



DENVER
THE MILE HIGH CITY

COVID-19 Vaccination Plan

02/19/2020
Version 1.3



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SECTION 1: RECORD OF CHANGES

Date	Description of Change	Who approved change?
02 DEC 2020	Developed	Zimmerman
07 DEC 2020	Revised based on CCD input	Zimmerman
	Approved	Zimmerman
28 JAN 2021	Revised to reflect State’s Prioritization Guidance, released 12/30/2020; Inclusion of EOC activation; Inclusion of CCD Vaccination Equity Plan	Zimmerman
10 FEB 2021	Revised to reflect CCD Vaccination Strategy	Zimmerman and Powell
19 FEB 2021	Approved	Evan Dreyer (EOC Director)



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SECTION 2: INTRODUCTION

2.1 PURPOSE AND SCOPE

The City and County of Denver (the City) is committed to an equitable, organized and efficient response to support and coordinate the allocation, staging, distribution and administration of COVID-19 vaccine.

This plan is organized to align with CDPHE's three-phase plan.

Phase 1: Limited Doses Available (Priority Population Vaccination)

Phase 2: Large Number of Doses Available (Provider-managed Vaccination)

Phase 3: Sufficient Supply (Mass Vaccination)

This plan outlines initial activation of CDPHE and Local Public Health Agencies for allocation, staging, distribution and administration of COVID-19 vaccine for each phase of vaccination.

2.2 AUTHORITIES AND REFERENCES

The following legal authorities underpin this strategy:

- Denver City Charter § 2.12.1-2.12.5
- Chapter 16 of the D.R.M.C
- State of Colorado's COVID-19 Vaccination Plan
- Denver Emergency Operations Plan
- Denver Department of Public Health and Environment All-Hazards Emergency Operations Plan

2.3 PLANNING ASSUMPTIONS

The City has based this strategy on several key principles and planning assumptions. These assumptions and principles are enumerated in this section.

2.3.1 GUIDING PRINCIPLES

- The City has adopted the State of Colorado's vaccination priorities:
 - How we can save the most lives.

- Ending the crisis that has been brought about by the pandemic as quickly as possible.
- The Denver healthcare system is best equipped to manage the COVID-19 vaccine and should be the primary method of distribution and administration. However, City resources may be needed to manage shortfalls and reach key populations.
- The City will prioritize equity in its vaccination decisions. This will include the needs of persons experiencing homelessness.
- The City will endeavor to align with state guidance to the highest degree possible when prioritizing and administering the vaccine.
- The City will endeavor to coordinate and align with other Local Public Health Agencies in the metro area in administration of the vaccine to reduce geographic disparities and inequities in process.

2.3.2 ASSUMPTIONS

- Denver is part of Colorado’s North Central Region (NCR). The NCR Public Health Committee will coordinate regional planning to ensure efficient, safe and organized distribution and administration of vaccine across jurisdictions. NCR planning and response is designed to be a guide for a structured, and cohesive regional response, but no jurisdiction is required to participate in NCR regional coordination.
- Colorado Department of Public Health and Environment (CDPHE) is the lead planning agency for COVID-19 vaccination allocation, staging, and distribution.
- Denver Department of Public Health & Environment is responsible for coordinating and ensuring administration of vaccination, and the Denver Emergency Operations Center (EOC) has been activated in support of that mission.
- COVID-19 vaccine has been approved through Emergency Use Authorization (EUA) and use has been reviewed and approved by the CDC Advisory Committee on Immunization Practices (ACIP).
- Colorado Governor’s Expert Emergency Epidemic Response Committee (GEEERC) has reviewed and approved the deployment and use of COVID-19 vaccine.
- This plan is a living document and will be updated as needed to reflect changes in the vaccine supply, state/federal guidance, and local needs.

- It is estimated that the Denver healthcare system can administer approximately 40,000 doses of COVID-19 vaccine per week across pharmacies, hospital systems, clinics, and other healthcare partners. Denver will continue to update this estimate based on information provided by healthcare providers.

SECTION 3: CONOPS

3.1 ACTIVATION

3.1.1 REGIONAL COORDINATION CALL

Upon receipt of notification from CDPHE that vaccine has been distributed/staged, the NCR will activate the NCR Command and Control Appendix to gain overall regional situational awareness, coordinate incident response activities, and prioritize resources during a multi-jurisdictional incident in the North Central Region of Colorado.

If only one jurisdiction receives notification of distribution/staging of vaccine, that jurisdiction should convene the Regional Coordination Call.

3.1.2 PARTNER AGENCIES

Upon completion of initial NCR Regional Coordination Call, a summary will be drafted and sent to the following groups:

- NCR/CRI Public Health Committee
- NCR Hospitals
- NCR EMS

DDPHE will also forward this information to the Denver vaccination planning team. Additional communication needs will be addressed as needed.

3.1.3 EOC ACTIVATION

Denver EOC will be activated to support vaccination efforts, including Local, Regional, State and Federal partner coordination.

EOC Activation: 01 February 2021

3.2 PRIMARY VACCINATION STRATEGY

Denver has a three-point strategy for vaccination. Each of the components of the strategy will be implemented simultaneously to ensure an effective communitywide vaccination approach. While this three-point strategy is Denver's primary focus, the City will also support other vaccination efforts in the community as resources allow.

Support the existing community healthcare system: CCD will continue supporting existing healthcare systems in accessing vaccine, including pharmacies and neighborhood clinics. We will build toward broad availability of vaccine at trusted and known healthcare sites that are already in the community.

Bridge healthcare system gaps by establishing consistent community vaccination sites: CCD will partner with Community Partners and healthcare providers to establish long-term community vaccination sites in communities without adequate access to existing healthcare infrastructure. These sites will operate for the next six months at one location to ensure no neighborhood lacks a known and consistent vaccination site.

Use mobile vaccination teams to bridge any remaining equity gaps: CCD will reach organizations and community partners that are unable to access healthcare infrastructure or community vaccination sites by using Mobile Vaccination Teams. These teams will focus on equity and will provide on-site vaccine to community groups that may have barriers to healthcare access. The goal of these teams is not to vaccinate large numbers of people, but to ensure gaps remaining are addressed.

