
COVID-19 Vaccine Prioritization Schedule and Oregon's Essential Workforce

*House Committee on Health Care,
Subcommittee on COVID-19*

March 1, 2021

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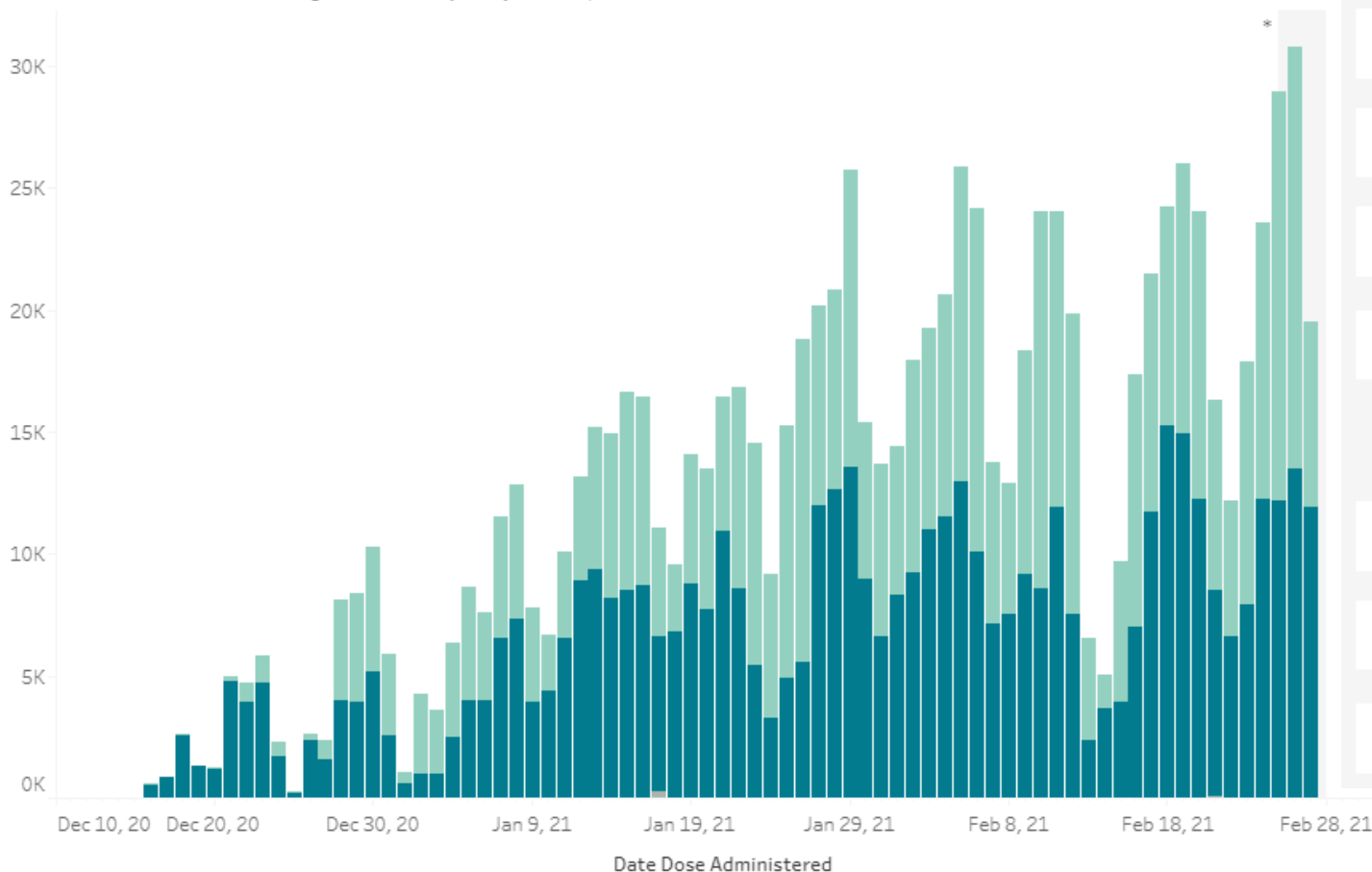
COVID-19 Vaccine Supply Update

