



Debra L. Wentz, Ph.D.
President and CEO
New Jersey Association of Mental
Health and Addiction Agencies



**New Jersey Association of
Mental Health and Addiction Agencies, Inc.**

December 2, 2020

The Honorable Phil Murphy
Governor, State of New Jersey
c/o George Helmy, Chief of Staff
225 West State Street
P.O. Box 001
Trenton, NJ 08625

Re: Vaccine Distribution

Dear Governor Murphy:

As your Administration finalizes plans for distribution of forthcoming COVID-19 vaccines, I am writing on behalf of the New Jersey Association of Mental Health and Addiction Agencies' (NJAMHAA's) member organizations to ensure that the essential healthcare workers among their staff are included in Phase 1A of the State's vaccine distribution.

Providers of mental health and substance use treatment are in daily contact with those they serve in many settings. While the New Jersey Department of Health's (DOH's) *COVID-19 Vaccination Plan* published in October includes: hospital workers, LTC workers, ambulatory and urgent care clinic workers, other non-hospital healthcare facilities, public health workers, group home workers and other paid and unpaid licensed and unlicensed healthcare workers in its list of example subgroups under the Phase 1A healthcare workers' designation that will receive the initial available vaccinations, those working in the behavioral health field are often overlooked despite working in these very same settings.

There are both adult and child group homes, but there are also other congregate care facilities, including short-term and long-term substance use residential programs. In addition, there are those who work in crisis services, both children's Mobile Response and Stabilization Services programs and Screening Centers, some of which are not located in hospitals. These and other programs, such as Programs for Assertive Community Treatment (PACT), Community Support Services and Family Preservation Services, often must be visiting clients at their homes or elsewhere in the community. Then there are day programs: partial care, partial hospitalization and intensive outpatient (IOP). While most outpatient programs are still operating in part via telehealth and telemedicine, the majority are also operating in-person services for some of their clients. In many of these programs, including outpatient clinics, there are nursing and physician staff who will more naturally be included in the 1A distribution group; however, many other staff, both licensed and non-licensed, face daily exposure to the public.

Behavioral health staff are working with populations with high rates of medical co-morbidities and at high risk for COVID-19 infection. Their interactions, performing necessary in-person

treatment services like medication injections, case management services, and caring for those experiencing psychiatric or substance use crises, routinely puts both provider and client at risk of infection. It is important a wide range of behavioral health staff be included in the Phase 1A healthcare workers group, not only for their own safety and the continuity of services, but to contain the spread of the virus and protect these very vulnerable populations.

As noted in [this letter](#) from the National Council for Behavioral Health, Mental Health Corporations of America and the National Association of State Mental Health Program Directors to the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services and the Advisory Committee on Immunization Practices, Assistant Secretary for Mental Health and Substance Use (SAMHSA) Dr. Eleanor McCance-Katz wrote in May “that the services provided in mental and substance use disorder treatment programs across the country are essential medical services.” Providers, whether working in residential substance use treatment facilities, crisis services, day programs or other outpatient programs, are essential health care providers and should be categorized as frontline healthcare workers, making them eligible to receive a COVID-19 vaccine in Phase 1A of distribution.

We understand that your office and the DOH are working with many Departments in planning and executing the vaccine distribution, including the Department of Children and Families (DCF) and Department of Human Services (DHS). We urge you to specifically request lists from DCF and DHS of all staff designations in all the aforementioned mental health and substance use treatment programs which should be captured in the healthcare workers designation for Phase 1A of vaccine distribution.

We thank you immensely for the leadership you have shown throughout this public health emergency. As always, I remain available should you have any questions or require additional information regarding this or any other matter.

Sincerely,



Debra L. Wentz, Ph.D.
President and CEO

Cc: Kaylee McGuire, Senior Policy Advisor, Office of the Governor
Judith M. Persichilli, Commissioner, NJ Department of Health
Carole Johnson, Commissioner, NJ Department of Human Services (DHS)
Christine Norbut Beyer, Commissioner, NJ Department of Children and Families (DCF)
Marcela Maziarz, Deputy Commissioner, DOH
Deborah Hartel, Deputy Commissioner, DOH
Sarah Adelman, Deputy Commissioner, DHS
Katie Stoehr, Deputy Commissioner of Operations, DCF
Valerie Mielke, Assistant Commissioner, Div. of Mental Health & Addiction Services, DHS
Mollie Greene, Assistant Commissioner, Children’s System of Care, DCF

December 2, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Robert Redfield, MD
Director
Centers for Disease Control & Prevention
395 E Street, SW #9100
Washington DC 20201

Dr. Jose Romero
Chair
Advisory Committee on Immunization Practices
395 E Street, SW #9100
Washington DC 20201

RE: Prioritizing Mental Health and Substance Use Providers in COVID-19 Vaccine Distribution

Dear Secretary Azar, Director Redfield, and Doctor Romero:

On behalf of the National Association of State Mental Health Program Directors (NASMHPD), the National Council for Behavioral Health and the Mental Health Corporations of America (MHCA), we are writing to urge you to **include community based mental health and substance use providers as frontline providers as a plan for the distribution of COVID-19 vaccines is created**. Together, our members serve more than 10 million Americans with severe mental illness, including schizophrenia and bipolar disorder, as well as individuals with substance use disorders. Many of the individuals our members serve, because of the nature of these diseases, do not recognize the symptoms of COVID-19 and therefore arrive to their trusted mental health or substance use provider possibly carrying the virus. We are writing to ensure the providers and staff of community based mental health and substance use treatment organizations are included as frontline providers and receive priority distribution under the COVID-19 vaccine roll out plan for our nation.