CCD is exploring ways to utilize existing home-health providers and the MVT to reach those with access and functional needs that may not be able to travel to a site to be vaccinated.

3.2.1 EXISTING HEALTHCARE SYSTEMS

Hospitals and Healthcare Systems

- Large healthcare and hospital systems have opened vaccination appointments to eligible individuals regardless of insurance status or healthcare system affiliation.
- Healthcare and Hospital Systems are partnering with specific eligible groups to ensure rapid vaccination of eligible individuals
 - CCD will ensure all licensed Early Childhood Education, Pre-K through 12 schools, and childcare facilities are partnered with a provider
 - Denver Public School educators and support staff are partnering with Children’s Hospital Colorado and other healthcare systems
- CCD is coordinating with Healthcare systems to establish additional clinic locations within communities/neighborhoods with limited healthcare infrastructure, in partnership with existing community leaders and organizations.

Pharmacies

- Safeway Pharmacy is partnering with CCD to provide priority vaccination to Denver healthcare workers
- Pharmacies are responsible for screening individuals to identify eligibility
- Federal Pharmacy Program is activating in early to mid-February – federal government will provide direct allocation to retail pharmacy partner locations to increase broad access to vaccine for eligible individuals

FQHC and Community-Based Clinics

Partnering with the State of Colorado and Colorado Department of Public Health & Environment (CDPHE) to ensure Community Based Clinics and Federally Qualified Health Centers receive adequate allocation of vaccine to provide to the communities they serve.

3.2.2 COMMUNITY VACCINATION SITES

Community Vaccination Sites will be established to provide stable and predictable access to vaccine in communities without adequate access to existing healthcare infrastructure. Community Vaccination Sites are established by CCD in partnership with an identified community partner and vaccine provider.

Mission: Establish five or more long-term sites to consistently serve priority neighborhoods with limited access to vaccine through existing healthcare systems.

Strategy: Identify a Provider and Community Partner(s) for each site to operate vaccination event one day per week, with potential to scale up to additional days per week.

Roles and Responsibilities:

CCD

- Facility coordination
- On-site staff support
- Registration support
- Signage

Community Partner

- Coordinate outreach to specific populations and share registration information
- Information sharing for second dose
- Identify locations for clinics, in partnership with CCD
- Message to community information about vaccine and vaccination resources
- Serve as trusted agents and support recruitment and scheduling for community-based vaccination efforts

Provider

- Vaccine management (acquisition, transport, storage, ancillary supplies)
- Vaccine provision with state-approved IM injection provider
- Pre-Registration and on-site check-in
- Second dose follow up

3.2.3 MOBILE VACCINATION TEAMS

To support vaccination within Phase 1, CCD in partnership with Denver Public Health will create Mobile Vaccination Teams. This resource will be available by request through the Denver EOC, and program may be scaled as needed.

Mission: Provide COVID-19 vaccine access to eligible groups in order to address barriers to access and identified gaps within the existing healthcare infrastructure.

Equity: EOC Liaison Section will work with City and other partners to identify strategies and ensure equitable deployment of MVT. The City intends to reach organizations that are unable to access healthcare infrastructure or community vaccination sites by using MVT. These teams will focus on equity and go onsite to provide vaccine to community groups and individuals that may have barriers to healthcare access. The goal of MVT is not to vaccinate large numbers of people, but instead deploy an equity focused approach to intentionally address racial and ethnic disparities impacting communities of color, older adults, people with disabilities, and our immigrant and refugee communities based on the increased risk of Covid-19 hospitalization and rates of death. (See Attachment: CCD Vaccination Equity Strategy)

Team Activation: EOC will manage assessment of need and will support deployment.

In addition to Denver MVTs, CDPHE has created a Vaccination Support Team (VST). LPHAs can request VST deployment by completing the VST Request Form. DDPHE can utilize the VST to support local vaccination efforts, including support with vaccination of Healthcare Workers in Phase 1. Schedule for the CDPHE VST is available online and may be used to assess ongoing availability.

CDPHE Equity Team has created an Application for Community-Based COVID Vaccine Clinics. Community partners can use this resource to apply for CDPHE-managed clinics at the community partner's location.

3.2.4 AT-HOME VACCINATION

CCD recognizes the need to provide at-home vaccination for individuals who have access and functional needs and may have significant barriers to accessing vaccine at a location outside of their home / place of residence. CCD is exploring several options, including using Mobile Vaccination Teams and existing home healthcare providers to reach those that cannot leave their home.

3.3 CCD COVID-19 VACCINATION EQUITY STRATEGY

CCD COVID-19 Vaccination Equity Strategy:

Building broad-based, neighborhood access to the COVID-19 vaccine

Overview: Currently, the State of Colorado manages the state-wide prioritization of individuals and groups eligible for COVID-19 vaccine, as well as the allocation of vaccine doses to enrolled providers. The City and County of Denver has developed the following strategies to intentionally address racial and ethnic disparities impacting communities of color, older adults, people with disabilities, and our immigrant and refugee communities impacted by COVID-19 to provide equitable, low-barrier access to vaccine.

Equity Definition: Equity is defined as a systemic endeavor, resulting in equitable opportunities where race and ethnicity can no longer be used to predict life outcomes that emerge from contracting COVID-19.

Barriers: We continue to hear from community leaders and individuals across the metro region that there is often not enough information available, information is difficult to find or digest, and the registration process is online and difficult to navigate. We also hear frequently about vaccine hesitancy, stemming from government mistrust and historic mistreatment of communities of color by the healthcare system.

Because of these barriers, the City is committed to working with the community and our partners to identify locations and systems that address geographic barriers, utilize venues that are familiar and comfortable to communities, establish and promote easy registration, and support access to information through both web-based system and phone assistance.

Language Considerations: CCD will work with Community Partners to ensure translated materials and on-site interpretation is available for vaccination clinics.

