

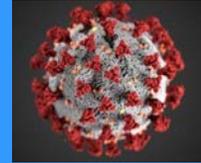
# COVID-19 Interim Draft Vaccination Plan

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MAINE

[Maine Center for Disease Control and Prevention]  
[October 16, 2020] | [V 1.0]

# Maine Covid-19 Vaccination Plan

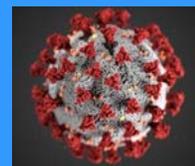


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# Maine Covid-19 Vaccination Plan



## Executive Summary

The emergence of COVID-19 has presented significant challenges for the State of Maine. After detecting its first case of COVID-19 in March 2020, Maine activated its entire public health infrastructure to quickly identify, investigate, and isolate COVID-19 cases. While responding to the emerging virus through testing, personal protective equipment (PPE) distribution, and contact tracing, Maine also began its planning for the eventual approval of a vaccine (or vaccines) for the prevention of COVID-19. This document is the result of Maine's initial planning efforts.

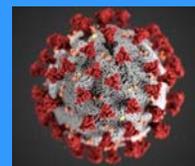
Given the significant number of unknowns around any vaccine(s) that are eventually approved, this document is necessarily one that will evolve as additional information emerges. The State of Maine will update the document as more is learned about manufacturing, storage, efficacy in different groups, dosing schedules, as well as other factors that will affect the implementation of vaccine on a large scale. It will also evolve with additional input from health care providers, communities in Maine, and the public. Version 1, posted on October 16, 2020, will be updated.

In general, Maine will use three principles to guide its approach to COVID-19 vaccination:

1. **Equity:** COVID-19 has not affected all groups in Maine equally. Some groups—such as racial and ethnic minorities—have experienced rates of disease that far exceed their representation in the population as a whole. Other groups, such as seniors—especially those who live in congregate care settings—have experienced significant mortality associated with COVID-19. And individuals with serious chronic medical conditions have experienced disproportionate morbidity from COVID-19. As part of its planning, Maine intends to make health equity a central focus of its effort.
2. **Accessibility:** Maine's planning effort is focused on making COVID-19 vaccine accessible to all Maine people. Maine has actively engaged with health care providers of all types, in all areas of the state, to make vaccine as easily available as possible. For certain populations, such as front-line health care workers and first responders, Maine is working directly with hospitals to provide the vaccine at those workplaces. For other groups, such as those who live in congregate care settings, Maine is working with health care providers who may be able to go on site and vaccinate residents to reduce the need for travel.
3. **Flexibility:** Given the number of questions that remain about the vaccines themselves, their efficacy in different populations, the schedule of doses, cold-chain storage requirements, as well as data, reporting, and monitoring, Maine's COVID-19 plan is flexible by design. As new information and guidance become available, our plan will be updated to reflect the latest available information. We will also maintain that same flexible approach with respect to vaccination prioritization and distribution itself.

Maine is committed to a COVID-19 vaccine planning and implementation process that furnishes the vaccine to Maine people in a timely, equitable fashion.

# Maine Covid-19 Vaccination Plan



## Section 1: COVID-19 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.*

In anticipation of a COVID-19 vaccine, the Maine Center for Disease Control and Prevention (Maine CDC) began COVID-19 vaccination planning activities in the spring of 2020. We began by determining preliminary objectives, key stakeholders, and gaps. Maine CDC then started building a foundation for communicating to stakeholders and for initial response activities such as planning physical distancing guidance for promoting childhood vaccines.

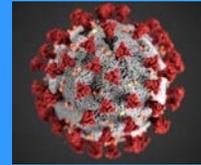
Initially, the Maine CDC Immunization Program (MIP) worked with partners to identify steps that could be taken to mitigate the impact of vaccine-preventable diseases (VPD) in the absence of a COVID-19 vaccine. MIP and its partners focused on promoting routine vaccinations to limit the concurrent spread of VPDs other than COVID-19. MIP also monitored vaccine orders to identify possible gaps in vaccination coverage.

MIP collaborated with partners to encourage vaccination and provided guidance on safe vaccination during the pandemic. Specifically, MIP held weekly conference calls, which included pediatricians, family physicians, hospital systems, Tribal liaisons, the Maine CDC Public Health Nursing program, state and local emergency management agencies, and community vaccinators. Our focus expanded from initially addressing concerns of vaccinating with confidence during a pandemic to eventually encompassing COVID-19 vaccine planning efforts. Providers reported success stories of curbside clinics and tele-health well-child visits and follow-up appointment for vaccination, to the promotion of influenza vaccine and now COVID-19 vaccine planning efforts. Utilizing guidance from the U.S. CDC for physical distancing, we updated our School-Located Vaccine Clinic Toolkit and created a Community Vaccination Toolkit. (Appendix A)

In the fall, our efforts focused on expanding influenza vaccination rates across Maine. MIP's vaccinating campaign for the 2020-2021 flu season includes a specific emphasis on vaccinating the entire family and people at higher risk for flu and COVID-19 infections. The U.S. CDC routinely provides pediatric influenza vaccine doses to the state through their Vaccines For Children program. This year they have also allocated the State of Maine an additional 94,000 flu doses to target adult populations. This will create an opportunity for medical providers to vaccinate parents and any family member accompanying pediatric patients without the concern of cost to the family.

Since MIP has a limited number of adult vaccination providers, MIP is currently recruiting providers who can provide influenza vaccine to adults, especially in Long-Term Care Facilities (LTCF) and other providers that serve high-risk populations. Once these new

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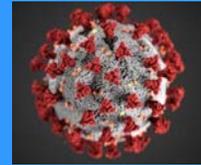
providers are on board, MIP plans to partner with them to furnish COVID-19 vaccination, once such a vaccine is available.

Simultaneously, MIP is laying groundwork to connect Maine's electronic immunization information system (IIS), with the U.S. CDC's IZ Gateway, a national platform that allows the sharing of vaccine administration data between states. This linkage will be vital for COVID-19 vaccination data collection, sharing, and analysis.

The lessons learned from H1N1 vaccination efforts have guided current planning efforts. Specifically, Maine CDC is focused on ensuring that partnerships with health care providers, schools, and other public health entities contribute to the successful campaign and become a valuable resource for future vaccine campaigns. Key partners include hospitals, health centers, school administrators and staff, school nurses, visiting nursing associations, EMS, other health care providers and practices, Maine CDC Public Health Nurses, Maine CDC District Public Health Liaisons, Maine CDC Vaccine Coordinators assigned to each public health district, emergency management agencies (county, state, municipal), municipal health departments, volunteers (including EMS and those who registered with Maine Responds), District Coordinating Councils for Public Health, Healthcare Coalitions, the community, and other public health entities throughout the state.

During mass vaccination efforts around the H1N1 novel influenza virus, it was noted that sometimes vaccine was shipped to a location, such as a hospital pharmacy, where staff had not been involved in vaccine planning and coordination. We have surveyed our hospital systems and have collected point of contact information as well as capacity and storage capability information on all such facilities. Also, the after-action review of H1N1 efforts revealed that, when H1N1 vaccine was in limited supply, vaccinators felt pressure from those in the larger priority groups who were not immediately prioritized. For example, many health care workers made compelling arguments for being vaccinated early as they were in one of the large priority groups. However, health care workers were prioritized primarily to keep them from spreading disease to patients. Therefore, only health care workers exposed to the highest risk patients were initially prioritized. These distinctions were difficult to communicate to the public as well as those delivering vaccine. Individuals expressed concerns about the number of otherwise healthy health care workers and first responders receiving vaccine when they and their family members at high risk for complications from H1N1 could not access vaccine. Maine is utilizing information collected in the Hospital System Survey to determine the number of health care workers who may be prioritized, with the assumption that available vaccine will not be able to meet the demand to vaccinate all individuals.

# Maine Covid-19 Vaccination Plan

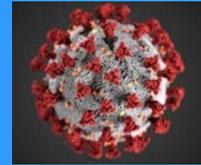


- B. *Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19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

The Maine CDC COVID-19 Training and Exercise schedule is as follows:

1. Maine CDC and Maine Emergency Management Agency met virtually on October 6th, 2020 to plan and tentatively schedule a vaccination tabletop exercise workshop on November 5th, 2020.
2. Vaccination tabletop exercise December 8th, 2020
  - Workshop planning group participants will include internal and external stakeholders
  - Tabletop Exercise will include county, local, state and non-governmental partners who are stakeholders in Maine Immunization and Mass Vaccination Programs
  - An after-action discussion will be held immediately following completion of the Tabletop Exercise
  - An After-Action Review will occur within 30 days of the Tabletop Exercise and an improvement plan will be implemented accordingly
3. Maine CDC has engaged the services of Texas A&M TEEEX who will deliver virtual Mass Prophylaxis Preparedness and Planning training on December 14-15, 2020
  - Eighteen of the 30 participant slots have been filled by a broad audience of stakeholders as of the writing of this report
4. Recent training that has been held regarding this subject matter is as follows:
  - October 2nd and 3rd, 2019, Texas A&M TEEEX educated a combination of 50 Maine CDC Public Health Nurses and Medical Reserve Corps Volunteers in Medical Counter Measures Point of Dispensing and Response.
  - In November 2019, the Maine CDC influenza working group held a tabletop exercise on responding to an influenza pandemic that includes a mass vaccination component.
  - In addition, Maine CDC has recently conducted several large-scale vaccination efforts. One entailed providing vaccinations for several hundred asylum seekers who arrived in Maine during the summer of 2019. In addition, Maine CDC has also organized recent, large-scale hepatitis A vaccine efforts following an increase in cases in adjacent states.

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

### A. *Organizational structure.*

The Maine Center for Disease Control and Prevention (Maine CDC) serves as the State's public health agency. Maine CDC administers a broad range of public health programs and services. Its work on a COVID-19 vaccine plan and implementation is being supported by the Maine Department of Health and Human Services (DHHS) and other key Departments such as Education and Corrections. Governor Mills and her leadership team will make key policy and operational decisions.

Attached in Appendix C and the Maine CDC organizational chart. Maine CDC has 6 Divisions:

- Administration
- Environmental and Community Health
- Public Health Systems
- Disease Prevention
- Disease Surveillance
- Public Health Nursing

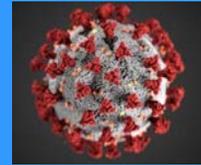
***Administration*** includes the Director, Deputy Director, Chief Operating Officer, State Epidemiologist (including Healthcare Epidemiology), Communications, and Maine CDC Operations. The Director serves as the State Health Officer and the state public health leader.

- Healthcare Epidemiology provides medical leadership, guidance and consultation on strategic, operational and clinical issues to all programs. The Healthcare Associated Infections Prevention Program works to reduce and prevent infections acquired in healthcare facilities.
- Maine CDC Operations provides administrative oversight on operational matters to all Divisions, including personnel coordination, grants and contract management, policy and compliance, regulation and enforcement, business systems management, financial administration and leadership on strategic focuses.

#### ***Division of Environmental and Community Health:***

- The Drinking Water Program is responsible for ensuring the safety of public water systems. The Subsurface Wastewater Unit is responsible for regulation of subsurface wastewater disposal and the oversight of local plumbing inspectors in every municipality in Maine.

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- The Health Inspection Program licenses and inspects eating establishments, lodging, swimming, camping, and body artist practices. The program provides statewide emergency response services for public health events such as fires, floods, power failures and water and food borne disease outbreaks.
- The Environmental and Occupational Health Program ensures that potentially toxic substances in the environment and workplace are identified, appropriately considered and responded to/mitigated.

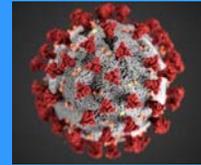
## *Division of Public Health Systems:*

- The Data, Research & Statistical Services Program administers Maine's vital records system, provides data for research, produces population estimates and is an affiliate state census data center.
- The Rural Health and Primary Care and Oral Health Program focuses on rural health care issues; coordination of rural health care activities; and providing technical assistance to partners and stakeholders.
- District Public Health (DPH) ensures the delivery of the ten essential public health services across Maine's nine public health districts, works with community partners to implement public health initiatives, and convenes Public Health Councils in each district. DPH staff provide constituent services, ensure that public health assessments are conducted and health equity is addressed. DPH also provides technical assistance to more than 460 Maine local public health officers.
- The Public Health Emergency Preparedness Program (PHEP) is responsible for planning Maine's coordinated response to public health emergencies. PHEP works with federal, state and local partners to assure the early detection, containment and management of public health emergency events.

## *Division of Disease Prevention:*

- The Maternal and Child Health (MCH) Program serves women of childbearing age and children birth through 21 years, as well as children with special health needs by supporting community training and direct funding for services to community and public health nursing partners.
- The Women, Infants and Children (WIC) Nutrition Program is a supplemental nutrition program for pregnant, breastfeeding or postpartum women, and infants and children from birth to five years. More than 19,000 Maine participants receive health screening, education and nutritional food benefits.
- The Chronic Disease Prevention and Control Program seeks to prevent, detect and control some of the most serious chronic health conditions through strategies to improve the health of Mainers.
- The Tobacco and Substance Use Prevention and Control Program strives to decrease tobacco and substance use and promotes health and injury prevention

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among Maine's youth and young adult population. The program provides funding to local communities for these efforts through the Maine Prevention Services initiative.

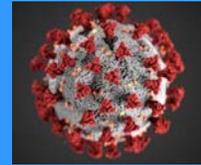
## *Division of Disease Surveillance:*

- The Maine Immunization Program strives for full protection of all Maine people from vaccine preventable disease. Through cooperative partnerships with health practitioners and community members, the program provides: vaccines; comprehensive education and technical assistance; vaccine-preventable disease tracking and outbreak control; and population-based management tools. This program manages universal immunization for insured or underinsured Maine children, as well as the federal Vaccines for Children Program while assuring compliance with federal guidelines.
- The Infectious Disease Prevention Program provides outreach and testing services, through community health professionals, to prevent the transmission of diseases such as HIV, STD, TB and viral hepatitis. The program administers medical case management funds and the AIDS Drug Assistance Program (ADA) for people living with HIV/AIDs
- The Infectious Disease Epidemiology Program monitors notifiable diseases and conditions of potential public health significance, investigates outbreaks and clusters of disease, and recommends interventions to reduce disease-related morbidity and mortality.
- The Infectious Disease Contact Tracing Program enrolls and monitors COVID 19 close contacts in an electronic system, to be monitored for the duration of the quarantine period.
- The Health and Environmental Testing Laboratory is the state of Maine's public health laboratory. Core functions include: monitoring public and private water supplies for chemical and microbiological contaminants; monitoring and diagnosing infectious diseases; a wide range of environmental testing; forensic testing for the Drug Enforcement Agency and Bureau of Highway Safety; and providing key alert data to support the state's emergency preparedness to chemical and biological terrorism.

## *Division of Public Health Nursing (PHN)*

One central office and eight districts statewide provide nursing services to individuals, families and communities in the field, thus strengthening equality of access to local public health services. Services include a referral system for community providers, particularly maternal and child health and infectious disease. Services also include advising civic groups on nursing and public health needs. Annual community assessments help identify health concerns or at-risk populations within communities.

# Maine Covid-19 Vaccination Plan



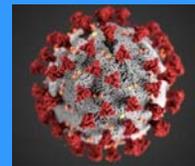
- B. *Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.*

The response effort in Maine will be spearheaded by the Maine Center for Disease Control and Prevention (Maine CDC). All programs in the Maine CDC have altered their practices to assist with the COVID-19 response, though MIP, PHN, District Public Health Liaisons, and PHEP will be the major players in the vaccination plan. This is the internal “Crisis Team”.

Maine CDC will take the lead in policy development, collaborate with state and local partners, serve as a clearinghouse for educational and technical materials, supply vaccine and vaccination supplies, establish data management standards, and develop technical assistance guidance and provide consultation. Maine CDC staff will be responsible for the following:

- **Vaccine Management** – Coordination of the delivery of vaccine from the supplier to “ship-to” sites within healthcare system and community partners in coordination with the District Liaisons and the Health Care Coalitions. This includes ordering vaccines to be shipped to designated sites within the healthcare system as well as monitoring vaccine accountability and ensuring that national reporting requirements are met.
- **Education** – Facilitation of the development of appropriate messaging, training, and associated educational materials for distribution to healthcare and community partners. It includes providing information to the public through mass media, press coverage direct communication and outreach by District Liaisons.
- **Reporting** – Reporting will be done utilizing the adverse event monitoring system established for all vaccinations provided in the state, and by collecting information on doses administered in Maine with reporting to the U.S. CDC as prescribed.
- **Planning** – Maine CDC will provide a statewide plan for the implementation of mass vaccination efforts.
- **Statewide vaccine coordination** – Supporting and coordinating vaccine administration to priority groups outside of the healthcare system, ensuring that they have the vaccine needed to administer to their priority groups.