COVID-19 Vaccine Process	Pfizer/ BioNtech	Moderna	J&J (Jansen)
Vaccine Development	✓	✓	✓
Clinical Trials <ul style="list-style-type: none"> Phase 1: Safety Phase 2: Expanded Phase 3: Efficacy 	✓	✓	✓
Emergency Use Authorization <ul style="list-style-type: none"> Vaccines and Related Biological Products Advisory Committee (FDA) FDA Authorization for Emergency Use 	✓	✓	✓
Vaccine Safety Review <ul style="list-style-type: none"> Advisory Committee on Immunization Practices (CDC) Western States Scientific Safety Review Workgroup 	✓	✓	✓
Vaccine Shipments to States	✓	✓	✓
Vaccine Distribution to Oregon Sites	✓	✓	March 3

COVID-19 Vaccine Doses Administered by Day

People who have received at least one dose: **621,767**

*Doses administered during this time may not yet be reported.



Doses Administered

**The number of doses administered and people vaccinated may not match. Please see below for more detail.

507,900 Pfizer doses

464,398 Moderna doses

720 Unspecified

973,018 Total Doses Administered

**People Vaccinated

276,119 Series In Progress

345,648 Fully Vaccinated

621,767 Total People

Vaccines Administered by Age

Age Group	Number Vaccinated	Population Estimate	% of Population Vaccinated
20 to 29	63,098	555,278	11%
30 to 39	92,249	578,856	16%
40 to 49	94,112	543,370	17%
50 to 59	89,509	535,049	17%
60 to 69	87,125	539,400	16%
70 to 79	105,519	340,095	31%
80+	83,845	167,641	50%

Newly Eligible Populations and Eligibility Dates

We are here



Phase 1B Started on January 25, 2021

Groups 1–4

- Childcare providers, early learning and K–12 educators and staff
- People 70 and older

Group 5

Eligible March 1, 2021

- People 65 and older

Group 6

Eligible no later than March 29, 2021

- Adults 45–64 with one or more underlying health conditions with increased risk*
- Migrant and seasonal farm workers
- Seafood and agricultural workers
- Food processing workers
- People living in low-income senior housing, senior congregate and independent living

- Individuals experiencing houselessness (sheltered and unsheltered)
- People currently displaced by wildfires
- Wildland firefighters

Group 7

Eligible no later than May 1, 2021

- Frontline workers as defined by CDC**
- Multigenerational household members
- Adults 16–44 with one or more underlying health conditions with increased risk*

