NEW MEXICO DEPARTMENT OF

PRELIMINARY COVID-19 VACCINATION PLAN

OCTOBER 16, 2020

10.16.20 | PRELIMINARY DRAFT



Table of Contents

Record of Changes 2
Instructions for Jurisdictions
Overview
Purpose
Scope
Section 1: COVID-19 Vaccination Preparedness Planning7
Section 2: COVID-19 Organizational Structure and Partner Involvement
Section 3: Phased Approach to COVID -19 Vaccination
Section 4: Critical Populations
Section 5: COVID-19 Provider Recruitment and Enrollment
Section 6: COVID-19 Vaccine Administration Capacity
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management
Section 8: COVID-19 Vaccine Storage and Handling
Section 9: COVID-19 Vaccine Administration Documentation and Reporting
Section 10: COVID-19 Vaccination Second-Dose Reminders
Section 10: COVID-19 Vaccination Second-Dose Reminders
Section 11: COVID-19 Requirements for IISs or Other External Systems
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50Section 14: COVID-19 Vaccine Safety Monitoring50
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50Section 14: COVID-19 Vaccine Safety Monitoring50Section 15: COVID-19 Vaccination Program Monitoring50
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50Section 14: COVID-19 Vaccine Safety Monitoring50Section 15: COVID-19 Vaccination Program Monitoring50Appendix A: Internal Vaccine Planning Team Membership54
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50Section 14: COVID-19 Vaccine Safety Monitoring50Section 15: COVID-19 Vaccination Program Monitoring50Appendix A: Internal Vaccine Planning Team Membership54Appendix B: COVID-19 Vaccine Planning Advisory Group55
Section 11: COVID-19 Requirements for IISs or Other External Systems42Section 12: COVID-19 Vaccination Program Communication46Section 13: Regulatory Considerations for COVID-19 Vaccination50Section 14: COVID-19 Vaccine Safety Monitoring50Section 15: COVID-19 Vaccination Program Monitoring50Appendix A: Internal Vaccine Planning Team Membership54Appendix B: COVID-19 Vaccine Planning Advisory Group55Appendix C: IHS and Tribal Health Centers56



Record of Changes

Date of original version:

Date Reviewed	Change Number	Date of Change	Description of Change	Name of Author



Instructions for Jurisdictions

The COVID-19 Vaccination Plan template is to assist with development of a jurisdiction's COVID-19 vaccination plan. Jurisdictions should use this template when submitting their COVID-19 vaccination plans to CDC.

The template is divided into 15 main planning sections, with brief instructions to assist with content development. While these instructions may help guide plan development, they are not comprehensive, and jurisdictions are reminded to carefully review the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations* as well as other CDC guidance and resources when developing their plans. Jurisdictions are encouraged to routinely monitor local and federal COVID-19 vaccination updates for any changes in guidance, including any updates to the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.



Overview

The New Mexico Department of Health (NMDOH) is leading the State of New Mexico's COVID-19 Vaccination Preparedness Planning, in close collaboration with other state agencies, public, private and tribal partners throughout the state. This COVID-19 Preliminary Vaccination Plan ("Plan") will continue to be revised and updated as more information becomes available regarding the Centers for Disease Control and Prevention (CDC) systems and requirements, and most significantly, more information about vaccines becomes available.

New Mexico has been closely monitoring the work of the Advisory Committee on Immunization Practices (ACIP) and the draft and final National Academies of Science, Engineering and Medicine (NASEM) Consensus Study Report, *Framework for Equitable Allocation of COVID-19 Vaccine*. Numerous members of the internal Vaccine Planning Team regularly participate in national webinars with CDC and others, relating to COVID-19 vaccines and the distribution plans of the federal government.

Given the devastating impact this pandemic has had on New Mexico Native American communities, NMDOH is prioritizing collaboration with tribal partners and the Indian Health Service (IHS). New Mexico pueblos, tribes, and nations will be making key decisions that best serve the needs of their communities and NMDOH will provide support, expertise, and available resources to tribal partners. NMDOH and the New Mexico Indian Affairs Department have begun outreach to discuss vaccine distribution planning with the Indian Health Service (IHS) and individual tribal partners as each addresses the unique needs and priorities of its community. Similar to NMDOH, New Mexico tribal partners have questions about the vaccines, available supplies and the distribution process that NMDOH cannot yet answer.

Distribution and administration of safe and effective vaccines is essential to bringing an end to this deadly and destructive pandemic. The Interim CDC Playbook, instructions for this plan, and weekly webinars have helped NMDOH organize its initial planning. But preparing this Plan has also highlighted the many unknowns that make it difficult to run tabletop exercises and engage in the full planning that is required to operate a successful vaccination campaign. There are three major categories of information that will help us further develop this Plan: (1) federal vaccine allocation criteria for states and rough estimates of dosage amounts for New Mexico; (2) more detailed information about protocols on cold chain requirements for early vaccine candidates; and (3) Centers for Medicare and Medicaid Services (CMS) decisions and other federal guidance to commercial health plans regarding reimbursement to providers for vaccine administration fees and available federal support for higher-cost vaccine efforts, such as mobile clinics to smaller communities and work settings, cold-chain related costs (e.g., dry ice and additional PPE) and vaccinating the uninsured.

Key Initial Questions:

1. What criteria will CDC use to make initial allocation decisions and approximately how many doses will New Mexico receive during the initial "kick start phase" and during the first weeks and months of distribution of each vaccine?



It is critical to NMDOH planning that CDC provide a rough estimate of the number of doses that will be delivered to New Mexico over the initial 6-8-week timeline for early vaccine candidates. For example, should NMDOH assume that New Mexico will receive a proportional allocation based on its population, or is CDC using other criteria for initial distribution? This information will enable NMDOH to conduct more focused, in-depth tabletop exercises and identify initial vaccine providers and vaccination sites, particularly in rural communities. Information about what proportion of New Mexico's allotments will be directly allocated to IHS, pharmacy partners for long-term care facilities, and to various federal entities (e.g., military, Department of Veterans Affairs facilities, federal detention facilities within the state) will greatly advance vaccine planning efforts. We will also need vaccine-specific performance data, including at the subpopulation level, to help plan and run exercises on allocating vaccine.

2. What are the cold chain requirements associated with each vaccine and how will CDC provide jurisdictions and providers vaccine-specific training and protocols that address deep-cold transportation and storage requirements for handling containers, monitoring temperatures, and ordering additional dry ice and related PPE?

NMDOH will need more detailed information to efficiently administer vaccines with deep-cold storage requirements, particularly if they must be administered within a short timeframe. In order to identify and train vaccination sites and partners, particularly in small rural communities, this information would include the protocols for transportation, storage, temperature monitoring, and other elements of safe and effective vaccine administration. Before the federal government ships vaccine, our key provider partners need this information.

3. When will CMS publish reimbursement rates for vaccine administration and provide further guidance on covering additional vaccination expenses and vaccinating the uninsured?

Healthcare providers have been asking about the reimbursement they will receive for administering vaccine and whether the state or federal government will provide additional support for expenses that may arise in conducting mobile clinics, maintaining COVID-safe clinics (including during inclement weather), and covering the costs of materials not included in the vaccine kits provided by the federal government (e.g., dry ice and related PPE for handling it, possibly sufficient gloves and other PPE for administering vaccine). Questions include reimbursement decisions for Medicare and Medicaid providers, federal direction/guidance to commercial and employer-sponsored health plans, how reimbursement will work for the uninsured, and whether additional funding will be available to states and state partners for what will likely be more costly settings for administering vaccine. Clarifying reimbursements for vaccine administration and ensuring adequate funding for additional costs will be critical to engaging the private partners we need to run a robust, efficient, and effective vaccination campaign.



Purpose

The purpose of this Plan is to define the activities, roles, and resources necessary to provide a coordinated COVID-19 vaccine response within the State of New Mexico. This Plan provides the framework for planning all aspects of vaccine preparedness and for implementation when vaccine becomes available in New Mexico. NMDOH, with key public and private partners, will revise the Plan as more information becomes available about specific vaccines, recommended uses, protocols for transportation, storage and administration, available supplies, and new federal data systems and requirements.

Scope

This Plan applies to all participating departments, agencies, and jurisdictions within the State of New Mexico. NMDOH operates a centralized statewide public health system and coordinates health and medical personnel, facilities, supplies (i.e., vaccine, PPE), and equipment; maintains the health of the public through disease prevention and control; coordinates public information regarding health risks, education and services, and collaborates with state, federal, tribal, non-governmental, private sector response entities, and providers.

Unique Vaccine Planning Conditions in New Mexico

New Mexico is known for cultural and geographic diversity. Many of the conditions within the state that make it unique also create additional challenges in pandemic vaccine planning. According to the most recent Census Bureau statistics¹, These conditions include the following:

- New Mexico is the 5th largest state geographically (121,298 square miles) and has an approximate population of 2.1 million people across 33 counties (17 people per square mile), and only 4 cities with populations of 50,00 or more.
- The Albuquerque metro area had 915,000 residents in 2019, which was roughly equal to 44% of the state population. By contrast much of the rest of the land is sparsely populated, with equally sparse health services, making statewide vaccination coverage a difficult goal.
- 18% of the population is age 65 or older.
- There are 23 Native American Pueblos, Tribes, and Nations with sovereign governments and varying health care systems.
- 19.5% of the population lives in poverty.
- 11.4% of the population under 65 years of age is uninsured.