# Maine Covid-19 Vaccination Plan



- C. *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.*

Once vaccine is available, more detailed planning and implementation will start moving at a rapid pace. To be successful, early engagement with partners and stakeholder is vital. Maine CDC and partners have been working together since early in the pandemic response to develop objectives and plans for COVID-19 vaccination response. This work will continue after this initial version of the plan. The Maine CDC crisis planning team consist of the following groups and representative roles/responsibilities:

## *Maine Immunization Program*

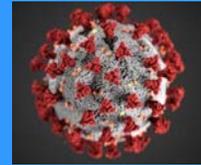
- Serves as lead for vaccination response.
- Coordinates with District Liaisons to ensure significant reach to populations of special needs and continuing building the relationships in their respected jurisdictions.
- Ensures quality assurance of vaccine received by “ship-to” to sites and mobile or off-site clinics.
- Manages vaccine logistics to ensure vaccine is available at all vaccination clinic locations while minimizing the risk of waste.
- Ensures vaccine is distributed as equitably as possible throughout the state.
- Assists in the transfer of vaccine from one location to another.
- Re-allocates vaccine stocks between counties as demand requires.
- Appropriately disposes of empty, wasted, reconstituted/expired, or reconstituted/non-expired (if directed) vaccine vials as instructed.

## *Maine CDC District Liaisons*

District Liaisons serve as the primary point of contact (POC) between community clinic organizers and administrators, county emergency management agencies, and the health care system. They are part of efforts to:

- Implement State School Vaccination plans at the local level.
- Provide information to the public related to COVID-19 vaccination.
- Identify and prioritize populations to receive COVID-19 vaccine who do not have easy access to vaccine through the health care system. Work with district and local partners to determine the most efficient means for offering the vaccine to these priority groups.
- Coordinate resources for community vaccine clinics, including:
  - Site identification

# Maine Covid-19 Vaccination Plan



- Clinic management and organization
- Immunizers
- Vaccine
- Vaccine orders prioritization and approval for vaccination clinics
- District-level planning

## *Maine CDC Public Health Nursing*

- Contribute to the statewide planning process.
- Contribute to planning within district via internal strike team.
- Train volunteer workforces on immunization practices.
- Assist EMS with assembly and deployment of strike teams and mobile clinics.
- Assist EMS and other entities with storage and handling of vaccine.
- Provide PHN vaccine for clinics for use with external strike teams.
- Provide appointment-based vaccination clinics in their districts.

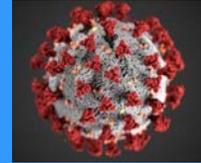
## *Maine CDC Public Health Emergency Preparedness*

- Coordinate overall COVID-19 response effort.
- Support logistical activities for vaccination response.
- Assist with transfer and storage of vaccine when necessary.
- Assist with set up of off-site clinics when necessary.
- Obtain and distribute ancillary supplies.
- Ensure security of the vaccine throughout the vaccine management process.

## *Infectious Disease Epidemiology*

- As the lead for case investigation and contact tracing, will assist in identifying area to target based on prevailing incidence rates.
- Assist in data management and analysis to ensure key metrics are being met.
- Monitor other vaccine preventable diseases to reduce the likelihood of multiple, simultaneous outbreaks.

# Maine Covid-19 Vaccination Plan



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

## **Maine CDC COVID-19 Team**

Maine CDC Director ----- *Nirav D. Shah, M.D., J.D.*  
Maine CDC Deputy Director ----- *Nancy Beardsley*  
Disease Surveillance: Associate Director ----- *Ann Farmer*  
    Maine Immunization Program: Director ----- *Tonya Philbrick*  
    Immunization Information System: Health Program Manager ----- *Danielle Sherwood*  
    Quality Assurance: Health Program Manager ----- *Jessica Shiminski*  
    Vaccine Coordinator: ----- *Kristin Poulin*  
    Public Health Advisor: ----- *Kristen Coaty*  
Public Health Systems: Associate Director ----- *James Markiewicz*  
    Public Health and Emergency Preparedness: Director ----- *William Jenkins*  
    Planning and Emergency Operations Coordinator ----- *Stephen Boucouvalas*  
    Medical Countermeasures Manager ----- *John Hernandez*  
Public Health Nursing: Associate Director ----- *Kathryn Downing*  
    Public Health Nursing Supervisor ----- *Cheryl Cates*

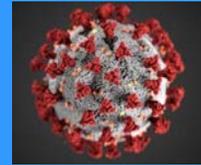
## **External COVID-19 Stakeholders**

Maine is in the process of convening groups of stakeholders to provide advice and consultation on a variety of issues related to COVID-19 vaccine planning, implementation, and monitoring. Those groups will include but not be limited to discussing:

- Health equity/racial disparities
- Scientific and clinical issues
- Logistics/distribution
- Data reporting/analysis
- Long-term care/congregate living settings

As needs arise, additional groups could be stood up to ensure representation from across all sectors in Maine.

# Maine Covid-19 Vaccination Plan



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

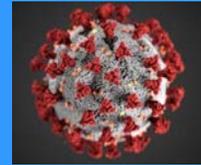
Maine enjoys strong communication and linkages with other states, as well as among localities within the state. Maine intends to ensure visibility and insight into its planning and rollout through regularly scheduled meetings and briefings with those parties.

For other states, Maine is an active participant in the Association of State and Territorial Health Officials (ASTHO), which convenes regular calls and meetings to discuss the progress of vaccine planning and rollout. For example, ASTHO has recently held meetings focused on strategies to provide vaccine coverage and ensure uptake in rural states, such as Maine.

Maine also participates in the Association of Immunization Managers (AIM), which convenes similar meetings. AIM provides immunization managers a forum to share best practices on tactical implementation of vaccine strategies. Our intention is to continue active participation in both organizations to coordinate our efforts among different state, local, and territorial entities.

Maine has also participated in COVID-19 vaccine planning discussions organized by the National Governors Association.

# Maine Covid-19 Vaccination Plan



## External meetings, communications to organizations

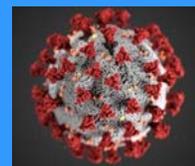
- F. *Describe how your jurisdiction will engage and coordinate efforts with leadership from Tribal communities, Tribal health organizations, and urban Indian organizations.*

MIP has an ongoing relationship with the five federally recognized Tribes in Maine. In addition to the routine VFC program site visits, the MIP Senior Health Program Manager and the embedded federal Public Health Advisor meet with leadership and staff from the Tribal health centers at least once a year to discuss issues and identify ways that MIP can better support Tribal communities.

In addition to continuing routine interactions, Maine will engage with all five Tribal governments to discuss COVID-19 vaccine planning. The planning team that will work with the five Tribal governments in Maine will include Maine DHHS Clinical Advisor Lisa Letourneau, M.D.; the Tribal Public Health District Liaison; and the federal Public Health Advisor, who has spent more than 10 years working with Indian Health Service (IHS) and Tribal programs.

Tribal governments will be given the option to obtain a COVID-19 vaccine supply through the Indian Health Service or through the state of Maine. At this time, Tribal entities in Maine have not yet had to make this decision. However, regardless of the decision made by Tribes, the state of Maine is committed to assisting them with all aspects of COVID-19 vaccine planning and administration. MIP will assist Tribal organizations with communications, technical assistance, and questions they may have regarding the vaccine regardless of whether Tribes receive vaccine from the state of Maine or IHS.

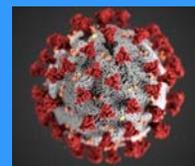
# Maine Covid-19 Vaccination Plan



## G. Engaged Key partners for Critical Populations, including but not limited to:

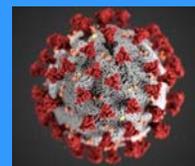
<b><u>Phase 1 a</u></b>	<b><u>Assumed Targeted Population</u></b>	<b><u>Key Partners</u></b>	<b><u>Role of Partners</u></b>
	High-risk workers in health care facilities	Maine Hospital Association Maine Medical Association Health systems	To assist in communicating to hospitals throughout Maine to ensure vaccination efforts are in place for the priority population.
	First responders	Emergency Medical Services	To assist in vaccinating the priority population.
		Public Health Nursing	To assist in vaccinating the priority population.
		Tribal Health Centers	To assist in vaccinating the priority population.
<b><u>Phase 1 b</u></b>	<b><u>Assumed Targeted Population</u></b>	<b><u>Key Partners</u></b>	<b><u>Role of Partners</u></b>
	People of all ages with comorbid and underlying conditions that put them at significantly higher risk	Emergency Medical Services Maine Hospital Association Maine Medical Association Health systems	To assist in vaccinating the priority population.
	Older adults living in congregate or overcrowded settings	Public Health Nursing	To assist in vaccinating the priority population.
		Maine Primary Care Association	To communicate to the Federal Qualified Health Centers and the Rural Health Centers to assist in vaccination efforts.
		Bangor and Portland City Health Departments	To assist in vaccinating the priority population.
		Tribal Health Centers	To assist in vaccinating the priority population.
		Maine Health Care Association Nursing Home and Long-Term Care Facilities	To assist in vaccinating the priority population.
		Pharmacies	To assist in vaccinating the priority population.
		DHHS Office of Aging and Disability Services	To communicate to locations that serve priority populations to encourage vaccinating.

# Maine Covid-19 Vaccination Plan



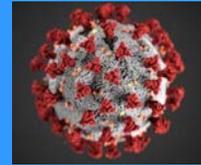
<b><u>Phase 2</u></b>	<b><u>Assumed Targeted Population</u></b>	<b><u>Key Partners</u></b>	<b><u>Role of Partners</u></b>
	Critical risk workers: workers who are both in industries essential to functioning of society and at substantially high risk of exposure	Emergency Medical Services	To assist in vaccinating the priority population.
	People of all ages with comorbid and underlying conditions that put them at moderately high risk	Public Health Nursing Maine Medical Association	To assist in vaccinating the priority population.
	People of all ages with comorbid and underlying conditions that put them at moderately high risk	Maine Pharmacy Association	To assist in vaccinating the priority population.
	All older adults not included in Phase 1	Bangor and Portland City Health Departments	To assist in vaccinating the priority population.
	Teachers and school staff	Department of Education	Promote the vaccination efforts for teachers and staff and recruit school nurses to offer vaccination clinics.
	People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings	Department of Corrections Community Vaccinators	To assist in vaccinating the priority population. To work within their systems to offer vaccine to incarcerated individuals.
		Maine Primary Care Association	To communicate to the Federal Qualified Health Centers and the Rural Health Centers to assist in vaccination efforts.
		Department of Agriculture	To promote vaccination efforts and partner with stakeholders to vaccinate critical infrastructure.

# Maine Covid-19 Vaccination Plan



		Department of Transportation	To promote vaccination efforts and partner with stakeholders to vaccinate critical infrastructure.
		Faith-based Organizations	To promote vaccination efforts and partner with stakeholders to vaccinate people who attend Faith-based Gatherings.
		Tribal Health Centers	To assist in vaccinating the priority population.
		Pharmacies	To assist in vaccinating the priority population.
<b><u>Phase 3</u></b>	<b><u>Assumed Targeted Population</u></b>	<b><u>Key Partners</u></b>	<b><u>Role of Partners</u></b>
	Children	Department of Education Maine Chapter of American Academy of Pediatrics	Promote the vaccination efforts for students and recruit school nurses to offer vaccination clinics.
	Young adults	Post-Secondary Education	Promote the vaccination efforts for students that live on and off campus.
	Workers in industries essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2	Pharmacies	To assist in vaccinating the priority population.
		Tribal Health Centers	To assist in vaccinating the priority population.
		Vaccine for Children Providers	To assist in vaccinating the priority population.
<b><u>Phase 4</u></b>	<b><u>Assumed Targeted Population</u></b>	<b><u>Key Partners</u></b>	<b><u>Role of Partners</u></b>
	Everyone residing in the Maine who did not receive the vaccine in previous phases	All Key Partners mentioned in Phases 1-3	All Roles mentioned in Phases 1-3.

# Maine Covid-19 Vaccination Plan



## 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***

U.S. CDC anticipates Phase 1 to begin as early as November 2020 and to last approximately six weeks. Maine intends to largely follow the priority group detailed by the National Academy of Science, Engineering, and Science (*see* Appendix E). Maine CDC will need to identify subgroups to vaccinate in the first phase if vaccine supply is limited. As noted in Appendix E, Phase 1 will thus be divided into two sub-phases: 1(a) and 1(b). Phase 1(a) will likely be healthcare workers providing direct patient care in high risk settings and others who work in critical infrastructure as well as those working and living in long-term care facilities. Vaccination of these target groups will occur in closed, point-of-dispensing (POD) settings with the health care systems throughout Maine.

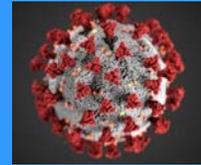
Even though vaccine supply will likely be limited, vaccine will be shipped in relatively large quantities in relation to storage capacity of many of our current vaccinators. One of the presentations will ship in 100 dose increments and needs to be stored at -20 degrees Celsius and the other will be shipped in 1,000 dose increments and will need to be stored -70 degrees Celsius. Maine CDC will work with the health care systems and pre-identify facilities with the capability to safely store the vaccine to serve as receiving and redistribution points for the vaccine. If vaccine needs to be redistributed District Liaisons will assist Health Care Coalitions to coordinate vaccine transfer to vaccination sites or to Public Health Nursing and the Emergency Medical Services for Strike Team use. (Vaccine transfers will be documented in the Maine Immunization Information System in the same manner that routine vaccination transfers are documented).

Vaccinators should plan to administer vaccine within a few days of receipt to ensure the vaccine viability. Vaccination settings in Phase 1 will likely include closed PODs in the healthcare settings for highest priority healthcare workers, closed PODs and/or strike teams at long term care facilities and closed PODs/ strike teams for highest priority critical infrastructure.

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

Phase 2 will begin in when vaccine supply is sufficient to vaccinate more broadly and with the expectation to reach surge capacity efforts. Maine CDC will continue to vaccinate by priority group and begin using mass vaccination strategies such as open PODs in community settings, school located vaccination clinics, and possibly curbside clinics. District Liaisons, Health Care Coalitions and a Maine Immunization Program Public Health Educator will have

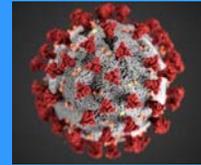
# Maine Covid-19 Vaccination Plan



an increased role in Phase Two. All will work together to coordinate mass vaccination efforts, including communication to the public and logistics of the clinics. Additional vaccine distribution sites including Federally Qualified Health Centers, and Private and Public Providers will start to receive vaccine in anticipation of assisting with vaccination efforts.

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

Phase 3 is expected to start once groups in Phase 1 and Phase 2 have had the opportunity to be vaccinated. At this point, COVID-19 vaccination efforts will transition to routine vaccination and will be conducted through traditional means. By this time, pharmacies will likely be able to vaccinate against COVID-19. This is especially helpful in reaching individuals that live in rural setting with limited access to traditional healthcare facilities. Mass vaccination efforts will continue in Phase 3 if they are still needed.



