Task Force Organizational Structure.

E. *Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.*

COVID-19 Vaccine coordination will leverage existing emergency management, health care, and immunization processes that exist within the state, including those that were in place prior to COVID-19 and those developed during response to COVID-19.

Regular communication is the key to ensuring that state, local, and tribal authorities are planning in coordination with each other. Regular communication venues offer an opportunity for the state and ANTHC to provide information to communities, while also giving communities an opportunity to share their planning efforts, challenges, and best practices.

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Examples of regular communication efforts to support COVID-19 vaccine coordination include, but are not limited to:

- Enrolled Vaccine Providers - State Immunization Program coordinates with enrolled vaccine providers and recruitment/training of additional providers. ANTHC Immunization Program coordinates with Tribal Health System vaccine providers, including enrollment and training.
- Local emergency management - Alaska Vaccination Task Force/Planning and Operations Sections communicates with local emergency management via weekly emergency management meetings and scheduled regional COVID Vaccine planning meetings.
- Tribal Health Organizations (THO) - ANTHC facilitates communication with Tribal Health Organizations via regularly scheduled THO meetings every other week.
- Hospitals and Skilled Nursing Facilities - Alaska Vaccination Task Force leadership communicates with hospitals and skilled nursing facilities via standing weekly meetings.
- Statewide partners serving critical populations - Alaska Vaccination Task Force Liaison Officers are recruiting and responding to organizations that serve critical populations to ensure they have a venue to provide planning input. This will also assist these partners with sharing important planning information with the organizations or populations they serve. Regular Liaison meetings are being established to support regular communication with the Task Force.
- Alaska's COVID-19 ECHO Informational Sessions – The ECHO (Extension for Community Healthcare Outcomes) uses videoconferencing technology to connect a team of interdisciplinary experts with primary care providers, other health services professionals, and community members. These videoconferences create virtual learning communities by connecting Alaska's COVID-19 experts with specific audiences on specific topics.

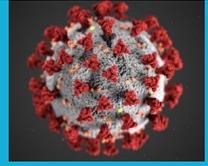
Additional targeted meetings are anticipated, as further partnerships are developed and time-limited focused efforts are needed to address COVID-19 vaccine distribution to critical populations.

F. *Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.*

As described in Part B above, the state's planning approach is a partnership between the State of Alaska and ANTHC. This structure ensures that all planning and distribution efforts, from provider enrollment to education initiatives, are fully coordinated with tribal health partners.

Additionally, as described in Part E above, there are regular communication and coordination meetings occurring with tribes and/or Tribal Health Organizations to coordinate efforts.

ALASKA COVID-19 VACCINATION PLAN

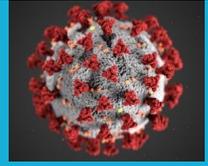


G. *List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:*

- Pharmacies
- Correctional facilities/vendors
- Homeless shelters
- Community-based organizations

The Task Force has developed a workgroup of State of Alaska and ANTHC pharmacists to organize and engage pharmacists statewide. The Pharmacist Workgroup will utilize the Alaska Pharmacists Association (AKPhA) COVID Vaccine Task Force, the AKPhA email listserv, and the Alaska Board of Pharmacy (BOP) email listserv to help recruit and enroll pharmacies in Alaska to help administer COVID vaccine. Their roles will include, but are not limited to, vaccinating within the pharmacies and health systems, providing vaccines in designated POD locations, and vaccinating in other locations as determined including participation in mobile vaccination efforts.

Our Liaisons Team is reaching out and connecting with additional critical populations such as homeless shelters, senior and disability agencies, and other community-based organizations. This engagement is taking the form of regular meetings with similar organizations to provide updates on the Task Force planning progress and collecting feedback from the organizations to improve planning. Maintaining regular communication with these partners is critical to the success of this vaccination effort.



Section 3: Phased Approach to COVID-19 Vaccination

- 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

Alaska is preparing for a three phased approach to vaccine distribution.

- Phase 1: Potentially limited supply of COVID-19 vaccines doses available
Focus initial efforts on reaching the critical populations (described in Section 4).
- Phase 2: Larger number of vaccine doses available
Focus on ensuring vaccination Phase 1 critical populations who were not yet vaccinated as well as for the general population.
- Phase 3: Sufficient supply of vaccine doses for entire population
Focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.

Phase 1

In Phase 1, Alaska has formed an Allocation Committee to assist with identifying critical populations (see Section 4). Most of the vaccine administration will occur through closed POD settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures. Within the Alaska COVID-19 Vaccination Task Force, the Pharmacy Team has started discussions with the Alaska Pharmacy Association. Potentially, pharmacists may be able to assist with vaccinating long-term care facilities (LTCF) staff and residents.

Phase 2

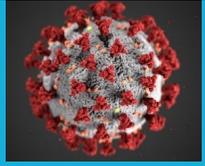
In Phase 2, Alaska plans to expand vaccination efforts beyond initial population groups in Phase 1 with emphasis on equitable access for all populations. Alaska plans to administer vaccine through:

- Commercial and private sector partners (pharmacies, doctors' offices, clinics)
- Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], public health clinics, temporary/off-site clinics)

Phase 3

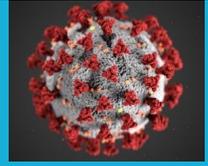
In Phase 3, Alaska plans to:

- Continue focusing on equitable access to vaccination services



- Monitor COVID-19 vaccine uptake and coverage in critical populations and enhance strategies to reach populations with low vaccination uptake or coverage
- Partner with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- Monitor supply and transfers of refrigerated vaccine products to minimize vaccine wastage.

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Section 4: Critical Populations

- A.** *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations.*

Per CDC’s “COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations”: CDC’s Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are determining populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States.

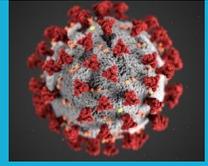
CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.” Alaska will utilize the official recommendations by the Advisory Committee on Immunization Practices (ACIP) to help guide actions taken and planning that occurs with critical populations.