Resources may include:

- Language Line (telephone interpretation for hundreds of languages)
- Translated fact sheets
- On-site interpreters (provided by healthcare system or community partner)
- Community navigators / trusted community leaders

Vaccination Strategies

Community Partnerships:

Relying on existing Community Partnerships to:

- Identify communities with limited access to vaccine and who have barriers to accessing care
- Identify locations for clinics, in partnership with CCD

- Message to community information about vaccine and vaccination resources
- Serve as trusted agents and support recruitment and scheduling for community-based vaccination efforts

Partnering with the State of Colorado and Colorado Department of Public Health & Environment (CDPHE) to ensure Community Based Clinics and Federally Qualified Health Centers receive adequate allocation to vaccine to provide within the communities they serve.

Mobile Vaccination Teams:

Mission: Provide COVID-19 vaccine access to eligible groups in order to address barriers to access and gaps within the existing healthcare infrastructure

- Partnership between City and County of Denver and Denver Public Health Immunization Clinic
- Deployed to organizations and community partners to vaccinate eligible individuals, with a focus on partners within and serving communities disproportionately impacted by COVID-19
- Provided at no cost to partners or recipients

Healthcare System Partnerships:

- CCD is coordinating with Healthcare systems to establish additional clinic locations within communities/neighborhoods with limited healthcare infrastructure, in partnership with existing community leaders and organizations.
- CCD continues to encourage Healthcare partners to focus on equity and utilize neighborhood-based vaccination clinics in addition to the current Mass Vaccination Events.
- CCD is involving the Mayor’s Office of Equity and Social Innovation, the Racial Equity Council, the Office of Human Rights and Community Partnerships, and community leaders to identify potential partners for establishment of Healthcare-sponsored clinics

Note: All major healthcare systems have opened vaccination appointments to eligible individuals regardless of insurance status or healthcare affiliation.

Data-Driven Decision Making

The City and County of Denver, in partnership with Denver Public Health (DPH), assesses historic vaccination rates for flu and other immunizations, analyzes the impact of COVID-19 on neighborhoods, and monitors the geographic availability of COVID-19 vaccine within Denver to identify neighborhoods, communities, and zip

codes where city resources and partnerships should be used to ensure broad, neighborhood-based access to vaccine is achieved.

Equity Lens: An Equity Lens is a process for analyzing or diagnosing the impact of inequitable outcomes by first identifying and addressing disparities that exist by race and ethnicity as a direct result of systemic racism. An Equity Lens provides an opportunity to prioritize creating equitable results in our policies, procedures, practices and budget decisions.

An Equity Lens includes, but not limited to the following variables:

Neighborhood Demographics	Transportation access	Racial/ethnic demographics	Age	Zip code
Median household income	Household size	Preferred language spoken at home	Foreign born population percentages	Community assets (food banks, etc.)
Health Access: Hospitals; Pharmacies	% Renter-occupied	% Residents with less than a Bachelor's	% People with disabilities	Insured vs uninsured

As additional data are collected and analyzed, priority neighborhoods may shift.

The neighborhoods currently identified are: Montbello, Globeville/Elyria Swansea, and Southwest Denver (Barnum West, Westwood, Mar Lee, Harvey Park, Harvey Park South, Fort Logan)

- Priority neighborhoods have high hospitalization rates, high death rates, high COVID-19 test positivity rates, and low vaccination rates. (Based on analysis by Denver Public Health)
- Priority neighborhoods: Barnum West, Chaffee Park College View - South Platte, Elyria Swansea, Fort Logan, Harvey Park, Harvey Park South, Lincoln Park, Mar Lee, Montbello, Northeast Park Hill, Sun Valley, Villa Park, Washington Virginia Vale, Westwood
- Priority neighborhoods zip codes: 80216, 80239, 80204, 80219, 80236, 80224
- Second priority neighborhoods include those with high hospitalization rates, high death rates, high positivity rates, and intermediate vaccination rates
- Second priority neighborhoods: Ruby Hill, Athmar Park, Globeville, Five Points, Gateway-Green Valley Ranch, Barnum, Sunnyside, and Valverde

Special Population Considerations:

- Based on data regarding outbreaks, those in congregate living settings are at a higher risk of COVID-19 than those not in congregate living settings.
- CCD is partnering with the Homeless Leadership Council and with HOST to develop and refine planning for vaccination of Persons Experiencing Homelessness.
- CCD has begun supporting access to vaccine for staff supporting PEH and those working in Correctional and Transitional housing.
- Per CDPHE’s current guidance, special consideration or priority access to vaccine is not provided for PEH or incarcerated individuals.
- Addressing this need is a priority of the City, and plans are being developed for strategies to reach populations in congregate living settings.

Long-Term Care Facilities have been vaccinated through a partnership between the Federal government and CVS and Walgreens Pharmacies. CCD continues to monitor for, respond to, and mitigate any identified COVID-19 outbreaks within these facilities.

3.4 PUBLIC INFORMATION

3.4.1 CDPHE JIC

The lead agency for Public Information is the CDPHE JIC.

3.4.2 NCR PIO WORKGROUP

Information provided by the CDPHE JIC will be reviewed by an NCR workgroup, edited as needed, and disseminated.

Each jurisdiction should provide one point of contact for communications. This person will be the initial point of contact for the jurisdiction and will serve as the representative on the NCR PIO Workgroup. The leader of this workgroup should be identified by the NCR PIO Workgroup. If a leader is not determined, the NCR Public Health Committee chair will assign.

NCR PIO Workgroup Responsibilities:

- Review CDPHE JIC messaging
- As needed, edit CDPHE messaging to meet NCR needs
- Coordinate dissemination of information within the NCR
- Ensure all jurisdictions have input on messaging, and ensure a regional consistent message
- Report plan, updates, and outstanding needs to NCR PH Committee

3.4.3 DENVER JIC

Upon confirmation of vaccine arrival within Colorado, DDPHE will request activation of Denver JIC through notification to OEM Duty Officer.