## 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. Critical population groups may include:

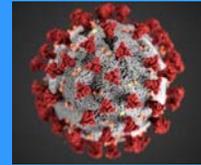
COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular Disease (affects blood vessels and blood supply to the brain)
- Cystic Fibrosis
- Hypertension (or high blood pressure)
- Immunocompromised State (weakened immune system from blood or bone marrow transplant)
- Immune Deficiencies
- HIV
- Use of Corticosteroids (or use of other immune weakening medicines)
- Neurologic Conditions Such as Dementia
- Liver Disease
- Pregnancy
- Pulmonary Fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 Diabetes Mellitus

People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease and Type 2 diabetes mellitus

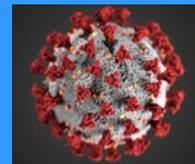
# Maine Covid-19 Vaccination Plan



To assist with determining critical populations, Maine reviewed multiple data sets to determine approximate numbers and identify critical populations. Data collected and evaluated originated from the following resources:

- Data and Dashboards Team, Vaccine Planning Unit, U.S. CDC.
  - Example of data sets include but is not limited to hospital data, nursing and residential care facility employees, law enforcement, fire and rescue, postal service, correctional facilities, grocery store employees, homeless shelter population, and high-risk individuals
- Priority 1 Assessment Hospital Survey distributed by the Maine Immunization Program (*see Appendix D*)
- Annual Surveys facilitated by the Maine Immunization Program
  - HealthCare Worker Survey
  - Post-Secondary Survey
- Information obtained on nursing home and long-term care facilities from the Maine Division of Licensing and Regulatory Services
- Census data
- Through GIS mapping with the Department of Transportation and the location of pharmacy locations throughout Maine, it was determined that 99% of the population live within a 30-minute drive to a pharmacy. This information will help will assist with access to vaccination and decrease the burden on the healthcare systems.

# Maine Covid-19 Vaccination Plan



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

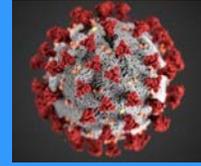
Data collected in the Health System COVID Planning Survey distributed to hospital systems throughout Maine at the beginning of September will help determine the number of individuals within the healthcare systems that should be prioritized when there is a limited amount of vaccine available to support the critical medical infrastructure. The Maine CDC asked for information from the hospitals to help with ongoing COVID-19 vaccine planning. The survey was designed to obtain information on the following:

- Hospital-level COVID-19 vaccine planning/logistics/OIT/pharmacy leads
- Hospital employee numbers
- Vaccine storage capacity
- Vaccine administration
- Clinics
- IT data collection capacity.

Preliminary results demonstrated that 53% of hospital personnel should be prioritized for vaccine in Phase 1a.

<b>Assessment of Maine Hospital Survey</b>				
<i><b>Overall Healthcare Personnel in a Hospital Setting</b></i>	<b>Intensive Care Unit</b>	<b>Emergency Department</b>	<b>Other</b>	<b>Total High-Risk Employees</b>
37,704	2,040	2,321	15,585	19,946

# Maine Covid-19 Vaccination Plan

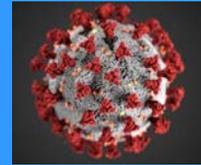


Vaccination efforts in each Public Health District may look different, given that the composition of partners and vaccinators may vary. Advance planning will identify vaccine need when additional supply is available based on assumptions for individuals prioritized in Phase 1(b).

Maine									
Total Full and Part Time Hospital Staffing, All Units	In-patient health care providers	Health care providers in long term care facilities (LTCF)	Outpatient and home health care providers	Nationally Registered EMT	Emergency Medical Technicians and Paramedics	Ambulance Drivers and Attendants, Except Emergency Medical Technicians	Firefighters	First-Line Supervisors of Firefighting and Prevention Workers	State and Territorial Public Health Personnel
43,757	35,670	22,280	28,470	1,925	1,820	40	1,860	370	492
Full-Time Law Enfcmt.	Police and Sheriff Patrol Officers	Postal Service Mail Carriers	Postal Service Clerks	Postal Service Mail Sorters, Processors, and Processing Machine Operators	Transport. & Material Moving Employees	Correctional Officers & Jailers	All other jail staff	Grocery Store Employees	Animal slaughtering and processing
2,932	2,120	1,590	740	470	46,790	1,160	1,317	27,520	91
Butchers and Meat Cutters	Nursing and Res. Care Facility staff	Res. Care Community Residents	Nursing Home Residents	>= 65	Ongoing Asthma	Immuno-compromised - Solid Organ Transplant	Immuno-compromised - ≥13 years, HIV and AIDS Prevalence	Cystic Fibrosis	Heart Disease
770	20,120	5,891	5,846	270,685	132,126	24	2,420	256	56,649
End-Stage Renal Failure	Diabetes	Diabetes, Other State Level Source	Adults with COPD	BMI >= 30	Adult Incarcerated Population	State Prisoners	Homeless/ Shelter Population	Multi-generational Household	Multi-generational Households; household occupants
1,951	116,109	111,180	87,725	306,913	4,100	2,425	2,106	11,680	353,030
Uninsured	AI/AN, 2010 Census	AI/AN, 2018 ACS	HRSA-designated medically underserved - Designation Population in a MUA/P	HRSA-designated medically underserved - MUA/P Total Resident Civilian Population	Black non-Hispanic	Hispanic	At or below federal minimum wage		
109,641	18,977	23,061	79,975	41,923	17,881	21,421	7,000		

Vaccination efforts for Phase 2 and Phase 3 will have to be a broad approach to populated and rural areas across Maine. Partners for vaccination will have to be diverse to include Federally Qualified Health Centers, Rural Health Centers, Providers serving Priority Groups identified in Phase 2 and 3, Pharmacies and transitioning Swab & Send sites to incorporating offering vaccine.

# Maine Covid-19 Vaccination Plan



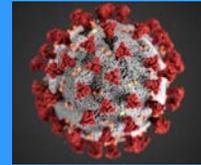
*C. Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.*

Maine will be seeking guidance from specific, topical working groups for recommendations for narrowing the subset groups of the critical population if there is insufficient vaccine supply.

*D. Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers, or communities (as appropriate) within the critical population groups.*

- Initial points of contacts will be collected through the Maine professional associations.
- Hospital occupational health systems throughout Maine will allow us to target the assumed Phase 1 priority groups for the first available vaccine allocations.
- Continuing to build the relationships that the District Liaisons have created since the H1N1 Pandemic in each Public Health District will ensure that communities are prepared to vaccinate priority groups as additional vaccine is available.
- Reaching out to the large employers that were partners during H1N1 will further broaden vaccination sites to reach larger groups of individuals and family members.
- We will continue to utilize the contacts established through the Maine Immunization Program with the Tribal communities.
- Partnerships developed by the District Liaisons will assist in reaching diverse populations and communities.
- Public Health Nursing networks will augment the partnerships developed by the District Liaisons.

# Maine Covid-19 Vaccination Plan



## 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.*

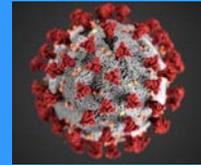
**Hospitals:** Maine has a total of 37 hospitals operating within one of three large healthcare systems; several independent critical access hospitals; and three psychiatric inpatient facilities. Several of these facilities are currently enrolled in the VFC program. The Maine Immunization Program is actively engaged with all these hospital facilities, holding weekly COVID-19 Phase 1 Vaccine Planning conference calls during which we make available the most recent U.S. CDC updates, including a review of the COVID-19 Vaccine Provider Agreement and enrollment requirements. We anticipate enrolling all 37 Maine hospitals as COVID-19 Vaccine Provider sites as a priority for Phase 1.

**Long-term care facilities:** Utilizing the adult influenza supplemental funding, the Maine Immunization Program sent communications to all licensed long-term care facilities in the state to actively recruit and enroll them in the Maine Immunization Program, and offer supplemental influenza vaccine to these non-traditional congregate living facilities, and several have already enrolled, or begun the process of enrolling. These sites will be encouraged to enroll to be a COVID-19 Vaccine Provider site as well. Long-term care facilities that do not have the capacity for storage and handling of vaccines, or those who have very few employees or residents, have been noted as candidates for “strike teams”. These strike teams will be comprised of Maine Public Health Nursing staff and Maine EMS staff to provide on-site vaccination services. Long-term care facilities will be prioritized for Phase 1 vaccination efforts.

**Pharmacies:** The Maine Immunization Program is actively engaged with the Maine Pharmacy Association to discuss enrolling all Maine pharmacies as COVID-19 Vaccine Provider sites. These pharmacy sites will be used as a mechanism to reach long-term care facilities unable to meet the COVID-19 enrollment requirements during Phase 1 and the general public for subsequent phases. Verifying the licensure of pharmacists who participate in vaccination efforts will be done via the Maine Board of Pharmacy.

**Indian Health Service:** Maine has five Tribal health centers in the state, and all five locations are enrolled in the VFC program. All five locations are represented under one public health district. The District Liaison and a representative from each location are included in our weekly COVID-19 Vaccine Phase One planning calls and are receiving

# Maine Covid-19 Vaccination Plan



enrollment information as it is available. MIP anticipates enrolling these sites under Phase 1 if they do not receive vaccine under direct allocation from the U.S. CDC.

**Mobile vaccination providers:** The Maine Immunization Program currently has several providers enrolled in the VFC program to conduct annual influenza clinics for Maine school age children in the elementary school settings and large-scale community settings. MIP is actively engaged in enrolling these providers as COVID-19 Vaccine Provider sites to utilize their efforts during the general public phases of COVID-19 vaccine distribution.

**Occupational health setting for large employers:** The Maine Immunization Program has reviewed the H1N1 provider list to obtain historical information for large employers in the state that offered influenza clinics for their employees. MIP will also collaborate with the Maine Department of Labor to obtain a list of the largest employers in the state. Through communications and outreach, we plan to engage this group of sites for enrollment during Phases 2-4, prioritizing based on the high-risk nature of employment.

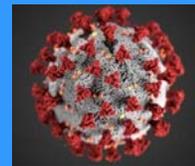
**Federally qualified health centers, rural health centers, physicians' offices, etc.:** Most FQHCs and physicians' offices that provide pediatric care in the state of Maine are enrolled as VFC providers in the Maine Immunization Program. We will ensure this group of traditional primary health care settings are informed of the COVID-19 Vaccine Provider enrollment requirements and will begin enrolling these sites during Phase 2.

**Urgent Care Clinics:** Given that urgent care clinics have been accessible to the public throughout the pandemic, the Maine Immunization Program envisions enrolling them as COVID-19 Vaccine Providers.

**Other locations:** The Maine Immunization Program will ensure that all locations not addressed above be given the ability to enroll as COVID-19 Vaccine Providers if they meet the requirements of the provider agreement. These other settings include colleges, correctional facilities, homeless shelters, dialysis centers, etc. These locations will be prioritized based on the high-risk populations that they serve.

Maine Immunization Program staff will review all COVID-19 Vaccine Provider Agreements to ensure that each site meets the requirements of enrollment prior to receiving vaccine. This will include a review of signatures, storage and handling capabilities, and potential vaccine administration need. Staff will check each provider listed under the prescribing provider section against the appropriate State of Maine licensing board roster to ensure that they hold an active Maine license and can legally prescribe vaccine in the state of Maine. COVID-19 Vaccine Provider Agreements will not be approved unless all sections are complete and after a review of medical licenses is done.

# Maine Covid-19 Vaccination Plan



- 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 Maine Immunization Program will prioritize enrollment of hospitals and long-term care facilities and pharmacies throughout the state to ensure that Maine healthcare personnel and long-term care residents in Phase 1 receive COVID-19 vaccine when available. A survey was sent to hospitals to ascertain their total healthcare personnel numbers and their high-risk employee population. In the event that vaccine is allocated in small doses and not all healthcare employees can be vaccinated with the first round of vaccine shipments, we asked that the hospital employee high-risk population be broken down into emergency department staff, ICU staff, and required any other high-risk staff to be listed by department. The Maine COVID-19 Vaccine Planning Committee will make the determination of which departments to prioritize based on federal vaccine allotments.

All other enrollments will be prioritized by the anticipated population phases they may be serving.

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

The Maine Immunization Program will require each COVID-19 vaccine site to complete a fillable PDF form of the COVID-19 Vaccine Provider Agreement, both sections A and B. When enrollment forms are received, they will be entered into Microsoft Power App. Maine CDC will provide the U.S. CDC twice-weekly CSV files on the number of provider sites enrolled, and any other provider agreement data reporting elements required.

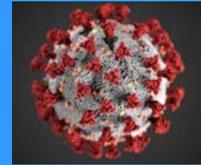
- D. *Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

For each COVID-19 Vaccine Provider Agreement received, Maine Immunization Program staff will check each provider listed under the prescribing provider section against the appropriate State of Maine licensing board to ensure that they hold an active Maine license and can legally prescribe vaccine in the state of Maine. CDC COVID-19 Vaccine Provider Agreements will not be approved until a review of medical licenses is done.

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

For enrolled VFC providers, the Maine Immunization Program requires that the primary and secondary vaccine coordinators receive training on all program requirements, storage and handling best practices, and our Immunization Information System, IIS. Maine CDC plans to mirror this

# Maine Covid-19 Vaccination Plan



process for COVID-19 Vaccine Providers. Through the use of a U.S. CDC-provided training program, such as “*You Call the Shots*”, or an internally developed training program, we will require that each site vaccine coordinator has received training prior to vaccine being distributed to the site.

The Maine Immunization Program will be utilizing the Microsoft Power App as our primary mechanism for tracking the COVID-19 Vaccine Provider Agreements and that required training has been completed.

- 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).*

Maine is requiring that every COVID-19 Vaccine Provider complete both sections A and B of the Agreement, including those sites with a health system or parent organization. Additionally, we will enroll every COVID-19 vaccine provider site into our IIS. Any redistribution from organization to site, or from site to site, will follow our current VFC protocols for vaccine transfer. Both primary and secondary locations are required to be active sites, have current acceptable vaccine storage temperatures recorded in IIS within the past 24 hours, and have reconciled their vaccine inventory within the past two weeks. All transfers will be completed electronically using the IIS. This not only ensures that cold chain is maintained, but that we can have administration data at the site location, versus the organization level.

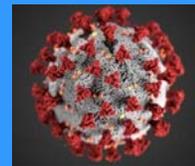
- G. *Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.*

Maine CDC has established a group of external stakeholders who meet on a regular basis to plan for an eventual COVID-19 vaccine. Soon, there may also be specific working groups comprising additional stakeholders. These could include Dr. Shah in his capacity as state health official; representation from local chapters of the American Academy of Pediatrics, American Academy of Family Practitioners, American College of Obstetricians and Gynecologists; and other healthcare officials throughout the state. Working groups will review recommendations from the Advisory Committee of Immunization Practices and U.S. CDC regarding target populations for vaccine distribution and advise MIP on vaccine distribution, ensuring allocation and access is equitable.

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

MIP is working with the Maine Pharmacy Association to enroll all Maine pharmacies as COVID-19 Vaccine Provider sites. These pharmacy sites will be used as a mechanism to reach long-term care facilities unable to meet the COVID-19 enrollment requirements during Phase 1 and the general public for subsequent phases.

# Maine Covid-19 Vaccination Plan



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

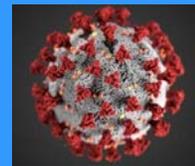
As well as conferring with professional organizations to determine their members' vaccination capacity, MIP will also utilize the 2017 *Modeling Pandemic Influenza Vaccination for Adults, Maine Report*. This estimate considers traditional administration avenues such as medical providers, workplace health programs, school-located vaccination clinics and public health sites. It also looks at pharmacies and mobile Point of Dispensing sites. According to this report, Maine has the capacity to administer an estimated 129,000 doses per week (96,750 adult vaccine administrations and 32,250 pediatric vaccine administrations) when vaccine is being produced at 30 million doses weekly. According to this same report, Maine will be able vaccinate 80% of Maine residents within approximately 12 weeks, provided there is enough vaccine.

By utilizing the information gathered from discussions with professional organizations and the data from this report, MIP will be able to identify missed opportunities for provider enrollment and better target recruitment efforts. MIP can also use this information in case of an outbreak and there is a need to enroll providers in specific areas.

### Potential Vaccine Providers in the State of Maine

Provider Type	Estimated # Participating	Weekly Capacity in Doses		
		Minimum	Maximum	Typical
Hospitals	32	25,600	38,400	32,000
Doctor Office and Clinics	137	43,840	65,760	54,800
State Health Departments	1	600	800	680
City Health Department	2	1,200	1,600	1,360
Open POD's	47	15,040	22,560	18,800
Workplace	28	1,120	5,600	3,360
Chain Pharmacies	113	22,781	174,653	53,110
Supermarket Pharmacies	50	9,450	47,250	18,900
Mass Merchant Pharmacies	23	1,610	24,150	9,660
Independent Pharmacies	35	1,932	27,048	11,592
<b>Total</b>	<b>468</b>	<b>123,173</b>	<b>407,821</b>	<b>204,262</b>

*Modeling Pandemic Influenza Vaccination Capacity for Adults, Maine Report, September 2017*



## 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.*

The IIS and staff can designate providers as eligible to order COVID-19 vaccine via the Pandemic Allocation functionality based on the identified priorities. The allocation tool allows for MIP staff to accept, deny or modify orders individually or at program level dependent on overall vaccine allocation amounts supplied from the U.S. CDC. Providers are also required to update their vaccine need within the IIS which delineates the age cohorts and insurance status of the populations the organization serves to assist in assigning vaccine allocations.