In making recommendations regarding the distribution of COVID-19 vaccines to key target populations, it is our understanding that the Advisory Committee on Immunization Practices (ACIP) will be guided by an explicit evidenced-based method based on the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Approach. In turn, the GRADE approach underpins the ACIP Evidence to Recommendations framework that, among other things, will inform decisions on target populations for vaccine (e.g., age range, sex, immune status, pregnancy). Employing these methods, ACIP will soon make proposals on the allocation of vaccines to key segments of the U.S. population including frontline health care workers, persons living in long-term care facilities and elderly Americans – particularly individuals with comorbid chronic diseases encompassing diabetes, heart disease and serious respiratory illnesses.

We write today to call to mind that mental illness and substance use disorder are also chronic conditions and often require long-term inpatient and outpatient care on a revolving and routine basis. **Providers working in inpatient psychiatric hospitals, residential substance use treatment facilities, community behavioral health organizations and outpatient substance use disorder treatment facilities are essential health care providers and should be categorized as frontline providers, therefore making them eligible to receive a COVID-19 vaccine in its earliest phase of distribution**. Specifically, the frontline providers in question are psychiatrists, psychologists, psychiatric nurses, clinical social workers,

mental health counselors, addiction treatment counselors and peer support professionals. The Substance Abuse and Mental Health Services Administration (SAMHSA) concurs with this judgment.

In a May 7, 2020 letter to mental health and substance use providers across the nation, Dr. Eleanor McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, wrote the following: *"During this time, it is critical that these individuals continue to get the care and treatment they need. A significant portion of this care will be provided in face-to-face settings. This care will often require physical contact and examination of patients performed by health care professionals. This letter is to certify agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, **that the services provided in mental and substance use disorder treatment programs across the country are essential medical services**" [emphasis added].*

These essential medical services include responding to the dueling mental health and substance use epidemics that were plaguing the nation before the arrival of COVID-19. Providers are now routinely putting themselves at risk for infection when performing necessary in-person treatment services like medication injections case management services, and providing care for those experiencing psychiatric or substance use emergencies. Despite increased allowances in telehealth, much of the care provided in mental health and substance use facilities must be provided in-person, face-to-face with patients on a routine basis. These frontline providers, our members, do all of this to ensure vulnerable patients adhere to their treatment plans to achieve and maintain wellness and stability amidst the pandemic.

It is well documented that mental illness and substance use have been on the rise in response to the COVID-19 pandemic. According to a Kaiser Family Foundation Tracking Poll conducted earlier this year, 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress related to COVID-19. According to the White House Office of Drug Control Policy, overdose fatalities were up nearly 12% compared to last year. The American Medical Association reports that more than 30 states have already seen increases in opioid-related deaths. In order to protect our nation's mental health and substance use workforce, **they must be treated as the frontline providers they are and must be included among the Phase 1 vaccine distribution group** alongside emergency room physicians, emergency and intensive care nurses and first responders including police officers, firefighters and emergency medical personnel.

Thank you for your attention to this important matter.

Sincerely,



Brian Hepburn, MD
Executive Director
NASMHPD



Chuck Ingoglia, MSW
President and CEO
National Council for Behavioral Health



Dale Shreve, MSW
President and CEO
Mental Health Corporations of America

Resources as well as a weekly e-newsletter, **Vax Matters**, featuring updates on New Jersey's COVID-19 Vaccine Plan can be found at on the New Jersey Department of Health's website.

<https://www.state.nj.us/health/cd/topics/covid2019vaccination.shtml>



Vax Matters
NJ Health
December 4, 2020

In the News

Pfizer/BioNTech Gets UK Emergency OK

Britain is the first country to grant an emergency approval for a COVID-19 vaccine developed by Pfizer and BioNTech, and officials said a mass immunization program would begin, The Washington Post reported.

CDC Advisory Panel Recommends Priority Populations for Initial Vaccine

Healthcare workers and residents of long-term care facilities would be the first recipients of a COVID-19 vaccine in the initial rollout under recom-

Providers Signing On To Administer COVID-19 Vaccines

Throughout the state, healthcare providers are signing up to be able to provide COVID-19 vaccines. More than 300 provider sites in New Jersey have completed the steps to be enrolled as providers of the vaccine with more applications pending. This includes hospitals, local health departments and Federally Qualified Health Centers, among other providers.

"People are very interested in being part of the vaccination effort in one way or another," said Barbara Montana, MD, MPH, Medical Director, Communicable Disease Service/Vaccine Preventable Disease Program, New Jersey Department of Health (NJDOH).

Under the agreements, providers must follow CDC guidelines in administering the vaccine and submission System (NJ vaccine management system) must administer the vaccine.

A COVID on-demand vaccine will be available to vaccine coordinators.