To identify critical populations, the State of Alaska is using a variety of data sources to help identify the overall number of individuals who meet the critical population descriptions in the CDC guidance. These data sources are defined in more detail in section B below. Upon receipt of this data, the potential use of mapping will be explored. Data requests have been submitted to various entities and more information regarding mapping options will be available once this data is received.

- B.** *Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.*

Critical infrastructure data are being gathered from various entities through Alaska’s critical infrastructure workforce. These data will improve the utility of Tiberius. Data sources include (but are not limited to) the following: Alaska Department of Labor and Workforce Development, Alaska Division of Insurance, Alaska Division of Healthcare Facilities (i.e., healthcare licensing), Alaska Native Tribal Health Consortium, Alaska Pharmacists Association, Chronic Disease and Health Promotion, Epidemiology, Public Health Nursing, and Alaska State Hospital and Nursing Home Association (ASHNHA).

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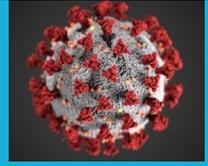


- C.** *Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.*

Once ACIP has provided written recommendations, Alaska will reconvene the recently formed COVID-19 Vaccine Allocation Committee. The mission of the Committee is to apply ACIP guidelines to Alaska and help define subset groups within the critical populations in Phase 1A and 1B.

- 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.*

The Liaisons from the Alaska COVID-19 Vaccine Task Force are actively reaching out to organizations across the state that serve individuals who fall within different critical population categories, as defined by the CDC Planning Template and assumptions. Further, community contact occurs regularly via statewide COVID-19 Vaccine ECHO meetings and regional calls. The State Emergency Operations Center, part of the Division of Homeland Security and Emergency Management, serves as a further liaison to critical infrastructure partners through existing groups such as the Alaska Partnership for Infrastructure Protection (APIP) as well as industry groups that will be engaged specifically for the purpose of COVID-19 vaccine planning.



Section 5: COVID-19 Provider Recruitment and Enrollment

- 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.*

The Alaska Immunization Program will distribute the COVID-19 Vaccination Task Force enrollment information through all of the various medical associations in Alaska and to all of the current VFC/AVAP providers. All of the enrollment information will be posted on the [Alaska COVID-19 Vaccination](#) website. Once enrollment is open, information about the enrollment process will be shared on the COVID-19 Vaccine ECHO (Extension for Community Healthcare Outcomes) meeting. The COVID-19 Vaccine ECHO is a partnership with the State of Alaska and Alaska Native Tribal Health Consortium (ANTHC) to provide COVID-19 vaccine planning and operation updates to community partners, emergency managers, immunization coordinators and other stakeholders across Alaska.

Similar to the VFC enrollment process, Alaska Immunization Program staff will verify provider licenses to ensure all 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.*

The provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4 will be determined based on the ACIP recommendations.

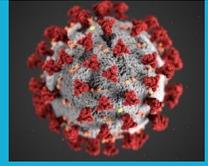
- C.** *Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.*

Providers will enroll using fillable Provider Agreement portable document formats (PDFs). The data entered in the PDFs will be exported into the Master Provider Enrollment Excel spreadsheet.

For the providers who don't electronically submit the PDFs, staff will enter the information into the Master Provider Enrollment Excel spreadsheet. The enrollment data will be extracted from the Master Provider Enrollment Excel spreadsheet and imported into the CDC-provided Comma Separated Values (CSV) template. The populated CDC-provided CSV template will be uploaded in System for Award Management (SAM) twice a week.

- D.** *Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

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Similar to the VFC enrollment process, Alaska Immunization Program staff will verify provider licenses to ensure all are credentialed with active, valid licenses to possess and administer vaccine using the following website:

<https://www.commerce.alaska.gov/cbp/main/Search/Professional>

E. *Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.*

The Alaska Immunization Program will provide a variety of training material types: webinars, recorded videos, job aids and quick reference guides.

The Vaccine Coordinator and Back-up Coordinator will be required to submit a completed training checklist before order permissions will be enabled in VacTrAK.

The training topics include:

- ACIP recommendations (pending FDA COVID-19 vaccine decision)
- COVID-19 vaccine ordering and receiving
- COVID-19 vaccine storage and handling (pending FDA COVID-19 vaccine decision)
- Inventory Management
- Vaccine administration (pending FDA COVID-19 vaccine decision)
- Management of vaccine wastage, spoilage, temperature excursions
- Reporting adverse events to Vaccine Adverse Event Reporting System (VAERS)
- Emergency Use Authorization fact sheets, vaccine information statements (VISs) (pending FDA COVID-19 vaccine decision)

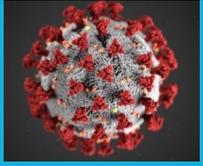
F. *Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).*

The Alaska Immunization Program will mirror the VFC redistribution process already in place for the Tribal Health Organizations for the planned redistribution of COVID-19 vaccine. Outside of the Tribal Health Organization redistribution system, planned redistribution of COVID-19 vaccine will be limited and only approved on a case-by-case basis.

G. *Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.*

The Alaska Immunization Program will use Tiberius to assist with microplanning to ensure there is equitable access to COVID-19 vaccination services throughout all areas within the state. By mapping all of the priority groups with the enrolled providers, it will be evident where there are gaps in access.

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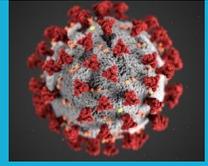


- H.** *Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.*

The Alaska COVID-19 Vaccination Task Force will utilize the Alaska Pharmacists Association (AKPhA) COVID Vaccine Task Force, the AKPhA email listserv, and the Alaska Board of Pharmacy (BOP) email listserv to recruit and enroll pharmacies in Alaska to administer the COVID-19 vaccine.

Pharmacists will assist by vaccinating within the pharmacies and health systems, providing vaccines in designated POD locations, and vaccinating in other locations as determined including participation in mobile vaccination efforts.

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Section 6: COVID-19 Vaccine Administration Capacity

- A.** *Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.*

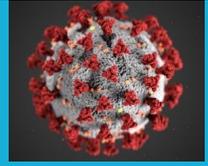
Vaccine administration capacity data will be gathered during provider enrollment. The Alaska Immunization Program will then insert that data into Operation Warp Speed's Tiberius tool.

