



MEMORANDUM

Date: January 12, 2021

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

A handwritten signature in black ink, appearing to read "CH Huckelberry", is written over the typed name and title.

Re: **County Accelerated Immunization Plan**

Introduction

Our public health agency, the Pima County Health Department, has developed the attached accelerated COVID-19 vaccination implementation plan entitled, "Ensuring that Early Doses Have Maximum Impact." An accelerated immunization plan is the quickest way to reduce the present hospital capacity emergency as well as reduce the number of community infections occurring with the Coronavirus. This plan contemplates both a number of fixed, high volume immunization sites as well as the distributed plan where immunizations occur in community settings in the rural and semi-urban areas of the County.

It is anticipated that at maximum operating performance, the six selected fixed sites can provide up to 12,200 inoculations each day with the possible expansion to over 16,000 per day. Based on the present supply of vaccines, it is clear we will have vaccination capacity in excess of vaccine supply. This memorandum is to supplement the public health agency's accelerated immunization plan and to provide the Board of Supervisors with a perspective on the difficulties involved in standing up vaccine sites and provide necessary logistical support to keep them operating at maximum capacity.

Population to be Vaccinated

The population in Pima County is approaching 1.1 million. It is estimated that nearly 20 percent of the population is below the age of 16; therefore, ineligible for the present vaccine due to the lack of vaccine trials on this population. It is also assumed that among the remaining age eligible population up to 20 percent of the population will decline to be vaccinated for various reasons. Therefore, approximately there will be 720,000 individuals requiring vaccination within the next six months.

Moving from Phase 1A Priorities to Phase 1B

Two fixed sites were chosen to vaccinate the 1A population, primarily healthcare workers, more than 30,000 in Pima County. These sites are, Banner North and Tucson Medical Center (TMC). The Banner North site is a drive thru vaccination site and TMC has both an inside

vaccination site as well as a drive thru site. Vaccinations began at these sites on December 17, 2020.

Near the end of this week, Pima County will transition into vaccinating the designated 1B population. These population designations are defined by the Centers for Disease Control through the Arizona State Department of Health Services, and reviewed and endorsed by the Pima County Health Department and its Ethics Committee.

Phase 1B is a relatively large segment of the population ranging from 275,000 to 325,000. Furthermore, Phase 1B has been divided into two categories Phase 1B-1 and Phase 1B-2. Phase 1B-1 prioritizes people 75 years of age and older, teachers, childcare workers, and protective service workers. Phase 1B-2 is a list of essential workers and adults in congregate settings with chronic medical conditions.

Identifying Phase 1B-1 Eligibility of Individuals 75 Years of Age or Older

The most immediate way to reduce the present overtaxing of hospital capacity is to quickly vaccinate those individuals 75 years of age or older since they are the ones most likely to require hospitalization and intensive care if infected. A combination of resources is being used to identify those 75 years or older age group. These include working with primary care health providers identify patients that meet this requirement.

In addition, we have been working with the Pima Council on Aging and the State Medicaid Agency to identify additional individuals, particularly those that are not mobile or those who are housebound in order to facilitate their vaccination. Finally, we will work with a variety of retirement communities to identify these individuals and arrange for early vaccination.

Specialization of the Six Fixed Vaccination Sites Related to Moving the Entire 1B Population through as Quickly as Possible

The 1B population is generally divided into three groups, those over the age of 75, teachers and protective service occupations. Given the scarcity of vaccine, Pima County Health Department recommends additional age stratification among those 75 and over. Our highest mortality has been in those 85 years old and over. This population is estimated to be approximately 20,000 residents. For this reason, vaccination will be prioritized to those who are 85 and over during the first week of Phase 1B. During the second week of eligibility 80-84 year olds, and to 75- 79 year olds in week three. Individuals who are 75 or older will continue to be able to receive vaccine throughout Phase 1B which is expected to last until the end of March.

Our attempt to prioritize the age groups over 75 years of age is designed to focus on the greatest risk individuals as well as space out registration demands to avoid crashing electronic registration systems, which had occurred in other large jurisdictions.

Furthermore, it is ideal if this group receives their vaccine at a vaccination site that is within, near or adjacent to a full service hospital facility, including an emergency room due to the possibility of increased reaction to the vaccine by these age groups. Hence, the Banner North, TMC and Kino Stadium (Banner South) will prioritize this group.