Planning Considerations

• The approach to vaccination should be based on the best scientific information available, the vaccine supply, and the vaccine impact in different situations and population groups.

¹ <u>https://data.census.gov/cedsci/profile?g=0400000US35</u>



- Public values and ethical issues² must be considered in all aspects of vaccine planning, including in an environment relying on emergency use authorization (EUA) for vaccine and where a phased approach to vaccination will be necessary because initially there will be limited supplies of vaccine.
- Health disparities and underlying health conditions must be considered during the planning process, particularly because New Mexico has disproportionately high rates of medical conditions that make residents more vulnerable to significant illness and mortality from COVID-19.
- Although the CDC, NASEM, and other public health experts have prioritized the healthcare workforce and the staff and residents of long-term care facilities for early Phase 1 vaccination, numerous factors and goals must be considered in allocating later Phase 1 doses to particular populations and sectors of the workforce. Consideration must also be made to ensure adequate access to vaccine in rural communities. Too rigid an allocation framework may not be successful in certain environments. Decisions will also depend to a large extent on the number of doses distributed to New Mexico and over what period of time.

Section 1: COVID-19 Vaccination Preparedness Planning

A. Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.

Lessons Learned from the 2009 H1N1 vaccine campaign and the national Crimson Contagion Pandemic Influenza Exercise:

 Engage all state agencies and key stakeholders in the planning and response to a pandemic. The NMDOH Epidemiology and Response Division (ERD), Bureau of Health Emergency Management (BHEM) Department Operations Center (DOC) was activated in early March 2020 to offer epidemiology and medical support to the New Mexico Department of Homeland Security and Emergency Management (DHSEM), State Emergency Operations Center (SEOC) and the Joint Information Center. The DOC has been actively coordinating operations for COVID-19 response through the joint work of the NMDOH Public Health Division (PHD), Bureau of Infectious Diseases and the Pharmacy Division. This collaboration has been vital in further coordinating the National Guard, regional healthcare coalitions, and local public and private sector partner organizations.

NMDOH created a <u>Medical Advisory Team</u> (MAT), that consists of over 170 clinicians, research scientists, DOH leadership, and other experts to offer research and give information on a wide variety of topics and approaches during the pandemic. The MAT developed extensive resources for clinicians and guidance for the general public and continues to monitor data and gating

² <u>https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resource</u>



criteria used by the Governor and NMDOH to determine when and how to safely reopen the economy. The MAT modeling team includes experts from Los Alamos National Laboratory and Sandia National Laboratories and <u>posts weekly updates</u> for the public about the status of COVID-19 throughout the state, including transmission rates and prevalence in different regions. The MAT will help establish protocol, research best practices, and help NMDOH prepare for a COVID-19 vaccine.

During H1N1, New Mexico was the first state to identify that Native Americans were disproportionately affected by the H1N1 influenza virus and this has proven to also be true with the COVID-19 virus. COVID-19 infection rates continue to be high in this population with even greater morbidity and mortality than H1N1, therefore planning efforts continue to focus on this vulnerable population.

NMDOH has had an ongoing coordinated public-private response to COVID-19. The New Mexico public, nonprofit, and for-profit hospitals have worked collaboratively throughout the public health emergency and created a regional hub system for treating COVID-19 patients. NMDOH leadership monitors daily hospital utilization and hospital transfers for both COVID-19 and non-COVID-19 patients. NMDOH conducts several weekly calls with statewide partners, including the New Mexico Hospital Association, the Primary Care Association (consisting of the New Mexico federally-qualified health centers (FQHCS)), the New Mexico Medical Society, skilled nursing facilities, and assisted living facilities. These partnerships and ongoing communication helped New Mexico build an effective COVID-19 testing system throughout the state. NMDOH has used these existing calls and relationships to assist with vaccine preparedness planning. NMDOH, the Office of the Governor, the state Medicaid program (the New Mexico Human Services Department, Medical Assistance Division), and the Office of the Superintendent of Insurance have coordinated outreach and communication to third-party payors to ensure that New Mexicans receive COVID-19 tests without incurring out-of-pocket costs. NMDOH intends to build on these relationships to help ensure a seamless vaccine system in Phase 2 where there is no "wrong door" for any New Mexican seeking a vaccine.

2. Develop more efficient procedures and systems with health care providers to monitor health care system utilization and resources.

A major priority is the development of a strong data platform for collecting, analyzing, and monitoring vaccine distribution and administration data in real time. Access to accurate data and information will be critical to the success of mass vaccination across different critical populations and geographic areas.

3. Ensure that plans are scalable.

During H1N1, when demand for the vaccine was high, the supply was low. In December 2009, when demand for H1N1 vaccine had decreased, there was a surplus of vaccine. Therefore,



NMDOH must prepare for the 3 different phases 1) when demand is higher than supply, 2) when supply equals demand and 3) when supply exceeds demand.

Planning Gap Mitigation

During the initial planning meetings, including with tribal representatives, outside associations and the COVID-19 Vaccine Planning Advisory Group (Vaccine Advisory Group), specific planning gaps have been identified, which NMDOH is working to resolve. Some of the identified gaps require assistance and information from CDC and relate to some of the previous questions:

- Limited capacity for ultra-cold chain storage for high throughput point of dispensing (POD) vaccination sites. Methods have been developed to identify the number of required personnel, ensure security of operations, and to rapidly disseminate vaccines within limited timeframes due to cold chain management.
- Need for long-term storage for ancillary supplies (BHEM is currently reviewing appropriate storage sites).
- Lack of information regarding the approximate number of vaccine doses that will be available at specific times to ensure fair, efficient, and equitable distribution of vaccine throughout New Mexico, including our rural communities.
- Need to clarify available third-party reimbursement for vaccine administration and funding sources for ancillary supplies not supplied by the federal government, potential personnel costs related to vaccine administration and non-field work costs to assist the NMDOH Immunization Program.
- Need to ensure effective data-sharing between the NMDOH Immunization Information System (IIS) and the federal platforms being developed specifically for COVID-19 vaccine distribution and administration, including identifying funding sources if significant new investments in NMSIIS need to be made to comply with federal COVID-19 vaccine requirements.
- Need to ensure adequate public health staff to continue testing for COVID-19 while also administering COVID-19 vaccines (plans are in development to utilize medical, nursing, and pharmacy students, New Mexico Medical Reserve Corps (NMMRC) volunteers, and potentially NM National Guard as additional vaccinator staff).
- Need to increase individualized planning with each tribal partner about allocation of vaccine and distribution systems for tribal communities both on and off tribal land.

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

The NMDOH Public Health Division is reviewing state-wide seasonal influenza POD sites and COVID-19 testing sites with high throughput as models for potential COVID-19 mass vaccination sites. The current structure of the state's COVID-19 mobile testing teams will also be utilized to create mobile COVID vaccination teams. Additionally, POD site plans have been revised to include current CDC planning assumptions and information in preparation for COVID-19 vaccination.



Several hospitals, healthcare systems and other providers have begun conducting internal vaccine planning. NMDOH and many New Mexico providers have also developed COVID-safe settings to administer influenza vaccine and intend to adapt these systems for use when COVID-19 vaccine is available.

Initial Break-out Discussions with the COVID-19 Vaccine Planning Advisory Group

The Vaccine Advisory Group consists primarily of healthcare providers and their representatives and is focused on addressing core planning and operational issues. This group has been meeting weekly since August and plans to continue its work throughout the COVID vaccine planning and execution phases.

The Vaccine Advisory Group meetings include break-out discussions related to COVID-19 vaccination objectives. Some of the topics have included:

- High/low demand vs vaccine supply scenarios
- Ethical allocation framework for administering initial limited doses of vaccine
- Vaccine efficacy; prevent infection vs decrease complications/mortality
- Media platforms and content to increase vaccine confidence

Functional exercises will be conducted to test COVID-19 draft vaccine plans when more details are received about available or likely vaccine candidates and vaccine supply, and any planning gaps will be identified and resolved.

Quality improvement occurs on a continuous basis, as new information is received from HHS, CDC, and key stakeholders. After each weekly session of the Vaccine Advisory Group, the NMDOH COVID-19 Vaccine Planning Team reviews and discusses each scenario and incorporates additional strategies and new solutions to complex problems raised in the group activity.

Section 2: COVID-19 Organizational Structure and Partner Involvement

A. Describe your organizational structure.

NMDOH is led by a Governor-appointed Cabinet Secretary. NMDOH is a centralized statewide public health system that coordinates the public health response to COVID-19 and is responsible for effectively executing the strategies outlined in this Plan. Two divisions of NMDOH are leading the COVID-19 Vaccine planning effort:

 NMDOH's Public Health Division, has public health offices located throughout the state and staff that have extensive experience in infectious disease control. The public health offices are integral to the vaccine dispensing mission, including conducting mobile clinics, establishing POD sites, and offering vaccination at the public health offices. The PHD Infectious Disease Bureau includes the vaccination program. This Bureau has the responsibility of registering vaccine providers, coordinating the vaccine distribution process, and completing the documentation



requirements.

 The Epidemiology and Response Division is leading surveillance, case investigation, contact tracing, data analytics, research, and reporting efforts. The ERD Bureau of Health Emergency Management includes the Department Operations Center, and offers epidemiology and medical support to the Department of Homeland Security and Emergency Management State Emergency Operations Center.