Phase 2

Group 1

Eligible no later than June 1, 2021

- People who are 45–64

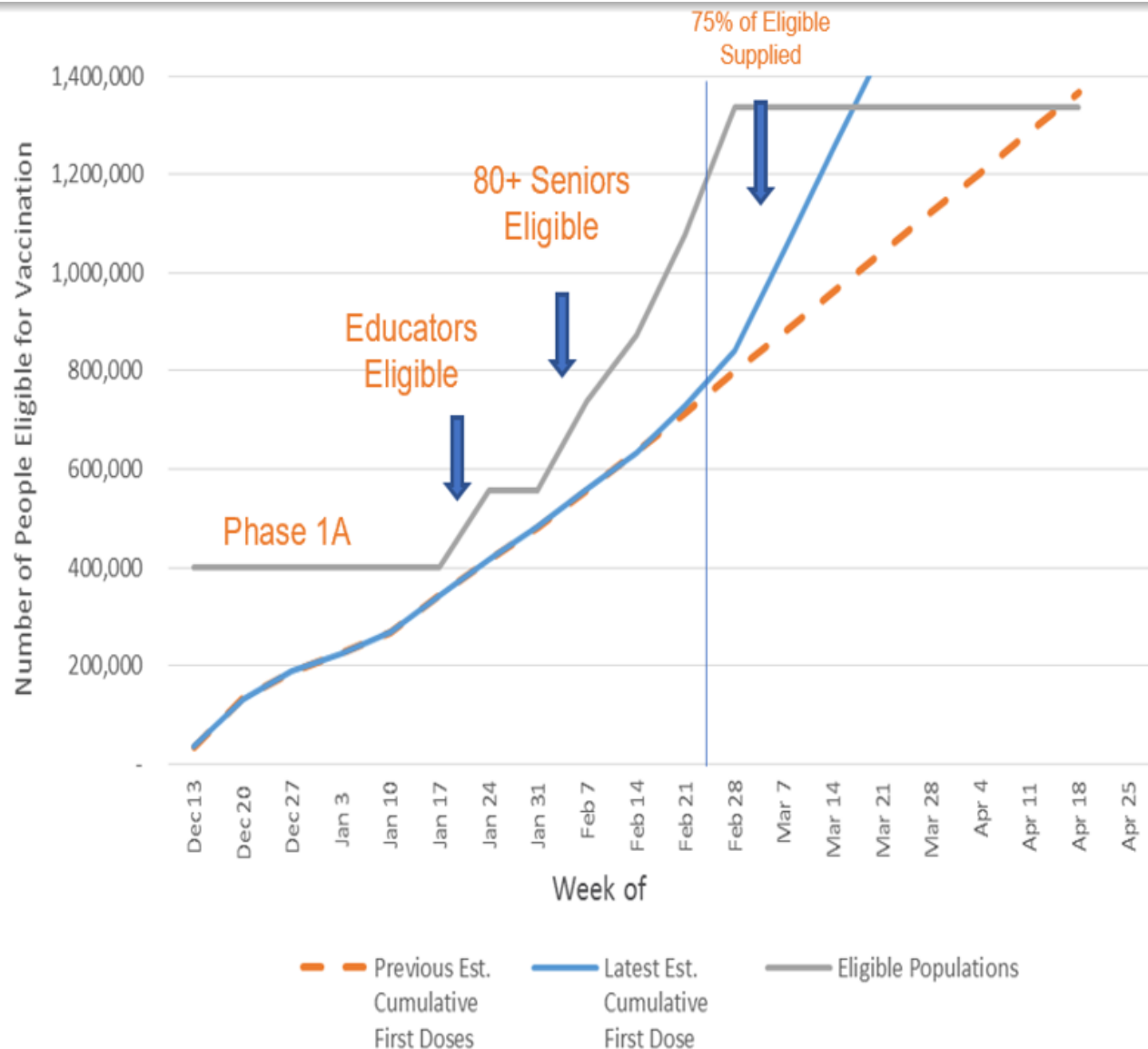
Group 2

Eligible no later than July 1, 2021

- All Oregonians 16 and older eligible.