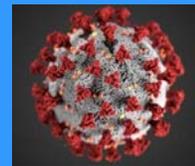
Maine will utilize the Tiberius Platforms to assist in vaccine planning, distribution and allocation efforts. This will allow us to plan provider-level orders across a range of distribution scenarios. Tiberius provides flexible and data-backed applications that enable users to make data-driven decisions.

- 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.*

Providers will be required to create appropriate cold storage units (refrigerators, freezers, ultra-cold) within the IIS. The creation of the units will populate the appropriate temperatures per unit and will require daily temperature recordings. Before an organization can place an order, the IIS will require that they have the appropriate units for which vaccine is being ordered, in-range and up-to-date temperatures. MIP staff will review orders for approval by assessing the provider vaccine need and current inventory on hand.

- 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.*

# Maine Covid-19 Vaccination Plan



Providers must enroll in the Maine Immunization Program in order to receive vaccine. If a provider wishes to receive vaccine but are not enrolled, the provider must follow the following steps to enroll in the program.

To enroll:

- Complete and return the following forms to MIP:
  - ✓ Provider Agreement Form for COVID-19
  - ✓ MIP Provider Agreement
  - ✓ IIS Administrator User Agreement.
- Send pictures of the vaccine storage units to MIP enrollment staff; participate in a virtual enrollment visit and trainings with MIP staff.
- MIP will review all enrollment components to ensure all required components are complete and will notify provider if any additional information is needed or notify the provider that their enrollment is complete, and provider can order vaccine.
- If provider is already enrolled in MIP, provider will only need to complete the Provider Agreement for COVID19.

To order vaccine, designated ship-to-sites should use the defined process for ordering:

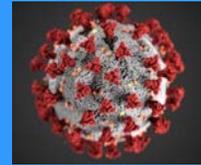
- Update cold chain by entering storage unit temperatures into IIS.
- Ensure all doses administered have been entered into IIS. All COVID-19 doses should be documented in the IIS no later than one business day after administration.
- Reconcile inventory to ensure accurate dose count.
- Determine the number of additional doses needed.
- Create order via IIS.
- MIP will review and approve or deny orders to ensure vaccine is distributed to the highest need areas and /or equitably across the state. MIP staff will review current inventory on hand to prevent over-ordering and appropriate allocations from the pandemic allocation tool.
- MIP will upload order(s) from the IIS to VTrcks (ExIS) for order fulfillment.

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

Vaccinators that are not ship-to sites, community vaccinators, and/or strike teams may obtain vaccine from designated ship-to sites via the pre-existing vaccine transfer process within the IIS. To receive COVID-19 or any other vaccines supplied by MIP;

- The organization must be an enrolled COVID-19 provider.

# Maine Covid-19 Vaccination Plan

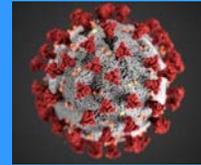


- Both enrolled sites (the transferring vaccine and the site accepting the vaccine transfer) must have up-to-date temperatures in the IIS.
- Ensure the vaccine is packaged using proper cold chain management for the physical transfer of the vaccine
- Include a packing list of the vaccine(s) being transported and lot information
- Both organizations must complete the transfer process within the IIS

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

The IIS Vaccine management staff verify orders based on vaccine need and current inventory on hand at the time of the order to reduce over-ordering. MIP requires reconciliation of inventory every 14 days (highly recommended weekly), prior to placing an order, by performing physical counts of inventory on hand to ensure the physical inventory matches the IIS inventory. The IIS inventory will display inventory based on orders received and doses administered. Every dose of vaccine that is unaccounted for must be notated with a reason for wastage i.e. broken vial, spoiled, drawn up but not administered etc. The MIP can review reconciliation status and determine wastage percentages on an ongoing basis.

# Maine Covid-19 Vaccination Plan



## 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 (IIS cold chain reporting)
- Satellite, temporary, or off-site settings (IIS cold chain reporting)
- Planned redistribution from depots to individual locations and from larger to smaller locations (IIS cold chain reporting)
- Unplanned repositioning among provider locations

All COVID-19 Vaccination Program Agreements will be reviewed for the following:

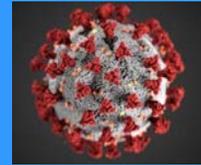
- Signatures from both the Chief Medical Officer and Chief Executive Officer agreeing to comply with agreement requirements – #7 requires organizations to comply with U.S. CDC requirements for COVID-19 vaccine management
- Review of vaccine storage capacity for refrigerated, frozen, and/or ultra-frozen vaccine
- Signature attesting that vaccine storage units listed will maintain appropriate temperatures as indicated in the agreement

In addition to the agreement review and approval, all COVID-19 vaccination program sites will be required to enroll in the Maine IIS, IIS, and complete a COVID-19 Vaccine Educational Training. This training must be completed by the primary COVID-19 Vaccine Coordinator prior to receiving COVID-19 vaccine. This COVID-19 Vaccine Education Training will either be in a manner provided by the U.S. CDC, such as “*You Call the Shots*”, or developed by the Maine Immunization Program. This training will cover the following requirements, at a minimum:

- COVID-19 Vaccine Provider Agreement Requirements
- Vaccine Store and Handling temperature requirements for refrigerated, frozen, and ultra-frozen vaccines
- Protocols for maintaining cold chain at the individual provider location
- Protocols for transferring vaccines as outlined in the Vaccine Storage and Handling Toolkit
- Protocols for Vaccine Clinics as outlined in the revised Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations as well as Vaccination Guidance During a Pandemic.
- Maine IIS, IIS, Training – including documentation of storage unit temperatures and transfer protocols

This review of required signatures and training at each COVID-19 Vaccination site will ensure that each location understands cold chain requirements at all levels of vaccine

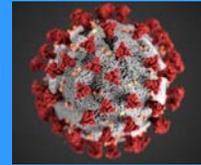
# Maine Covid-19 Vaccination Plan



distribution. The Maine Immunization Program will take the following steps to ensure these cold chain requirements are met at every level:

- **Individual provider locations** – current Maine VFC providers are required to record temperature minimum/maximum daily and enter these temperatures at least once a month into the Maine IIS, with a strong recommendation that temperatures be entered weekly. The Maine Immunization Program will ensure adherence to this temperature reporting requirement by monitoring site activity compliance. Any site out of compliance with temperature recording will be contacted immediately.
- **Satellite, temporary, or off-site setting** – any providers conducting off site clinics must record these under the Mass Vaccination Module in IIS. Additionally, providers must comply with recommended storage and handling procedures outlined by the U.S. CDC. Maine CDC will conduct routine spot checks for those providers indicating they have held a clinic to ensure sites are maintaining required clinic temperature recording documentation and that temperatures are remaining within stability ranges.
- **Planned redistribution from depots to individual provider locations** – Maine is requiring that all COVID-19 Vaccination sites complete both A and B sections of the COVID-19 Vaccine Provider Agreement. All sites will be ordering and/or transferring vaccine under the ordering and transfer protocols outlined for VFC providers. Prior to a physical vaccine transfer taking place, both sites must have documented up-to-date cold chain within 24 hours and complete a transfer in IIS. Protocols ensure that cold chain is recorded during the transfer and records remain with receiving site for a minimum of three years.
- **Unplanned repositioning among provider locations** – protocols for transferring COVID-19 will be covered during the COVID-19 Vaccine Education Training which includes the documentation of transfers in IIS. However, if such transfers take place as they sometimes occur with our VFC providers, they are caught as soon as the provider site tries to record administration of a vaccine that was transferred as that lot number and vaccine would not be available in their inventory. Provider sites would then have to follow the transfer protocol by completing an electronic transfer in IIS and recording all cold chain within 24 hours of the transfer.

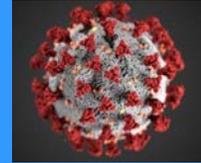
# Maine Covid-19 Vaccination Plan



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

By signing the COVID-19 Vaccine Provider Agreement the site is agreeing to continuously monitor vaccine temperatures. The Maine Immunization Program will ensure that the COVID-19 Vaccine Education Training includes a review of acceptable vaccine storage and handling temperature monitoring devices and digital data loggers. In addition, any site that is ordering ultra-cold vaccine will be contacted directly by the Maine Immunization Program to ensure that their digital data logger can record temperatures between  $-60$  and  $-80$  degrees in the event that vaccine is stored in an ultra-cold unit and out of the vaccine packaging in which it was shipped.

# Maine Covid-19 Vaccination Plan



## 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.*

The IIS will be utilized for vaccine doses administered by providers. Providers will have multiple ways to report including real-time HL7 interface directly from their EMR following the U.S. CDC's HL7 Version 2.5.1 Implementation guide for Immunization Messaging Release 1.5, direct entry into the IIS, Mass Vaccination quick entry, or CSV/flat file upload per IIS specifications. The IIS will also participate in the Share and Connect components of the IZ gateway to collect doses administered from direct ship locations and other jurisdictions when necessary.

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

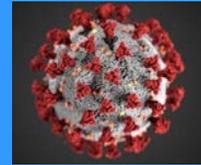
The IIS will transmit administration data via SOAP web service interface following the U.S. CDC's HL7 Version 2.5.1 Implementation guide for Immunization Messaging Release 1.5. The IIS will follow the requirements for IIS Servers participating in the IZ Gateway Share and IZ Gateway Connect. These include:

- IIS servers to utilize appropriate authentication for the IZ gateway
- Utilize TLSv1.2
- Endpoint defined by the U.S. CDC WSDL
- IIS server credentials to the IZ Gateway
- IIS must accept and respond to the immunization message per implementation guide

- 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.*

The IIS is a web-based application and does not require any additional software enhancements. The IIS has three dedicated helpdesk staff to assist during routine business hours. The IIS has a robust HELP within the application to assist users in real-time with all functionality, and includes a user guide. IIS staff provide regular user webinars for new users as well as refresher trainings. Additionally, for enrolled VFC providers, the Maine Immunization Program requires that the primary and secondary vaccine coordinators receive training on all program requirements, storage and handling best practices, and our IIS. Maine plans to mirror this process for COVID-19 Vaccine Providers. We will require that each site vaccine coordinator has received training prior to vaccine being distributed to the site.

# Maine Covid-19 Vaccination Plan



- 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.*

The IIS will be available at all times for direct entry in the user interface, including documentation in the quick entry mass vaccination tool, as well the possibility of an interface if the off-site clinics are connected to an EMR with HL7 capabilities or a CSV/Flat file upload.

- 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.*

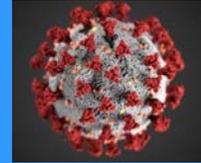
The IIS and MIP staff will run IIS and SQL reports to compare doses ordered vs. administered, to monitor activity as well as compare administration dates vs. dates entered dates to assess timeliness of reporting. The MIP will notify providers who do not comply with documentation and reporting requirements to discuss mitigation strategies and/or refer them to MIP's non-compliance policies as noted in the MIP Provider Policy and Procedure Manual. <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/MIP-Policies-and-Procedures.pdf>

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

The IIS has standard coverage assessment reports and a data analyst epidemiologist to evaluate data and provide reports. Additionally, the MIP is currently exploring Insight Analytics for the IIS which would utilize the IIS's datamart to provide robust geographical maps with multi-dimensional filtering and drill downs.

Standard reports would include interactive and color-coded geographical maps at various levels of county and region/district;

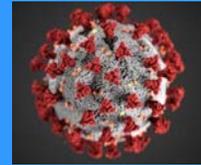
- Each report is interactive, allowing for multi-dimensional filtering and drilldowns;
  - Example report grouping 1: vaccine distribution/inventory including ordered/shipped/administered with various dimensions of provider, time series, geography, etc. (supports COVID-19 and any other vaccine)
  - Example report grouping 2: coverage level reports with various dimensions of age ranges, geography, race, ethnicity, etc. (supports COVID-19 and any other vaccine)
- Includes analytical data model
  - External data such as census denominator for accurate coverage levels, especially at older age groups (phase 1)
  - External data such as disease surveillance data (phase 2)



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

A. **Instructions:** *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.*

MIP or organizations will have the option to utilize the IISs immunization forecaster for second dose reminders via the reminder recall functionality. We will also encourage organizations to utilize their EMR for reminder recall and their scheduling capabilities with the individual for a follow up appointment 21 or 28 days after the date of the first administration of vaccine.

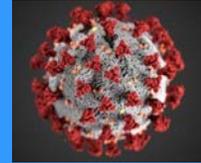


## Section 11: COVID-19 Requirements for IISs or Other External Systems

**A. *Instructions:*** Describe your jurisdiction’s solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., 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.

The IIS has a Mass Vaccination quick entry tool to assist with patient data to be entered quickly, HL7 interfaces may be available based on EMR capabilities and CSV/Flat files can be submitted per IIS specifications. Planned outages will be scheduled outside of standard operating hours of 7:00AM-7:00PM and users will be informed of maintenance schedules via IIS announcements and listservs. The IISs SLA standard is 99.5% for core availability.

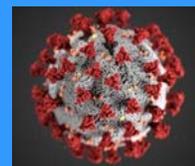
# Maine Covid-19 Vaccination Plan



- 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.*

Administered at location
Administered at location: type
Administration address: city
Administration address: county
Administration address: state
Administration address: street
Administration address: zip code
Administration date
CVX (Product)
Dose Number
IIS Recipient ID
IIS Vaccination Event ID
Lot Number: Unit of Sale
Lot Number: Unit of Use
MVX
Recipient address: county
Recipient address: city
Recipient address: state
Recipient address: street
Recipient address: zip code
Recipient date of birth
Recipient name
Recipient sex
Sending Organization
Vaccine administering provider suffix
Vaccination Complete
Vaccine administering site
Vaccine expiration date
Vaccine route of administration
Race
Ethnicity
Chronic Medical Conditions
Occupation
Membership in other critical populations

# Maine Covid-19 Vaccination Plan



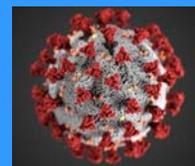
- C. Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.

The IIS currently utilizes the U.S. CDC WSDL and adheres to all HL7 2.5.1 standards as outlined in the implementation guide. Currently, 72% of all immunizations are reported real-time via data exchange to the IIS.

Planned improvements:

Improvement	Description	Anticipated timeline
Mass Vaccination	Flexible patient quick entry event name to doses administered and show transactions reports	October 2020
Reminder Recall	Change contact allowed	October 2020
Cold Chain	Include Ultra cold temperature monitoring	October 2020
Covid-19 Vaccine forecasting	Create vaccine group and relationships for Covid-19	October 2020
Pandemic Vaccine Allotment tool	Identify and enable pandemic ordering intentions and management of allotments	October 2020
Covid-19 Vaccine eligibility	Remove eligibility requirements for dose decrementing	December 2020
Manage NDC	Adjust defaults for ordering intentions for pediatric, adult and ancillary	December 2020
Covid-19 Vaccine 2D barcoding	Map Covid-19 vaccine NDCs to both unit of use and unit of sale to allow 2D barcoding of Covid-19 vaccine	December 2020
AWS Hosting Migration	Migrate IIS to AWS hosting	February 2021
Immunization Insight Analytics	Connect Insight Analytics to IIS datamart to measure, monitor, and analyze immunizations within our jurisdiction	February 2021
Data Exchange job monitor	Search functionality updates	February 2021

# Maine Covid-19 Vaccination Plan



- 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.*

COVID-19 Provider Agreement will be a writable PDF that will be completed by organizations and submitted electronically to MIP. The writable PDF will be imported into a Microsoft Access Database where MIP staff will follow a detailed rapid enrollment guide including vaccine coordinator education and IIS trainings, cold storage set ups, VtrckS ordering PIN assignment and other required activities to ensure complete enrollment for ordering Covid-19 vaccine. Phase 1 locations serving healthcare personnel and other essential workers will be prioritized for enrollment.