- B.** *Describe how your jurisdiction will use this information to inform provider recruitment plans.*

Vaccine administration capacity and high-throughput will be most important in Alaska's largest population centers, which in general include Anchorage/Mat-Su, Fairbanks and Juneau; however, final definitions have yet to be defined. In Phase 1, providers that can conduct large POD exercises will be prioritized.

Outside of large population centers different strategies will need to be used to target critical populations. The Alaska Immunization Program plans to use current vaccine infrastructure to meet those needs.

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

- 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.*

Alaska has formed an Allocation Committee (see Section 4). The Allocation Committee will create methods for populations of focus and limited supply scenarios once the Advisory Committee on Immunization Practices (ACIP) has made its formal recommendations.

- 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.*

Cold chain capabilities will be assessed by Alaska Immunization Program staff during provider enrollment. Capabilities to store ultra-cold vaccine are currently being assessed by Alaska Immunization Program Distribution staff.

Results of provider cold chain capabilities will be incorporated into the Alaska Allocation Plan. Orders will be assessed and approved by Leadership, if needed, especially during Phase 1A when supplies are limited.

- 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.*

All COVID-19 vaccine requests must be placed through VacTrAK's Vaccine Ordering and Management System (VOMS). Training materials consisting of short videos and/or PDF instructions will be available on the COVID-19 vaccine provider website.

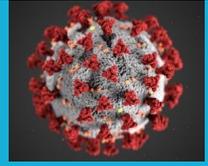
Phase 1

The Alaska Immunization Program will strictly monitor vaccine orders to assure equitable allocation based on the Alaska Allocation Committee Recommendations. Guidelines for the order approval process are being developed.

Phase 2

The Alaska Immunization Program will strictly monitor vaccine orders to assure equitable allocation based on the Alaska Allocation Committee Recommendations. Guidelines for the order approval process are being developed.

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During Phase 2 when the provider group has been expanded to focus on the general population, the Alaska Immunization Program will move to normal ordering procedures, which includes making considerations for ordering cycle schedule, amount of space available in storage unit, and what stock is on hand.

D. *Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.*

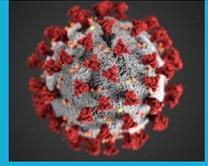
Transfer procedures will be created for COVID-19 vaccines and posted to the COVID-19 vaccine provider website. Providers will use similar procedures that current VFC and AVAP providers use, which involves completing a transfer form:

<http://dhss.alaska.gov/dph/Epi/iz/Documents/vaxpacket/forms/VaccineTransfer.pdf>

E. *Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.*

Alaska Immunization Program staff will monitor COVID-19 vaccine wastage and inventory levels in VacTrAK's Vaccine Ordering and Inventory Management System (VOMS). During the provider enrollment process, providers will be required to take trainings on vaccine inventory management, including how to monitor vaccine wastage and inventory levels. Trainings will be posted to a COVID-19 vaccine provider website.

Weekly reports will be created and shared with the State of Alaska, DHSS Emergency Operations Center (EOC).



Section 8: COVID-19 Vaccine Storage and Handling

- 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*

Per the CDC's 09/22/20 Provider Agreement, providers must "comply with CDC requirements for COVID-19 Vaccine management." Those requirements include the following:

- Organization must store and handle COVID-19 Vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit⁴, which will be updated to include specific information related to COVID-19 Vaccine;
- Organization must continually monitor vaccine-storage-unit temperatures using equipment and practices that comply with guidance located in CDC's Vaccine Storage and Handling Toolkit.
- Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions.
- Organization must monitor and comply with COVID-19 Vaccine expiration dates
- Organization must preserve all records related to COVID-19 Vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.

Alaska will develop storage and handling trainings based on CDC's Vaccine Storage and Handling Toolkit.

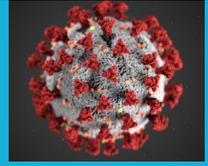
Provider vaccine storage and handling capacity will be assessed during provider enrollment, which includes (a) individual provider locations and (b) satellite, temporary, or off-site settings.

Transfer procedures will be created for COVID-19 vaccines and posted to the COVID-19 vaccine provider website. Providers will use similar procedures that current VFC and AVAP providers use, which involves completing a transfer form:

<http://dhss.alaska.gov/dph/Epi/iz/Documents/vaxpacket/forms/VaccineTransfer.pdf>

Cold chain capabilities will be assessed by Alaska Immunization Program staff during provider enrollment. Capabilities to store ultra-cold vaccine are currently being assessed by Alaska Immunization Program Distribution staff. Once results are known, redistribution plans will be developed.

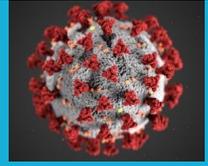
- B.** *Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.*



Vaccine redistribution will depend on the CDC's Vaccine Storage and Handling Toolkit requirements. Trainings materials will be developed based on the Toolkit. Currently, Tribal Health Organizations with village clinics within their Tribal region redistribute vaccine. The Tribal regional hub (or main facility) orders vaccines and receives shipments direct from the distributor (or via a pass-through where indicated). The Tribal regional hub maintains storage capacity to support the vaccine supply needs for their Tribal region and coordinates redistribution of vaccine from the hub vaccine supply to their village clinics. This system of redistribution utilizes equipment designed for vaccine transport.

Appendix B: Tribal Health Organization Training Materials on How to Use VeriCor Cool Cubes details training materials that have been developed for Tribal Health Organizations on how to use VeriCor Cool Cubes.

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Section 9: COVID-19 Vaccine Administration Documentation and Reporting

- A.** *Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.*

Alaska providers will use PrepMod to collect the COVID-19 vaccine doses administered data. PrepMod is an end-to-end system to manage all aspects of a pandemic, public health emergency, and core public health functions. The system will be used for online registration, online consent, and recording vaccination information.

- B.** *Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.*

COVID-19 vaccine administration data will be submitted to the IZ Gateway via VacTrAK or PrepMod. Both PrepMod and VacTrAK will be connected to the 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.*

Providers will be required to attend trainings on how to report COVID-19 vaccine administration data elements. Order permissions will not be granted if the trainings have not been completed.