Likewise, the vaccination site at the University of Arizona will be prioritized for teachers and childcare workers, and the Tucson Convention Center site will focus on protective service occupations. As these groups move through the vaccination process the site will be opened to all individuals in group 1B.

The Rillito site, coming online in February or late January, will likely be used for the balance of the 1B population for teachers and protective service occupations and will remain in place for 1C population as will all six fixed sites.

Vaccination Capacity at the Six Fixed Vaccination Sites

The vaccination capacity at the six fixed sites will exceed the present estimated vaccine supply commitment provided by the State, which is approximately 12,000 doses per week. As we increase capacity to match vaccine, we will need an additional 20,000 doses per week through the balance of January; an additional 30,000 per week through February; and an additional 40,000 per week in March. If this vaccine supply is not provided, the sites will have to be reduced in operating hours or closed.

Vaccination Process and Logistic Support

The process to obtain a vaccination is relatively simple and involves registration, scheduling an appointment, receiving a vaccine, medical observation for adverse reaction and discharge. Moving through these steps is more complicated.

First, each site selected for administering vaccines must be on-boarded through the State Department of Health Services approval process, which means the site can provide vaccines in a safe manner and are there assurances that the vaccines will be administered safely and handled appropriately.

Once a site has been approved, then the logistics necessary to operate this site become critical. The first step is registration of individuals to be vaccinated. Most registration systems are online. Both Banner North and TMC have been using their medical registration systems for this purpose. Such will continue and the County will use both of these systems at its sites.

Given that it is likely a significant portion of the population, particularly those 75 years of age or older, may not have the skills necessary to independently register online or have access to a computer or internet. As a result, we anticipate providing some level of - telephone and limited on -site registration support.

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Post-registration, individuals arriving at a vaccine center will be greeted, undergo registration verification, and have their questions answered.

Once identified as registered, they will then proceed to consent and vaccination and must undergo either a 15 or 30-minute observation period to ensure there are no adverse reactions to the vaccine. A medical emergency response team must also be available at each vaccination site to address adverse reactions if they occur. If there is no adverse reaction, the vaccinated individual is released.

In administering the vaccine, one vaccine, the Pfizer vaccine requires pharmacy preparation before administering. In addition, to maximize the number of doses available of either the Pfizer or Moderna vaccine, pharmacy preparation is essential to ensure appropriate dosing and minimize drug wastage.

The importance of using trained Pharmacists, Pharmacy Techs or Pharmacy students providing this service relates to increasing the number of vaccines obtained per vial. Both the Moderna and Pfizer vaccine are advertised as five doses per vial. As many as six doses of the Pfizer vaccine has been obtained in a five-dose bottle and as many as nine doses from a Moderna bottle.

The person giving the shot to the individual to be vaccinated must also be a medical professional, either an Emergency Medical Technician or a Registered Nurse, qualified to provide inoculations.

Staffing Support for Vaccination Centers

Staffing vaccination centers will be challenging and met through a variety of personnel sourcing, including utilization of volunteers, medical volunteers from the Medical Reserve Corps, staffing of Emergency Medical Technicians through intergovernmental agreements with fire and fire district agencies, and contracting as necessary for medical personnel as well as staff to provide telephone and on-site registration and staff to greet and guide individuals through the process safely.

Where staffing gaps occur, I will appropriately redirect existing County staff to provide these services and if necessary, call on other City and Town Managers to do the same.

Finally, we have been and will continue to work with the University of Arizona to provide appropriate level pharmacy, nursing and other students to assist in those pharmacy activities and/or will enlist the services of contracted pharmacists for vaccine preparation.

Financial Support for the Vaccination Program

The financial support to fund both the fixed vaccination sites and those that will be dispersed, falls on the County public health agency. As I have previously indicated, the County has

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exhausted our CARES Act funding; however, the recently passed Consolidated Appropriation Act of 2021 has allocated \$66 million to the State of Arizona for the vaccination process and \$419 million to the State of Arizona for testing. These amounts should be appropriately and proportionately passed through the State to local county public health agencies who are incurring both vaccination and testing costs at a pace that is now the highest since the COVID-19 pandemic began. When and how these funds will be distributed remains a mystery at this point in time.