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

The IIS will be connecting to the IZ Gateway via Connect and Share. The DUA and MOU are in final review with the DHHS Legal, Maine CDC Policy and Compliance, privacy officer.

- F. *Describe the status of establishing:*

1. *Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway –*

DUA is in final stages of review with Maine CDC Policy and Compliance, DHHS Healthcare Privacy and Human Protections Administrator, DHHS Legal Department Office of Information Technology and DHHS Legal.

2. *Data use agreement with U.S. CDC for national coverage analyses*

DUA is active as of November 2019

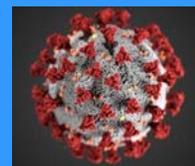
3. *Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component –*

MOU is in the final stages of review with Maine CDC Policy and Compliance, DHHS Healthcare Privacy and Human Protections Administrator, DHHS Legal Department Office of Information Technology and DHHS Legal.

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

The IISs current disaster recovery plan provides a Recovery Point Objective (RPO) of 24 hours and recovery time objective (RTO) of 96 hours. The IISs data is backed up

# Maine Covid-19 Vaccination Plan



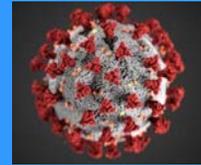
daily, weekly and monthly which includes the OS, application and database directories to ensure the most recent data is captured and archived. In the event the IIS is not immediately available vaccine orders and cold storage monitoring will need to be submitted via a paper process. The MIP will submit orders on behalf of providers and will provide shipping distribution information. Vaccine usage can be submitted in either a CSV or Flat format (Per IIS specifications) when the IIS is available to document immunization administrations for patients and to reconcile vaccine inventory.

**G.** *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.*

- Ad hoc quality assurance reports for data quality and timeliness.
- Dose Decrementing Error mitigation – The fix tool is used to correct immunization records sent via Data Exchange that failed to decrement from an organization’s inventory due to an error in the HL7 immunization message. MIP highly encourages error mitigation to be done daily to ensure accurate administration information.
- Patient deduplication and merging - Manual Merges are situations where the IIS prepares a list of potential duplicate patients based on criteria other than what the system normally uses for auto-merging/scoring in its patient de-duplication process. Patient merging will be performed daily to ensure valid and complete records.
- IIS Monthly System Statistics and Performance reports

IIS System Statistics	Current Month (September)
Total number of immunizations	12,927,156
New immunizations added last month	121,905
Total number of clients/patients	1,611,846
New clients/patients added last month	10,454
Total number of data exchange jobs	111,641
Percent of data exchange versus UI transactions	72%

# Maine Covid-19 Vaccination Plan



## 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.*

Maine CDC is planning to engage an individual to lead the proactive communication efforts. This individual will build upon current communications to promote vaccine safety and dispel vaccine misinformation. Messaging will be tailored to reach key audiences including healthcare personnel, health insurance issuers and plans, employers, government and community partners and stakeholders, and public consumer and essential workers.

- 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.*

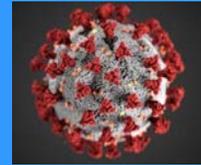
The Maine Immunization Program will develop a COVID-19 Vaccine Distribution webpage for our website. This will ensure constituents have all required and suggested resources in one location. This page will include the following:

- Fillable PDF of COVID-19 Vaccine Provider Agreement
- COVID-19 Vaccine Distribution FAQs
- Contact email links
- EUA Fact Sheets or VISs
- COVID-19 Vaccine Educational Training Module (developed by MIP)
- All COVID-19 Vaccine communications (listserv) documents
- Link to the Vaccine Storage and Handling Toolkit
- Revised Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
- Vaccination Guidance During a Pandemic

Maine CDC will also make frequent use of the statewide Health Alert Network system (HAN) to notify providers, health care systems, and other stakeholders of important information on a real-time basis. The HAN system has been in use and, during the H1N1 vaccination efforts, was a valuable tool to apprise the public health community of important information. The bulletins, which can include clinical, public health, and other information, are publicly available on the Maine CDC website, as well:

<https://www.maine.gov/dhhs/mecdc/newhan.shtml>

# Maine Covid-19 Vaccination Plan



Maine CDC also intends to engage closely with community health workers (CHW) as part of our educational outreach efforts. We intend to provide information to CHWs on vaccines both from a safety/efficacy perspective as well as an access perspective. The goal is to equip CHWs with all the information they need to be effective communicators within their communities. Given that many CHWs are able to communicate in the native language of many Maine people, the information provided to them will be available in multiple languages to facilitate that communication. We intend to offer specific briefings for CHWs to empower them to work with their communities, many of whom are immigrant and other non-majority groups.

Using risk communication strategies along with the U.S. CDC's developed *Vaccinate with Confidence* framework we will develop a messaging campaign for Maine people. The vaccination communication campaign will be developed with the following objectives:

- Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines and evolving information.
- Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.
- Help the public to understand key differences in FDA emergency use authorization and FDA approval (i.e., licensure).
- Engage in dialogue with internal and external partners to understand their key considerations and needs related to COVID-19 vaccine program implementation.
- Ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key state/local partners and the public about COVID-19 vaccines.
- Provide guidance to local health departments, clinicians, and other hosts of COVID-19 vaccination provider locations.
- Track and monitor public receptiveness to COVID-19 vaccination messaging.

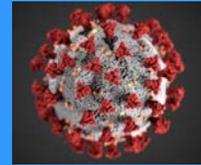
## **Broad Communication Planning Phases**

Messaging should be timely and applicable for the current phase of the COVID-19 Vaccination Program.

### **Before vaccine is available:**

- Vaccine is available in limited supply for certain populations of early focus (Phase 1)
- Vaccine supply is increasing and available for other critical populations and the general public (Phase 2)
- Vaccine is widely available (Phase 3)

# Maine Covid-19 Vaccination Plan



## **Communication Activities:**

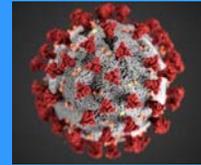
- Communicate early about the safety of vaccines in general and have easily accessible, government information to address myths, questions, and concerns.
- Keep the public, public health partners, and healthcare providers well-informed about COVID-19 vaccine(s) development, recommendations, and public health's efforts.
- Engage and use a wide range of partners, collaborations, and communication and news media channels to achieve communication goals, understanding that channel preferences and credible sources vary among audiences and people at higher risk for severe illness and critical populations, and channels vary in their capacity to achieve different communication objectives.
- Communicate proactively whenever possible, anticipating issues and forecasting possible problems before they reach broad awareness.
- Ensure that communications meet the requirements of the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, and other applicable disability rights laws for accessibility.
- Use information and education campaigns to extend reach and increase visibility of vaccine recommendations and resources.
- Work closely with partner agencies, representatives of local communities with critical populations, and intermediaries to achieve consensus on actions, consistency in messages, and coordinated communication activities.
- Communicate transparently about COVID-19 vaccine risks and recommendations, immunization recommendations, public health recommendations, and prevention measures.

## **Messaging Considerations**

Public health messages and products should be tailored for each audience and developed with consideration for health equity. It is important to use plain language that is easily understood. Information should be presented in culturally responsive language and available in languages that represent the communities. Jurisdictions should be careful to address all people inclusively, with respect, using non-stigmatizing, bias-free language. Insufficient consideration of culture in developing materials may unintentionally result in misinformation, errors, confusion, or loss of credibility.

In addition, Maine CDC District Public Health Liaisons are able to use existing relationships with immigrant and other non-majority populations to promote linguistically and culturally appropriate messaging. The District Liaisons can work with those communities to ensure such information is provided in an effort to promote the highest possible vaccine uptake.

# Maine Covid-19 Vaccination Plan



Based on the feedback they receive, they can also tailor messages to specific groups within their districts to ensure that messaging is accurate and responsive to pressing questions.

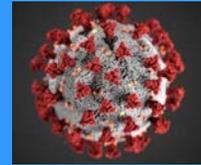
These considerations and any others that emerge during message development and deployment should be reviewed again when material is translated.

## **Communication Channels**

Jurisdictions and Tribal organizations should explore how specific groups are most likely to access information with the communication methods available to them. Feedback mechanisms such as a web page or e-mail account to allow the audience to express concerns, ask questions, and request assistance are extremely important, and creating such mechanisms should be a priority for jurisdictions.

Promotion of public service announcements will be distributed by using an existing contract with the Maine Association of Broadcasters will be utilized for channels to broadcast with Radio and TV. Digital media will be displayed through the internet and social media. Written communication channels will be facilitated through GovDelivery and other direct channels. We have also created an email box specific to receive communications:  
[C19Vaccine.MECDC@maine.gov](mailto:C19Vaccine.MECDC@maine.gov).

Maine will regularly review available U.S. CDC COVID-19 Communication Resources. Maine will utilize the U.S. CDC-developed COVID-19 One-Stop Shop Toolkits for communication, including toolkits tailored for different populations as well as a social media toolkit. To reach essential workers for vaccination, Maine will assist industry and businesses in communicating with employees about vaccination clinics. Maine will utilize the U.S. CDC's COVID-19 Communications Plan for Select Non-Healthcare Critical Infrastructure Employers to guide the communications.



## 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.*

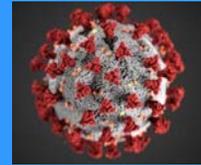
Prior to any sites receiving COVID-19 vaccine, the Maine Immunization Program will require that the Primary COVID-19 Vaccine Coordinator receive a COVID-19 Vaccine Educational Training. This training will include the locations of Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs). The training will give a general overview of the EUA fact sheets or VISs to ensure vaccination providers understand and can answer questions regarding the contents of these documents.

All Primary COVID-19 Vaccine Coordinator trainings will be recorded in Microsoft Power App to ensure COVID-19 Vaccine Providers are fully enrolled with a completed Agreement and educational training prior to receiving COVID-19 vaccine.

- 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.*

Prior to any sites receiving COVID-19 vaccine, the Maine Immunization Program will require that the Primary COVID-19 Vaccine Coordinator receive a COVID-19 Vaccine Educational Training. This training will include the locations of Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs). The training will cover the requirement of providing recipients with this information prior to vaccinating, acceptable forms/methods of provision, and give a general overview of the content of the EUA fact sheets or VISs so vaccine providers can answer questions that vaccine recipients may have.

All Primary COVID-19 Vaccine Coordinator trainings will be recorded in Microsoft Power App to ensure COVID-19 Vaccine Providers are fully enrolled with a completed Agreement and educational training prior to receiving COVID-19 vaccine.



## Section 14: COVID-19 Vaccine Safety Monitoring

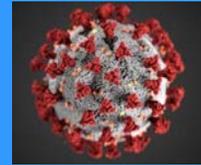
*A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).*

Prior to any sites receiving COVID-19 vaccine, the Maine Immunization Program will require that the Primary COVID-19 Vaccine Coordinator receive a COVID-19 Vaccine Educational Training. This training will include the following information on vaccine adverse event reporting:

- An overview of vaccine safety and the importance of reporting adverse events
- The VAERS link: <https://vaers.hhs.gov/>
- The requirement for healthcare providers to report adverse events following COVID-19 vaccine administration and clinically important adverse events if they are unsure if the vaccination caused the event
- The requirement to provide the patient with the EUA fact sheet or VISs and explain that any persons may report an event
- Informing Providers on the Clinical Immunization Safety Assessment Project which conducts clinical research and assesses complex adverse events following vaccination. Healthcare providers can request a consultation for a complex vaccine safety issue with an individual patient at [CISAeval@cdc.gov](mailto:CISAeval@cdc.gov).

The Maine Immunization Program continues to update the Vaccine Safety Page on our website to include links to the required healthcare worker vaccine adverse reporting events, VAERS with the explanation that anyone can submit a report, and the Vaccine Injury Compensation Program.

# Maine Covid-19 Vaccination Plan



## 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 - IIS and access database and monitoring hospital system participation for Phase 1.
- Access to COVID-19 vaccination services by population in all phases of implementation through analytical reporting out of the IIS along with using Tiberius.
- IIS or other designated system performance; Monthly Performance Reports, daily QA checks
- Data reporting to U.S. CDC – IIS, CSV reports exported from access database
- Provider-level data reporting- IIS, Vtrcks
- Vaccine ordering and distribution- IIS, Vtrcks
- 1- and 2-dose COVID-19 vaccination coverage- IIS, immunization analytical

### B. Describe your jurisdiction's methods and procedures for monitoring resources, including:

- Budget

Maine CDC will monitor funding that has been issued for COVID-19 response efforts. Monitoring will include appropriate use of categorical funding to ensure that the intensions of the awarded funding meetings the criteria for the expenditure.

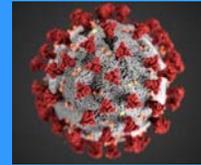
- Staffing

Monitoring workflow and resources within the Maine Immunization Program will be key for vaccine ordering and distribution. We are in the process of bringing on four contractors to assist in support for the IIS, Vaccine Management and Enrolling Providers. MIP has a request for quotes is being advertised to hire a Communications Staff. MIP has requested an individual to assist with the use of Tiberius., and we are adding funds to an additional contract to hire an individual to assist with working with pharmacies and to assist with program documentation. Daily morning calls are occurring within MIP to keep a pulse on planning, workflow and addressing any high priority concerns. PHN will work closely with ME Responds/MRC, EMS, and Schools of Nursing to supplement staffing needed to respond.

- Supplies

Regular monitoring and replenishment of supplies for clinics will ensure availability as needed. Monitoring the use of PPE throughout the response will proactively ensure that

# Maine Covid-19 Vaccination Plan



supplies, PPE and other items needing replenishment will ensure that scheduled clinics will be supplied. The Office Associates within the Public Health Nursing Division follow an operations protocol to ensure that supplies and PPE are monitor and replenished.

**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*

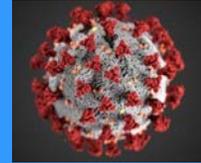
Maine CDC takes steps to ensure that proactive health promotional communications are received by the intended groups and are also effective at informing those groups and/or correcting misconceptions. Maine CDC uses a variety of approaches:

- Engage stakeholders prior to issuing communications to ensure that their feedback is reflected.
- Encourage feedback from constituents after messaging has been issued.
- Reviewing metrics such as the number of downloads, clicks, and viewers for messages placed in mass media.
- At a later date, looking at health outcomes to determine whether the message had the intended effect on health behavior.

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

- Monitoring Doses Administered and Inventory on hand will help determine the uptake of the vaccine and assist in analyzing what percentage of the population within each Public Health District has received a single dose or a completed series of the vaccine. PHN will reconcile after each clinic the number of doses given, as well as the single dose or completed series, with the inventory.
- We will be requesting from COVID-19 Vaccine Providers a list of open clinics and will be posting them on our website for the general public to has visibility on where they can receive a COVID-19 vaccination.
- We will be surveying the Hospitals after the first Phase 1a vaccine has been distributed and assess uptake and lessons learned to discuss quality improvement process to put into place for when additional vaccine is available.

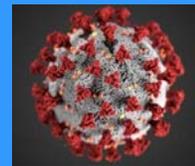
# Maine Covid-19 Vaccination Plan



**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.*

- We are in the process of developing a web site that will include:
  - Analytical Dashboard from information obtained in the IIS
    - Number of Doses Ordered
    - Number of Doses Administered
    - Number of Providers Enrolled with a COVID-19 Provider Agreement
    - Other information is being considered
  - A Provider Resource Area
    - Provider Agreement
    - EUA guidance
    - Educational Module
    - Vaccine Safety and Monitoring
    - Storage and Handling

# Maine Covid-19 Vaccination Plan



## Appendix A: Racial/Ethnic Minority COVID-19 Vaccination Plan

Maine’s approach to ensuring timely access to COVID-19 vaccine for members of racial/ethnic minority groups will evolve following consultations with members and leaders of those groups. This document and plan will be updated as those discussions and consultations occur. What is presented here is a strategic overview of how the State of Maine intends to engage with representatives from at-risk groups to ensure their needs are met from an education, outreach, access, and equity perspective.

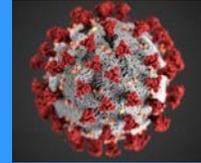
ECOVID-19 rates for racial and ethnic persons in Maine are disproportionately high. Even though this population accounts for roughly 5% of the population (see table below), this group accounts for 25% of COVID-19 cases in Maine.