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

NJ Health

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Communicable Disease Service

Home Diseases & Health Topics A-Z List Disease Reporting Immunization Requirements Education & Training Statistics, Reports & Publications Forms

Home Diseases & Health Topics A-Z List COVID-19 Vaccination

What You Need to Know

Executive Summary: New Jersey COVID-19 Vaccination Program Plan

COVID-19 Vaccination

In anticipation of the approval of a safe and effective COVID-19 vaccine, the Department of Health is working with many other state, federal, and local agencies to plan for the fast and equitable distribution of a vaccine to all New Jersey communities. It is the goal of the Department of Health to make safe and effective COVID-19 vaccination available to all who live, work, and/or are educated in New Jersey.

CDC Resources for the Public

- 8 Things to Know about Vaccine Planning

Governor Phil Murphy · Lt. Governor Sheila Oliver
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The New Jersey Department of Health is sharing updates on the state's COVID-19 vaccination planning through a weekly newsletter.

The inaugural edition can be found here:

https://www.state.nj.us/health/cd/documents/topics/NCOV/120420_NJDOH_COVID-19_Vaccine_newsletter.pdf



Future issues of NJDOH's "Vax Matters" and other resources about COVID-19 vaccination will be posted here:

https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml

Vax Matters



December 4, 2020



In the News

Pfizer/BioNTech Gets UK Emergency OK

Britain is the first country to grant an emergency approval for a COVID-19 vaccine developed by Pfizer and BioNTech, and officials said a mass immunization program would begin. The Washington Post reported.

CDC Advisory Panel Recommends Priority Populations for Initial Vaccine

Healthcare workers and residents of long-term care facilities would be the first recipients of a COVID-19 vaccine in the initial rollout under recommendations approved by the Advisory Committee for Immunization Practices (ACIP) on Dec. 1 and sent to the CDC for final approval. According to the CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, healthcare workers are defined as "all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials." NJDOH's vaccination planning aligns with including these populations in Phase 1A.

CDC Offers Quarantine Options

While continuing to recommend a 14-day quarantine period for people exposed to COVID-19, the CDC has recommended two options for ending the period earlier: 10 days if without a test and no symptoms or 7 days with a negative test and no symptoms. The CDC said the recommendations were made on extensive modeling.

And don't forget flu season...

Dec. 6-12 marks National Influenza Vaccination Week. Learn more.

Providers Signing On To Administer COVID-19 Vaccines

Throughout the state, healthcare providers are signing up to be able to provide COVID-19 vaccines. More than 300 provider sites in New Jersey have completed the steps to be enrolled as providers of the vaccine with more applications pending. This includes hospitals, local health departments and Federally Qualified Health Centers, among other providers.

"People are very interested in being part of the vaccination effort in one way or another," said Barbara Montana, MD, MPH, Medical Director, Communicable Disease Service/Vaccine Preventable Disease Program, New Jersey Department of Health (NJDOH).

Under the agreements, providers must follow CDC guidelines in administering the vaccine and submit dosage data to the New Jersey Immunization Information System (NJIS). Providers also must comply with CDC requirements for vaccine management including proper storage and handling of the vaccine, and must administer the vaccine regardless of the recipient's ability to pay.

A COVID on-demand webinar is available on the NJIS page for healthcare providers who will be administering the COVID-19 vaccine and is required for all vaccine coordinators.

Some facilities, such as local health departments, can also serve as a Point of Dispensing (POD) in their communities. Pre-registration is available for providers interested in hosting a POD.

*Questions
about PODs?
Read more.*



What is a POD?

A POD (Point of Dispensing) is a temporary site in the community where vaccines can be quickly administered to people in large numbers. POD sites will be set up within each county in New Jersey.

Pharmacies to Bring Vaccines to Long-Term Care Facilities

Residents and staff of long-term care facilities (LTCF) have been a priority throughout the state's vaccination planning. Reflecting this prioritization, New Jersey is participating in the Pharmacy Partnership for Long-Term Care Program. Federal agencies have partnered with CVS and Walgreens to provide end-to-end management of the vaccination process, including storage, handling, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. During the October sign-up period, NJDOH actively promoted this opportunity to long-term care providers and now is working with CDC and Operation Warp Speed to optimize the number of facilities accepted into the program.