Initially, the cost for vaccinating the 1A population, primarily medical service providers, has been largely borne by the Banner Hospital System and Tucson Medical Center. It is not appropriate for these entities to continue to bear these costs when moving to the general population for vaccination. Hence, I have indicated to both that upon moving to the 1B population, the County, through our public health agency will reimburse them for their expenses in continuing to provide a fixed vaccination site. The County will also bear fixed expenses associated with other point of distribution vaccination sites once they come online.

Bearing these expenses now without specific knowledge associated with reimbursement is a risk; however, a far greater risk is to delay the community vaccination process.

CHH/anc

Attachment – Pima County Accelerated Immunization Plan – Ensuring that early doses have maximum impact

c: Jan Leshner, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Shane Clark, Director, Office of Emergency Management and Homeland Security
Spencer Graves, Manager, Public Health Emergency Preparedness Program

PIMA COUNTY, ARIZONA COVID-19 ACCELERATED IMMUNIZATION PLAN

Ensuring that early doses have maximum impact

January 11, 2021

**Prepared by the
Pima County, Arizona
Health Department**



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PIMA COUNTY HEALTH DEPARTMENT COVID-19 IMMUNIZATION ACCELERATION PLAN

I. PIMA COUNTY OVERVIEW

With a slow rollout of COVID-19 vaccine distribution throughout Arizona, the Pima County Health Department has developed an aggressive immunization acceleration plan including opening additional inoculation sites. Locations that are being prepared as vaccination sites include the Tucson Convention Center (City of Tucson), the Kino Sports Complex (Banner), and the University of Arizona. Rillito racetrack is also being prepared as a site.

Although Pima County is one of the current leaders in the state in the number of vaccinations per capita, we are compelled to increase our vaccination rate given the current crisis. We update our [COVID-19 Information & Resources website](#) daily with the latest information.

Over 25,000 health-care workers have been vaccinated since the county launched the first phase of distribution on December 17, 2020. Residents and workers of long-term-care facilities, many of which experienced a significant outbreak of the virus at the start of the pandemic, have been prioritized through federal contracts with commercial pharmacies and are currently being vaccinated. The County will soon enter Priority 1B, which includes priority for those who are 75 and older, as well as educators and protective service workers.

Current Targets, which are entirely dependent on vaccine availability from the Federal Government and through the State allocation process, are the following:

- The County will stand up 4 collaborative Points of Dispensing (PODs) -- in addition to the existing Tucson Medical Center (TMC) and Banner North PODs -- in the Tucson area within four weeks. The timing of the fourth POD is dependent on throughput and coverage of existing PODs and the availability of vaccine.
- A peri-urban and rural vaccination strategy will be implemented during January 2021 again assuming vaccine availability
- The County has established a *minimum goal* of 300,000 immunizations by March 31, 2021, if sufficient vaccine is available
 - If the present vaccination structure runs smoothly, an *expected goal* of 344,680 immunizations will be administered
 - If vaccine supply is not an issue and staffing and related resources can be procured, our model can scale up to a *maximum* of 775,030 immunizations in that same time frame

A. Pima County Facts and Figures

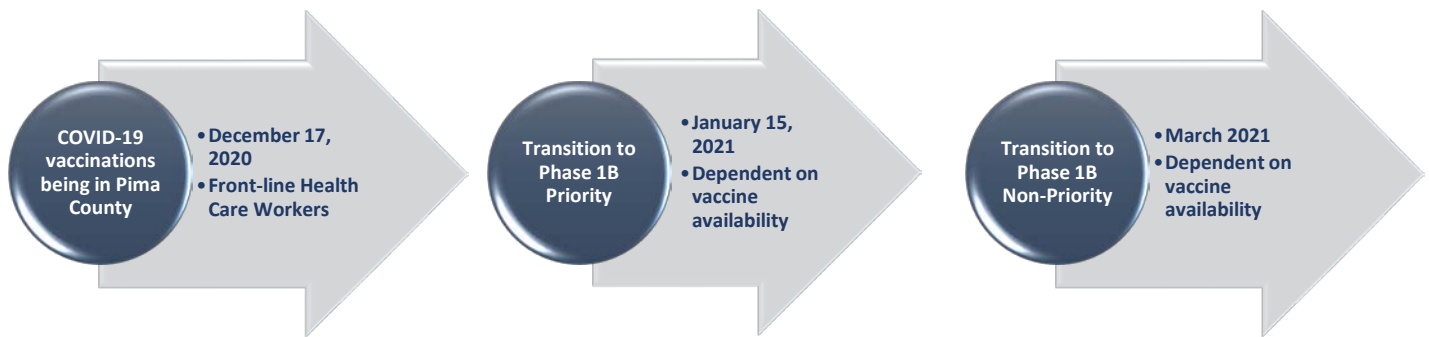
- Pima County Population: ~ 1.1 Million Residents
 - Population under 16 and currently ineligible for vaccination ~ 200,000
 - Estimated age-eligible population resistant/waiting/refusing to vaccinate ~ 118,000 of eligible adults (20%)
- Current population required to vaccinate ~ 720,000