Message Priorities:

- Safety
- Phased Distribution
- When public may expect broad availability

Additional information available in JIC COVID-19 Vaccination Activation Plan.

3.5 VACCINE SAFETY AND COST

3.5.1 COST

Vaccine doses purchased with U.S. taxpayer dollars will be provided to people at no cost. However, vaccine providers will be able to charge administration fees for administering the shot to an individual. Vaccine providers can receive reimbursement for this fee by submitting to the individual's public or private insurance company or, for uninsured patients, to the Health Resources and Services Administration's Provider Relief Fund.

Each agency/organization receiving doses through CDPHE will coordinate their own policy and program for vaccine cost and insurance reimbursement.

CCD will not charge vaccine recipients for any costs but may collect insurance information.

No individual will be refused vaccine due to insurance coverage.

CCD will seek reimbursement from the state or federal government for eligible costs associated with Community Vaccination Sites, Mobile Vaccination Teams, vaccine-related communications and marketing, staffing, equipment, and other efforts contained in this plan or those that may be developed in the future.

3.5.2 SAFETY

COVID-19 vaccine deployed to and throughout Colorado will have received Emergency Use Authorization (EUA) and use will have been reviewed and approved by the CDC Advisory Committee on Immunization Practices (ACIP).

Issued EUA documents and any subsequent amendments will be posted on [FDA's website](#).

The Colorado Governor’s Expert Emergency Epidemic Response Committee (GEEERC), via the Medical Advisory Committee, has reviewed and assessed ongoing processes, including federal and local vaccine planning. As of the most recent update of this plan, no concerns have been brought to the attention of DDPHE or CCD.

Upon release of EUA for specific vaccines, CDPHE and the GEEERC are anticipated to review and instruct CDPHE to deploy vaccines. Vaccines may be staged prior to this review.

CCD will only recommend use of vaccine upon support from CDPHE/GEEERC.

3.6 VACCINE DISTRIBUTION AND ORDERING

3.6.1 ORDERING

Inventory ordering is submitted to CIIS by requesting agencies, and monitored and approved, in portion or entirety, by CDPHE. All “enrolled providers” will be able to order within CIIS when approved by CDPHE for access to vaccine.

Additional information unavailable for Public Release. Contact CDPHE for additional information.

3.6.2 ALLOCATION

Currently, the State (CDPHE and Governor’s Office) manages all allocation of vaccine doses. Mayor Hancock has requested that the federal government provide a direct vaccine allocation to Denver; however, this has not yet occurred.

3.6.3 DISTRIBUTION

The State will manage physical distribution to all receiving locations.

CDPHE has arranged for direct distribution to recipients within Denver.

Additional information unavailable for Public Release. Contact CDPHE for additional information.

3.7 INITIAL PRIORITY VACCINATION GROUPS

The State of Colorado manages the prioritization of individuals for vaccination. Information regarding prioritized groups is available on CDPHE’s COVID-19 vaccination website. The latest state prioritization is available in Attachment: State of Colorado COVID-19 Vaccine Distribution

As additional groups become eligible for vaccine, hospitals, healthcare systems and CCD vaccination events will expand to include eligible individuals.

3.7.1 HEALTHCARE WORKERS

Hospital based healthcare workers are provided vaccination through their employers.

Non-hospital healthcare providers, includes funeral service providers, unaffiliated healthcare practices, physical therapists, dentists will be vaccinated through partnership with Safeway. Denver and NCR eligible healthcare workers can visit Safeway clinics to receive vaccination. DDPHE provides eligible healthcare workers with the registration information to receive vaccine through Safeway.

Decision to vaccinate each individual will be made by Safeway after review of CCD and CDPHE recommendations, including recommended employee identification.

Approved identification to be recommended to Safeway:

- Current agency identification badge with photo; or
- Current agency badge without photo accompanied by other form of photo ID confirming name
- Letter from employer

3.7.2 FIRST RESPONDERS (EMS, FIRE, POLICE, SHERIFF, DISPATCH/COMMS)

For First Responders, Center for Occupational Safety and Health (COSH), a division of Denver Health and Hospital Authority, is coordinating with DDPHE, OEM, OHR and DOS to review eligibility requirements and identify eligible staff.

Vaccine Acquisition: COSH will request, receive and store vaccine directly through CDPHE

Vaccine Administration:

- Appointments: COSH will utilize web-based form to schedule appointments
- Clinics: DDPHE, OEM and COSH will coordinate with DOS to plan on-site clinics for FR agencies, and then may utilize existing COSH clinic options.

Communication:

- COSH will send information by email
- DDPHE/OEM will partner with TS to push urgent information, including vaccine appointment scheduling process through Everbridge to reach staff who may not frequently check email

3.7.3 INDIVIDUALS 65 YEARS OF AGE AND OLDER

Phase 1 providers within the existing healthcare infrastructure, such as hospitals, health systems, pharmacies, and safety net clinics, should focus on vaccinating persons 65 years of age and older, per CDPHE and the Governor's Office.

CCD will work with Pharmacies in the City and County of Denver to ensure broad access to vaccine is available to the 65+ individuals. A key focus of this effort is equity.

Healthcare Systems

Hospitals and Healthcare Systems receive vaccine allocation from CDPHE and can utilize these doses to vaccinate any individual deemed eligible. CDPHE has launched a website including ways for members of the general public who are 70 years old and up statewide to schedule appointments with hospitals and health systems, regardless of current insurance or healthcare provider.

CCD Mobile Vaccination Teams

To supplement the healthcare systems, CCD will deploy Mobile Vaccination Teams (MVTs) to provide vaccine to those unable to access vaccine through healthcare systems and pharmacies. CCD will partner with existing community partners to identify locations and communities for targeted vaccination efforts.

CCD monitors geographic spread of pharmacy and healthcare system locations to determine potential gaps in coverage, which can be addressed through healthcare system partnerships and MVT deployment.