NMDOH staff includes licensed clinical personnel, epidemiologists, and disease prevention specialists. These two Divisions coordinate public health response with state and local agencies, healthcare providers, Indian Health Service (IHS), and tribal partners.

NMDOH also works closely with other New Mexico departments and agencies on COVID-19 response including:

- Department of Homeland Security and Emergency Management
- Indian Affairs Department (IAD)
- Aging and Long-Term Services Department (ALTSD)
- Human Services Department (HSD)
- Children Youth and Families Department (CYFD)
- Early Childhood Education and Care Department (ECECD)
- Public Education Department (PED)
- Higher Education Department (HED)
- New Mexico Environment Department (NMED)
- New Mexico Corrections Department (NMCD)

B. Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage. (Please see Appendix A)

NMDOH convened an internal COVID-19 Vaccine Planning Team in July 2020 to begin vaccine preparedness planning. This team utilizes a project manager to coordinate working sub-groups, including data analysis, vaccine site planning and staffing, logistics, technology, document collection, finance, and outreach/marketing. This team has grown to include multiple state agencies and private partners that participate in sub-groups (described below) to address specific areas of planning.

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

In early August 2020, after the National Center for Immunization and Respiratory Diseases (NCIRD)



announced that states should prepare for an early November launch of the first approved COVID-19 vaccine, the NMDOH Cabinet Secretary appointed the Chief of the Infectious Disease Bureau and the Chief of BHEM to organize and lead an advisory group to help NMDOH plan for distribution of one or more COVID-19 vaccines.

In mid-August, NMDOH convened the Vaccine Advisory Group which consists of more than 50 public and private healthcare stakeholders. This group meets weekly and has been conducting breakout discussions to help advise NMDOH on this Plan and identify key issues that will need to be addressed in the unique context of the COVID-19 pandemic.

This Vaccine Advisory Group includes representatives of healthcare associations, the New Mexico Hospital Association, healthcare facility administrators, FQHCs, IHS, tribal clinic leaders, the New Mexico Pharmacists Association, and several state agencies. Weekly meetings with this group of healthcare providers, their representatives, and stakeholders includes core vaccine planning, operational issues, and moving forward through the COVID vaccine execution phases. Composition of the Vaccine Advisory Group may change, and new sub-groups will be created to include additional representation of stakeholders outside the healthcare community.

Many New Mexico hospitals, health care systems, and FQHCs have been engaged in vaccine planning within their own institutions and communities. The NMDOH Bureau of Health Emergency Management has also included discussions of vaccine planning in regular New Mexico Emergency Manager Association meetings with local and tribal emergency managers.

To address the vaccine planning needs of critical populations, several additional working groups of public and private partners were developed including:

- Tribal health
- Pharmacies
- Long-Term Care Facilities
- Rural Health Challenges
- Correctional Facilities

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

A list of participants in the internal Vaccine Planning Team is found in Appendix A and a list of participants in the internal/external Vaccine Advisory Group is in Appendix B.

NMDOH anticipates developing additional sub-groups as needed. Among other things, NMDOH will build on successful collaborations across multiple departments and stakeholders that oversee COVID-19 testing and rapid responses in priority populations and essential workforces. Several cabinet secretaries have led these efforts and NMDOH will rely on their continued leadership to help develop detailed strategies for vaccinating specific groups of workers and populations. NMDOH will also work closely with



community-based organizations, including churches, service providers and advocates to discuss appropriate strategies and approaches to vaccination efforts in their communities.

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

NMDOH operates a centralized public health agency that includes four Public Health Regions with a public health office in most of the state's 33 counties, all under one chain of command. NMDOH incorporates guidance from federal partners and collaborates with local authorities. NMDOH works closely with local Emergency Managers (EM) and they have been included in COVID-19 vaccine planning efforts. The EMs have the pulse of their jurisdictions and an understanding of perceptions, unique challenges, and successful mitigation strategies within their communities, which helps to ensure the best approach in all areas. Bureau chiefs of BHEM and the Infectious Disease Bureau meet with the statewide EMs at the New Mexico Emergency Management Association (NMEMA) meetings on a regular basis for situational awareness when new information is available.

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

NMDOH maintains a collaborative relationship with tribal leaders, tribal healthcare programs and clinics, and tribal healthcare organizations, including the Albuquerque Area Indian Health Board and Albuquerque and Navajo Area Indian Health Service.

NMDOH coordinates bi-weekly COVID-19 calls with tribal leadership and non-clinicians monthly and a biweekly call with tribal clinicians and IHS. In addition, NMDOH participates in the Indian Affairs Department bi-weekly COVID-19 calls with tribal leaders and tribal clinical partners. Collaborative discussion between all partners continues. Multiple calls with tribal partners are coordinated through the Office of Tribal Liaison with the Epidemiology and Response Division, Public Health Division Regions, Bureau of Health Emergency Management, and others in order to leverage and maximize resources provided to tribal and state public health systems.

On June 13, 2020, an IHS-DOH Influenza Vaccine Management Collaboration Meeting was held that included tribal partners and IHS representatives. There was open discussion between the partners that included the following points:

- Would COVID-19 vaccine follow the same IHS channel of delivery as influenza vaccine?
- Would the Vaccine Administrator (overseeing the process) be an IHS person only for IHS facilities and not 638 facilities?
- Have inventories been made of available vaccine resources (e.g., personnel, vaccine storage, temperature monitoring equipment, vaccine inventory management, vaccine transport)?

CDC recently informed jurisdictions that the federal government has been conducting tribal consultations around vaccine distribution and that it will ask tribes to choose whether to receive vaccine through IHS or the state.



NMDOH and the New Mexico Indian Affairs Department (IAD) heard concerns – and many questions – from our tribal partners about the COVID-19 vaccine development and distribution process. Rather than ask 23 sovereign pueblos, tribes and nations to rush decisions about vaccine distribution and priority allocations, Governor Michelle Lujan Grisham wrote to the leader of each sovereign pueblo, tribe and nation stating that NMDOH and IAD will conduct individual conversations with them and their designated leadership to share what we know about the status of COVID-19 vaccine research and development, possible emergency use authorization for one or more vaccines, and CDC's and the state's distribution plans to date. That outreach has begun, and we have also continued to meet with IHS to discuss their work and the survey they distributed to tribal partners in New Mexico.

NMDOH has particular concerns about the template CDC has asked every jurisdiction and IHS to complete about vaccine distribution to Native American communities. (Please see Appendix C.) The template was prepopulated with specific IHS and other clinics and did not identify the 23 independent jurisdictions we are meeting with individually. Nor did it recognize that, in some cases, other providers (including FQHCs) provide primary care to Native Americans throughout the state. We will continue to work with the Albuquerque area and Navajo area IHS offices on identifying and servicing the needs of diverse tribal partners across the state and meeting the needs of Native Americans wherever they live in New Mexico. We urge the CDC not to force every sovereign tribe to make a binary choice about vaccine procurement and distribution. We also urge the CDC to consider data not reflected in the template to enable tribal partners to determine the best path toward effective vaccine distribution and administration in their communities. NMDOH will continue to offer vaccination support to tribal partners regardless of how the vaccine is received.

G. List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:

- Pharmacies
- Correctional Facilities/Vendors
- Homeless Shelters
- Community-Based Organizations

New Mexico has an infrastructure in place to conduct targeted surveillance testing of numerous populations in the state, including: (1) tribal communities (2) minority communities, including refugees and immigrants (3) long-term care facilities (4) correctional facilities (5) special populations, including people living in shelters and people with disabilities and (6) essential workers, including public school educators and other staff and child care providers. NMDOH will build on these strong public-private partnerships throughout its vaccination planning and implementation.

Pharmacies



The Pharmacy Working Group includes representatives from IHS, Department of Veterans Affairs (VA), New Mexico Board of Pharmacy, major pharmacy chains, independent pharmacies, Aging and Long-Term Services Department, New Mexico Society of Health System Pharmacists, New Mexico Pharmacists Association, and the UNM College of Pharmacy.

Discussions with and feedback from this work group include:

- State-wide pharmacy communication campaign
- Direct engagement with the New Mexico Pharmacists Association; Pharmacist teleconferences, training, and COVID-19 vaccine updates
- Provider enrollment information (e.g., vaccine ordering, billing, distribution)
- Vaccine availability and prioritization
- Planning for vaccination outreach clinics
- On-site long-term care vaccination clinics
- Logistical challenges

NMDOH is also working closely with the University of New Mexico (UNM) College of Pharmacy to include pharmacy student interns as COVID-19 vaccinators, with the supervision of a licensed pharmacist.

Correctional Facilities/Vendors

The NMDOH is in regular communication with the New Mexico Department of Corrections, the New Mexico Association of Counties, and County Detention Center administrators throughout the state.

- The New Mexico Department of Corrections is responsible for the planning and coordination of COVID-19 vaccination in all state prisons
- NMDOH works with detention center administrators and health service administrators in COVID-19 vaccine planning for all county facilities
- The New Mexico Association of Counties is involved with COVID-19 planning and coordination for county detention centers
 - Each detention facility has significant variations in both size and medical capability
 - It is necessary to contact each facility to determine capabilities, resources, and need for NMDOH support

Discussions with and feedback from this group includes:

- On September 11th, NMDOH held a meeting with the association of counties and Department of Corrections regarding influenza vaccine. Meetings will continue in vaccine planning as more details of the COVID-19 vaccine are released.
- NMDOH met with New Mexico Corrections Department regarding flu vaccination and for planning future COVID-19 immunizations. In collaboration with NMDOH, NMCD has begun



implementing a vaccination strategy for influenza and hopes to identify gaps and best practices from this effort to inform COVID-19 vaccine planning efforts.