B. Transition Between Phases

- The County has made the strategic decision to remain in Phase 1A as we accelerate our vaccination rate. **We tentatively anticipate transitioning to Phase 1B.1 Priority around January 15, 2021.**

Our thoughts:

- Since December 17, 2020, the vast majority of our current vaccination appointments were for healthcare workers (HCWs)
- Over 1400 reminders were sent to HCWs organizations during the week of December 28, 2020, with vaccine registration information to increase enrollment at the two operating Points of Dispensing (PODS) – TMC and UMC Banner North
- As of January 6, 2021, over 800 of these organizations had been made available for the registration system. These HCWs began receiving the vaccines during the same week.



C. COVID-19 Vaccination Strategy

The following COVID-19 Vaccination targets include the second vaccination shot. Our goal would be to meet maximum 1,480,000 total vaccinations (assuming that complete vaccination would require a two-vaccination series)

1) *Minimum Vaccination Targets (predicted near completion - September 2021)*

Q1 & Q2 <i>Minimum Vaccination Targets</i> Predicted Near Completion – September 2021	
Estimated <i>minimum</i> vaccinations by March 31	344,680
Estimated <i>minimum</i> vaccinations from April 1-June 30	599,730
Estimated <i>minimum</i> vaccinations by June 30	944,410

2) *Maximum Vaccination Targets (predicted near completion - June 2021)*

Q1 & Q2 <i>Maximum Vaccination Targets</i> Predicted Near Completion – June 2021	
Estimated <i>maximum</i> vaccinations by March 31	775,030
Estimated <i>maximum</i> vaccinations from April 1-June 30	1,005,080
Estimated <i>maximum</i> vaccinations by June 30	1,780,110

3) Quarter 1 Scenario Inoculation Estimates

The tables below present two possible case scenario inoculation estimates, with the assumptions that:

- a) **All new sites open on schedule, with adequate vaccine and staffing**
- b) **All sites meet best performance numbers based on minimum or maximum capacity being available**
- c) **Sufficient vaccine is allotted to Pima County from the Arizona Department of Health Services (AzDHS) on a routine and predictable schedule**
- d) **Sufficient vaccine is available to meet the minimum or maximum estimates**

4) Preliminary Estimate of *Minimum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021

The tables below display the *minimum* number of COVID-19 vaccine inoculations projected to be supported in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

<i>Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)</i>								
Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/inoculations per day	Jan inoculations	# days/ inoculations per day	Feb inoculations	# days/ inoculations per day	March inoculations	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 15/1,500	27,500	23/1,500	34,500	25/1,500	37,500	99,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	25/700	17,500	49,700
Banner South/ Kino Stadium	1/13/21	14/800	11,200	23/800	18,400	25/800	20,000	49,600
Tucson Convention Center	1/15/21	14/700	9,800	23/700	16,100	25/700	17,500	43,400
Univ. of Arizona	1/19/21	10/700	7,000	23/700	16,100	25/700	17,500	40,600
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q1 2021 POD Totals			71,600		101,200		110,000	282,800
Long Term Care Facilities (LTC)/ALF - retail pharmacies								
		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations								
		10/500	5,000	23/750	17,250	25/750	18,750	41,000
136.290			83,270		125,120		136,290	344,680

Pima County Health Department COVID-19 Immunization Acceleration Plan

Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)

Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ inoculations per day	Apr inoculations	# days/ inoculations per day	May inoculations	# days/ inoculations per day	June inoculations	
Tucson Medical Center (TMC)	12/14/20	24/1,500	36,000	25/1,500	37,500	24/1,500	36,000	109,500
Banner-North (UMC)	12/14/20	24/700	16,800	25/700	17,500	24/700	16,800	51,100
Banner South/ Kino Stadium	1/13/21	24/2,000	48,000	26/2,000	50,000	24/2,000	48,000	146,000
Tucson Convention Center	1/15/21	24/2,000	48,000	25/2,000	50,000	24/2,000	48,000	146,000
Univ. of Arizona	1/19/21	24/1,000	24,000	25/1,000	25,000	24/1,000	24,000	73,000
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q2 2021 POD Totals			172,800		180,000		172,800	525,600
Long Term Care Facilities (LTC)/ ALF- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	17,250	51,750
Q2 2021 Minimum Grand Totals			196,720		203,920		199,090	599,730

*each site may be able to increase an additional 1,000 vaccines/day

Q1 2021 Minimum Grand Totals	Jan	83,270	Feb	125,120	Mar	136,290	344,680
Q2 2021 Minimum Grand Totals	Apr	196,720	May	203,920	Jun	199,090	599,730
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals							944,410

5) Preliminary Estimate of *Maximum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021

The tables below display the *maximum* number of COVID-19 vaccine inoculations expected to be performed in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)								
Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/ inoculations per day	Jan inoculations	# days/ inoculations per day	Feb inoculations	Per Day	# days/ inoculations per day	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 18/1,500	32,000	23/1,500	34,500	26/1,500	39,000	105,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	26/700	18,200	50,400
Banner South/ Kino Stadium	1/13/21	16/2,000	32,000	23/2,000	46,000	26/2,000	52,000	130,000
Tucson Convention Center	1/15/21	14/2,000	28,000	23/3,000	69,000	26/3000	78,000	175,000
Univ. of Arizona	1/19/21	10/1,000	10,000	23/2,000	46,000	26/2,000	52,000	108,000
Rillito Racetrack	2/5/21	0	0	18/3,000	54,000	26/3,000	78,000	132,000
Q1 2021 Totals			118,100		265,600		317,200	700,900
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Long Term Care Facilities (LTC)/ALF - retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	18,750	51,750
Q1 2021 Minimum COVID-19 Vaccine Inoculation Grand Totals			142,020		289,520		343,490	775,030

*assumes this site is able to increase an additional 1,000 vaccines/day starting in February

Pima County Health Department COVID-19 Immunization Acceleration Plan

Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)

Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ inoculations per day	Apr inoculations	# days/ inoculations per day	May inoculations	# days/ inoculations per day	June inoculations	
Tucson Medical Center (TMC)	12/14/20	25/1,500	37,500	26/1,500	39,000	25/1,500	37,500	114,000
Banner-North (UMC)	12/14/20	25/700	17,500	26/700	18,200	25/700	17,500	53,200
Banner South/ Kino Stadium	1/13/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Tucson Convention Center	1/15/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Univ. of Arizona	1/19/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Rillito Racetrack	2/5/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Q2 2021 Totals			305,000		317,200		305,000	927,200
<hr/>								
Long Term Care Facilities (LTC)/ALF-- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		25/750	18,750	26/750	19,500	25/850	18,750	57,000
Q2 2021 Maximum Grand Totals			330,420		343,370		331,290	1,005,080
*assumes this site is able to increase an additional 1,000 vaccines/day								
Q1 2021 Maximum Grand Totals		Jan	142,020	Feb	289,520	Mar	343,490	775,030
Q2 2021 Maximum Grand Totals		Apr	330,420	May	343,370	Jun	331,290	1,005,080
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals								1,780,110

6) Summary of Total Q1 & 2 Minimum and Maximum COVID-19 Vaccine Inoculations for Pima County

The table below displays a summary, by month, of the projected minimum and maximum COVID-19 vaccine inoculation estimates for Q1 and Q2 FY2020. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Q1 & Q2 Inoculations at all Pima County Locations		Jan	Feb	March	April	May	June	Total
Jan 1 - June 30, 2021	Minimum	83,270	125,120	136,290	196,720	203,920	199,090	944,410
	Maximum	142,020	289,520	343,490	330,420	343,370	331,290	1,780,110

7) Expenses

Current Expenses -- County Partnerships

Current expenses have been borne by the Pima County as well as our partners (TMC, and Banner). Additional small, closed distribution points and partnerships have been developed with other hospitals (St. Mary's Hospital, St. Joseph's Hospital, Northwest Medical Center, and Oro Valley Hospital), Federally Qualified Community Health Centers (El Rio, Marana, United, and Desert Senita), and clinical groups (Arizona Community Physicians). Likewise, fire districts receiving vaccination have largely absorbed the costs of administration of the vaccine for their own staff.