3.7.4 LONG TERM CARE FACILITIES

Long Term Care Facility Staff and Residents will be vaccinated through CDC COVID-19 Vaccination Pharmacy Partnership Program, a federal partnership with Walgreens and CVS. CDPHE is managing this process in partnership with Local Public Health Agencies. Should LTCF staff not be able to receive vaccine through CVS/Walgreens during Phase 1A, these healthcare workers may visit any provider for vaccine.

3.7.5 CITY AND COUNTY OF DENVER STAFF

CCD employees will be vaccinated based on eligibility in accordance with State guidance. CCD will partner with DH COSH to support vaccination efforts for CCD staff. Vaccine is optional and CCD staff vaccination information is not shared with CCD. Only a count of individuals vaccinated is provided to CCD by COSH.

3.7.6 EDUCATION STAFF

CDPHE and the State of Colorado have supported partnership of large school districts with healthcare systems to ensure vaccination of eligible education and childcare staff.

CCD will focus efforts on:

- Contacting Early Childhood Education (ECE) and PreK-12 schools not already paired with healthcare system to identify need
- Connect ECE and PreK-12 schools with healthcare partners who have current or future capability
- Use of pharmacy partnerships or other city-sponsored clinic to reach multiple small staff groups through a vaccination event
- Utilize Mobile Vaccination Team to fill remaining gaps in coverage

3.7.7 PEOPLE WITH HIGH RISK CONDITIONS

The existing healthcare system is best equipped to identify and support individuals with high risk conditions.

CCD events will not deny access to any eligible individual, but City sponsored events may not be equipped to provide medical consultation or medical recommendations for individuals with high-risk conditions.

3.7.8 ESSENTIAL WORKERS

CCD will continue to update public-facing information on denvergov.org to outline who is eligible and where vaccine is available.

CCD will use strategy of connecting essential work employers with healthcare system partners to facilitate vaccination of larger groups.

CCD-sponsored events with community partners (Fixed Vaccination Sites) may be used to provide vaccine to eligible essential workers within communities.

CCD will have Mobile Vaccination Team available to address any remaining, identified gaps.

3.7.9 GENERAL PUBLIC

CCD will continue to update public-facing information on denvergov.org to outline who is eligible and where vaccine is available.

CCD-sponsored events with community partners (Fixed Vaccination Sites) will be used to provide vaccine to eligible individuals within communities.

CCD will have Mobile Vaccination Team available to address any remaining, identified gaps.

3.8 COLD CHAIN

Cold chain needs will vary by vaccine. CDPHE maintains COVID-19 Ultra Cold Vaccine Logistics document, which includes packaging and storage requirements.

CDC Storage and Handling Toolkit, COVID-19 Vaccine Addendum

It is a requirement that freezer and refrigerator temperatures used to store vaccines are recorded twice daily on a paper temperature log and kept for a period of three years. Vaccine must also be monitored with a continuous temperature monitoring device/digital data logger.

See *Attachment: Cold Chain Management for Pfizer and Moderna Vaccines* for additional information.

3.9 RESOURCES AND EQUIPMENT

3.9.1 ANCILLARY SUPPORT KIT

Each vaccine shipment will be accompanied by Ancillary Supply Kit.

COVID-19 vaccine ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders in VTrckS. Each kit will contain supplies to administer 100 doses of vaccine, including:

- Needles- 105 per kit (various sizes)
- Syringes- 105 per kit
- Alcohol prep pads- 210 per kit
- Surgical masks for vaccinators- 4 per kit
- Face shields for vaccinators- 2 per kit
- COVID-19 vaccination record cards for vaccine recipients- 100 per kit

For COVID-19 vaccines that require reconstitution with diluent (Pfizer) or mixing with adjuvant at the point of administration, mixing kits with syringes, needles, and other needed supplies will also be included.

Ancillary supply kits will NOT include sharps containers, gloves, and bandages. Additional personal protective equipment (PPE) may be needed depending on vaccination provider site needs.

3.9.2 VACCINE TRANSPORTATION

Item	Purpose/Use	Amount Needed	Current Supply	Shortfall
Vehicle	Transport Vaccine			None
Accucold Vaccine Cooler (-15 °C)	Refrigerated or Frozen vaccine transport	1 per 975 doses for transport; or 1 per site for transport and on-site storage	7 (DDPHE)	
Vaccine				
Ancillary Supply Kits		1 kit per 100 doses of vaccine	<i>Kits included with vaccine in delivery from CDPHE</i>	
Radio	Transport communication (primary)	1 per vehicle 1 at DOC	14	0
Cell Phone	Transport communication (secondary)	Use individuals	N/A	0

3.10 SPECIAL POPULATIONS CONSIDERATIONS

The following groups may require additional, population-specific planning.

3.10.1 PEDIATRICS

Per CDC *Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States* (Updated Jan 21, 2021):

Adolescents aged 16–17 years are included among persons eligible to receive the Pfizer-BioNTech COVID-19 vaccine under the EUA. While vaccine safety and efficacy data in this age group are limited, there are no biologically plausible reasons for safety and efficacy profiles to be different than those observed in persons 18 years of age and older. Adolescents aged 16–17 years who are part of a group recommended to receive a COVID-19 vaccine may be vaccinated with the Pfizer-BioNTech COVID-19 vaccine with appropriate assent. Children and adolescents younger than 16 years of age are not authorized to receive the Pfizer-BioNTech COVID-19 vaccine at this time.

Children and adolescents younger than 18 years of age are not authorized to receive the Moderna COVID-19 vaccine at this time.

3.10.2 PREGNANT OR BREASTFEEDING WOMEN

Per CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States (Updated Jan 21, 2021):

If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. A conversation between the patient and their clinical team may assist with decisions regarding the use of a mRNA COVID-19 vaccine, though a conversation with a healthcare provider is not required prior to vaccination. When making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient's personal risk of contracting COVID-19, the risks of COVID-19 to the patient and potential risks to the fetus, the efficacy of the vaccine, the side effects of the vaccine, and the lack of data about the vaccine during pregnancy.

There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion. mRNA vaccines are not thought to be a risk to the breastfeeding infant. A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated.