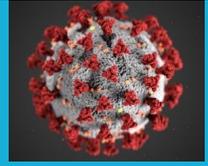
If a provider does not have sufficient equipment or internet connection, a laptop and Wi-Fi hotspot will be made available for the event.

- 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.*

At the end of each vaccine event, the provider will be required to complete an online survey to report information about the event to the Immunization Program. The following questions will be asked:

1. Event Date
2. Event location
3. Organization hosting event
4. Event contact name
5. Event contact email
6. Doses at start of event
7. Doses at end of event

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8. Number of doses administered
9. Number of doses wasted/spilled/etc.
10. Target priority groups vaccinated (select all that apply)

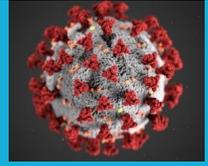
Immunization Program staff will compare the reported survey information to the data in VacTrAK.

- 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.*

The Immunization Program staff will pull the COVID-19 vaccine doses administered data from VacTrAK and share the counts with the individual providers daily. Providers will be required to review the administered dose count and provide additional information if the VacTrAK administered count does not match the provider's administered dose count. New vaccine orders will not be approved until all administered doses have been reported.

- F.** *Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.*

COVID-19 vaccination coverage reports will be generated using VacTrAK. Coverage rate reports will be generated by age, borough/census area, and race/ethnicity. Coverage rate reports for the occupation and comorbidities priority groups will be generated outside of VacTrAK – the number of doses administered to the occupation and comorbidities priority groups will be divided by the total number people in the occupation and comorbidities priority groups.

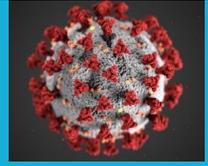


Section 10: COVID-19 Vaccination Second-Dose Reminders

- 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.*

Both VacTrAK and PrepMod will be used to remind COVID-19 vaccine recipients of the need for a second dose. The Reminder/Recall module in VacTrAK will be used to generate the list of names and email addresses/phone numbers for the COVID-19 vaccine recipients of the need for a second dose. An email or text will be sent to the recipient. Reminder texts can also be sent via PrepMod.

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

- 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.*

Alaska's solution for documenting vaccine administration in temporary or high-volume vaccination settings is to use PrepMod. PrepMod interfaces with VacTrAK. If there are network outages or internet is not available, all of the consent forms submitted to PrepMod can be printed. Providers will be instructed to print all of documents for the pre-registered persons.

Paper consent forms will be made available as well as Excel spreadsheets to track the administered dose and adverse reaction information. The data will be entered into PrepMod once connectivity is re-established. The data will be sent via HL7 to VacTrAK.

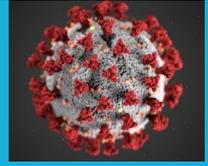
- B.** *List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.*

PrepMod can capture age, race/ethnicity, chronic medical conditions, occupation, and membership in other critical population groups for persons who will receive COVID-19 vaccine.

- 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.*

- Alaska's current capacity for data exchange will meet the needs of the COVID-19 Vaccination Program. PrepMod is connected to VacTrAK and all data entered in PrepMod will be sent real-time via HL7 to VacTrAK.
- All providers not currently connected to VacTrAK can begin the HL7 message connection process as soon as they are ready. There is no queue.
- Alaska's current data storage will meet the needs of the COVID-19 Vaccination Program. Both PrepMod and VacTrAK are cloud hosted.
- Alaska's current capacity for reporting in PrepMod is sufficient to meet the needs of the COVID-19 Vaccination Program. VacTrAK's reporting capabilities will be improved over the next few months. The vendor for VacTrAK is currently working on reporting enhancements.

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- 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.*

The vast majority of vaccinators in the state of Alaska are already connected to VacTrAK. All providers who administer vaccine in Alaska are required to report all administered immunizations to VacTrAK within 14 days of administration. (7 AAC 27.650).

As new providers are enrolled in the COVID-19 vaccine program, they will be connected to VacTrAK and PrepMod.

- E.** *Describe your jurisdiction's current status and plans to onboard to the IZ Gateway **Connect** and **Share** components.*

Alaska is planning to onboard to both the IZ Gateway Connect and Share. Test credentials have been shared with AIRA to begin testing the Connect connection.

- F.** *Describe the status of establishing: Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway; Data use agreement with CDC for national coverage analyses; Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component*

Status of establishing:

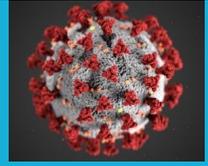
- The data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway is currently under review by DHSS Legal.
- The Data use agreement with CDC for national coverage analyses. Unclear at this time, the Data use agreement with CDC for national coverage analyses has not been made available.
- The Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component is currently under review by DHSS Legal.

- G.** *Describe planned backup solutions for offline use if internet connectivity is lost or not possible.*

All of the consent forms submitted to PrepMod can be printed. Providers will be instructed to print all of documents for the pre-registered persons.

Paper consent forms will be made available as well as Excel spreadsheets to track the administered dose and adverse reaction information. The data will be entered into PrepMod once connectivity is re-established. The data will be sent via HL7 to VacTrAK.

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- 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.*

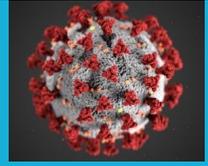
Evaluating the completeness, validity, accuracy, consistency, and uniqueness of the data will be conducted by comparing the data in PrepMod and VacTrAK. If there are inconsistencies with the aggregate totals, the data will be reviewed at the individual recipient level.

Availability and timeliness will be evaluated by completing the following: At the end of each vaccine event/clinic day, the provider will be required to complete a survey to report information about the event/clinic day to the Immunization Program.

The following questions will be asked:

1. Event/clinic Date
2. Event/clinic location
3. Organization hosting event
4. Event contact name
5. Event contact email
6. Doses at start of event
7. Doses at end of event
8. Number of doses administered
9. Number of doses wasted/spilled/etc.
10. Target priority groups vaccinated (select all that apply)

The Alaska Immunization Program will compare the information submitted in the survey to VacTrAK and PrepMod.



Section 12: COVID-19 Vaccination Program Communication

- 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.*

Communications will need to be accurate, credible, coordinated, consistent, and timely during the COVID-19 vaccine development phase, and distribution phases I, II, and III.