MAINE RACE DATA		
<a href="#">Population estimates, July 1, 2019, (V2019)</a>		1,344,212
Race and Hispanic Origin	Population	% of Population
White alone	1,268,936	94.40%
Black or African American alone	22,852	1.70%
American Indian and Alaska Native alone	9,409	0.70%
Asian alone	17,475	1.30%
Other	1,334	less than 1%
Two or More Races	24,196	1.80%

Maine is placing special emphasis on ensuring all Mainers, especially those from diverse racial and ethnic backgrounds, have accurate information on COVID-19 vaccine and can access that vaccine, once available. Members of the Maine COVID-19 planning team have consulted with Tribal leaders, the Maine Migrant Health Program, and the District Liaisons and we acknowledge that more needs to be done to reach these populations.

Maine will work strategically with partners to meet the needs of ethnic minorities. Our approach will be to consult regularly with representatives of racial/ethnic minority communities to understand their needs, first and foremost, and build systems responsive to those needs in partnership with such groups. Much of this consultation and planning will occur via a working group specifically designed to address, understand, and plan for the needs of these populations across Maine.

# Maine Covid-19 Vaccination Plan



There are a variety of considerations this working group will discuss. In advance of the arrival of a COVID-19 vaccine, the group can help design, draft, and distribute educational materials on the importance and safety of vaccination generally, as well as the benefits of establishing a relationship with a health care provider. As a vaccine is slated for arrival in Maine, this working group can help understand and plan for the optimum way to encourage uptake of the vaccine at the community level. Specifically, the working group can address issues related to access to the vaccine, taking into account factors like transportation, geography, open hours of service. The working group can also provide guidance to Maine CDC on culturally appropriate means of communication around vaccine safety and efficacy.

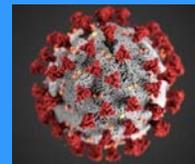
Collaborations with partners that are already engaged with these populations will help reach these groups in an effective manner (e.g., the Department of Health and Human Services' Health Equity Improvement Initiative). Maine will work with these partners to develop culturally appropriate messaging and outreach methods to serve these populations. Maine DHHS has been hosting monthly webinars for the provider community to address racial and ethnic disparities related to COVID-19 and will focus its November webinar on strategies to reduce vaccine hesitancy in communities of color. As well as working with current partners, the response team will the Public Health District Liaisons to identify other organizations that already providing outreach to racial and ethnic minorities.

Potential partners include, but not be limited to:

- Community Organizations led by and/or that serve minority populations
- Local offices of Minority Health and other public health organizations employing CHWs
- Other states: utilize resource developed by other states for racial and ethnic populations
- Churches and Religious organizations with racial and ethnic membership
- Tribal leaders and Health Centers
- Translation service providers

The working group will ensure minority groups are able access and seek out COVID-19 outreach services. It will monitor COVID-19 response activities to underserved populations such as ethnic and racial minorities, people experiencing homelessness, LGBTQ+, or other groups identified as potentially vulnerable. Tactically, the working group will utilize IIS data as well as applications such as Tiberius to monitor COVID-19 vaccination efforts and uptake. The working group will use these data to develop or modify their plan of action for outreach to special populations. The working group will also coordinate with Strike Teams and local healthcare facilities to connect minority groups with vaccination services.

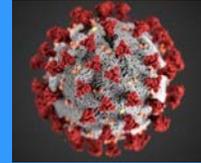
# Maine Covid-19 Vaccination Plan



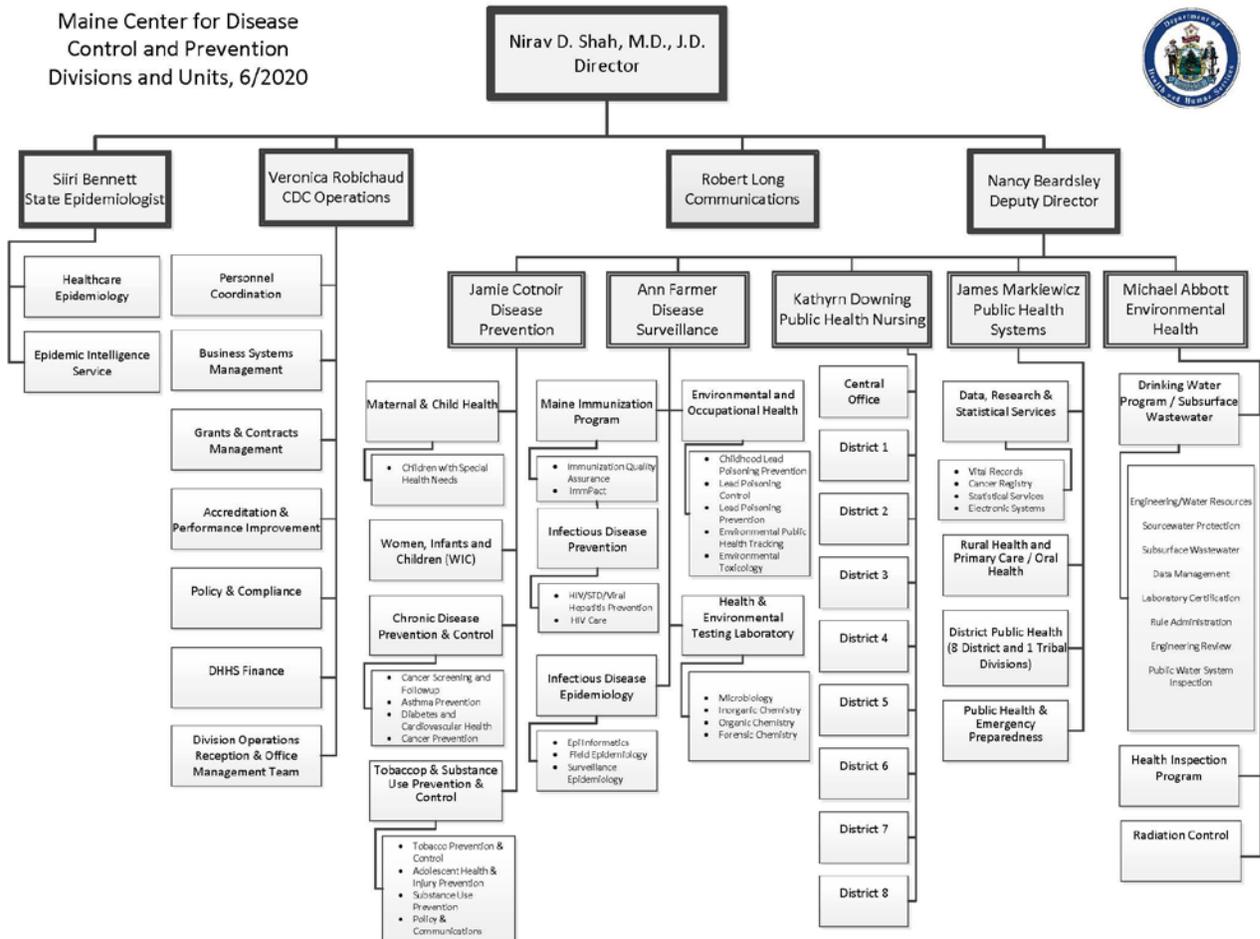
## Appendix B: Acronyms

COOP	Continuity of Operations Plan
DL	District Liaison
EMR	Electronic Medical Record
EMS	Emergency Management System
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
HCC	Health Care Coalitions
HETL	Health and Environmental Testing Laboratory
ICS	Incident Command System
IIS	Immunization Information System
IIS	Immunization Information System
LTCF	Long-Term Care Facility
MCH	Maternal and Child Health
MIP	Maine Immunization Program
PHEP	Public Health Emergency Preparedness
PHN	Public Health Nursing
POC	Point of Contact
POD	Point of Dispensation
RHC	Rural Health Center
SNF	Skilled Nursing Facility
VAMS	Vaccine Accountability Management System
VC	Vaccine Coordinator (role of District Liaison)
VFC	Vaccines for Children Program
VPD	Vaccine-preventable disease
WIC	Women, Infants and Children Program

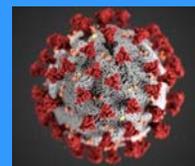
# Maine Covid-19 Vaccination Plan



## Appendix C: Organizational Chart



# Maine Covid-19 Vaccination Plan

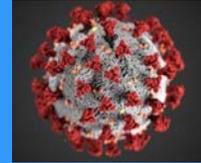


## Appendix D: Hospital Assessment Results

### Employees Type by Hospital

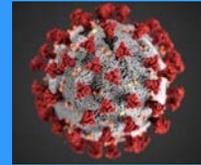
Hospital	Total number of on campus hospital employees:	A) Number of ICU employees	B) Number of Emergency Department employees	C) Number of OTHER high-risk exposure employees not captured in A or B	TOTAL Number of on campus employees with high-risk exposure to COVID-19	If you identified employees in question C OTHER, please define each department and provide employee numbers for each department:
Bridgton Hospital	181	0	25	9	34	Respiratory Therapy - 9
Calais Regional Hospital	143	0	33	5	38	Home Health - 6
Cary Medical Center	501	18	40	138	196	Respiratory - 7 Anesthesia- 10 OR- 22 Maternal Child- 22 Lab- 30 Environmental Services-22
Central Maine Medical Center	1180	63	66	21	150	Respiratory Therapy, 21
Down East Community Hospital	285	0	25	160	185	98 - nursing 4 - cardio 14 - lab 14 - imaging 9 - EVS 21 - medical staff
Franklin Memorial Hospital	775	19	72	138	229	Northstar Ambulance-69 Front desk/Screening-30 Ancillary Services-210
Houlton Regional Hospital	420	57	38	181	276	Office Practices-62 Lab-20 OR/ASU/Anes - 24 Radiology-23 Resp-5 Ldrp-14 Cardiac/pulm-rehab-5 Environmental serv.-21 Nursing supervisors- 7
Inland Hospital	700	20	50	0	70	NA
LincolnHealth	1142	24	38	76	138	Cardiopulmonary-13 Anesthesia- 5 Lab-28 Environmental services - 30
Maine Medical Center	9663	914	328	5910	7152	Hospital medicine/AIM Physicians, HM & GI APPs 128 Infectious Disease 8 Geriatrics 45 Palliative medicine 16 MMP Providers 1703 EVS/Linen 230 Patient Transport 56 Phlebotomy and lab 377 Surgeons/Anesthesia/APPs/CRNA's 299 OR and Peri OP staff 394 Sterile Processing 73 Inpatient Nursing including Dialysis 1481 Pediatric Hospitalists 17 Cath/EP/Echo/Stress/Endo 181 Residents 174 Radiology 114 Care Management 75 Pharmacy 282 Rehabilitation 93 Patient Access/admitting 28 MMC OP Specialty Clinics 136
MaineGeneral Medical Center	2674	64	177	457	698	Med/surg 1 West - 93; Anesthesia - 39; endoscopy - 44; Express Care - 66; Hospitalist - 49; Float Pool - 103; Respiratory Therapy - 29; Kennebec Pediatrics - 25; Winthrop Pediatrics - 9
MaineHealth Care At Home	392	0	0	392	392	Home Health Staff
Mid Coast Hospital	1400	42	79	490	611	EVS- 62 Imaging - 79 Inpatient Rehab - 10 Med Surg Nursing - 152 Hospitalist - 12 Critical Care Provider - 4 Anesthesia - 16 Lab Assistants - 18
Millinocket Regional Hospital	221	8	18	41	67	M/S: 35, Surgeon: 2 PA: 1, CRNAs: 3
Mount Desert Island Hospital	274	8	40	130	178	Anesthesia - 3, Admissions - 8, Cardiopulmonary 3, Med Surg - 35, Nursing Supervisors 5, Lab - 11,

# Maine Covid-19 Vaccination Plan



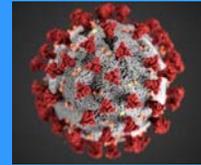
						Surgical Services 15, Obstetrics/pediatrics - 12, , Radiology 13, Environmental Services - 13, Nutrition Services - 12
New England Rehabilitation Hospital of Portland	268	0	0	0	0	None
Northern Light Acadia Hospital	752	0	0	388	388	Family Nurse Practitioners 11 Pediatric Inpatient 158 Adult Inpatient 78 Observation Unit 23 ECT 7 Infection Prevention 3 Education 2 Mood & Memory 3 Adult Med Mgmt 21 NTP 28 Pediatric Day Treatment 27 Nursing Admin 13 Child & Adol Ambulatory 11 IOP Therapy 1 Consult 2
Northern Light AR Gould Hospital	789	20	25	313	358	Hospitalists (7) Med/Surg (76) LBR/Peds (18) Anesthesia (10) OR (14) Recovery (5) DSU (17) EVS (32) Lab (33) Radiology (25) CV Lab (6) Respiratory (6) Ambulance (30) House Managers (7) OB Providers (6) Surgeons (13) Pulmonologists (2) Cardiology Providers (6)
Northern Light Blue Hill Hospital	181	5	17	94	116	Med Surg Unit 39; Primary Care 39; Providers (MD/DO, NP, PA) 13; Respiratory Therapists 3
Northern Light CA Dean Hospital	170	0	15	15	30	EMS Staff - 10 Testing Site Staff - 5
Northern Light Eastern Maine Medical Center	3102	361	114	1697	2172	48 Acute Rehab 28 Anesthesiology 41 Care Management 256 Cardiac 15 Critical Care Transport 32 Endoscopy 134 Environmental Services 108 Float Pool (RNs, CNAs) 253 Surgery 63 Hospitalists 13 IPC/ID 97 Interventional Lab 50 Labor and Delivery 74 Pediatrics 99 Inpatient Pharmacy 314 Inpatient Care Units 72 Imaging
Northern Light Home Care and Hospice	448	0	0	488	488	Home Health Staff
Northern Light Maine Coast Hospital	499	28	42	145	215	Cardiopulmonary-10, Anesthesia-12, Radiology-35, EMS-48, Physician services in ED and Hospitalist-40
Northern Light Mayo Hospital	425	0	35	368	403	Based on criteria from High Risk Worker from OSHA Worker Exposure Risk to Covid-19 (Osha.gov/Covid-19) Anesthesia 4 Cardiopulmonary 3 Central Sterile 3 NL Dover Fam. Med 22 Dietary 15 Education 3 EMS 44 Engineering 10 Housekeeping 21 Hospitalist 7 Lab 17 Laundry 1 MedSurg/SCU 42 Medical Assistants 14 MRI 1 NL Mayo Surgical Assoc. 6 NL Mayo Womens Health 4 Nursing Supervisors 7 Obstetrics 14 Oncology 2 OR 17 Orthopedics 6 Pharmacy 4 Rehab 15 Registration 10 Radiology 24 Risk Management 1 Soc. Serv. 4 Urology 2 Occ. Health 3 Criteria for determining High /risk Worker is derived from OSHA Worker Exposure Risk to Covid-19 (Osha.gov/Covid-19)
Northern Light Mercy Hospital	1182	17	78	399	494	Security: 36 Swab & Go & Resp Tent: 20 Walk In Care: 63 Inpatient: 225 RT: 20 Hospital Medicine: 35