3.11 VACCINE ADMINISTRATION DOCUMENTATION

3.11.1 ADMINISTRATION DOCUMENTATION - CIIS

Colorado will utilize the Colorado Immunization Information System (CIIS) to document all COVID-19 vaccination administered. CIIS is a confidential, computerized system that collects and consolidates individual-level vaccination and exemption data for Coloradans of all ages from a variety of sources. CIIS helps healthcare providers, schools, childcare centers, and individuals keep track of the shots their patients and/or students have received.

Senate Bill 20-163 requires all immunizing providers report data to CIIS. Additionally, per COVID-19 Provider Agreements submitted to CDPHE, all agencies/providers receiving COVID-19 vaccine have agreed to document vaccinations in CIIS within 24 hours.

3.11.2 ADVERSE EVENT REPORTING

Per CDC COVID-19 Vaccination Program Provider Agreement, all COVID-19 vaccination providers have been made aware of and acknowledge the requirement to report adverse events following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS). Providers can access VAERS through CIIS or by visiting the [VAERS website](#).

CDPHE maintains an on-call immunization nurse line, monitored during normal business hours, staffed by Public Health Nurse Consultants who can support and provide instruction to providers on reporting adverse events.

The following Adverse Events are anticipated to require reporting to VAERS:

- Vaccine administration errors (whether associated with an AE or not)
- Serious AEs (irrespective of attribution to vaccination)
- Multisystem inflammatory syndrome (MIS)
- Cases of COVID-19 that result in hospitalization or death after the recipient has received COVID-19 vaccine
- Any clinically significant AEs that occur after vaccine administration should be reported to VAERS

Any provider administering vaccine or receiving information from patients about Adverse Events should follow any revised EUA safety reporting requirements throughout the duration of the EUA. FDA and CDPHE will provide any revisions to vaccine providers, and CCD will support in sharing messaging and resources.

3.11.3 INDIVIDUAL RECORD KEEPING

Individuals vaccinated will be provided a COVID-19 Vaccination Record Card (provided in Ancillary Support Kit). This card will include which vaccine the individual received and date for second dose.

3.11.4 VACCINE FACT SHEET

Each vaccine approved for EUA is expected to be administered with information from the following Fact Sheets:

For Providers – COVID-19 vaccine with EUA approval is anticipated to include EUA Full Prescribing Information and will provide specific information for each COVID-19 vaccine, including:

- COVID-19 disease description
- Dosage and administration information
- Storage and handling instructions
- Dose preparation and administration information
- Requirements for use of vaccine under EUA
- Risks and benefits, including common adverse events (AE)
- Any approved available alternatives for prevention of COVID-19
- Reporting requirements, including reporting AE's to VAERS
- Additional Resources

For Recipients and Caregivers – Similar to VIS (provided with licensed vaccines), Fact Sheet will provide specific information about each COVID-19 vaccine, including:

- Basic information on COVID-19 symptoms, and what to discuss with a healthcare professional before vaccination
- Who should and should not receive the vaccine
- That recipients have the choice to receive the vaccine
- Vaccine series information
- Risks and benefits of the vaccine, including common side effects
- Information on reporting side effects to VAERS
- An explanation on what an EUA is and why it is issued
- Any approved available alternatives for preventing COVID-19
- Additional resources

Translations anticipated to be available through CDC/FDA

Note: Written informed consent is not required under EUA

3.11.5 V-SAFE (CDC SMARTPHONE SITE/APP)

- CDC will rely on existing systems ([VAERS](#)) and a **new system, v-safe, to monitor vaccine safety**
- v-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after someone receives a COVID-19 vaccination
- Through v-safe, vaccine recipients can quickly tell CDC if they have any side effects after getting the COVID-19 vaccine
- Depending on their responses, CDC may follow up with them by phone to get more information
- v-safe will also remind users to get their second COVID-19 vaccine dose, if/when needed
- CDC is requesting that healthcare providers give patients a [v-safe information sheet](#) at the time of vaccination and encourage them to enroll and fill out the surveys when prompted to do so
- Vaccine recipients can use the QR code or URL (www.cdc.gov/vsafe) on information sheet to sign up at their convenience

3.12 SECOND DOSE CONSIDERATIONS

3.12.1 DAYS BETWEEN 1ST AND 2ND DOSE

- Moderna – 28 days

- Pfizer – 21 days

Per CDC *Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States* (Updated Jan 21, 2021):

CDC continues to recommend that people get their second dose of COVID-19 vaccine as close to the recommended interval as possible (3 weeks for Pfizer-BioNTech, and one month for Moderna).

CDC's updated guidance was revised to allow for second dose administration up to 6 weeks (42 days) after the first if it is not feasible to adhere to the recommended interval. CDC is not advocating for people to delay getting their second dose, but the data from clinical trials support this range.

3.12.2 NOTIFICATION TO VACCINE RECIPIENTS

- v-safe Mobile/Web app
 - Individuals provided info sheet at vaccine administration for registration
 - v-safe will remind users to get their second COVID-19 vaccine dose, if/when needed
- COVID-19 Vaccination Record Card
 - Individuals vaccinated will be provided a COVID-19 Vaccination Record Card (provided in Ancillary Support Kit)
 - Vaccination Record Card will include which vaccine the individual received and date for second dose
- Provider Follow Up
 - Hospital and other provider systems will notify individuals through appointment / individual electronic medical records systems (MyChart, etc.)
 - Any provider with access to CIIS can query a person's record to determine if they've received a first dose and require a second

SECTION 4: PLAN MAINTENANCE

This plan will be maintained and updated through a collaborative effort between the Denver Office of Emergency Management and the Denver Department of Public Health and Environment until such a time it is no longer needed or superseded by future guidance. All changes will be recorded in the Record of Change.

SECTION 5: ATTACHMENTS

5.1 ATTACHMENT: CDPHE ETHICAL FRAMEWORK

Purpose: an ethical framework is needed in order to provide structure to the process of developing a critical populations phased strategy.