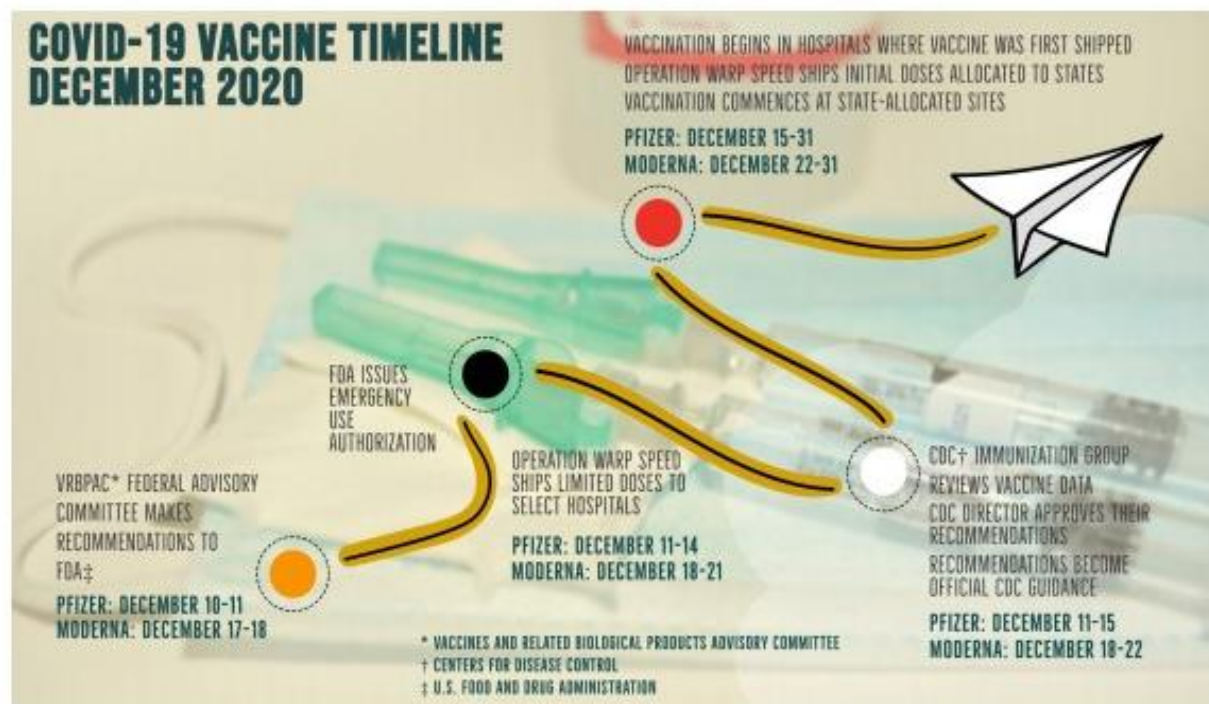
For enrolled facilities, the partnership will facilitate safe and effective vaccination for their population as well as for those serving in LTCFs who are eligible in Phase 1A and who have not yet been vaccinated off-site. CVS and Walgreens will contact enrolled facilities to coordinate, share information, and, when the partnership is activated during Phase 1A, to begin scheduling on-site clinics. The partnership will begin with serving skilled nursing facilities and will expand to other types of long-term care settings. NJDOH has also started to establish alternative providers for settings that are not served by the partnership.

https://www.state.nj.us/health/cd/documents/topics/NCOV/120420_NJDOH_COVID-19_Vaccine_newsletter.pdf

Partnering With Stakeholders To Help Build Public Awareness, Confidence in Vaccine

Building public awareness and education of the COVID-19 vaccine are critical parts of ensuring its success. As part of the state's outreach efforts, NJDOH Commissioner Judith Persichilli has been regularly engaging in calls with over 3,000 key stakeholders throughout the state to share information on the COVID-19 vaccination rollout and goals, and how stakeholders in turn can help build public confidence in the vaccine and the process.

The stakeholders represent 60 groups including interfaith-based organizations, pharmacies, higher education, elected officials, disabilities advocates, unions, healthcare associations, counties and local health departments, medical professional boards, law enforcement and first responders, among others. The commissioner has provided insights on the types of vaccines; timeframe for arrival; and the work of the Department's COVID-19 Vaccine Task Force and its review of all actions through a health equity lens. For more on the state's efforts, visit NJDOH's [COVID-19 vaccination website](#).



Frequently Asked Questions

Can children get the COVID-19 vaccine?

In early clinical trials for various COVID-19 vaccines, only non-pregnant adults participated. For this reason, the vaccine will not be available for use in children when it first becomes available. The groups recommended to receive the vaccines could change in the future.

What is an Emergency Use Authorization (EUA)?

Emergency Use Authorization is the legal authority of the U.S. Food and Drug Administration (FDA) to authorize emergency use of an investigational medical product (e.g., vaccines prior to licensure, drugs prior to approval) or an unapproved use of an approved medical product to diagnose, treat, or prevent a serious or life-threatening disease. According to the FDA, an EUA is used "to help make medical products available as quickly as possible by allowing unapproved medical products to reach patients in need when there are no adequate, FDA-approved and available alternatives."

How many shots of COVID vaccine will be needed?

Both the Pfizer (21 days apart) and Moderna (28 days apart) vaccine candidates that are pending emergency use authorization require two shots. Other vaccines in clinical trials require two or one shots.

More questions? [Learn more.](#)

Resource Links

[NJDOH COVID-19 Vaccination Page](#)

[COVID-19 Vaccination Plan at a Glance](#)

[How CDC Is Making COVID-19 Vaccine Recommendations](#)

[COVID-19 Vaccine: Who Will Be Able to Get the Vaccine?](#)

The New Jersey Department of Health (NJDOH) submitted a draft COVID-19 vaccination plan to the Centers for Disease Control and Prevention (CDC) on October 16, 2020. This plan will be updated in the coming months before the vaccine is approved and arrives in New Jersey. This page will give you a brief summary of what the plan contains. If you would like to read the plan in more detail, visit www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml

The state COVID-19 vaccine plan aims to:

- Provide equitable access to all who live, work, and/or are educated in New Jersey
- Achieve community protection, assuming vaccine effectiveness, availability, and uptake
- Build sustainable trust in COVID-19 and other vaccines

Equitable Access - This is aimed at eliminating disparities by involving diverse partners to work on planning and delivery of the vaccine. This can be achieved by providing vaccine in safe, familiar locations; providing information in different languages; increasing reach into communities with information; considering cost options for the underinsured/uninsured and other vulnerable groups; and removing barriers.