High Level Forecast

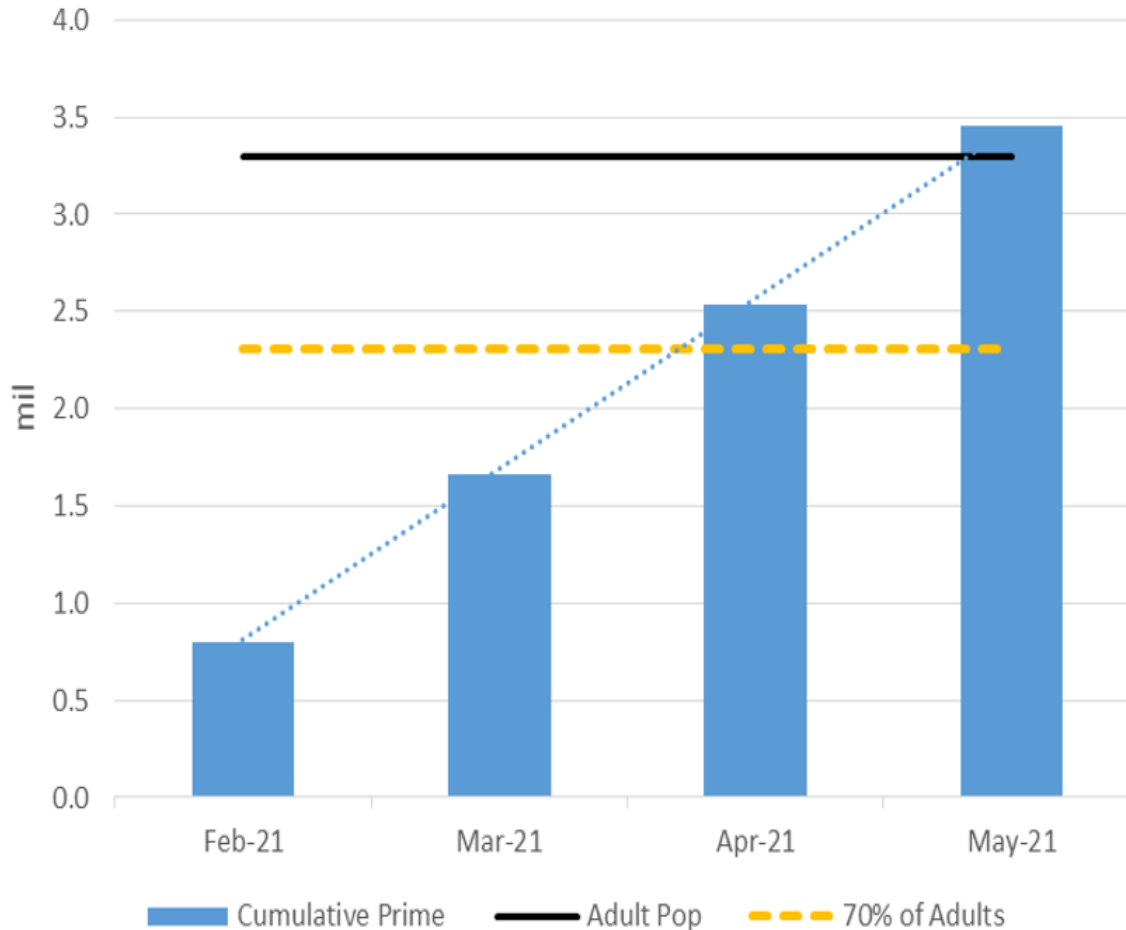
First Dose Supply vs. Eligible Population



Prime Dose Forecast

At Month End

Prime Dose Forecast
At Month End



- Based on 2/23/21 testimony of vaccine manufacturers
- Assumes Oregon will receive 1.28% of national supply
- Assumes no lag between manufacturers' stated date of availability and actual distribution to Oregon vaccinators

Vaccine Availability: Site Readiness

- Oregon's projected weekly vaccine allotment by March 7th: **120,000 prime doses**
- Vaccine throughput in Oregon ready to increase by over **200%**.
- Site readiness for surge by vaccine channel*:

Notes:

- Some LPHA throughput is dependent on other channels (e.g., overlap exists)
- Retail pharmacy estimates are based on past maximum influenza vaccine throughput

Vaccine Channel	Current Throughput (prime doses/wk)	Throughput Readiness (max. prime doses/wk)
Max Vax Sites	24,600	48,900
Other Hospital/Health System	min.	89,180
Retail Pharmacy	24,000	33,000
FQHC	3,200	9,000
Other Clinic	min.	50,000
LPHAs	35,000	90,400
Total	86,800	320,480

*estimates only based on initial survey responses; actual throughput capacity is likely higher

*** Underlying health conditions with increased risk as defined by the Centers for Disease Control and Prevention (CDC)**

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant or HIV
- Obesity (BMI greater than or equal to 30 kg/m²)
- Pregnancy
- Sickle cell disease
- Type 2 diabetes mellitus

**** Frontline workers include people who work in these industries:**

- A frontline worker is someone who has a job that puts the individual at higher risk for contracting COVID-19 because of:
 - » Regular close contact with others outside of their household (less than six feet); and
 - » Routine (more than 15 minutes per person(s)) close contact with others outside of their household; and
 - » They cannot perform their job duties from home or another setting that limits the close or routine contact with others outside of their household.