# Maine Covid-19 Vaccination Plan



Northern Light Seabasticook Valley Hospital	275	12	30	138	180	Med Surg/SCU 40 OR 18 Ambulance 25 RT 4 Hospitalist 2 CRNA 8 Lab 23 Imaging 12 EVS 6 Primary Care - 4 locations 25
Northern Maine Medical Center	443	91	107	257	455	Cardiopulmonary, maintenance, nursing behavioral health, nursing operating room, nutrition, therapy services, environmental services, hospitalist, radiology, social services, lab, medical practice clinicians (float pool)
Pen Bay Medical Center	948	41	82	12	135	PBMC RESPIRATORY EVALUATION CENTER
Redington-Fairview General Hospital	736	20	125	100	245	Hospital based EMS - 35 Med-surg COVID unit - 65
Riverview Psychiatric Center	400	0	0	30	30	Nursing services, medical services, psychiatric services, pharmacy services.
Rumford Hospital	185	2	28	4	34	Respiratory Therapy 4
Southern Maine Health Care	2274	67	163	1944	2174	All employees who work in buildings that provide patient care including the practices, both medical centers (Biddeford and Sanford), Walk In Centers and eldercare facilities
Spring Harbor Hospital	543	0	0	543	543	Contracts Clinical Innovation 3 Facilities Admin 11 S H Academy 26 SHH 1 West Child 41 SHH 1East DD Unit 77 SHH 1NE Young Adult 42 SHH 1NW Adolescent 46 SHH 2 East Adult 62 SHH 2 West Adult 66 SHH Admin ANDV 3 SHH Admissions 16 SHH Clinical Programming 7 SHH Clinical Svc 32 SHH Dietary 23 SHH Enviro Svc 10 SHH Infectn Ctrl 1 SHH Med Staff 48 SHH Partial DD 5 SHH Pharmacy 11 SHH Reception 13 TOTAL 543
St Joseph Hospital	938	28	93	81	202	Cardio-Pulmonary Care Unit where patients with COVID-19 are admitted if not ICU level of care.
St. Mary's Regional Medical Center	1142	48	140	260	448	Peri-Operative-75; Endoscopy-18; Behavioral Emergency Department-45; Inpatient Psychiatry Units- 122
Stephens Memorial Hospital	656	13	65	54	132	Ambulance Personnel - 54
Waldo County General Hospital	637	25	68	12	105	WCGH RESPIRATORY CLINIC
York Hospital	760	25	65	95	185	Med/surg staff & hospitalists = 95
<b>TOTAL</b>	<b>37704</b>	<b>2040</b>	<b>2321</b>	<b>15585</b>	<b>19946</b>	If you identified employees in question 6C OTHER, please define each department and provide employee numbers for each department:

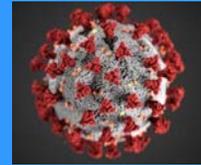
# Maine Covid-19 Vaccination Plan



## Long-Term Care Facility by Hospital

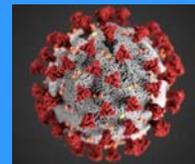
Hospital	List the names of ALL hospital owned long-term care facilities:	Number of hospital owned long-term care facility employees:	Number of hospital owned long-term care facility residents:	Number of all other off campus employees not captured above (ex. home health/hospice/hospital owned physician office staff)	Comments regarding Hospital Employee Numbers:
Bridgton Hospital	N/A	N/A	N/A	0	
Calais Regional Hospital	none	0	0	55	CRMS Offices and Patient Accounting
Cary Medical Center	L'Acadie -ICF-IID	25	9	0	These do not include unemployed medical staff, and most of our medical staff are employed by Pines Health Services and not the hospital.
Central Maine Medical Center	Bolster Heights Residential Care	73	84	1013	
Down East Community Hospital	n/a	n/a	n/a	75	
Franklin Memorial Hospital	NA	NA	NA	NA	NA
Houlton Regional Hospital	None	0	0	0	None
Inland Hospital	Lakewood LTC	50	78	0	
LincolnHealth	Coves Edge St. Andrews Village Chase Point	232	249	0	
Maine Medical Center	Saint Joseph's Rehabilitation and Residence	160	121	2268	MMC/MMP has a distributed campus with multiple locations on the hospital license. Values in Q5 take this into account. ICU includes NICU, PICU and all Adult Critical care areas. View all data as directional at this time due to the short timeframe for analysis.
MaineGeneral Medical Center	MaineGeneral Rehabilitation and Longterm Care at Glenridge; MaineGeneral Rehabilitation and Longterm Care at Gray Birch; MaineGeneral Alzheimer's Care Center	410	264	1505	
MaineHealth Care At Home	NA	NA	NA	392	Coastal Region 142 Cumberland County 116 York County 134
Mid Coast Hospital	Mid Coast Senior Health Center	181	84	544	
Millinocket Regional Hospital	0	0	0	18	Off Campus employees: 7 would be at high risk as they perform the majority of the Covid testing at our Walk-In Clinic.

# Maine Covid-19 Vaccination Plan



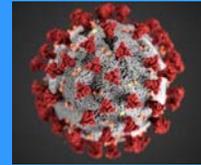
Mount Desert Island Hospital	Birch Bay Retirement Village	1	85	240	
New England Rehabilitation Hospital of Portland	None	0	0	0	None
Northern Light Acadia Hospital	None	0	0	55	None
Northern Light AR Gould Hospital	Northern Light Continuing Care - Mars Hill	100	60	32	Off campus high risk employees as below: Walkin Care (18) Dialysis Center (14)
Northern Light Blue Hill Hospital	None	0	0	39	We are a small Critical Access Hospital and many of our RN's are cross trained to work in all three areas - ED, Med Surg and ICU
Northern Light CA Dean Hospital	None	0	0	20	None
Northern Light Eastern Maine Medical Center	None	0	0	1114	None
Northern Light Home Care and Hospice	None	0	0	448	Member Organization Home Care & Hospice Location High Risk NLH-HC&H Employees to Be Added Mercy South Portland 187 Inland Waterville 37 EMMC Bangor 82 MCH Ellsworth 48 AR Gould Houlton 24 AR Gould Presque Isle 70 TOTAL 448
Northern Light Maine Coast Hospital	None	0	0	150	None
Northern Light Mayo Hospital	None	0	0	45	Criteria for determining High Risk Worker is derived from SHA Worker Exposure Risk to COVID-19 (Osha.gov/covid-19)
Northern Light Mercy Hospital	None	0	0	478	None
Northern Light Sebecook Valley Hospital	None	0	0	0	Other departments may be required to assist in high risk areas on intermittent basis if called upon in urgent situations.
Northern Maine Medical Center	Forest Hill	1	45	176	None
Pen Bay Medical Center	QUARRY HILL KNOX CENTER	287	186	326	Team members working in the practices including the main campus and offsite locations; includes RNs, MAs, PSRs, Providers and Midlevels, Practice Managers, Office Coordinators, Coders, Social Worker
Redington-Fairview General Hospital	None	0	0	39	RFHG has a dedicated unit for COVID patients not requiring critical care

# Maine Covid-19 Vaccination Plan



					outside of our intensive care unit The number in 6B includes phlebotomy, respiratory and environmental service staff along with providers and nurses. 6A is only providers and nurses, as the ancillary staff would be double counted otherwise.
Riverview Psychiatric Center	None	0	0	12	We have an additional 12 staff who care for Out Patient Services in the community
Rumford Hospital	Rumford Community Home	111	80	0	None
Southern Maine Health Care	Newton Center for Rehabilitation and Nursing (NC) Mayflower Place Assisted Living (MP)	88	91	100	Practice staff are included in high risk. Total numbers include 23 independent providers.
Spring Harbor Hospital	None	0	0	672	None
St Joseph Hospital	None	0	0	372	None
St. Mary's Regional Medical Center	d'Youville Pavilion	150	192	401	99% of physicians and APPs that work at St. Mary's are employed and included in these numbers
Stephens Memorial Hospital	None	0	0	0	None
Waldo County General Hospital	None	0	0	266	Team members working in the practices including the main campus and offsite locations; includes RNs, MAs, PSRs, Providers and Midlevel's, Practice Managers, Office Coordinators, Coders, Social Workers
York Hospital	None	0	0	350	None

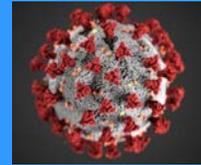
# Maine Covid-19 Vaccination Plan



## Vaccine Capacity by Hospital (Part 1)

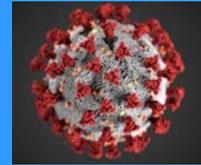
Hospital	Does your hospital have ultra-low temperature vaccine storage capacity for -70C?	Does your hospital have frozen vaccine storage capacity for -20C?	Does your hospital have refrigerated vaccine storage capacity for 2-8C?	Does your hospital have access to dry ice?	Please indicate the storage space available for ultra-low temperature, frozen and refrigerated COVID-19 vaccines:	Comments regarding Vaccine Storage Capacity:	Does your hospital have the ability to administer COVID-19 vaccine to all employees indicated to be at high-risk within 10 days of receiving the vaccine?	Please estimate the number of employees that could be vaccinated per day for COVID-19:
Bridgton Hospital	No	Yes	Yes	No	Ultra-low - No Frozen - 2x2x2 ft Refrigerated - 1x3x3	Depending on the amount of vaccine we'd be required to store at one time, we would need an additional freezer and refrigerator.	Yes	125+
Calais Regional Hospital	Yes	Yes	Yes	No	CRMS/medical Office - 1.7cu ft freezer		Yes	100
Cary Medical Center	No	Yes	Yes	No	Ultra-Low temp - none Frozen - 2 cubic feet Refrigerated - 16 cubic feet	Regarding dry ice, we used to make our own dry ice for shipping specimens. However, the shipper now supplies the dry ice and so we no longer produce it. We likely could produce it again if needed though.	Yes	100 plus
Central Maine Medical Center	Yes	Yes	Yes	Yes	Ultra-low temp: 2 cu ft, see comments below Frozen: 2 X 2 X 1 ft Refrigerator: Ample space (>8 cu ft)	CMMC's research department has a 2 cu ft, -80C freezer CMMC's laboratory has a small ultra-low temp freezer with perhaps 1 cu foot of space depending on availability	Yes	300
Down East Community Hospital	No	Yes	Yes	No	0 - ultra low 500 - frozen 3000 - refrigerated		Yes	all
Franklin Memorial Hospital	No	Yes	Yes	No	Ultra-0 Frozen-4 cubic ft Refrigerated- 20 cubic ft	NA	Yes	300
Houlton Regional Hospital	No	Yes	Yes	Yes	Limited space currently due to Flu vaccine, storage is mostly available for refrigerated vaccine.	Will depend on packaging - prefilled boxes vs vials etc..	Yes	50-100
Inland Hospital	No	Yes	Yes	No	None for Ultra low 1 large freezer 2 large refrigerators		Yes	100

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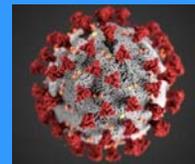
LincolnHealth	No	Yes	Yes	No	Freezer/refrigerator space is limited.	Would prefer several smaller shipments of vaccine(i.e. 2-3 week supply at a time.	Yes	200
Maine Medical Center	Yes	Yes	Yes	Yes	-70C: 25 cubic feet -20C: 20 cubic feet 2-8C: Walk in 50 cubic feet, Back up walk -in 350 cubic, 3 additional with 56 cubic feet each	Dry Ice shipments are weekly and require an advance order	No	200
MaineGeneral Medical Center	No	Yes	Yes	No	None for ultra-low; Frozen with 1 full-size freezer can be made available and is approximately 14 cu ft; refrigerator 1 full-size can be made available and approximately 7.5 cu ft	Storage depends on how the vaccine is packaged (vials vs pre-filled syringes)	Yes	300
MaineHealth Care At Home	No	No	No	No	NA	MaineHealth Care At Home will rely on the MaineHealth system for approved vaccine storage capacity.	Yes	100-110 per day or more
Mid Coast Hospital	No	Yes	Yes	No	0 cubic feet, 16 cubic Feet, 12 cubic feet respectively	space is a concern	Yes	400 daily
Millinocket Regional Hospital	No	Yes	Yes	No	We currently have one refrigerator in our Pharmacy that houses our medications. We also have additional storage in a refrigerator in one of our Primary Care Offices on campus.	Freezer space would be very limited.	Yes	150
Mount Desert Island Hospital	No	Yes	Yes	Yes	Ultra low - 0 Frozen - 2000 Refrigerated 4000 +	Could get an ultra-low if needed	Yes	200
New England Rehabilitation Hospital of Portland	No	Yes	Yes	No	Ultra-low temperature none, full size freezer for frozen and 2 full shelves of double door refrigerator	N/A	Yes	50 or more
Northern Light Acadia Hospital	No	No	Yes	No	12 cubic feet - refrigerated storage	Will partner with NL EMMC for vaccine storage.	Yes	100
Northern Light AR Gould Hospital	No	Yes	Yes	Yes	Ultra-low (0) Frozen (5.5 cubic ft) x2 Refrigerated - 1364 L (one large double door unit)	Dedicated double door refrigerator for vaccine storage recently purchased. System discussions of purchasing deep freezers but decision to wait until storage needs confirmed.	Yes	200

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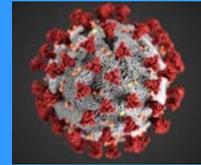
Northern Light Blue Hill Hospital	No	No	Yes	No	NA	Very limited storage capacity	Yes	100
Northern Light CA Dean Hospital	No	Yes	Yes	Yes	None	NONE	Yes	30
Northern Light Eastern Maine Medical Center	No	Yes	Yes	Yes	Have access and space for 2000 vaccines in -20C freezer Have access and space for over 1000 vaccines in refrigerator		Yes	TBD - Dependent upon protocol for administration of the vaccine
Northern Light Home Care and Hospice	No	No	Yes	Yes	Refrigerated 2 refrigerators 5.4cu feet We also have a large 19 cu. ft LOCKED vaccine refrigerator	We also have vaccine/scientific refrigerators is the following offices: So. Portland Waterville Bangor Ellsworth PI	Yes	We could vaccinate all of our staff in 1-2 days (those who will accept it)
Northern Light Maine Coast Hospital	No	No	Yes	No	We have access to a large spare refrigerator which can hold 2000 doses. We do have freezers in our lab and pharmacy but they are small and already have other products in them.	We have limited storage capacity.	Yes	100
Northern Light Mayo Hospital	No	No	Yes	Yes	a single unit measuring 21"W x 22" D x 48"H for storage at temp of 2-8C	No further comments	Yes	100
Northern Light Mercy Hospital	Yes	Yes	Yes	Yes	One 3 cubic foot ultra low chest freezer in Wound Care at State Street location One 3 cubic foot ultra low chest freezer in OR at Fore River site	One extra refrigerator purchased and in place at Fore River campus for extra vaccine capacity in Pharmacy	Yes	100 per day
Northern Light Sebecook Valley Hospital	No	No	Yes	No	refrigerated space only in pharmacy and medication rooms in med surg, ED, OR and primary care offices		Yes	30
Northern Maine Medical Center	No	Yes	Yes	Yes	no ultra low temperature vaccine storage available frozen vaccine storage available-2 refrigerated vaccine storage available-15	Dry ice can be purchased and delivered but do not currently have means of storage in house at this time.	Yes	45
Pen Bay Medical Center	No	No	Yes	No	MINIMAL SPACE	NONE	Yes	200 PER DAY
Redington-Fairview General Hospital	No	Yes	Yes	Yes	Freezer -20C - 18 ft3 Refrigerator - 24 ft3		Yes	100

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Riverview Psychiatric Center	No	No	Yes	No	We have 11.5 cubic feet of storage space at 2-8 C		Yes	50
Rumford Hospital	No	Yes	Yes	No	Ultra-low - No Frozen - Small space Refrigerated - Ample		Yes	125+
Southern Maine Health Care	No	Yes	Yes	No	Available ultra-low storage space 0 cf Available frozen storage space 10 cf Available refrigerated storage space 23 cf	If necessary would be willing to reallocate products to make additional space available	Yes	300 per day
Spring Harbor Hospital	No	No	Yes	No	Approximately 1500		Yes	200
St Joseph Hospital	No	Yes	Yes	No	Pharmacy freezer - 20C, Pharmacy refrigerator		Yes	100
St. Mary's Regional Medical Center	No	Yes	Yes	No	20-23 cubic feet-frozen 100 cubic feet- refrigerated		Yes	300
Stephens Memorial Hospital	No	No	No	No	N/A	Additional refrigerator/freezer storage capacity would be required.	Yes	150
Waldo County General Hospital	No	No	Yes	No	MINIMAL SPACE	NONE	Yes	200 PER DAY
York Hospital	No	Yes	Yes	Yes	One -20 degree Celsius refrigerator currently used for skin grafts in Surgery Center. All other med refrigerators are 2-8 degrees Celsius		Yes	100