Colorado's framework is based on the principles of:

- Equity - Although everyone is affected by the COVID-19 pandemic, it is not the case that the burdens of the pandemic are being experienced equally by all people. The COVID-19 pandemic has had a disproportionate impact on the physical and mental health of older Coloradans and exacerbated existing health inequities and with communities of color experiencing increased risk of infection as well as severe disease and death. Equitable allocation and distribution of a COVID-19 vaccine is critical to addressing these inequities. This includes offering a meaningful opportunity to be vaccinated to all individuals and groups who qualify under prioritization criteria.
- Reduction of death and disease burden - Throughout the pandemic, saving the most number of lives has been a guiding public health principle.
- Maintain societal function and cohesion during and after the pandemic - Reducing societal and economic disruption by containing transmission, reducing severe disease and death, or a combination of these strategies as it is imperative that we maintain strong social cohesion after the pandemic because that is critical for a return to normal and should be considered in the vaccine allocation process.
- Protect the continuing functioning of essential services - including health services.
- Reciprocity - Protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others, including health and other essential workers. This further supports the mitigation of health inequities and the related social risks more commonly experienced by communities of color.
- Multiplier Effect - Certain individuals serve a critical societal function in caring and securing the lives of others (e.g., firefighters and healthcare workers). By preventing these individuals from becoming ill, they may then continue to save the lives of others.
- Legitimacy - Engage stakeholders, the community, and subject matter experts in a transparent consultation process for determining what scientific, public health, and values criteria should be used to make decisions about vaccine allocation.
- Transparency - Employ best available scientific evidence, expertise, and significant engagement with relevant stakeholders for vaccine prioritization between various groups within each county using transparent, accountable, and unbiased processes to engender deserved trust in prioritization decisions.

5.2 ATTACHMENT: TRAINING RESOURCES

CDC

- [CDC COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals](#) is continuously being updated as new information is available.
- Materials for product-specific COVID-19 vaccines will be added after FDA issues EUAs for each product.
- CDC online training on Pfizer product expected within 24 hours after FDA issues EUA.
 - Training certificate of completion will be required for Primary and Backup Coordinators listed on CDC COVID provider agreement for each site - Responsible to ensure all staff are trained.

CIIS (Colorado Immunization Information System) – Required for Vaccine Providers

Additional information unavailable for Public Release. Contact CDPHE for additional information.

Cold Chain

[CDC Storage and Handling Toolkit, COVID-19 Vaccine Addendum](#)

5.3 ATTACHMENT: FEMA ACCELERATE STATE VACCINE EFFORTS

FEMA will provide reimbursement to states, local, tribal and territorial governments and the District of Columbia for use of their National Guard to respond to COVID-19 and other assistance at a 100% cost share until Sept. 30, 2021.

The agency will expedite reimbursement for eligible emergency work projects as appropriate and consistent with applicable law. Such assistance may include but is not limited to:

- Leasing facilities or equipment to administer and store the vaccine.
- Providing personal protective equipment and disinfection services and supplies.
- Paying staff overtime for vaccine administration or logistics.
- Contracting additional staff.
- Training personnel on vaccine distribution and administration.
- Supplies for administration sites.
- Using technology to register and track vaccine administration.
- Providing public communication on vaccine efforts.

Additionally, FEMA will provide reimbursement to state, local, tribal, territorial governments and the District of Columbia for the safe opening and operation of eligible schools, child-care facilities, healthcare facilities, non-congregate shelters, domestic violence shelters, transit systems and other eligible applicants.

The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 appropriates \$2 billion to FEMA to provide financial assistance to individuals and households for COVID-19-related funeral expenses. The appropriation currently covers eligible funeral expenses that were incurred through Dec. 31, 2020. The legislation further specifies that there is no cost sharing requirement associated with this assistance. FEMA is reviewing the legislation and evaluating potential options for implementation. FEMA will make assistance for eligible expenses available retroactively upon implementation.

<https://www.fema.gov/press-release/20210125/fema-supports-vaccine-distribution-covid-19-response-update>

5.4 ATTACHMENT: STATE OF COLORADO COVID-19 VACCINE DISTRIBUTION

As additional groups become eligible for vaccine, hospitals, healthcare systems and CCD vaccination events will expand to include eligible individuals.

COVID-19 VACCINE DISTRIBUTION		REvised DATE: 02/04/2021	
Winter ❄️			
PHASE: 1A	Highest-risk health care workers and individuals:	<ul style="list-style-type: none"> People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period. 	<ul style="list-style-type: none"> Long-term care facility staff and residents.
1B.1	Coloradans age 70+, moderate-risk health care workers, and first responders:	<ul style="list-style-type: none"> Health care workers with less direct contact with COVID-19 patients (e.g. home health, hospice, pharmacy, dental, etc.) and EMS. 	<ul style="list-style-type: none"> Firefighters, police, COVID-19 response personnel, correctional workers, and funeral services. People age 70 and older.
1B.2	Coloradans ages 65-69, pre-K-12 educators and child care workers in licensed child care programs, and continuity of state government:	<ul style="list-style-type: none"> Child care workers in licensed child care programs, teachers (full-time and substitutes), bus, food, counselors, administrative, safety and other support services offered inside the school. 	<ul style="list-style-type: none"> Select members of the Executive and Judicial branches of state government. *note: members of the legislative branch have already received access to the vaccine People ages 65-69.
1B.3	Frontline essential workers and people age 16-64 with two or more high risk conditions:	<ul style="list-style-type: none"> Frontline essential workers in food and agriculture, manufacturing, U.S. postal service, public transit and specialized transportation staff, grocery, public health, frontline essential human service workers, faith leaders, and direct care providers for Coloradans experiencing homelessness and essential frontline journalists. 	<ul style="list-style-type: none"> People 16-64 with 2 or more high risk conditions as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI $\geq 30\text{kg}/\text{m}^2$), pregnancy, sickle cell disease, solid organ transplant and people with disabilities that prevent them from wearing masks.
Spring 🌸			
PHASE: 2	People age 60-64, people with high risk conditions, and the continuation of operations for state government and continuity of local government:	<ul style="list-style-type: none"> People age 60-64. People 16-59 with 1 high risk condition as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI $\geq 30\text{kg}/\text{m}^2$), pregnancy, sickle cell disease, solid organ transplant. People with disabilities that prevent them from wearing masks. 	<ul style="list-style-type: none"> Local continuity of local government defined as executives of those branches of government and a limited amount of essential support staff needed to provide for continuity of government. Continuation of operations for state government is defined as those individuals defined by continuity of operations plans that each agency holds to continue to provide services. Adults who received a placebo during a COVID-19 vaccine clinical trial.
Summer ☀️			
PHASE: 3	General public:	<ul style="list-style-type: none"> Anyone age 16 - 59. 	<p>*Timeline subject to change based on supply chain. Prioritization subject to change based CDC guidance, data, science, availability.</p>
 - In progress - Upcoming phase		Please note: As we move through phases, people in previous phases remain eligible.	