- There is a joint effort to increase influenza vaccination rates among individuals on probation or parole as these people are harder to reach for vaccination. This will include NMCD offering community service hours for proof of vaccination at any clinic and NMDOH providing mass vaccination events at select locations. This process may be replicated with COVID 19 vaccine.
- Most county detention facilities provide flu vaccine and could also offer the COVID 19 vaccine, depending on storage conditions. Some facilities may require outside support.

Homeless Shelters

- The NMDOH partners with several community-based organizations to help coordinate COVID-19 vaccine efforts, including: the New Mexico Coalition to End Homelessness, harm reduction programs throughout the state, and Federally Qualified Health Centers to reach these populations.
- The New Mexico Coalition to End Homelessness holds regular meetings for community-based organizations that serve people experiencing homelessness, including food pantries, communities of faith, and shelters.
- NMDOH works with FQHCs, including two healthcare for the homeless locations. These sites currently provide COVID-19 testing at shelters and homeless camps, both areas with high populations of individuals experiencing homelessness.
- NMDOH contracts with 13 community-based harm reduction programs. These locations provide outreach and education and could also offer vaccinations for people who are chronically homeless or hard to reach through traditional medical services.

Community-Based Organizations

- NMDOH has a team that works on COVID-19 testing for minority communities throughout the state. That team has worked closely with many community partners, including those that work within the African-American, immigrant and refugee communities in New Mexico. Together with those partners, NMDOH has conducted community education around COVID-19, COVID-safe practices, testing, isolation and contact tracing. We have also provided information about available community resources to families who may have lost work. NMDOH intends to work with these same organizations (including faith organizations, service providers and advocacy organizations) to design the best approach to community education and outreach, distribution and administration of vaccines. Vaccine hesitancy is a concern in many of these communities and we will work closely with community partners to address those concerns and fears.
- There are 45 state-wide sites that offer either daily or three times per week food pickup, through the Aging and Long-Term Services Department. Approximately 35,000 people have attended these food distribution sites. During the COVID-19 Pandemic, food distribution centers have been a successful way to reach this elderly population. Collaborating with similar venues; churches and



community organizational groups may be potential vaccine dispensing options and utilized in phases 2 and 3 for outreach to increase information and awareness about the vaccine.

- The NMDOH participates in the monthly Disabilities and Access and Functional Needs monthly meetings and the National Disability Integration Coordination Stakeholder weekly calls. Through collaboration with these organizations, appropriate COVID-19 vaccine messaging and planning for these populations has taken place.
- Community Health Workers with New Mexico pueblos, tribes, and nations and promotoras in Hispanic communities are an essential part of health care and outreach. These essential workers will be integral to getting the COVID-19 vaccine message in their communities.
- The New Mexico Emergency Managers Association has been an important venue to ensure COVID-19 vaccine information is shared with rural communities.
- The NMDOH Development Disabilities Services Division (DDSD) will help design an outreach effort to vaccinate caregivers, service providers, persons with developmental disabilities and their household members. DDSD and PHD oversaw a successful effort to conduct baseline COVID 19 testing of DD providers earlier this year.

Separate weekly calls with several associations and their members will continue and include increasing discussion of vaccine distribution and allocation: NM Hospital Association, Primary Care Association, New Mexico Medical Society, NM Pediatric Society, and associations representing skilled nursing facilities, assisted living facilities, and intermediate care facilities.

Additional Key Partners

As noted above, New Mexico will build on strong public-private partnerships that have been developed to conduct testing of numerous targeted populations. Some of these partnerships include:

Long Term Care Facilities (LTCFs)

- NM Aging and Long-Term Services Department and NMDOH's Division of Health Improvement (DHI) conduct separate weekly meetings with Nursing Homes and Assisted Living Facilities on COVID-19 response. There are also regular calls with Intermediate Care Facilities and group homes for persons with developmental disabilities.
- NMDOH now includes a COVID-19 Vaccine planning and pharmacy representative at the ALTSD-DOH weekly meetings, to provide situational awareness and field questions.
- Since LTCFs will likely be receiving COVID-19 vaccine during beginning phases of distribution, early proactive involvement with this critical population is essential.

Tribal Communities

• Tribal communities have had the highest COVID 19 infection rate in the state and are a very vulnerable population.



- As explained in greater detail above, NMDOH continues vaccine planning in collaboration with both IHS and individual tribal partners and will continue to support tribal COVID-19 vaccination efforts, regardless how vaccine is distributed.
- NMDOH Public Health will continue assisting tribal partners in conducting COVID-19 vaccination POD sites, as has occurred for COVID-19 testing and seasonal influenza vaccination.

Rural Communities

- Rural communities by nature have limited provider choices and availability. NMDOH is particularly concerned that proportional distribution of early doses of vaccine will leave rural communities with very small numbers of doses making it challenging to administer vaccine efficiently and effectively.
- Community Health Centers, rural hospitals, Public Health vaccination sites will be important to ensure vaccine is equitably dispensed in rural communities.
- Mobile vaccine teams and sites will also play an important role in rural vaccination of vulnerable populations.

Section 3: Phased Approach to COVID -19 Vaccination

A. Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:

There is some confusion around the definition of "phases" for purposes of vaccine allocation and planning. CDC instructed states to plan for three phases. The CDC Phase 1 includes the entire period of limited supply. During Phase 1, vaccines will be primarily distributed in closed "point of dispensing" (POD) settings to specific groups, including: (1) healthcare personnel most likely to be exposed to and treat people with COVID-19, (2) people at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people age 65 or older, and (3) other essential workers. Depending on how they are defined, these categories could include more than half the adults in New Mexico.

NASEM proposed four phases of vaccine allocation. Most of the NASEM first three allocation phases would fit under the CDC phase 1 definitions. Because of this confusion, NMDOH refers in this Plan to "early Phase 1" administration of the vaccine and describes allocation strategies for the earliest parts of Phase 1. For New Mexico – with significant prevalence of underlying medical conditions and vast rural areas which create challenges for efficient vaccine administration (especially if there are deep-cold storage requirements), it does not make sense to prioritize later Phase 1 allocations without knowing more about how many doses of vaccine – and over what period of time – vaccine will likely be distributed in New Mexico. Additionally, for smaller communities, distribution of vaccine to multiple populations during one or more major vaccine clinics could be more efficient than only allocating them to relatively narrow and limited categories of essential workers.

At this stage, NMDOH has focused on the earliest part of Phase 1 allocation of vaccine. Groups have been subdivided within early allocation categories due to concern that there could be limited doses



available for several weeks and to provide guidance to our partners. Through our coordinated efforts to conduct surveillance testing of numerous populations and groups of essential workers, NMDOH has compiled data estimating the numbers of different populations. This information will be important as more doses of vaccine become available.

Phase 1: Potentially Limited Doses Available

Identification and prioritization of key regional facilities to disseminate vaccine to target populations and serve as hubs to vaccinate identified populations.

Allocation Principles

There are several overall goals in a COVID-19 immunization campaign, each of which could lead to different allocation decisions. These include:

- 1) Minimize death and serious disease
- 2) Reduce the rate of spread of the disease
- 3) Restore the economy, preserve societal functions, and otherwise advance the social welfare
- 4) Reduce disproportionate burden on those with existing health disparities
- 5) Increase equity of opportunity to enjoy health and well-being

Based on extensive discussion within the Vaccine Advisory Group, and guidance from CDC, the NMDOH early distribution of limited supplies of vaccine is based on prioritizing the goals of:

- Reducing the transmission of the COVID 19 virus to those most likely to come into contact with and care for COVID-19 patients
- Protecting the most vulnerable and those at greatest risk of serious illness or death from the disease.

NMDOH has also applied principles of fairness and equity to ensure that immunization efforts focus on those with greatest potential exposure and greatest risk, regardless of their occupation. NMDOH also agrees with the CDC recommendation that early allocation of vaccine should also be designed to *maximize vaccine acceptance and public health protection* and *to minimize waste and inefficiency.*

Based on these overall principles and goals, NMDOH has prioritized the health care workforce, many of whom have high risk of exposure to the virus, will be administering the vaccine, and are most likely to voluntarily take multiple doses if indicated and promote social acceptance of a safe and effective vaccine. This includes staff of LTCFs. The healthcare workforce is ideally situated to identify distribution and administration challenges and optimize future widespread vaccination efforts.

Sovereign Tribes

NMDOH will discuss each tribal partner's own priorities and needs. Tribal partners will be supported by NMDOH in the allocation and distribution choices they believe best suits their own needs. As with



testing, NMDOH is prepared to conduct vaccine clinics for individual tribal partners and to coordinate second doses of vaccine.

Long-Term Care Facilities

NMDOH has met with long-term care facilities to describe what we know about the CDC's survey and the federal Pharmacy Partners program and to encourage participation in that program. NMDOH also sent out an online survey to Long-Term Care Facilities to provide preliminary information on the number of probable vaccine recipients in the health care facility, assess preferences for pharmacy assistance, and evaluate the capacity for own staff to participate in vaccine administration. A significant and important part of preparation and planning requires the collection and subsequent analysis of data to quantify the overall need in New Mexico's LTCF's, as well as their capacity to administer vaccine. If pharmacy assistance is not available, other methods for COVID vaccine delivery and administration will be developed.