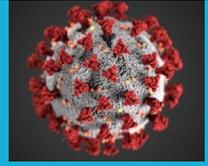
Messages will need to be tailored to appropriate audiences:

- Messages will need to be tailored to different key audiences, with a focus on critical populations and specific geographic settings. Audience identification will be informed by guidance from operations and planning teams. The Vaccine Communication/Education Team will review existing campaigns, messages, and content influencing audiences. The team will assess each intended audience's communication needs and develop or adopt media to support their needs.
- Media will need to be accessible to all audiences. Strategies will reflect the health literacy level and English proficiency of the audience and will consider the accessibility of information to individuals with hearing, visual, cognitive, or other limitations. Materials will be developed in a variety of formats, including American Sign Language videos, audio recordings, easy read documents, with graphics and larger font, and translated materials into the top 6 most commonly spoken languages in Alaska (Spanish, Tagalog, Yup'ik, Samoan, Russian, and Hmong).

To reach public and consumer audiences, the Vaccine Communication/Education Team will implement a blend of paid, earned, and owned media:

- Paid media campaigns will be placed on channels such as cable television, broadcast television, commercial radio, public radio, social media, and place-based media. The Vaccine Communication/Education Team will consider placement for television media in cable markets that also reach rural Alaska broadcast television. The team will identify where contractual services will be necessary to add capacity to media production and placement and are actively working to secure that support.
- Earned media will include op-ed collaborations with trusted messengers and timely press releases. It will also include use of state newsletters and recurring virtual community meetings, as well as regularly scheduled press availability.
- Owned media will also be included in outreach efforts. An emphasis will be placed on creating a user-centered COVID-19 vaccine webpage to support informational needs. The DHSS COVID-19 webpage gets considerable activity, with 305,000 clicks and 7.2 million impressions in August. Social media will also be key, including use of the DHSS Facebook, which has 56,138 followers. DHSS and ANTHC collaborate closely with key partners to maximize the usefulness of owned media. ANTHC publishes a bi-weekly e-newsletter, HealthBeat, with over 10,000 subscribers. ANTHC also issues a quarterly digital newsletter

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called the Mukluk Telegraph with statewide distribution. On campus, there are opportunities for digital messaging on TVs in Clinics and in Housing, and phone hold messages.

Effective and trusted media channels vary greatly among communities. Some rural communities have limited internet bandwidth availability, as an example. Reaching Alaskans often requires a combination of approaches, including grassroots locally led outreach on the interpersonal level.

The Vaccine Communication/Education Team will work with state, local and Tribal partners to support partners to communicate meaningfully to all Alaskans before and during times of vaccine availability. Some of the main communication partners, include those addressed in 12E. A communication toolkit will be informed by key findings will be developed for partner use.

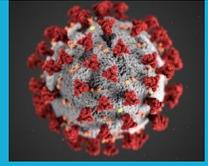
Materials would include:

- Vaccine talking points and Frequently Asked Questions to support local communicators
- Vaccine fact sheets and research references for providers
- Public Service Announcements for radio advertising
- Flyer templates and other materials to support POD vaccine clinics
- Social media post bank
- Postcard mailers

Avenues for reaching Alaska employers could include collaborations with the Alaska Department of Labor and Workforce Development and its economic development regions, state agencies that engage with specific industries, industry associations and major Alaska employers. In June, DHSS collaborated with other partners to promote Covid Conscious, a suite of materials designed to help Alaska businesses communicate to employees and customers about COVID-19 prevention.

Avenues for reaching healthcare personnel audiences may include licensing boards, associations, payers, public health programs and the Alaska Tribal Health System. In the Alaska Tribal Health System, Community Health Aides and Community Health Practitioners (CHA/Ps) support emergency, chronic, acute, and preventive health care services at the village, sub-regional and regional levels. Specific channels to reach healthcare personnel audiences will include partner-owned channels such as existing listservs and social media. DHSS online newsletters will be one available channel for timely updates to healthcare personnel. A COVID-19 Vaccine Project ECHO with ANTHC and DHSS hub team members will provide an additional channel. Alaska Tribal Health System outreach channels include the ANTHC website, existing Tribal Health Organization (THO) virtual/telephone COVID-19 meetings, THO clinical directors' meetings, CHA/P weekly teleconferences, CHA/P directors' meetings and CH/AP weekly COVID-19 bulletins.

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Communication throughout each of the phases will be informed by the Alaska COVID-19 Vaccination Task Force and its sub-teams.

A draft phased implementation approach is as follows:

Pre-vaccine (Phase 0)

The Vaccine Communication/Education Team is currently working with the Planning, Operations, Liaison, and Payer teams to ensure two-way communication with stakeholders, including provider surveys, a literature review, and media monitoring regarding vaccine hesitancy concerns. Government and community partners need to know how to support them and what they will need to do. During this phase, communications is focused on providing transparent, accurate information to the public. Communications will include updates on the current status of the vaccine, explaining vaccine trials and what the FDA approval process is, and statewide planning efforts regarding distribution and provider enrollment for the Alaska COVID-19 Vaccine Program.

Phase IA:

During this phase, the main communication audience will be health care providers and facilities. To make decisions about getting vaccinated, or offering the vaccine to patients, providers will want to see summary briefs sharing the science about the vaccine and talking points to support patient consultation. All eligible audiences will need to know when, where, and how the vaccine is available, and the importance of completing the course of vaccinations. Everyone will need to know which populations are able to get it (and why). Efforts outlined in 12B will support timely response to community questions and concerns.

Phase IB:

During this phase, additional essential workers who have not received the vaccine in Phase IA may be able to receive it. All eligible audiences will need to know when, where, and how the vaccine is available, and the importance of completing the course of vaccinations. Everyone will need to know which populations are able to get it (and why). Efforts outlined in 12B will support timely response to community questions and concerns.

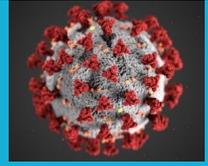
Phase II:

During this phase the Team will introduce outreach to critical populations and the general public who are able to receive the vaccine. All eligible audiences will need to know when, where, and how the vaccine is available, and the importance of completing the course of vaccinations. Everyone will need to know which populations are able to get it (and why). Efforts outlined in 12B will support timely response to community questions and concerns.