Phased Approach - The plan accounts for three likely phases of vaccine supply and demand. 1.) limited amount of vaccine, 2.) supply that is able to meet the demand, and 3.) slowing public demand.

Public Confidence - NJDOH will raise awareness, provide education, and activate action among public health and health care partners and the public to address concerns using science-based, public health and medical information from trusted sources.

State Leadership - A “whole-of-government” approach is being taken, including all state departments to ensure that the vaccine is delivered equitably and that no group is unjustly left behind.

Expert Guidance - State leaders have drawn on subject matter experts and thought leaders to guide New Jersey through this process and will continue to do so through the vaccine rollout.

Critical Populations - During Phase 1 it will be important to ensure that those most at risk of COVID-19 infection, those at risk of more severe illness or death, or those in underserved populations – including communities of color – who have been disproportionately impacted by the pandemic be among the first to be offered the vaccine.

Timely First-Dose Outreach and Second-Dose Reminders - Various methods to ensure that people receive the correct number of doses of vaccine and have a record to keep.

Efficient and Effective Local Delivery - Plans are in place for the use of PODs (Points of Dispensing) to be located across the state for convenient vaccine delivery. NJDOH is working with partner agencies to ensure proper handling and storage of vaccines.

Coordinated Inventory Management - NJDOH’s NJ Immunization Information System will serve as the central registry, ordering, and reporting system for COVID-19 vaccine to ensure appropriate allocation of resources.

Statewide Program Monitoring - Throughout the process, measures to monitor the vaccine program will be taken to ensure the program is progressing to plan and so that corrective actions can be taken when necessary.

11/2/2020

https://www.state.nj.us/health/cd/documents/topics/NCOV/Vax_Plan_English.pdf

Also offered in: Spanish, Arabic, Chinese-Simplified, Creole, Gujarati, Hindi, Korean, Polish, Portuguese, Tagalog.

COVID-19 Vaccine: Who Will Be Able to Get the Vaccine?



Once a COVID-19 vaccine is approved for use, it will likely be available in limited amounts. Until the vaccine can be produced in large quantities it is expected that it will first be given to priority groups of people – considered critical populations - who have been identified at high risk of COVID-19.

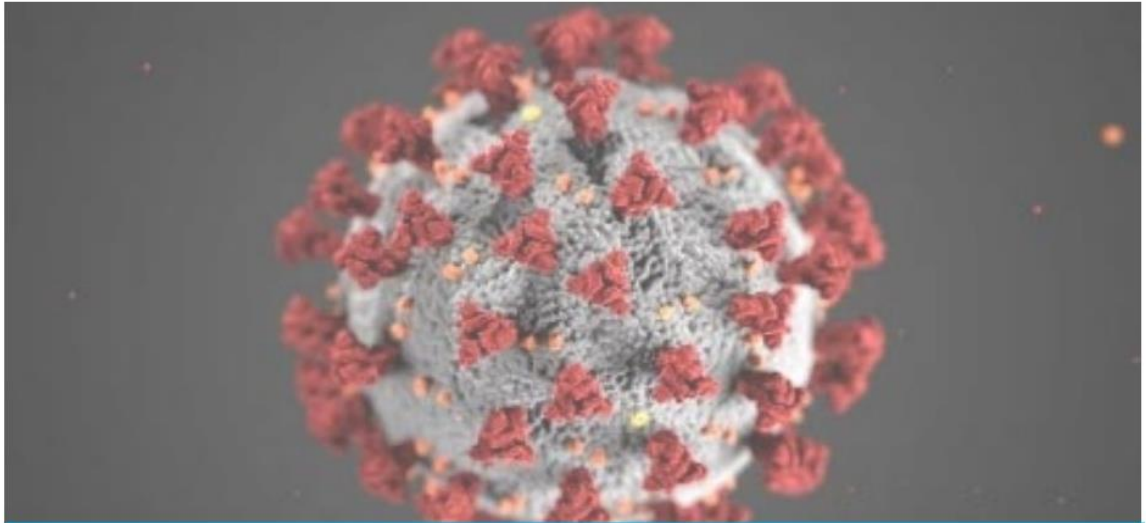
A phased approach will be used to ensure that the vaccine is distributed in a fair and equitable manner until larger quantities of vaccine become available. Decisions about priority groups and how the doses will be spread across the state will likely change based on supply and demand. The vaccine will be available to those who live, work and/or are educated in New Jersey.