These include[†]:

- Workers who are manufacturing vaccine, therapeutics, devices, supplies, or personal protective equipment
- Ranching, greenhouses, beverage manufacturing
- Grocery store and retail workers, including food markets, pharmacies, convenience stores, retail clothing and specialty stores
- Community colleges, colleges, universities, vocational rehabilitation, trade and professional schools
- U.S. Postal Service workers
- Public transit workers, including rural, interurban and urban bus and rail operators
- Manufacturing; including paper, petroleum, coal, asphalt, roofing, chemical, plastics, metal, industrial machinery, computers, electronics, transportation, medical equipment, repair and maintenance
- Transportation and logistics, including air, rail, water, truck, taxi, limousine, charter bus, other transit and ground passenger transportation, warehousing, storage and delivery services
- Food service, including restaurant, bar and kitchen staff
- Energy, including utilities, oil and gas extraction, mining, gas stations, fuel delivery, environmental consulting
- Water and wastewater, solid waste management and recycling, including utilities
- Housing, including construction, contractors, real estate and hotels, housing services such as affordable housing programs, motels and commercial accommodations
- Information technology and communications
- News media, including broadcasting and publishing
- Public health workers, including scientific and technical consulting, research and development
- Public safety, including civil engineers, human services and social services, such as child protective services
- Finance, including banks, accounting, tax preparation, payroll services
- Legal, including court staff, judges, attorneys
- Government, including employees and contractors performing services or business for the public, and elected officials
- State of Oregon legislative and executive branch frontline employees on a list maintained by the Department of Administrative Services (DAS)

[†] This is not an exhaustive list; see <https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html> for a full list.

Community Voice and Increasing Vaccine Confidence



Incorporate Community Voice



Community Specific Communications



Build Vaccine Confidence

Incorporate Community Voice



Incorporate Community Voice

- Funded over 150 Community Based Organizations (CBOs) for community engagement
- Held 167 community listening, engagement or information sessions and created summary reports that inform communications strategies
- Made broad 1A eligibility recommendations to include Traditional Health Workers (THW) and Health Care Interpreters (HCI), along with support staff who are often left behind
- Convened a diverse Vaccine Advisory Committee to make vaccine eligibility requirements based on equity
- Created Vaccine Equity Director position in the vaccine planning unit and built out the structure to better link community engagement to operations and communications

Next Steps:

- Convene culturally specific work-sessions to vet and refine plans

Community Specific Communications and Building Vaccine Confidence

167 community listening, engagement or information sessions including, but not limited to:



- Faith leaders, houseless population focus, intellectual, developmental and physical disabilities, Migrant and Seasonal Farm Workers, harm reduction and peer support, students and staff of color, etc.



- Brink Safe and Strong Campaign
- CBO communications and transcreation
- Translation into 11 languages (web, print)
- Conducted communications inventory and gaps analysis

Next Steps:

- Use recently completed gap analysis to draft community-specific communications plan which includes feedback touchpoints with key community organizations and leaders
- Expand communications to build vaccine confidence through various modes of communications including social media

Activity Type	Number Held
Informational webinar with Q&A with SHAs (English)	38
Informational webinar with Q&A with SHAs (Spanish)	29
Informational webinar with Q&A with SHAs (MSFW partners)	24
Informational webinar with Q&A with SHAs (Harm reduction and peer support partners)	4
Listening session (COVID-19 general)	47
Vaccine community dialogue	23
Town hall	1
Training/education session	1
Total	167

Oregon Vaccine Equity Strategy: Systems and Accountability



- Expanded vaccine planning unit structure to include dedicated staff and leads for culturally specific plans
- Incorporated equity analysts into various workstreams including FQHC, LPHA, hospitals, pharmacies, communications, etc.
- Began allocating vaccines to Federally Qualified Health Centers (FQHC)
- Report back to various stakeholders, CBO's and planning groups about progress and make modifications to plans based on their feedback
- Tracking vaccine allocation and uptake by race, ethnicity and other equity factors
- Vaccinating adults and youth in custody



Next Steps:

- Invest in models and workstreams that deploy vaccine in a culturally specific and responsive manner. This will include funding community vaccine events and increasing access points where communities live/work/worship when more vaccine becomes available.
- Alignment with existing testing infrastructure to maximize reach. Create plans to Increase access points and incorporate mobile options.
- Set targets based on health inequities. Track progress on vaccine equity activities and milestones. Report progress to community-based organizations and community partners.