Contract Expenses

To ensure adequate support for vaccine distribution, Pima County has also awarded two six-month vaccinator contracts. We anticipate that there will continue to be significant costs associated with COVID-19 vaccination.

First Responders – Sharing Financial Costs

Intergovernmental agreements are being crafted with the regional fire districts in order to provide mechanism for cost sharing as we move into Phase 1B.

County Financial Assumption of Vaccination Centers in Phase 1B

The County will assume the expense of the vaccination PODS as the COVID-19 vaccination process moves to Phase 1B

D. Distribution Site Overview

1) Current Activities

- Two PODS fully functional and supported by Banner North, TMC, volunteers, and County staff.
- Planning to establish and initiate four additional PODs with anticipated start dates
- Agreements to continue current “closed pods” with specific TMC and Banner
- Staffing- reliance on volunteers as well as County, Banner, and TMC staff
- LTC immunization is ongoing under Federal partnership and direction with Walgreens/CVS pharmacies

2) Number of Distribution Sites

- Two large PODS -- UMC Banner North and TMC -- are 100% deployed
- Four additional PODS are in development (Banner South, TCC, University of Arizona, Rillito)
 - Kino Banner - January 15
 - TCC - January 15
 - University of Arizona- January 19
 - Rillito – ~February (details still in development)
- Currently, ten non-POD distribution sites have been deployed using hospital and non-hospital partners. We anticipate that this number will increase over the next few months
 - Over 100 sites have been on-boarded in the State Health Services system as potential distribution sites in Pima County

3) Semi-urban and Rural Sites

- A detailed semi-urban and rural plan is in development for the 17% of County that resides in outside of the urban core; this includes:
 - Far Western Pima County (inclusive of Ajo, Lukeville, and Why)
 - Northwestern/North Pima County (inclusive of Marana, Avra Valley, Picture Rocks, Catalina, and Summer Haven)
 - South/Southeastern Pima County (inclusive of Sahuarita, Green Valley, Amado, Arivaca, Vail, Corona de Tucson, Summit and Continental)
- Major planning elements include the following:
 - Assumes coverage for 20,062 residents over the age of 75+; 685 protective services workers; and 3,700 teachers and childcare workers
 - Relies on existing vaccination partners that
 - a) Already have a clinical footprint in those communities
 - b) Are already qualified by the state to receive and deliver vaccine; and
 - c) Who can quickly mobilize community assets to quickly deliver vaccines
 - Dependent on the quick re-allocation of vaccine stock among partners to ensure timely utilization of stock
 - Anticipates eventual access to vaccine from retail pharmacies contracting directly with the federal government and under the direction of the State

II. PHASES

The County have developed the following tentative vaccination phases.

A. Phase 1A

<i>Phase 1A Subgroup Prioritization for Healthcare Workers</i>			
Phase 1A.1	Phase 1A.2	Phase 1A.3	Phase 1A.4
Healthcare workers and support staff who provide direct patient care in high-risk settings	Healthcare workers and support staff who provide direct patient care in moderate-risk settings	Healthcare workers and support staff who provide direct patient care in lower-risk settings	All other healthcare workers
<i>Descriptions and Examples</i>			
<ul style="list-style-type: none"> • COVID patients are present in workspace • Works inside COVID rooms • Longer exposure times (cumulative of 15 min over 24h period) • Dedicated COVID units, emergency departments, and COVID dedicated respiratory clinics • Urgent Care accepting COVID patients 	<ul style="list-style-type: none"> • COVID patients are present in workspace • HCWs on COVID floor but not in COVID rooms • Lesser exposure times (cumulative of less than 15 min over 24h period) 	<ul style="list-style-type: none"> • Urgent Care not accepting COVID patients • Home health/hospice • Inpatient locations that do not accept COVID inpatients 	

Special prioritizations during Phase 1A

- Healthcare workers “at increased risk of severe illness” as defined by the CDC, including those with underlying health conditions and healthcare workers age 65 and older, will have first priority in each phase.