Phase III:

Throughout Phase III the Team continue to monitor COVID-19 vaccine uptake and coverage in critical populations and focus on enhancing strategies to reach populations with low vaccination uptake or coverage. All eligible audiences will need to know the vaccine is available and know

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the importance of completing the course of vaccinations. Efforts outlined in 12B will support timely response to community questions and concerns.

An evaluation for effectiveness of campaigns is tentatively set to include social media and web metrics, tracking of vaccine uptake across populations through a data dashboard, and population-based or panel phone and web surveys to assess message recall and effectiveness. The Team will use formative evaluation during the planning and implementation phase, and outcome evaluation to assess changes in knowledge, attitude, or behavior.

The efforts outlined in 12A will run parallel and in alignment with our crisis/risk/emergency communications strategy, which the Team will discuss in Section 12B.

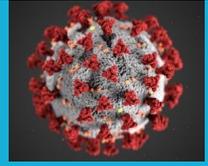
B. *Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.*

The Vaccine Communication/Education Team recognizes that strategic risk communication is essential not only to COVID vaccine roll-out, but to maintain trust and integrity across the field of public health. The two-way risk crisis/emergency/risk communications strategy is guided by the six principles of CDC Crisis Emergency Risk Communications (CERC).

1. Be First
2. Be Right
3. Express Empathy
4. Promote Action
5. Show Respect
6. Be Credible

Please see the Figure below for a visual map of the two-way risk communication pathways between health experts and community. Using this strategy, the Alaska COVID-19 Vaccination Task Force will move continually from A) Assessing Community Needs to B) Informing Health Experts to C) Developing CERC Message Maps to D) Engaging Community.

In order for all members of the Vaccine Communication/Education Team to navigate this cycle effectively, they will provide capacity building training on general CERC principles, the World Health Organization's best practice guidance for responding to vaccine deniers in public, as well as the historical context of vaccine hesitancy in Alaska.



More details of the tools and deliverables at each stage are provided below.

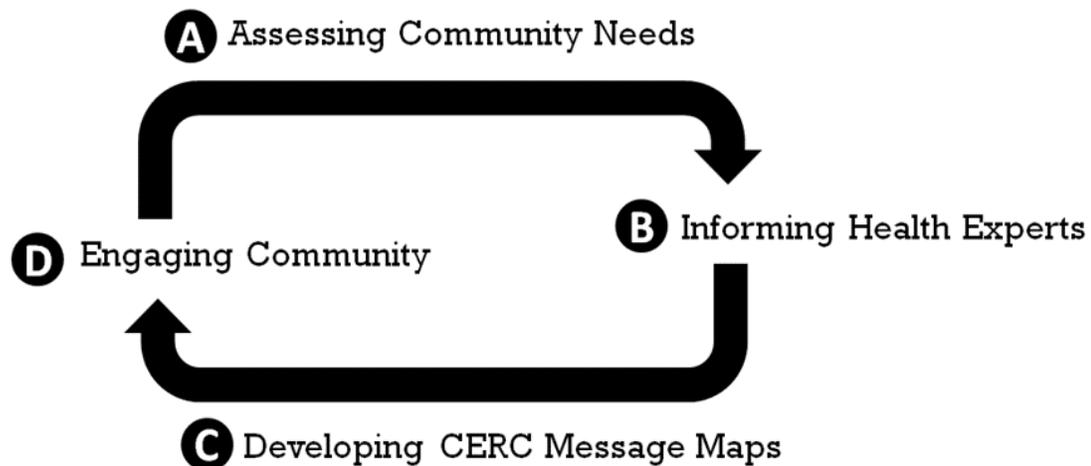


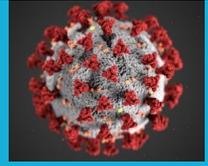
Figure 6. CDC Crisis Emergency Risk Communications (CERC).

A: Assessing Community Needs

To provide the foundation of responsive risk communication, ongoing community assessment is conducted through multiple channels.

- Social media monitoring. Through a weekly meeting involving local media and health experts, the Vaccine Communication/Education Team are actively planning a misinformation response effort. Our objective is to share capacity on the detection and evaluation of rumors so we can proactively defend against rumors and misinformation across our platforms and audiences.
- Traditional media monitoring. To monitor three separate but important landscapes, we will use these existing Google Custom Search Engines (CSE) and develop other automated tools as needed:
 - Alaska CSE (27 news media sites)
 - Alaska Native/American Indian CSE (14 news media sites)
 - State and Tribal Health CSE (60+ official state/Tribal sites)
- Community calls (COVID Vaccine ECHO, Alaska 2-1-1, etc.). All questions submitted by the public into public forums will be collected and organized in a living document in order to identify themes.
- Surveys will summarize top-level findings of Vaccine Group and community partner surveys to inform decision-making.

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- Other “open door” feedback channels - As capacity allows, the Team will establish other avenues to collect unsolicited comments and concerns from the public, such as a comment box or COVID Vaccine email address.

B: Informing Health Experts

On a weekly or as-needed basis, our team will work to analyze and summarize community needs inputs into a 1-2-page(s) COVID Vaccine Community Pulse briefing. This will be disseminated internally via email to vaccine group leads and to state and Tribal leadership. It will also be archived on the SharePoint site to inform our strategy over time.

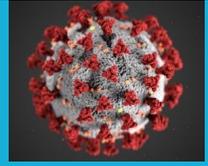
C: Developing CERC Message Maps

Based on the findings of the Community Pulse briefing or other direction from leadership, Health Communication Specialists will oversee development of evidence based CERC message maps. These messages will provide key talking points on new developments but also acknowledge uncertainty, promote appropriate action items, and establish our commitment to the community.

These message maps will move through an established interagency email chain which includes communication and subject matter experts, with pathways to expedite if necessary.

D: Engaging Community

Once a CERC message has been developed, it will be disseminated via email in full to all Vaccine Group Leads and adapted as appropriate for external channels and trusted messengers. The channels and messengers used will ultimately depend on the message audience and content, but our primary objective will be to uphold the six principles of CDC CERC.