Oregon Agricultural Workers Vaccination

Community engagement

- 24 Informational webinar with Q&A with SHAs (MSFW partners)

Planning

- Vaccination Plan Draft completed
- Allocation Proposal completed
 - Includes considerations for growing seasons

Next steps:

- Allocate funding to:
 - Continue the Farmworker Safety program beyond June 30, 2021
 - Add vaccination information and outreach to the current scope of work of Protecting Oregon Farmworker grantees.

Oregon Agricultural Workers Vaccination

Progress this week

- Began meeting twice a week for implementation.
- Began working on registration system where farm/food processing businesses can apply for employees to get vaccinated.

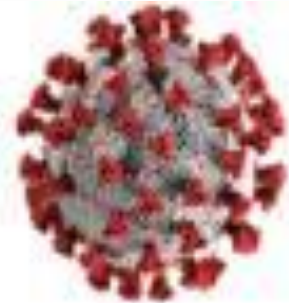
Next steps:

- Group is convening with staff that created the educator registration system to discuss lessons learned.
- Update 90-day action plan to 180-day action plan with additional objectives for vaccine deployment.
- Discuss how to build better partnerships with ODA and agricultural producers and incorporate feedback from meeting with GO.

SERV-OR and the Medical Reserve Corps

Emergency Support Function (ESF) 8: Health and Medical

Oregon Health Authority (OHA) is the lead agency for Oregon's Health and Medical Emergency Response





Oregon State Emergency Support Function (ESF) Quicksheets



ESF 1
Transportation



ESF 2
Communications



ESF 3
Public Works



ESF 4
Firefighting



ESF 5
**Information and
Planning**



ESF 6
Mass Care



ESF 7
**Resource
Support**



ESF 8
**Health and
Medical**



ESF 9
**Search and
Rescue**



ESF 10
**Hazardous
Materials**



ESF 11
Food and Water



ESF 12
Energy



ESF 13
**Military
Support**



ESF 14
**Public
Information**



ESF 15
**Volunteers and
Donations**



ESF 16
**Law
Enforcement**



ESF 17
**Agriculture and
Animal Protection**



ESF 18
**Business and
Industry**

Why a Healthcare Volunteer Registry?



- 9/11 highlighted gaps
- 2002: National registry mandate
 - Emergency Systems for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP)
 - In Oregon, called SERV-OR

SERV-OR

State Emergency Registry of Volunteers in Oregon

Volunteer Organizations in SERV-OR

Medical Reserve Corps (MRC)

- A national program housed in the Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services
- First units started in 2002
- Locally administered resource in Oregon



State Managed Volunteer Pool (SMVP)

- Available for statewide response
- Many also belong to their local MRC unit
- Only respond to Governor declared emergencies
- Volunteers and SERV-OR system managed by OHA staff