Early Vaccinators

For initial distribution during early Phase 1, NMDOH will rely on experienced vaccine providers with existing infrastructure including storage units, capacity to report data to the CDC and the state immunization registry, and space to safely hold vaccine clinics. Early Phase 1 vaccinations will be in closed or semi-closed PODs. These may include large "hub" events to administer hundreds of vaccinations in one day, mobile clinics brought to different locations or targeted clinics in specific settings, such as long-term care facilities. These first vaccinators will most likely be Hospitals and large community health centers or other large providers. They will serve as "hubs" for initial distribution of vaccine and provide vaccine to "spokes" to reach targeted groups, such as staff at long-term care facilities or EMS workers and other first responders. As more vaccine becomes available, NMDOH intends to rely on more vaccinators, including smaller public health and other smaller health centers, medical providers, and some pharmacies that could help conduct closed or semi-closed POD events.

Phase 1a: "Kick-Start Doses": Vaccinate personnel of key "vaccinator" entities throughout the state, particularly hospitals.

NMDOH sent out statewide surveys to hospitals, community health centers and to other providers via the Medical Society. This effort was to identify the number of employees with high, moderate or low or no exposure to COVID-19 patients and hazardous material, the capacity to administer vaccine, and to identify cold storage capacity. These surveys will enable NMDOH to approximate the number of personnel who would need to be vaccinated in the early kick-start phase.

If supplies are limited, NMDOH will recommend that early vaccinator entities initially offer vaccine to the following members of their own workforce:

• People who have known or had potential exposure to patients with COVID-19. This includes personnel who are paid or unpaid and will be based on potential exposure to



the virus, not the occupation of the person. This would likely include intensive care units and emergency departments.

• Consistent with confidentiality protections, individuals who may be at risk of serious disease or death if they are infected, such as those older than 65 or with conditions with an established link to serious illness and death from COVID-19.

Phase 1b: Expanded but still very limited supplies. First responders, other healthcare providers not included in Phase 1a and staff and service providers who have direct contact with people with COVID-19 or work in congregate care settings where the risk of spread to vulnerable populations is high. Residents of long-term care facilities.

NMDOH intends to provide flexibility to different communities and vaccinating entities to organize vaccination clinics efficiently and effectively. Phase 1b will include:

- First responders, healthcare personnel, service providers and other personnel who are at significant risk of exposure to the virus. This would include, for example, EMS and fire paramedics, staff at free-standing emergency departments, urgent care staff, and personnel who conduct COVID-19 testing.
- Individuals who work in congregate care settings and could, if infected, spread the virus quickly to highly vulnerable people. This would include staff and health care providers at nursing homes and assisted living facilities, COVID-19 shelters, developmental disability providers in group home settings, staff at youth, domestic violence and homeless shelters, and correctional and juvenile justice healthcare providers and staff.
- Residents of long-term care facilities.

Later Phase 1 Targets.

• Residents of other congregate care settings, prioritizing those with risk factors if doses remain limited.

Because of the two-dose requirement, it may be difficult to ensure effective vaccination of facilities where people move in and out frequently such as homeless shelters and county adult detention centers. Two doses could be offered to inmates at state prisons and to adult residents at state and county juvenile justice centers. This phase could also include high-risk (long-term) patients in congregate care settings such as group homes for persons with developmental disabilities and residential treatment centers. Strategies for addressing the two-dose requirement will also be developed with community providers and partners.

• Other healthcare workers in a wide variety of environments.

Other healthcare workers with direct face-to-face contact with patients who may unknowingly be infected with COVID 19, could be offered vaccination clinics. This would include any staff



with patient contact, not just licensed clinicians. Settings could include pharmacies, dialysis centers, dental officers, rehabilitation centers, healthcare providers who provide services to pregnant women, pediatricians, other primary care providers, and specialists (including those who perform outpatient procedures and surgeries).

Phase 1/Phase 2 Transition

As the number of participating vaccinators increase, NMDOH anticipates that they will offer vaccine to older patients and those with underlying conditions. Depending on available supply and community demand for vaccine, more expansive vaccine clinics may be used to include multiple groups of vulnerable populations and essential workers, especially in smaller communities.

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

Additional vaccination sites will be identified, with established methods of cold chain management, security of operations, public communication, and website registrations methods.

NMDOH intends to keep meeting with the Vaccine Advisory Group, the smaller targeted working groups and the major healthcare associations throughout Phases 1 and 2. Learning collaboratives may be developed with some vaccinators to address and resolve challenges with distribution and administration of vaccine. During phase 2, NMDOH anticipates widespread participation of healthcare providers and pharmacies in vaccination efforts. Significant community and provider education and outreach will be critical elements of Phase 2 work. That will include targeted outreach to specific economic sectors, extensive coordination with public schools, childcare providers, institutions of higher education, and particular industries such as the hospitality industry.

Phase 3: Likely Sufficient Supply, Slowing Demand

We will coordinate additional planning for long-erm storage and shelf life of vaccine, community based actions, and additional marketing to overcome potential apprehension toward vaccination. All New Mexicans who wish to have a COVID 19 vaccine will be able to receive one.

Section 4: Critical Populations

A. Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include (list is integrated into the narrative below):

NMDOH is interested in using the Operation Warp Speed (OWS) Tiberius platform for the critical population identification. We do, however, want to ensure that more detailed, and potentially more accurate, New Mexico data is used. Other public and state derived data base sources will also be utilized to reconcile information. Due to the specific reporting needs of New Mexico – and the availability of New Mexico-specific data compiled by experts in the state, additional demographic information will be obtained from various public data bases and retained in a centralized location. This information will



supplement the Tiberius reporting. This will allow custom reporting based on special populations, educational institutions, and other populations.

Below is a list of different mechanisms through which information is being collected to estimate total numbers of critical population subgroups. An example of data on individuals who are 65 and older pulled from the states' public health data resource, New Mexico's Indicator-Based Information System (NM-IBIS) is illustrated in appendix D.

• Healthcare personnel

- i. New Mexico Department of Workforce Solutions provided estimates of health care work force by county
- ii. Occupational employment is shown in the US Bureau of Labor Statistics. Most current data is for 2019: <u>https://www.bls.gov/oes/current/oessrcst.htm</u>

• Other essential workers

- i. Occupational employment is shown in the US Bureau of Labor Statistics. Most current data is for 2019: <u>https://www.bls.gov/oes/current/oessrcst.htm</u>
- Long-term care facility residents (e.g., nursing home and assisted living facility residents)
 - i. Staff and Resident population estimates come from surveys conducted by ALTSD. Census counts have been used for testing all residents and staff of nursing homes and assisted living facilities in New Mexico. There are approximately 11,000 staff and 10,000 residents of nursing homes and assisted living facilities in New Mexico. We are in the process of surveying facilities to obtain an updated census of all staff and residents in each facility.
- People with <u>underlying medical conditions</u> that are risk factors for severe COVID-19 illness
 - 1) Cancer by county <u>https://ibis.health.state.nm.us/query/result/mort/Indicator/Cancer.html</u>
 - Chronic Kidney <u>https://ibis.health.state.nm.us/query/result/brfss/DXKidney/DXKidneyCrud</u> e11 .html
 - 3) COPD <u>https://ibis.health.state.nm.us/indicator/view/COPDPrev.Cnty.html most</u> <u>current 2017</u>
 1) https://ibis.health.state.nm.us/indicator/view/COPDPrev.Cnty.html most
 - 4) Heart Conditions
 - a. Cardiovascular Disease High Blood Pressure

https://ibis.health.state.nm.us/indicator/view/CardioVasDiseaseHig hBP.Cnty.html

b. Cardiovascular Disease - High Cholesterol <u>https://ibis.health.state.nm.us/indicator/view/CardioVasDiseaseHig</u> <u>hChol.Cnty.html</u>



- 5) New Mexico does not track individuals who have received an **organ transplants** but can estimate hospital visits for transplant patients
- 6) **Obese (Adults)** https://ibis.health.state.nm.us/indicator/view/ObesityAdult.Cnty.html
- 7) Sickle Cell New Mexico does not track this data.
- 8) Smoking (Adults) (2016) <u>https://ibis.health.state.nm.us/indicator/view/TobaccoSmokeAdult.Cnty.ht</u> <u>ml</u>
 - 9) Diabetes https://ibis.health.state.nm.us/indicator/view/DiabPrevI.Cnty.html
- People 65 years of age and older (Please see Appendix D)
 - i. https://ibis.health.state.nm.us/
 - ii. <u>https://data.census.gov/cedsci/table?g=0400000US35.050000&d=ACS%205-</u> Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP05&hidePreview= false
- People from racial and ethnic minority groups
 - i. <u>https://data.census.gov/cedsci/table?g=0400000US35.050000&d=ACS%205-</u> Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP05&hidePreview= false
- People from tribal communities
 - i. Collaborating with Tribal Partners to determine population estimates
- People who are incarcerated/detained in correctional facilities
 - Census Bureau data includes Group Quarters including corrections facilities <u>https://data.census.gov/cedsci/table?q=group%20quarters&tid=ACSST1Y2019.S</u> <u>2602&hidePreview=false</u> This is US data, and is not available for NM with the breakouts
 - Total Group Quarters data for NM: <u>https://data.census.gov/cedsci/table?text=group%20quarters&t=Populations%2</u> <u>Oand%20People&g=0400000US35&d=ACS%201-</u> <u>Year%20Estimates%20Detailed%20Tables&tid=ACSDT1Y2019.B26001&hidePrev</u> iew=false
 - iii. We obtain regular census counts from the New Mexico Corrections Department (NMCD) and from the New Mexico Association of Counties. The New Mexico Children Youth and Families Department provides the census for both state and county juvenile justice facilities. The NMCD website also posts annual reports which often contain population statistics: <u>https://cd.nm.gov/about-us/notice-reports/</u>
- People experiencing homelessness/living in shelters
 - i. HUD is a critical resource for statistics on homelessness <u>https://www.huduser.gov/portal/datasets/ahar.html</u>
 - ii. Local agencies and advocacy groups are critically important during the pandemic as reports of increasing homelessness are being heard anecdotally.
- People attending colleges/universities