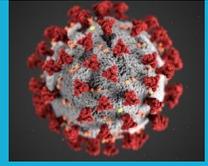
Section 13: Regulatory Considerations for COVID-19 Vaccination

- 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.*

Enrolled COVID-19 vaccination providers will be required to complete an Emergency Use Authorization (EUA) fact sheet/VIS training. The training will provide an overview of the EUA fact sheet/VIS and where to locate the form. The EUA fact sheet/VIS will be distributed to all enrolled providers via email and it will be posted in the Alaska COVID-19 Vaccine Program website.

- 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.*

The EUA fact sheet/VIS training will provide instruction for how enrolled COVID-19 vaccination providers can make the EUA fact sheet/VIS available to each vaccine recipient prior to vaccine administration. At minimum, the EUA fact sheet/VIS will be posted on the Alaska COVID-19 Vaccine Program website, will be distributed by PrepMod and printed copies will be available at the vaccination event.

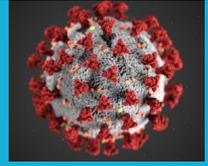


Section 14: COVID-19 Vaccine Safety Monitoring

- 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).*

Enrolled COVID-19 vaccination providers will be required to complete a COVID-19 Vaccine VAERS training. The training will provide an overview of the requirement to report adverse events following COVID-19 vaccination and will also encourage reporting clinically important adverse events.

DRAFT



Section 15: COVID-19 Vaccination Program Monitoring

- 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*

Alaska's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, include:

Provider enrollment

Daily, the provider enrollment master data file will be compared to the list of the VFC/AVAP enrolled providers to ensure all the traditional providers are represented. It will also be compared to the list of non-traditional providers identified by the planning team. Reminders for the traditional and non-traditional providers will be distributed weekly. Locations of enrolled providers will also be mapped to identify where there are gaps and where outreach is needed.

Access to COVID-19 vaccination services by population in all phases of implementation

The Alaska Immunization Program will assess doses administered weekly by provider type in VacTrAK, Alaska's Immunization Information System. The doses administered report will allow Alaska to gauge the population accessing vaccination services.

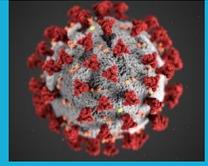
IIS or other designated system performance

VacTrAK enhancements will be monitored by weekly calls with the vendor and the 13 other IIS Managers. PrepMod performance will be monitored by VacTrAK staff, Public Health Nursing staff and select super users.

Data reporting to CDC

Data reporting to the CDC will be monitored weekly by reviewing the reports in the Data Lake to VacTrAK/PrepMod reports.

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Provider-level data reporting

At the end of each vaccine event/clinic day, the provider will be required to complete a survey to report information about the event/clinic day to the Immunization Program. The following questions will be asked:

COVID-19 Vaccine Clinic Follow-up Survey

1. Event/clinic Date
2. Event/clinic location
3. Org hosting clinic
4. Event/clinic contact name
5. Event/clinic contact email
6. Doses at start of event/day
7. Doses at end of event/day
8. Number of doses administered
9. Number of doses wasted/spilled/etc.
10. Target priority groups (select all that apply)

Immunization Program staff will compare the reported survey information to the data in VacTrAK. If the survey data doesn't match VacTrAK, data will be pulled from PrepMod and compared to the VacTrAK data. New vaccine orders will not be approved until all doses are accounted for and administered doses are reported to VacTrAK.

Vaccine ordering and distribution

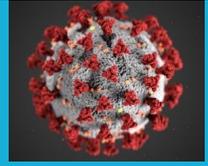
The Alaska Immunization Program will assess vaccine ordering patterns daily in CDC's VTrckS. During Phase 1, the Allocation Committee will set-up the structure for vaccine allocation.

The Alaska Immunization Program monitors vaccine distribution daily. The Alaska Immunization Program Distribution staff track vaccine from when it was first ordered to when it was delivered, ensuring successful receipt of the vaccine. Weather and other travel-related issues are also closely monitored during transit of the vaccine.

1 and 2-dose COVID-19 vaccination coverage

One dose and complete series COVID-19 vaccination coverage will be calculated daily. As well as Reminder/Recall for the second dose. The Alaska Immunization Program will be closely tracking the list of recipients who are overdue for the second dose.

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B. *Describe your jurisdiction's methods and procedures for monitoring resources, including: Budget; Staffing; Supplies*

The State has multiple levels of tracking and oversight associated with the budget, staffing, supplies, and equipment for COVID-19 response and vaccine distribution. Overall, every staff member is responsible at some level for tracking budgets and expenditures. Further, COVID-related expenses of all types are tracked and documented by a COVID Administration Team, which is located within the Division of Public Health Director's Office.

The State of Alaska uses IRIS Financial software to pay bills and monitor budgets using Alder to export the data in Excel. The data is monitored monthly by the COVID Admin Team to reconcile with financial projections for the Department of Health & Social Services.

Staffing for the Vaccine Plan will be monitored by the COVID Admin Team. All positions will be accounted, time monitored and reported on to CDC or other funding agencies as required.

The Department of Health & Social Services follows Procurement Policy from the Alaska Administrative Manual and Purchase Authority granted after employees deemed necessary take Level 1 training. After the purchase, the supplies will be monitored and tracked by the Alaska Immunization Program.

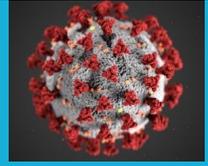
C. *Describe your jurisdiction's methods and procedures for monitoring communication, including: Message delivery; Reception of communication messages and materials among target audiences throughout jurisdiction*

Detailed information about Alaska's methods and procedures for monitoring communication are located in Section 12: COVID-19 Vaccination Program Communication.

D. *Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).*

The Alaska Immunization Program will assess doses administered weekly by provider type in VacTrAK, Alaska's Immunization Information System. The doses administered report will allow Alaska to gauge the population accessing vaccination services.

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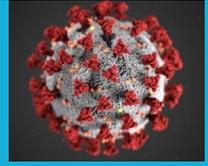
- E.** Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.