Volunteer Organizations in SERV-OR

Oregon Disaster Medical Team

- Independent, 501-C3 organization
- Registered EMS agency

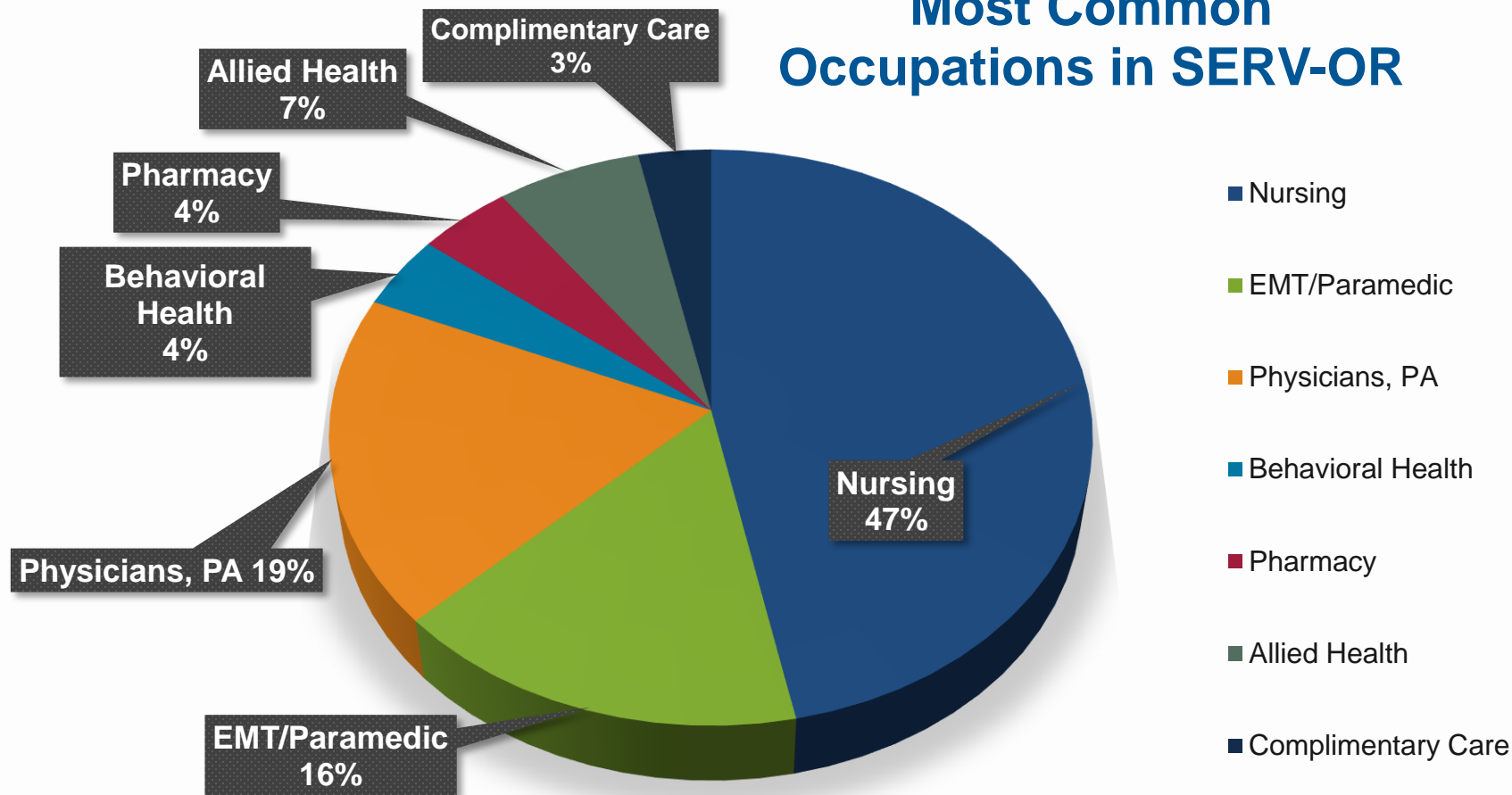
Oregon Veterinary Emergency Response Team

- Response resource within Oregon Department of Agriculture (ODA) Division of Animal Health and Identification (AHID)
- Mass animal sheltering; zoonotic diseases



Who Volunteers?

Most Common Occupations in SERV-OR



COVID-19 Response and SERV-OR

- Call center support
- Supporting roll-out of Oregon Behavioral Health Access System
- Community-based testing events
- Health facility staffing
- Contact tracing & case investigation
- Vaccination events
- Incident Management Team support
- Training FEMA assignees supporting program staff
- 2020: Over 10,000 hours of service



SERV-OR supported National Guard troops to set up the Oregon Medical Station in 2020

SERV-OR: 2021 at a Glance



- 5,088 volunteers registered
- 603: Current pool of trained vaccinators in SERV-OR:
- State Pool:
 - 124 volunteers
 - 420 hours of service
- Medical Reserve Corps:
 - 327 volunteers
 - 1,548 hours of service



SERV-OR and ODMT volunteers at a testing event for a residential VA facility in May 2020.

Thank You!