 School enrollment is tracked by the U.S. Census Bureau and available as part of this data set: https://data.census.gov/cedsci/table?g=0400000US35.050000&d=ACS%205-

Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP02&hidePreview= false

- People living and working in other congregate settings
 - i. Various state agencies provide estimates for Residential treatment centers, domestic violence shelters, group homes for persons with developmental disabilities, and youth shelters.
- People living in rural communities
 - i. https://www.ruralhealthinfo.org/topics/what-is-rural
- People with disabilities
 - i. Disability status is tracked by the U.S. Census Bureau and available as part of this data set:

https://data.census.gov/cedsci/table?g=0400000US35.050000&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP02&hidePreview= false

- People who are under- or uninsured
 - *i.* Health insurance coverage is tracked by the U.S. Census Bureau and available as part of this data set:

https://data.census.gov/cedsci/table?g=0400000US35.050000&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP03&hidePreview= false

The following is a list of additional public data sources we are using to estimate populations:

- University of New Mexico Bureau of Business and Economic Research <u>https://bber.unm.edu/</u>
- UNM Geospatial Population Estimates <u>http://gps.unm.edu/pru</u>
- Labor force Data: <u>LASER</u>
- New Mexico Human Services Department Databook (which contains significant county-specific information): https://www.hsd.state.nm.us/uploads/files/Public%20Information/HSD%20Data%20Book%20Al

1%20Sections%201-20-20.pdf

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

Beginning in March 2020, data from COVID-19 testing events across the state have been continuously collected and analyzed by the NM Epidemiology and Response Division. NMDOH Test registration forms include occupation and economic sector questions and may identify categories of critical workforce populations at higher risk for COVID infection. Epidemiology test positivity rates, by occupation, have



been tracked and may be used to stratify the workforce by level of risk. In addition, the New Mexico Environment Department <u>monitors rapid responses</u> to COVID-19 cases by industry and updates the data regularly. We will also use Bureau of Labor Statistics and New Mexico professional association data (where available) for particular sectors and industries where needed.

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

The initial breakdown of early Phase 1 vaccine administration described in Section 3 includes some of these initial subsets. For later stages, analysis of CDC Social Vulnerability Index (CDC SVI) will be utilized to identify regions with the most vulnerable communities in the state and further allocation may be considered for those most at risk.

Depending on available supply, the provider surveys sent to hospitals, FQHCs, and the Medical Society will be followed by surveys to other sectors of the economy to identify the people most at risk for exposure to the virus, who are age 65 or older, or have medical conditions that put them at greater risk of illness from COVID-19.

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

In September 2020, the NMDOH sent a survey to the NM Hospital Association, the NM Medical Society, the Pediatric Society, and the Primary Care Association to receive feedback and establish points of contacts and to increase communication with these critical groups. The associations forwarded the survey to their members. The survey has also been tailored to address long-term care facilities and data collection for this critical population is currently in progress. In addition, the survey will be expanded to other select critical populations to obtain the necessary data for COVID-19 vaccination preparedness and planning.

Contacts of LTCF's and other types of medical facilities have been established within the NMDOH COVID Provider Portal. The provider portal is a tool that serves as a centralized data collection tool for the department allowing multiple agencies access to report on a myriad of items (i.e., COVID Tests performed, PPE usage at Long Term Care Facilities, PPE usage at school districts etc.) This tool may serve as a mechanism for the completion of additional surveys if warranted and report on necessary data throughout all phases of COVID 19 vaccine planning and execution.

Provider contact information is available from EM Resource, health care associations, and NMDOH program management teams.

Emergency Managers also have first responder and critical infrastructure information for their communities.



Section 5: COVID-19 Provider Recruitment and Enrollment

A. Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.

The NMDOH provider survey, as described in Section 4D, was an initial step to engage health care partners and to ascertain their ability and capacity to administer COVID Vaccine.

The survey questions included: (Please see Appendix E)

- The number of paid or unpaid front-line workers that are regularly exposed to patients or hazardous materials
- The capacity to vaccinate facility staff
- The capacity to vaccinate community members
- The number of vaccinators at the facility
- The amount of cold chain storage space
- The availability of indoor/outdoor space to allow for socially-distanced vaccine delivery
- Whether a large provider is willing to serve as a community hub, to receive large quantities of vaccine and hold mass COVID-safe community vaccination events in later phases

Using the NMDOH COVID Provider Portal, a link to access the on-line Provider Agreement will be distributed to potential COVID Vaccine providers via a Health Alert Network message and direct email communication with existing vaccine providers. This process will reach a wide, but customizable range of provider types. A cover letter will accompany the agreement, encouraging provider participation. Follow-up emails will be sent to improve the rate of enrollment. Additional recruitment efforts will continue until the total number of providers available in every geographical area within the state have been contacted, in order to increase vaccination for the majority of the population.

Additionally, NMDOH is actively engaging with pharmacists through the New Mexico Pharmacists Association to enroll pharmacists as COVID-19 vaccinators. A training teleconference series (mentioned in Section 2.G) will be offered through a partnership with the New Mexico Pharmacists Association to build engagement, recruit, and enroll pharmacists as COVID-19 vaccine providers, and to disseminate information regarding outreach clinic opportunities.

B. Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.



Providers will be required to have an established account with the NMDOH vaccine registry, NMSIIS, to report vaccine administration within a 24-hour time period. Additional baseline criteria will be established prior to acceptance as an initial provider of the COVID 19 vaccine. These criteria include the ability to successfully order, store, and distribute a minimum of 1,000 doses quickly, the ability to manage COVID safe clinics (using flu experience as a model) and the ability to reach significant numbers of front-line health care staff.

Hospitals and large community health centers or other large providers would likely be initial centers for administration of COVID vaccine during phase 1, utilizing a closed POD or semi-closed POD model. Additionally, private partners through established drive through vaccine clinics are expected to immunize a large number of the NM population throughout all phases of vaccine operation.

Large healthcare organizations and hospitals would serve as hubs for healthcare provider vaccinations. NMDOH would provide direct allocations to these organizations to not only vaccinate their provider pool but also to host vaccination clinics so we can administer vaccine to healthcare providers across the state.

To augment the large healthcare organization clinics, NMDOH will also conduct state-run vaccination clinics for healthcare providers and maintain responsibility for cold chain custody. The clinics would be staffed through partnerships with Medical Reserve Corps (MRC), UNM College of Nursing, UNM College of Pharmacy, UNM School of Medicine, and through Memoranda of Agreement (MOA) with pharmacies across the state.

Pharmacists are another important provider type and one of the most accessible health care providers for vaccine delivery. Pharmacists typically provide 25% of all seasonal vaccines. It is anticipated that pharmacists will be one of the primary vaccinators of the general public both during the early and later phases of vaccine delivery. NMDOH will encourage pharmacies to provide outreach clinics, will connect with local pharmacies for outreach clinic opportunities and also set up several different POD sites in each region on a regular basis to ensure access to COVID Vaccination. State-wide pharmacist-staffed healthcare provider vaccination clinics will also be conducted at healthcare facilities.

Types of Healthcare Provider Outreach Clinics through NMDOH, federal and private partners

- FQHCs
- Public Health POD Sites
- Hospitals
- Veterans Administration Hospital and affiliated clinics
- Indian Health Service Clinics
- Pharmacies
- Health Plan Mobile Clinics
- Other Primary Care Providers

Long-term Care Facility Outreach Clinics



NMDOH began an education and outreach campaign the week of 10/12/20 to Nursing Homes (NH) and Assisted Living Facilities (ALF) with the intent of providing information regarding the LTCF Federal Pharmacy Partner Program. NMDOH is circulating its own survey to LTCFs and looks forward to receiving data from the CDC regarding which facilities have enrolled with the LTCF Federal Partner Pharmacy Program. Utilizing NMDOH and CDC data, facilities within the state that have chosen not to participate in the federal program or for which a pharmacy partner is unavailable, will be identified. NMDOH will contact any facility that has not partnered with the federal government to determine if the facility:

- Will utilize facility staff to vaccinate residents
- Will utilize an existing partnership with a local pharmacy to provide an on-site clinic
- Will need the State to identify a vaccine provider

If LTC facilities do not have pharmacy vaccination services, local partners, including hospitals, FQHCs and pharmacies, will have to provide vaccination support. NMDOH will also offer mobile vaccination clinics to ensure coverage of all facilities.