The following metrics will be posted on a public-facing website:

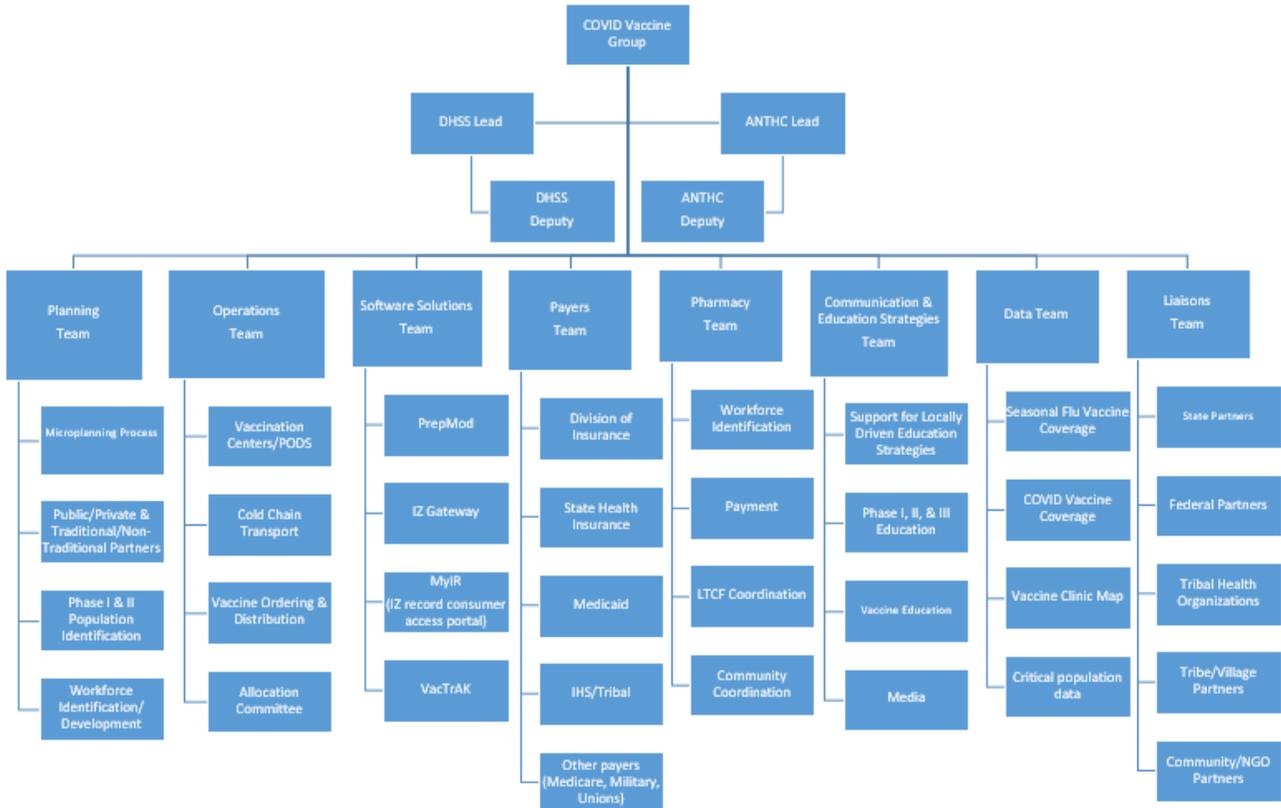
- Provider Enrollment (clinic/facility level): Count by State, Region
- Distribution: Count by State, Region
- Administration: Count by State, Region
- Coverage: # of doses administered (1 and complete) by State, Age, Region, (other stratifies if available, i.e. race/ethnicity, occupation, etc.)

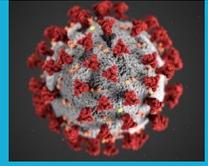
Other Resources will include a vaccine locator map.

Web Location: [Alaska Coronavirus Response Hub](#). The data hub is a platform that houses individual dashboards which may include the COVID vaccine dashboard and the vaccine locator tool. With its own URL, the data hub and the individual dashboards can be added to any web location.



Appendix A: Alaska COVID-19 Vaccination Task Force





Appendix B: Tribal Health Organization Training Materials on How to Use VeriCor Cool Cubes

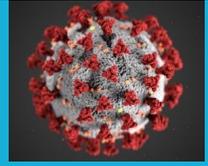
VeriCor Cool Cube for vaccine transport

Items needed for vaccine transport:	Where to locate items:
1. VeriCor blue insulated bag	1. Room #
2. VeriCor Cool Cube panels (6)	2. Room # freezer
3. LogTag device w/ probe in vial	3. Room # fridge
4. Cushioning material (bubble wrap, paper bags)	4. Room #
5. Off-site Hourly Temperature Log (if conducting an off-site clinic)	5. Immz Program website here
6. Off-site Clinic Follow Up Form (if conducting an off-site clinic)	6. Immz Program website here

Do you have further questions? Please come to Room #xxx

No questions? See next page on how to use equipment.





How to use VeriCor Cool Cube for vaccine transport

****NOTE**DO NOT pack vaccine until you reach step 6**

Day prior to transport (or earlier):

- Ensure panels are in the freezer
- Ensure LogTag vials are in the refrigerator

Just prior to transport:

1. Condition panels
 - a. Remove panels from the freezer and set on the counter
 - i. During **summer months**, remove panels 30 minutes before departure time
 - ii. During **winter months**, remove panels 1 hour before departure time
 - b. Gently shake panels after the directed time to listen for some liquid movement. This is a good indicator that the panels are conditioned and not too cold for transport
2. Assemble panels to form a cube inside the blue insulated bag
3. Add cushioning material to prevent movement of vaccine and LogTag vial during transport
4. Place LogTag vial in the center of the cube, route LogTag device to the outside and close the cube and bag. Ensure the LogTag wire is securely plugged into the LogTag device. Press and hold Start button on the LogTag device for 2 seconds to start it
5. Allow LogTag to record temperatures until it is within range for vaccine storage (36°-46°F)
6. Place vaccine in cube next to the LogTag vial. Ensure cushioning material is around vaccines and LogTag so that there is no direct contact with panels. Close the blue insulated bag
7. Press the review mark button on LogTag device. This places a red dot on the graph which documents the exact time vaccine was placed into the cube

You are now ready for transport