Phase 1 – Limited Doses Available	Phase 2 – Large Amount Available	Phase 3 – Sufficient Supply, Slowing Demand
<ul style="list-style-type: none"> Healthcare workers who may have contact with infected patients or infectious materials Other essential workers People at higher risk of severe COVID-19 illness (over age 65, underlying health conditions, etc.) 	<ul style="list-style-type: none"> Remainder of those from Phase 1 Critical populations General population 	<ul style="list-style-type: none"> Remainder of those from Phase 2 Critical populations General population

Categories of Critical Populations – including, but not limited to:

Healthcare Workers	Other Essential Workers	Adults at Higher Risk	Others at Higher Risk
<ul style="list-style-type: none"> Hospital Long term care Home care Urgent care, clinics Dialysis centers Dental offices Funeral homes Pharmacies Public health Group homes EMS 	<ul style="list-style-type: none"> First responders Food and agriculture Transportation Education/childcare Energy Water/sanitation Law enforcement Government 	<ul style="list-style-type: none"> Long term care residents 65 years and older Underlying medical conditions Immunocompromised Incarcerated Homeless shelters Group homes Other congregate settings such as psychiatric facilities, seasonal migrant farm workers, etc. 	<p>People from:</p> <ul style="list-style-type: none"> communities that have disproportionately acquired and/or died from COVID-19 tribal communities colleges/universities rural communities people with disabilities people who are under- or uninsured

More complete details on priority groups and other aspects of the distribution plan can be found in the New Jersey COVID-19 Vaccination Plan at https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml.



COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations

**Centers for Disease Control and
Prevention (CDC)**

October 29, 2020

Version 2.0

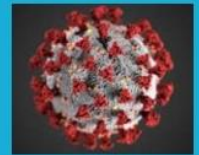


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

COVID-19 VACCINATION PROGRAM

INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



Section 4: Critical Populations

CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.

After a short period of potentially limited vaccine supply, supply will likely increase quickly, allowing vaccination efforts to be expanded to include additional critical populations as well as the general public. Jurisdictions should develop plans to ensure equitable access to vaccination for each of the critical populations identified below.

Identifying and Estimating Critical Populations

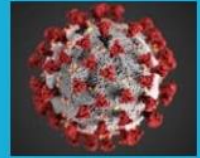
The first step in planning is to identify and estimate the critical populations within a jurisdiction. These populations (listed in no particular order) may include but are not limited to:

- Critical infrastructure workforce
 - Healthcare personnel (i.e., paid and unpaid personnel working in healthcare settings, which may include vaccinators, pharmacy staff, ancillary staff, school nurses, and EMS personnel)
 - Other essential workers (see additional guidance from the Cybersecurity and Infrastructure Security Agency [[CISA](#)])

Note: The critical infrastructure workforce varies by jurisdiction. Each jurisdiction must decide which groups to focus on when vaccine supply is limited by determining key sectors that may be within their populations (e.g., port-related workers in coastal jurisdictions)
- People at increased risk for severe COVID-19 illness
 - LTCF residents (i.e., residents of nursing homes and assisted living facilities)
 - People with [underlying medical conditions](#) that are risk factors for severe COVID-19 illness
 - People 65 years of age and older
- People at increased risk of acquiring or transmitting COVID-19
 - People from racial and ethnic minority groups
 - People from tribal communities
 - People who are incarcerated/detained in correctional facilities
 - People experiencing homelessness/living in shelters
 - People attending colleges/universities
 - People who work in educational settings (e.g., early learning centers, schools, and colleges/universities)
 - People living and working in other congregate settings
- People with limited access to routine vaccination services
 - People living in rural communities
 - People with disabilities
 - People who are under- or uninsured

COVID-19 VACCINATION PROGRAM

INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



Estimates of these groups should be as accurate as possible to minimize potential waste of vaccine, constituent products, or ancillary supplies. Partner agencies and organizations may be helpful in determining accurate estimates of these population groups. Such organizations might include the jurisdiction's emergency management agency, labor department, chamber of commerce, healthcare coalitions, and chronic disease/nutrition groups, as well as the [U.S. Department of the Interior](#), federal executive boards, and the [Association of Continuity Professionals](#).

Estimating Population Groups for Initial COVID-19 Vaccine Distribution During Phase 1

In the event that the jurisdiction's allocation during Phase 1 is insufficient to vaccinate all those included in the [initial populations of focus](#), it is important for jurisdictions to identify and estimate the subset groups (i.e., Phase 1-A, Phase 1-B) within these initial populations of focus to determine who will receive the first available doses of COVID-19 vaccine. Jurisdictions can review [current ACIP work group considerations](#) for assistance in identifying, prioritizing, and estimating Phase 1 sub-population groups.

Jurisdictional considerations for Phase 1 subset groups may include, for example:

- ❖ **Phase 1-A:** Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
- ❖ **Phase 1-B:** People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, childcare providers), adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness, and people 65 years of age or older (including those living in LTCFs)

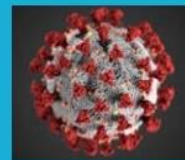
There may be insufficient COVID-19 vaccine supply initially to vaccinate all those who fall into the Phase 1-A subset, so jurisdictions should plan for additional subsets within that group (see [CISA](#) guidance for categories of healthcare personnel). Phase 1-B and Phase 2 planning may also benefit from identifying subsets of population groups if there is high demand for vaccine. The U.S. Department of Labor's Occupational Safety and Health Administration has [information](#) on classifying workers at risk (low to very high based on position within an organization) for exposure to SARS-CoV-2. This information could prove helpful to jurisdictions in determining subsets of critical populations for vaccination.