5.5 ATTACHMENT: COLD CHAIN MANAGEMENT FOR PFIZER AND MODERNA VACCINES

Pfizer

Vaccine Temp: Ultra-Cold

- Thermal Shipper (-70°C)
 - Within 24 hours of receipt and after opening thermal shipper, replenish dry ice
 - Thermal shipper can maintain ultra-low temp storage for 5 days with 2 openings per day
 - Up to 3 dry ice replenishing may occur
 - Dry Ice need per each Thermal Shipper replenish: 23 (50.7 lbs.)
- Vaccine Refrigeration
 - Can be stored at 2°C to 8°C up to 5 days
- Use
 - Room Temp hold time is no more than 2 hours
 - Thawing: 3 hours at 2° to 8°C, or 30 min at room temperature
 - Post-dilution use period is 6 hours

Vaccine Quantity:

- 1 Vial- 5 doses
- 1 Tray- 195 vials (975 doses)
- Tray is 10inch x 10inch

Transport:

- Preferred: Within Thermal Shipper (-70°C with replenished dry ice)
- Alternative: Within portable vaccine cooler at 2°C to 8°C
 - Receiving site must use vaccine within 5 days if transported at 2°C to 8°C

Moderna

Vaccine Temp: Frozen

- Thermal Shipper (-20°C)
 - Can be stored at -20°C for up to 6 months
 - Thaw before use
- Vaccine Refrigeration
 - Can be stored at 2° to 8°C up to 30 days (within 6 month shelf life)
- Use
 - Room Temp hold time is up to 12 hours
 - No dilution needed

Vaccine Quantity:

- 100 doses per order (10 vials of 10 dose vials)
- Packaged in small box

Transport:

- Preferred: Within Thermal Shipper (-20°C)
- Alternative: Within portable vaccine cooler at 2° to 8°C

5.6 ATTACHMENT: MOBILE VACCINATION TEAM RESOURCES

Each Team will be deployed with at a minimum the following:

Team Members:

- 1 Vaccinator
- 1 Vaccinator Support
- 1 Registration
- 1 Support Personnel (optional)

Team Resources:

- Vehicle
- Laptop/iPad for registration
- Hotspot Internet connection
- Vaccine Cooler
- Ancillary Support Kit supplies (see Resources and Equipment section)
- Paper registration forms and pens (backup to laptop/internet registration)

The following provider types may administer vaccine in Colorado, with valid Colorado credentials/licensure:

- EMT-Intermediate
- EMT-Advance
- Paramedic
- Registered Nurse
- Nurse Practitioner
- Physician (MD, DO)
- Physician's Assistant, under appropriate supervision
- Pharmacists
- Nursing, Pharmacy and Physician students, under appropriate supervision
- EMT-Basic and EMT-IV (if covered under standing order from Agency Medical Director)*

* (See CDPHE Memo [6 CCR 1015-3, Chapter Two – Rules Pertaining to EMS Practice and Medical Director Oversight, Rule 5.7 and Table B.11; Authorizing EMTs and EMT-IVs to Administer Vaccinations](#))

5.7 ATTACHMENT: TRIAGE OF PERSONS PRESENTING FOR MRNA COVID-19 VACCINATION

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
Contraindications	<p>CONDITIONS</p> <ul style="list-style-type: none"> Immunocompromising conditions Pregnancy Lactation <p>ACTIONS</p> <ul style="list-style-type: none"> Additional information provided* 15 minute observation period 	<p>CONDITIONS</p> <ul style="list-style-type: none"> Moderate/severe acute illness <p>ACTIONS</p> <ul style="list-style-type: none"> Risk assessment Potential deferral of vaccination 15-minute observation period if vaccinated 	<p>CONDITIONS</p> <ul style="list-style-type: none"> None <p>ACTIONS</p> <ul style="list-style-type: none"> N/A
	Allergies	<p>ALLERGIES History of allergies that are unrelated to components of an mRNA COVID-19 vaccine†, other vaccines, injectable therapies, or polysorbate, such as:</p> <ul style="list-style-type: none"> Allergy to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies Family history of allergies <p>ACTIONS</p> <ul style="list-style-type: none"> 30-minute observation period: Persons with a history of anaphylaxis (due to any cause) 15-minute observation period: All other persons 	<p>ALLERGIES</p> <ul style="list-style-type: none"> History of any immediate allergic reaction‡ to vaccines or injectable therapies (except those related to component of mRNA COVID-19 vaccines† or polysorbate, as these are contraindicated) <p>ACTIONS:</p> <ul style="list-style-type: none"> Risk assessment Consider deferral of vaccination and/or referral to allergist-immunologist 30-minute observation period if vaccinated

* See Special Populations section for information on patient counseling in these groups

† Refers only to mRNA COVID-19 vaccines currently authorized in the United States (i.e., Pfizer-BioNTech, Moderna COVID-19 vaccines)

‡ Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

^ See [CDC Pfizer and Moderna](#) for a list of ingredients. Note: Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur. Information on ingredients of a vaccine or medication (including PEG, a PEG derivative, or polysorbates) can be found in the package insert.

These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)