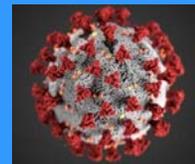
# Maine Covid-19 Vaccination Plan



## Vaccine Capacity by Hospital (Part 2)

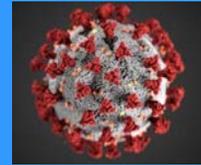
Hospital	The Maine Immunization Program requires that all state-supplied vaccine administration data be documented within the Maine Immunization Information System (ImmPact). Does your hospital have the ability to report vaccine administration data in ImmPact at a per patient dose level?	Comments regarding Vaccine Administration:	Does your hospital have the ability to provide closed clinics (invitation only) for individuals identified in Phase 1A?	Does your hospital have the ability to provide mobile clinics for individuals identified in Phase 1B?	Does your hospital have the ability to provide open clinics for the general population for future COVID-19 Phases?	If yes, how many people a day could your hospital vaccinate?
Bridgton Hospital	Yes		Yes	No	Yes	30
Calais Regional Hospital	Yes	NONE	Yes	Yes	Yes	50
Cary Medical Center	Yes	We have experience vaccinating our community in large clinics for Hepatitis A, and can logistically manage a large scale vaccination program.	Yes	Yes	Yes	200
Central Maine Medical Center	Yes		Yes	No	Yes	50
Down East Community Hospital	Yes		Yes	No	No	
Franklin Memorial Hospital	Yes	Our hospital has the ability to report vaccine administration data in IMMFACT for most of our patients. We are currently assessing the feasibility of reporting vaccine administration data in IMMFACT for our employees.	Yes	Yes	Yes	300
Houlton Regional Hospital	Yes	Currently Pediatric office and Ldrp are the only areas that use ImmPact	Yes	No	Yes	64
Inland Hospital	Yes		Yes	Yes	Yes	500
LincolnHealth	Yes		Yes	Yes	Yes	200-250
Maine Medical Center	Yes	Our hospital has the ability to report vaccine administration data in ImmPact for most of our patients. We are	Yes	No	No	

# Maine Covid-19 Vaccination Plan



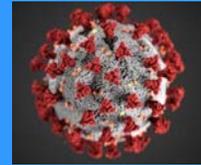
		currently assessing the feasibility of reporting vaccine administration data in ImmPact for our employees.				
MaineGeneral Medical Center	Yes	1) Manual data entry for ImmPact if done by RN's will slow VAX administration; (2) Single-dose vials will slow administration; (3) Reconstitution of VAX will slow administration; (4) Additional RN/admin staff will speed up administration; (5) This is a new VAX, having employees wait 15 minutes after VAX will slow things down as well (especially with social distancing considerations)	Yes	No	Yes	TBD, need more details on what we need to do operationally with the vaccine and exactly how it is coming to us, etc.
MaineHealth Care At Home	Yes	MaineHealth Care At Home would participate with MaineHealth in use of ImmPact.	Yes	Yes	Yes	100 per division (300 per day total)
Mid Coast Hospital	Yes		Yes	Yes	Yes	250
Millinocket Regional Hospital	Yes		Yes	Yes	Yes	200+ with appropriate staff.
Mount Desert Island Hospital	Yes		Yes	Yes	Yes	200
New England Rehabilitation Hospital of Portland	No	We have the ability to use ImmPact but we do not have access at this time.	Yes	No	No	N/A
Northern Light Acadia Hospital	No	NONE	Yes	No	No	N/A
Northern Light AR Gould Hospital	Yes	Possibly could increase number based on urgency.	Yes	Yes	Yes	300-400
Northern Light Blue Hill Hospital	Yes	NONE	Yes	No	Yes	100
Northern Light CA Dean Hospital	Yes	NONE	Yes	Yes	Yes	25
Northern Light Eastern Maine Medical Center	Yes	NONE	Yes	No	Yes	TBD - Dependent upon protocol for administration of the vaccine
Northern Light Home Care and Hospice	Yes	We have a long of history of providing vaccination clinics to the community, senior centers,	Yes	Yes	Yes	We frequently run community clinics and have vaccinated hundreds of people in a few hours

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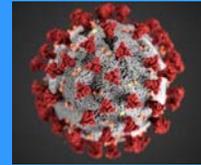
		housing authorities, schools, business, long term care facilities, group homes and individual home. We have a team that is already up and running and available to do this work. We have many long standing relationships with all of the groups listed above including EMS providers and community paramedic programs.				
Northern Light Maine Coast Hospital	Yes	ImmPact documentation is set up with our outpatient practices.	Yes	No	Yes	100
Northern Light Mayo Hospital	No	Currently working to gain the ability to report through IMMFACT	No	No	No	N/A
Northern Light Mercy Hospital	No	Provide closed clinics for employees; Collaboration with our employee health provider and add local nursing resources.	Yes	Yes	Yes	144
Northern Light Sebasticook Valley Hospital	Yes	It is my belief that vaccination administration data flows from Cerner to ImmPact. We do not document directly into ImmPact.	Yes	Yes	Yes	unable to assess at this time
Northern Maine Medical Center	Yes	NONE	Yes	No	Yes	45
Pen Bay Medical Center	Yes	NONE	Yes	Yes	Yes	100 +/-
Redington-Fairview General Hospital	Yes	Among the hospital based primary care offices and the pharmacy - we have 5 different ImmPact accounts.	Yes	Yes	Yes	300
Riverview Psychiatric Center	Yes	NONE	No	No	No	N/A
Rumford Hospital	Yes	NONE	Yes	No	Yes	30
Southern Maine Health Care	Yes	Our hospital has the ability to report vaccine administration data in ImmPact for most of our	Yes	No	Yes	300

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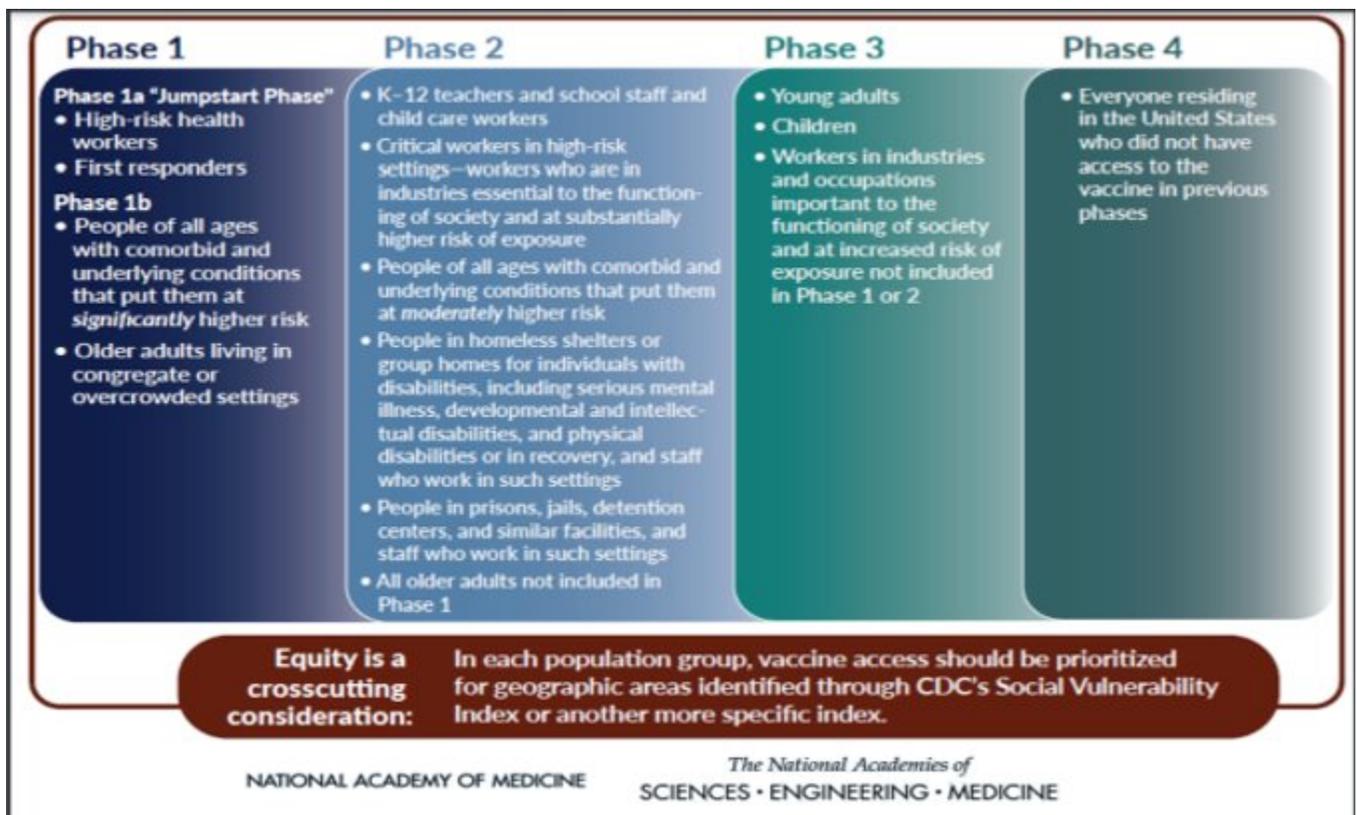
		patients. We are currently assessing the feasibility of reporting vaccine administration data in ImmPact for our employees				
Spring Harbor Hospital	Yes	In February 2021 Spring Harbor will transition to EPIC and will be able to report as outlined above.	No	No	No	N/A
St Joseph Hospital	Yes	NONE	Yes	Yes	Yes	50
St. Mary's Regional Medical Center	Yes	NONE	Yes	Yes	Yes	would source to meet demand
Stephens Memorial Hospital	Yes	Our hospital has the ability to report vaccine administration data in ImmPact for most of our patients. We are currently assessing the feasibility of reporting vaccine administration data in ImmPact for our employees.	Yes	No	Yes	250
Waldo County General Hospital	Yes	NONE	Yes	Yes	Yes	50+/-
York Hospital	Yes	NONE	Yes	Yes	Yes	50

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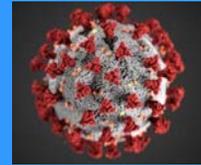
## Appendix E: Draft Prioritization Framework for Consideration

Pasted below is the framework developed by the National Academy of Science, Engineering, and Medicine for prioritization of COVID-19 vaccines. This draft framework is currently under discussion in Maine. As with much of COVID-19 vaccine planning, this framework could change based on the efficacy and order in which different candidate vaccines are approved. If so, this draft framework could be changed to reflect which vaccines are available at the time.



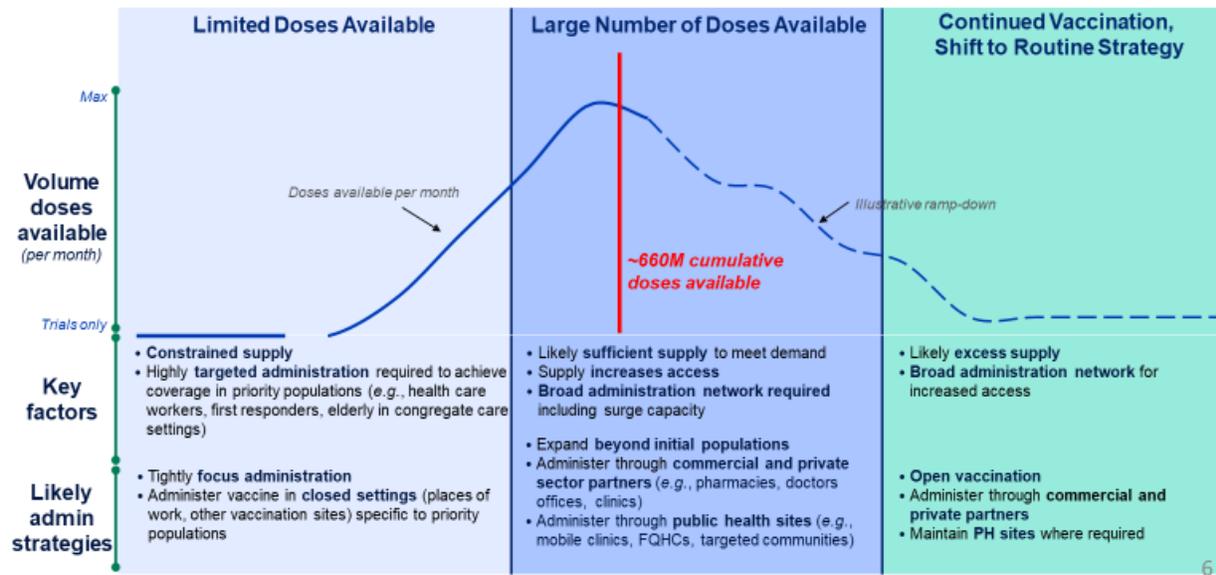
NASEM, Framework for Equitable Allocation of COVID-19 Vaccine, 10/2/2020

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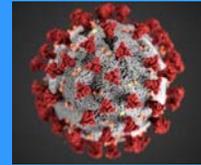


## Appendix F: Phased Approach to COVID-19 Vaccine Distribution

### Phased Approach: Distribution Will Adapt as Vaccine Doses Increase, Moving from Targeted to Broader Populations

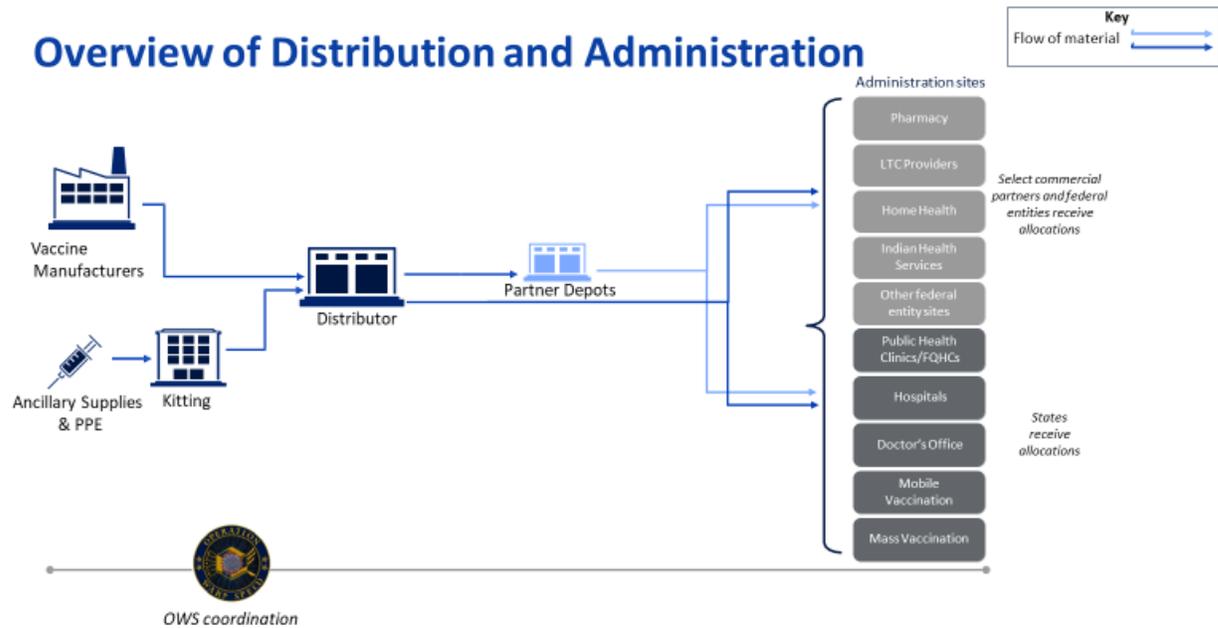


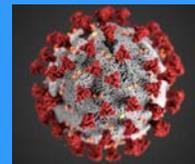
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## Appendix G: COVID-19 Vaccine Distribution and Administration

### Overview of Distribution and Administration





## Appendix H: COVID-19 Vaccine Communication Strategies

**Communication, community engagement, and cultural competency will be critical to robust vaccine uptake**



**Our efforts will prioritize** targeted messaging, community engagement and support, and culturally competent interventions **to promote equitable acceptance and uptake of adult immunizations.**



### **Targeted Communication**

Epidemics do not increase vaccine acceptance in racial or ethnic minorities, meaning targeted communication from trusted messengers remains necessary. When a vaccine is new, data on safety or risks are limited, and negative informal messaging occurs



### **Community Engagement**

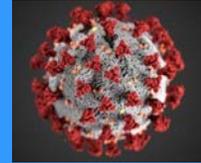
Sustained community engagement is key in identifying the education and support required to implement health efforts—especially in communities that face instability with basic needs, such as employment, food, shelter, and clean water



### **Cultural Competency**

Health care staff and first responders should provide culturally competent messaging and care—and include minority groups in planning—to encourage equitable engagement and outcomes in a pandemic response

# Maine Covid-19 Vaccination Plan



## Appendix I: COVID-19 Vaccine Data Reporting/Analysis