Below is a list of some critical populations and suggested potential vaccine delivery modalities to administer immunizations in all phases of COVID Vaccine Operations. Significant outreach and communication to providers, local community leadership, specific populations and communities and the public at large will be critical to an effective campaign.

Rural communities: Rural hospitals, FQHC's, mobile DOH vaccine drive through clinics.

People living with disabilities: Intermediate Care Facilities (ICF) and group homes for people with developmental disabilities will be identified and mobile clinics utilizing EMS workers, and PHD staff with Resident Healthcare staff to assist. The Developmental Disabilities Services Division of NMDOH will also help coordinate these efforts.

People with underlying medical conditions: Primary Care Settings, FQHC's, Hospital based practices, VA, IHS Clinics, Public Health. Total numbers will be identified using the statewide database NM-IBIS.

Corrections: Health care staff at facilities will likely be offered vaccination at larger through put vaccination PODs. Inmates will be vaccinated by health care staff within jails and prisons. If assistance is needed, DOH will provide vaccinators to help deliver immunizations in correctional and juvenile justice facilities.

65 years and older: We will conduct outreach clinics at Senior Center Meal Distribution Centers, primary care settings, FQHC's, VA clinics, and IHS Clinics. PHD will also provide vaccination. NMDOH and ALTSD are also increasing efforts to provide influenza vaccine to seniors throughout New Mexico in partnership with the state's retail pharmacies. We anticipate continuing such partnerships for COVID-19 vaccination efforts.

Racial and ethnic minorities: NMDOH will provide outreach to racial and ethnic minority community leaders to determine best vaccine clinic models and specific ways to establish efficient vaccination



delivery systems. Outreach Vaccination Clinics will be organized at church venues, FQHC's, and Public Health offices. Some work-located vaccine clinics will also increase vaccination for these populations.

Tribal: See prior discussion. One likely approach (depending on the results of tribal consultations) will be collaborative work with IHS, 638 Health Clinics, tribal partners, FQHCs and other providers to conduct high throughput vaccination POD sites on location in tribal communities.

Under or uninsured: FQHC's and PHD serve this population routinely and will schedule POD vaccination sites to deliver vaccine to individuals and communities who do not have insurance.

Homeless shelters: NMDOH will assist with the vaccination of this vulnerable population by providing mobile vaccination clinics at shelters and harm reduction sites in collaboration with shelter and city staff. Two-dose requirements will be challenging in these environments.

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

NMDOH is still gathering information from the CDC and its vendors about the enrollment and reporting systems being developed. Provider enrollment data will be collected from the online provider portal and then transferred into NMSIIS. The immunization program will utilize the IZ Data Lake Partner Portal and electronically forward provider enrollment data to the CDC twice weekly, using the CSV template via a SAMS-authenticated mechanism. NMDOH is in the process of acquiring access to the SAMS IZDL Partner Portal Onboarding Environment in order to send test CSV files. NMDOH will also use the Provider Agreement Template Comma Separated Value (CSV) file from CDC.

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

Any facility, other than a private practice, is required to be licensed by the NM Board of Pharmacy in order to carry/possess/administer vaccine. The New Mexico Department of Health Immunization Program requires that all facilities complete a Provider Agreement, including the professional license number and expiration date for all vaccine providers within the organization. The wholesale distributor verifies the facility license of all receiving locations prior to shipping vaccine. As part of completing, signing, and submitting the COVID-19 Provider Enrollment forms, the providers are attesting to the fact that they are credentialed with active, valid licenses in order to possess and administer vaccines.

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

The Immunization Program, in collaboration with the Bureau of Health and Emergency Management, will provide online training videos, FAQs, Step-by-Step Guideline Instructions, and Help Desk Support.



Trainings will be located on the Immunization Website and links emailed to providers. Information for providers and access to training links will also be available on the cv.nmhealth.org website. Trainings will be tracked through internal shared folders and the NMDOH IIS. Training must be completed as a prerequisite for access to NMSIIS.

Additional vaccine training and education are located on the NMDOH website: NMHealth.org Immunization page; Healthcare Provider Immunization Education and Tools, and include:

- Influenza Training; parts 1-6
- Vaccine Management with the CDC Vaccine Storage and Handling Kit, the Kit also includes links to additional training (i.e., "You Call the Shots: Vaccine Storage and Handling")

Provider Training

Initial and continuous COVID-19 Vaccination provider trainings are planned. Initial training includes the following information:

- Ordering and receiving COVID-19 vaccine
- Method to document and report vaccine administration within 24 hours
- Required information and data

Additional vaccine-specific provider training will take place when the available vaccine has been identified, and will include:

- ACIP COVID-19 recommendations
- COVID-19 vaccine storage and handling
- Vaccine inventory management
- Potential vaccine scenarios

Vaccinator Training

On-line vaccinator training is planned and will be revised as specific vaccine information is available and includes:

- Vaccine storage and handling
- Proper vaccine administration method
- Use of PPE
- Use of adjuvants
- Required vaccine administration documentation

An on-line venue will be used for all training. The trainings will be accessible on the NMDOH website.



F. Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).

Health care providers with sufficient storage capacity may act as redistribution hubs for smaller hospital and community dispensing partners that will serve less than the 1,000 minimum order number. Large Health Care Providers will be asked to serve as community vaccination hubs during a phase with limited vaccines that cannot be easily transported.

These large providers may also continue to serve as hubs for the redistribution of vaccine later in the distribution process. This may fill in the gaps and make COVID 19 vaccine accessible to smaller more geographically remote locations.

The Public Health Immunization Coordinators in each region will oversee any transfers and ensure that required cold-chain management, storage, handling procedures, and NMSIIS documentation is in place. The requested quantity will be transferred in the tracking system to approved dispensing entities. Satellite redistribution will occur same day as ultra-cold product is received.

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

NMDOH is interested in using the Tiberius platform to identify provider enrollment, and the ordering and tracking of vaccine administered throughout the state on a daily and weekly basis. NMDOH will utilize the online IIS system and provider enrollment to track and identify gaps in access to COVID-19 vaccination services. If gaps are identified in COVID-19 vaccination services, the Immunization Program will conduct provider recruitment activities and work with PHD to provide mass vaccination clinics.

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

Pharmacists provide approximately 25% of annual influenza immunizations to the general population in New Mexico and NMDOH is anticipating that pharmacists will play an essential role in Phases 2 and 3 and that many will assist with larger targeted vaccine clinics in later parts of Phase 1.

The New Mexico COVID Vaccine Planning Team pharmacy group lead is in the process of identifying pharmacies that have an agreement with CDC to receive vaccine allotments directly from the federal government. The NMDOH will reach out to the pharmacies that have opted out of the agreement to determine capacity and ability for COVID Vaccine administration. These pharmacy providers will be encouraged to enroll as a provider with the NMDOH and may be utilized for pharmacist-staffed healthcare provider outreach vaccination clinics. Additionally, pharmacists will provide LTCF vaccination services.



Section 6: COVID-19 Vaccine Administration Capacity

A. Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.

Private and Community Partner Vaccine Administration Capacity Estimates:

- Analysis of survey results
- Analysis of provider enrollment agreement forms
- Review of private and community partner COVID-19 Vaccination Preparation Plans
- Compilation of data daily during planning and execution phases of vaccine administration

NMDOH Vaccine Administration Capacity Estimates:

NMDOH's four public health regions each includes the following positions: Regional Director, Regional Emergency Preparedness Specialist (REPS), Regional Health Officer, Director of Nursing Services, nurses, and support staff. There is a public health office located in most counties. The REPS work with cities, counties, tribal partners, community partners, and local emergency managers in emergency preparedness planning, training, and exercises.

In preparation for the COVID-19 vaccine response, the NMDOH Public Health Division has identified 135 POD sites throughout the state. Regional vaccine plans were revised to include new policies, procedures, and Centers for Disease Control and Prevention guidance and assumptions.

POD site plans, for both walk in and drive through sites, were revised to include new measures for social distancing, post-vaccination monitoring areas, and new procedures (e.g., the potential mixing of adjuvant with vaccine). Additional ad hoc vaccination sites were also identified. Because the regions are very different, both geographically and in population density (ranging from larger cities like Albuquerque and Las Cruces to frontier areas) the plans are specific to each region and site.

Drive-through COVID-19 testing and influenza vaccination sites have been used as a testing ground for COVID-19 vaccine site planning and preparation.

Information from the CDC indicates that the early first phase of vaccine will be limited with tightlyfocused vaccine administration in controlled closed settings, therefore, the POD sites are more likely to be utilized in phase 2 or late phase 1, when larger allocations of vaccine are available and mass vaccination sites may be possible; however, a first responder POD site could be useful in some situations for early phase 1 vaccine administration. Mobile on-site vaccination clinics will also be utilized during both phase 1 and 2 at long term care sites. It will be important to ensure equitable access to vaccine across all jurisdictions, particularly in rural communities, for at-risk populations, and for the underserved.

Public Health COVID-19 vaccine planning also includes developing staffing models per type of vaccination site based on the number of vaccinators required to reach a predictable throughput. The staffing models are scalable. Should the demand for vaccination exceed the available public health vaccinators, particularly if COVID-19 testing continues at a high rate, additional vaccinators will be on-



boarded. These include nursing and pharmacy students, EMTs, National Guard personnel, and Medical Reserve Corp volunteers. Additional staffing will be arranged locally.