Pima County Health Department COVID-19 Immunization Acceleration Plan

Phase 1A Subgroup Prioritization for Healthcare Workers and Long-Term Care Residents	
Healthcare Workers	Long-Term Care Residents
Phase 1A.1	
<p>Hospitals: All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics. (Includes, but not limited to nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff, support workers, environmental/maintenance staff and administrative staff, volunteers, students and trainees and faith and spiritual leaders/healers at high risk for exposure.)</p> <p>LTCF (skilled nursing facilities and nursing homes): All personnel working in these facilities.</p> <p>Emergency Medical Services Personnel: People providing direct patient care as part of the EMS system. This includes air ambulance pilots, ground ambulance drivers, physicians, physician assistants, nurses, and those personnel certified or registered by the EMSRB, including paramedics, advanced emergency medical technicians, emergency medical technicians, and emergency medical responders.</p> <p>COVID testers: Personnel providing testing at mobile and static testing centers and support staff at these sites.</p> <p>COVID community vaccinators: Public health vaccinators and those administering COVID-19 vaccine in Phase 1A.</p>	<p>Residents living in skilled nursing facilities and nursing homes (including veterans' homes).</p>
Phase 1A.2	
<p>Hospitals: All personnel providing direct patient services or handling infectious materials and not included in the first priority group.</p> <p>LTCF (assisted living facilities/housing with services with an arranged Home Care Provider): All personnel working in these facilities.</p> <p>Urgent care settings: All personnel providing direct patient services or handling infectious materials and not included in first priority group.</p> <p>Dialysis centers: All personnel providing direct patient services or handling infectious materials.</p>	<p>Residents living in housing with services with an arranged home care provider, otherwise known as assisted living (including veterans' homes).</p>
Phase 1A.3	
<p>All remaining health care personnel (HCP) not included in the first and second priority groups that are unable to telework. This includes but is not limited to: HCP that work in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, LTCF, dental offices, pharmacies, public health clinics, mental/behavioral health settings, correctional settings, and group homes.</p>	<p>Adult residents living in Intermediate Care Facilities for people with intellectual disabilities and other adult residents living in residential care facilities licensed in AZ primarily serving at-risk people including older adults, people with intellectual and physical disabilities, in settings such as community residential settings and adult foster care.</p>
Phase 1A.4	
<p>Other HCP working in an inpatient, ambulatory, or outpatient setting who are in a high-risk category due to personal health conditions or age.</p> <p>HCP <u>"at increased risk of severe illness"</u> as defined by the CDC, including those with underlying health conditions and age 65 and older.</p>	

B. Phase 1B

PHASE 1B PRIORITIZATION		
	PHASE	DESCRIPTION
Phase 1B.1	PHASE 1B.1.a People aged 75 years and older	<ul style="list-style-type: none"> • People aged 75 years and older due to the high risk of hospitalization, illness, and death from COVID-19
	PHASE 1B.1.b Prioritized Protective service Workers	<ul style="list-style-type: none"> • Protective service occupations (law enforcement, corrections, firefighters, and other emergency response staff, 911 call center staff and trainees in high-risk settings)
	PHASE 1B.1.c Teachers and Childcare Providers	<ul style="list-style-type: none"> • Education and childcare providers (K12 and higher education teachers and staff, student teachers)
Phase 1B.2	PHASE 1B.2 Essential Workers (based on CISA and EO 2020-12 definitions)	<ul style="list-style-type: none"> • Power and utility workers • Food and agriculture related occupations (packaging and distribution workers, grocery, farmworkers, and restaurant workers) • Transportation and material moving occupations (public transportation providers, airlines, gas stations, auto shop workers, and other transportation network providers) • State and local government workers that provide critical services for continuity of government, such as food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector not in the prioritized essential worker category • Other essential workers (e.g., business and financial services, supply chain for critical goods, funeral services, critical trades, etc.) • Veterinarians and veterinary staff
	Phase 1B.2 Adults in Congregate Settings	<ul style="list-style-type: none"> • Adults with high-risk medical conditions living in shelters or other congregate living settings

C. Phase 1C

The County is awaiting confirmation, but the following groups are expected to be included in Phase 1C:

- Remaining 1A and 1B populations
- Adults 65 and older
- Adults of any age with high-risk medical conditions

D. Phases 2 and 3: General Population

1) POD Planning Assumptions

As the supply of available vaccines increase, distribution will expand, increasing access to vaccination services for a larger population.