Describing and Locating Critical Populations

To improve vaccination among critical population groups, jurisdictions must ensure these groups have access to vaccination services. To inform COVID-19 vaccination provider outreach efforts, jurisdictions need to know where these groups are located. Jurisdictions should create visual maps of these populations, including places of employment for the critical infrastructure workforce category, to assist in COVID-19 vaccination clinic planning, especially for satellite, temporary, or off-site clinics. Certain jurisdictions have critical infrastructure workforces, such as healthcare personnel, that cross jurisdictional boundaries to get to their workplaces. Rather than try to enumerate these populations by place of residence, jurisdictions should consider enumeration by place of employment. Enumeration by health system to estimate its workforce may include both inpatient and outpatient facilities as well as any satellite clinics. The shift between daytime and nighttime essential worker populations is most pronounced in the mid- and northeastern jurisdictions. Accounting for workers by place of employment will help to minimize underestimation of these critical populations. The convenience of receiving vaccination at the place of employment may also result in increased vaccination coverage. Public health

COVID-19 VACCINATION PROGRAM

INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



programs should establish procedures to communicate key messages and coordinate vaccination logistics for these groups.

Programs should establish points of contact (POCs) for each organization, employer, or community (as appropriate) within the critical population groups. Partnerships with trusted community organizations can facilitate early agreement on communication channels and methods for rapidly disseminating information and ultimately ensuring these groups have access to vaccination. (See *Section 12: COVID-19 Vaccination Program Communication*.) Some of these partners could include:

- Community health centers
- FQHCs
- RHCs
- Critical access hospitals
- Pharmacies
- Organizations and businesses that employ critical workforce
- First responder organizations
- Tribal health or community centers
- Non-traditional providers (e.g., community health workers, doulas, promotoras) and locations (e.g., dialysis centers, community centers) serving people at higher risk for severe illness
- Other locations or facilities for shared or congregate housing serving people at higher risk for COVID-19 illness (e.g., homeless shelters, group housing, correctional facilities, senior living facilities)
- Locations where people 65 years of age and older gather (e.g., senior centers, food pantries)
- Religious groups and other community groups
- In-home care organizations
- Schools and institutions of higher learning

Additional strategies for jurisdictions to consider when planning to vaccinate critical populations are listed in *Appendix G: Vaccination Implementation Strategies to Consider for Critical Populations*.

Jurisdictions should prioritize describing and locating the Phase 1 [initial populations of focus](#) (see above) in their planning efforts, as these groups will be the first to be vaccinated before other critical populations.

A sample worksheet for collecting critical population POCs and other pertinent information is in *Appendix C: Phase 1 Population Group Worksheet Example*.

Related Guidance and Reference Materials

[Advisory Committee on Immunization Practices](#)

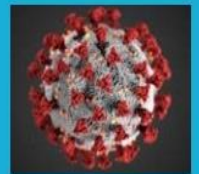
[NASEM Preliminary Framework for Equitable Allocation of COVID-19 Vaccine](#)

[Johns Hopkins Center for Health Security Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States](#)

The HHS Office for Civil Rights (OCR) [webpage](#) on Civil Rights and COVID-19 has several resources, including:

- [BULLETIN: Civil Rights, HIPAA, and the Coronavirus Disease 2019 \(COVID-19\)](#)
- [BULLETIN: Ensuring the Rights of Persons with Limited English Proficiency in Health Care During COVID-19](#)

COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



- [BULLETIN: Civil Rights Protections Prohibiting Race, Color, and National Origin Discrimination During COVID-19: Application of Title VI of the Civil Rights Act of 1964](#)
- Information on the resolution of complaints filed with HHS OCR such as those that allege age and disability discrimination due to a state's crisis standards of care guidelines, etc.

[Mapping Medicare Disparities Tool](#) can be used to identify areas of disparities between subgroups of Medicare beneficiaries in health outcomes, utilization, and spending. It can assist with investigating geographic and racial and ethnic differences in health outcomes and inform decisions to focus on certain populations and geographies.



Governor Murphy Signs Executive Order Enrolling Residents Who Choose to Receive a COVID-19 Vaccine in the New Jersey Immunization Information System

12/5/2020

TRENTON – In preparation for the arrival of COVID-19 vaccines to New Jersey, Governor Phil Murphy last night signed Executive Order No. 207, which automatically enrolls residents who choose to receive a COVID-19 vaccine into the state's existing vaccine registry. The Governor's Executive Order changes inclusion into the New Jersey Immunization Information System from an opt-in to an opt-out program for residents who elect to receive a COVID-19 vaccine. That group of residents will be automatically enrolled into the system, and will then be permitted to opt-out of the registry 30 days after the public health emergency expires.

Currently, all individuals born on or after January 1, 1998 are automatically enrolled in the registry, unless they opt-out of the registry. Any individual born prior to January 1, 1998 can elect to opt-in to the registry.

"As we continue to prepare for the first tranche of vaccines in New Jersey, we are exploring every avenue to maximize efficacy and efficiency," said **Governor Murphy**. "We're taking this step today to ensure that New Jerseyans who choose to receive a COVID-19 vaccine get the most effective course, on the proper timetable, without logistical or bureaucratic hurdles in the way."