2) Key Considerations and Assumptions

- The COVID-19 vaccine supply will likely be sufficient to meet the general public
- The receipt of additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
- A surge in COVID-19 vaccine demand is possible; if so, a broad vaccine administration network for surge capacity will be necessary
- Low COVID-19 vaccine demand is also a possibility, so County should monitor the existing supply and adjust strategies to minimize waste
- Long-term care facilities will sign up for on-site clinics from CVS or Walgreens (opt-in) or pharmacies (opt-out)

3) Objectives

County will employ the following strategies when larger quantities of vaccine become available during Phase 2 and Phase 3:

- Provide equitable access to the COVID-19 vaccine to achieve high vaccination coverage in Phase 2 and 3 populations
- Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19 exposure





4) Accommodation for Increased Supply Levels

County will adapt to the increase in COVID-19 vaccine supply levels by:

- Expanding vaccination efforts beyond initial population groups in Phase 1 with an emphasis on equitable access for all populations
- Administering vaccine through a broad provider network, to include the following:
 - Commercial and private sector partners, such as pharmacies, doctors' offices, and clinics
 - Public health sites, such as mobile clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), public health clinics, and temporary/off-site clinics

E. Special Prioritizations During All Phases

The populations listed in the table below are at increased risk for acquiring or transmitting COVID-19 per the [CDC Social Vulnerability Index](#) and will be considered for sub-prioritization throughout all phases. These categories will be used to inform targeted strategies to improve access among underserved populations within each of the phased priority groups and will not be applied on a discriminatory basis.

POPULATIONS AT INCREASED RISK FOR ACQUIRING OR TRANSMITTING COVID-19	
	Healthcare system factors. Uninsured, under-insured adults, and adults with Medicaid (AHCCCS)
	Resource-constrained and disabled adults. Adults with disabilities or living in rural communities
	Housing type and transportation disadvantages. Adults in correctional facilities/incarcerated, experiencing homelessness/living in shelters, attending colleges/universities, or living and working in other congregate settings. Essential workers who rely solely on public transit to get to work.
	Minority status and language. Adults from racial and ethnic minority groups, tribal communities, and non-English speaking adults

III. RISK ASSESSMENT

A. Purpose

The purpose this section is to establish a risk management framework within the County COVID-19 vaccine program for evaluating and monitoring risk management activities and to enable team leads to make risk-informed decisions.

B. Risk Response Planning

Each major risk (those falling in the red and yellow zones) will be assigned to a program team member for monitoring purposes to ensure that the risk will not go unaddressed.

For each major risk, one of the following approaches will be selected to address it:

- **Avoid** – Eliminate the threat by removing the cause
- **Mitigate** – Identify ways to reduce the probability or the impact of the risk
- **Accept** – Make no action because the degree of risk is low
- **Transfer** – Make another party responsible for the risk

For each risk that will be mitigated, a designated individual or team will identify ways to prevent the risk from occurring or reduce its impact or probability of occurring. For each major risk that is to be mitigated, a course of action will be outlined for the event that the risk does materialize.

C. Risk Log

RISK	LIKELIHOOD	IMPACT	PUBLIC HEALTH IMPACT	MITIGATION
Inadequate Vaccine in first quarter	High	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Inadequate Vaccine in second quarter	Moderate	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Delayed POD opening	Moderate	Decreased vaccination delivery	Decreased ability to minimize transmission	Work with planning, logistics and partners
Lack of staffing	Minimal	Unable to sustain PODS	Decreased ability to minimize transmission	Enhance volunteer strategy; hire contracted personnel
Vaccine Adverse Reactions	Minimal	Individual impact; increased vaccine hesitancy	Decreased number of people immunized	Increase communications; follow adverse reaction protocols