"Accurate accounting of every dose of vaccine is vital to monitoring implementation progress of New Jersey's vaccination plan," said **New Jersey Health Commissioner Judith Persichilli**. "The system will also allow us to ensure residents are returning for the second dose of vaccine."

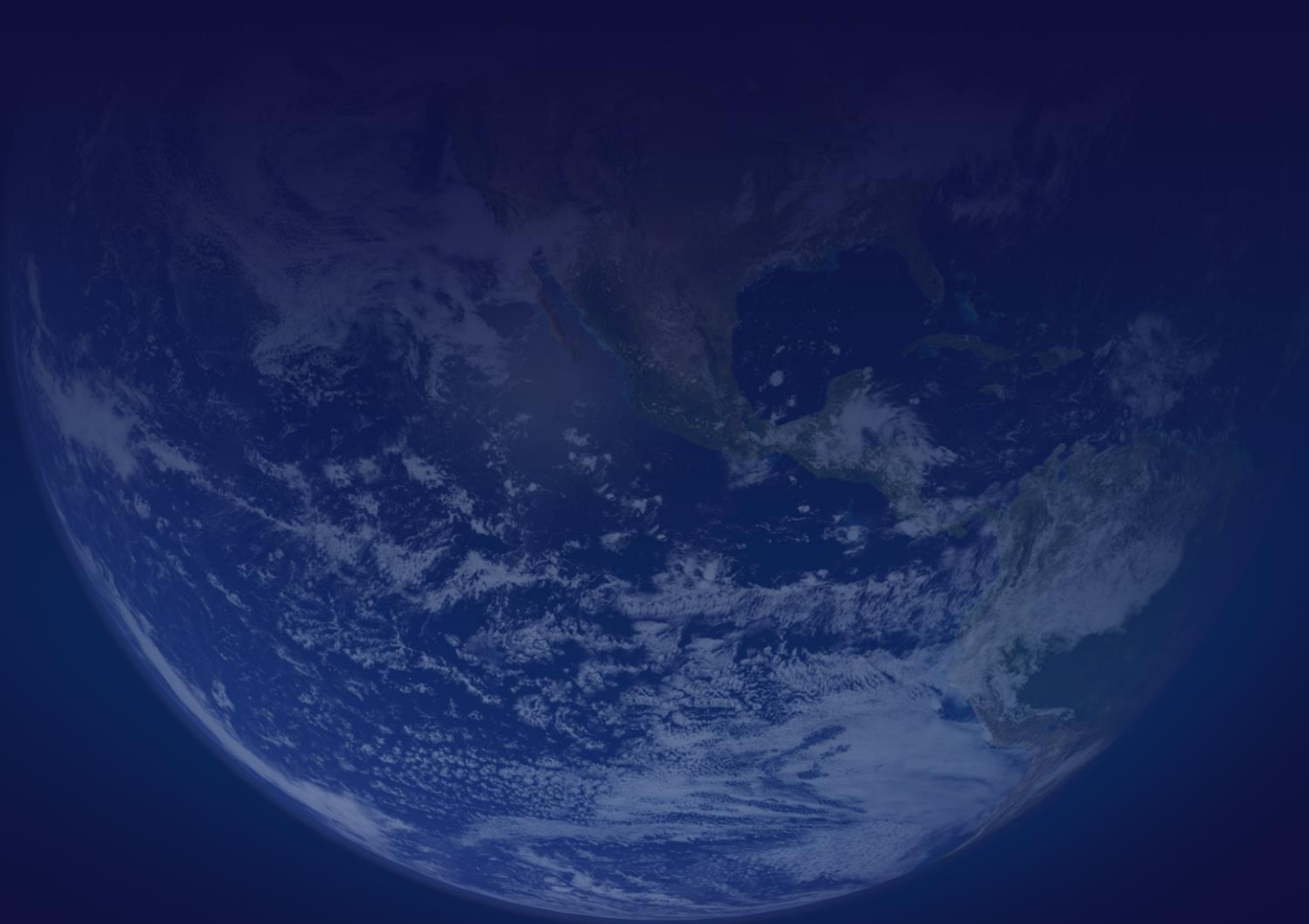
A copy of Executive Order No. 207 can be found [here](https://www.state.nj.us/infobank/eo/056murphy/pdf/EO-207.pdf).

<https://www.state.nj.us/infobank/eo/056murphy/pdf/EO-207.pdf> ([state.nj.us](https://www.state.nj.us))

EXECUTIVE ORDER NO. 207

WHEREAS, in light of the dangers posed by Coronavirus disease 2019 ("COVID-19"), I issued Executive Order No. 103 on March 9, 2020, the facts and circumstances of which are adopted by reference herein, which declared both a Public Health Emergency and State of Emergency; and

WHEREAS, through Executive Order Nos. 119, 138, 151, 162, 171, 180, 186, 191, and 200, issued on April 7, 2020, May 6, 2020, June 4, 2020, July 2, 2020, August 1, 2020, August 27, 2020, September 25, 2020, October 24, 2020, and November 22, 2020, respectively, the facts and circumstances of which are adopted by reference herein, I declared that the COVID-19 Public Health Emergency continued to exist and declared that all Executive Orders and Administrative Orders adopted in whole or in part in response to the COVID-19 Public Health Emergency remained in full force and effect; and ...



Q&A



Thank You