The need for additional resources, beyond staffing, has also been identified and includes vaccination supplies that are not in the kits that accompany vaccine; gloves, extra needles, sharps containers, bandages and potentially dry ice and PPE to handle dry ice. A list of additional winter weather supplies for drive-through PODs has also been compiled.

Flexible and resourceful venues are being considered for mass vaccination sites, including city, county, tribal and community venues and faith-based facilities.

Considerations:

- On-line registration and consent forms
- Public Health offices have limited vaccine cold-storage
- Patient visits to public health offices will be by appointment only, no walk-ins
- Competing and fluid staffing and resource priorities in relation to COVID-19 testing and Influenza vaccine needs as well as daily clinical operations of public health offices
- Weather conditions and available resources for staff
- Community capacity to vaccinate
- Availability of supplies including PPE and ancillary supplies
- Long-term staffing vacancies, RNs and Clerks: 116 filled RN positions and 17 RN vacancies in the Public Health Division, this number includes bureau staff and clinicians
- Availability of National Guard to assist with COVID-19 vaccine delivery

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

The NMDOH provider survey includes questions to obtain estimated vaccine capacity and related cold chain storage space for vaccines. The provider survey will give an indication of capacity from different health care and critical population sectors. Provider enrollment agreements will give additional information regarding the number and capacity of potential COVID vaccinators.

Provider recruitment is already well underway and will continue through:

- Weekly calls with COVID 19 Vaccine Planning Advisory Group
- Weekly calls with numerous provider associations
- Weekly calls with following subgroups:
 - o ALTDS
 - o IAD
 - o Pharmacy
 - Corrections/Homeless Shelters
- Health Alert Network Message to encourage providers to enroll
- Mass emailing of existing Vaccine Providers



As the vaccine administration capacity model is built, it will be clear where provider recruitment is lagging. Recruitment efforts will be targeted to fill these gaps and to reach previously identified underserved areas prior to reaching the mass distribution phase.

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

A. Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.

NMDOH and partner planning is constrained by lack of information on the range of potential vaccine doses that New Mexico will receive over the first weeks and months of COVID 19 vaccine distribution. Plans and strategies could vary significantly depending on the amount of vaccine received, particularly in our large rural areas.

NMDOH will assign allotments of vaccine throughout the jurisdiction by utilizing information gathered through the statewide Provider Survey administered in September 2020, follow-up communications with providers and additional public online census data tools including the use of OWS Tiberius. For early Phase 1 with limited vaccine supply, the focus will be on successful allocation and distribution of vaccine with a positive uptake.

Criteria and decision points include:

- Provider agreements are in place
- Providers are registered and trained in NMSIIS, able to order and enter immunizations
- Ability to store and use large vaccine orders
- Due to high infection rates in LTCFs, the staff would be included as part of front-line health care providers. If the facility is not a COVID vaccine provider, the staff could be covered through outreach
- If state allocations are not sufficient for all health care staff, the following types of health care providers may receive early allocations:
 - Hospitals and large health systems with the ability to manage the first vaccination operations
 - Smaller rural hospitals that are the main or only health care provider in the community
 - o Community Health Centers (FQHC)
 - Long-term care facility staff
 - First responders associated with large providers, such as ambulance services
- In the event that the above providers receive only a portion of the doses requested in the survey, the state will share criteria (COVID-19 exposure, age, health conditions, etc.)


and leaders of health entities will make the decisions about who will be offered the vaccine;

- It is possible that not all health care workers will accept vaccines
- B. Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.

NMDOH will assess the cold chain storage capacity and provider population data received through the provider surveys and through the Provider Agreement Forms. This information will be compiled into a master reference document, ranked by distribution phase, and used to inform decisions for the allocation of COVID-19 vaccine and the process of prioritizing the approval of orders.

C. Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.

Procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and NMSIIS will follow and comply with the New Mexico Standard Operation Procedures (SOP) IZ Program Vaccine Ordering. This information will be compiled into a master reference document, ranked by distribution phase, and inform decisions for the allocation of COVID-19 vaccine and the process of prioritizing the approval of orders.

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

Vaccine transfer must be pre-approved and coordinated through the Immunization Program; all appropriate transfer documentation must be completed and submitted within 24 hours of completion.

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

All COVID-19 vaccine inventory must be reconciled on a dose-by-dose basis in NMSIIS. Vaccine wastage logs must be kept, and wastage entered into NMSIIS daily. Monthly reconciliation of COVID inventory will be required of providers.

Section 8: COVID-19 Vaccine Storage and Handling

Instructions:

- **A.** Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:
 - Individual provider locations
 - Satellite, temporary, or off-site settings



• Planned redistribution from depots to individual locations and from larger to smaller locations

Provider training will include the storage and handling requirements outlined in the Provider Agreement. Storage and handling indicators including wastage, ordering frequency and quantities, and vaccine transfers will be monitored. Temperature log spot checks for vaccine storage units at provider sites will be conducted. Technical assistance will be available through the NMSIIS help desk for providers having storage and handling issues.

Ultra-cold chain management training will include guidance provided by the CDC and the manufacturer.

The CDC requested that the NMDOH Immunization Program complete an Ultra Cold Distribution Template for facilities that could handle the ultracold product without having to purchase additional storage equipment. (Please see Appendix F)

Additional information accompanied the Ultra-Cold Template, including:

- Although the tool asks about ultra-cold storage capacity, ultra-cold storage capacity is not a requirement for use of the vaccine
- The question about freezer capacity relates to the ability to remove the vaccine from the thermal shipper for more "permanent" storage, beyond the original 10 days, for longer use of the vaccine, however, this freezer capacity is not a requirement.
- Neither the jurisdiction nor providers are expected to hold back vaccine for a second dose, the second dose will be held at the Federal level.
- All vaccine that is received in 1A should be used on as many people as possible

Due to some of these potential inconsistencies between the Ultra-Cold Distribution Template and other information CDC has provided about Vaccine A, NMDOH is waiting for more information before completing the template.

Individual provider locations

NMDOH is utilizing mapping software to map and display the following provider data:

- EMS Providers by County (by license level) Population
- Large retail chain pharmacy locations
- Independent community pharmacies
- Hospitals and inpatient pharmacies (staff and patient census and cold chain capacity)
- Dry Ice locations
- COVID19 Testing Sites
- Assisted Living and Nursing homes (staff and patient census)
- Public Health Offices (cold chain capacity)



Satellite, temporary, or off-site settings

In early Phase I, these sites may be used in assisted living facilities, which generally lack their own providers. Pharmacies or public health offices would provide vaccinators with the appropriate coolers. These clinics will most likely be used in later phases.

Planned redistribution from depots to individual locations and from larger to smaller locations

NMDOH is planning to use depots on a limited basis for redistribution. The majority of vaccine will be shipped directly to the providers. In Phase 1a as described in Section 3, the providers will be large hospitals, large Community Health Centers, NMDOH, or sites capable of receiving large quantities of vaccine. If it is necessary to redistribute COVID-19 vaccine, the CDC COVID-19 Vaccine Redistribution Agreement will be completed and forwarded to CDC.

Unplanned repositioning among provider locations

Transfers are used to balance vaccine from facilities with excess supply to facilities with greater need. Any repositioning between providers includes pre-authorization by the Regional staff, as well as tracking and documentation in NMSIIS. The Regional Immunization Coordinators assist providers in managing and executing the transfer.

There may be instances in Phase 1 where a small or medium size rural town would not have the need for the 1,000-dose minimum doses for Vaccine A. Therefore, a hub in a larger community (preferably within a one-hour drive) may transfer vaccine to a provider in a smaller rural or frontier community. The transfer would adhere to the cold-chain and documentation requirements.

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

NMDOH partners are asking about the storage containers and monitoring mechanisms for vaccines requiring deep-cold storage. The CDC information is unclear about how temperatures will be monitored and maintained in these containers, what the protocols are, if there is a need for additional dry ice to be added and how to monitor temperature after the containers have been opened.

NMDOH will assess provider COVID-19 vaccine storage and temperature monitoring capabilities through the Provider Agreement and, where applicable, through information currently in the registry for the site.

Section 9: COVID-19 Vaccine Administration Documentation and Reporting

A. Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.

NMDOH is still waiting for more detailed information regarding CDC's reporting and tracking system. A top priority is to ensure that NMSIIS can collect all reportable data CDC is requiring from vaccine



providers. NMDOH currently is planning to utilize multiple systems to document COVID-19 vaccine administration, to ensure that every provider type is able to report accurately, completely, and timely. The following systems will be used:

Internal Registration Application

NMDOH IT Department has been working on a dot com application to be used for vaccine registration. The application was modified from the current COVID testing registration system. The internal application will be used primarily by internal providers, specifically NM DOH Public Health Offices (PHOs) for clinical purposes and outreach events.

IIS (Automated Data Exchange or Manual Entry)

Provider documentation of vaccine administration for COVID-19 vaccine will mostly occur from NMSIIS users who have automated data exchange from their EHR directly into the registry data base. If the provider site is not a data exchange site, data can be manually entered into the IIS. Roughly 800 vaccine providers are already using NMSIIS and will need little or no training on reporting. NMDOH is making a concerted effort to recruit as many new providers with Provider Agreements and subsequent onboarding to NMSIIS if not already registered to help facilitate centralized reporting system for all providers.

VAMS

The NM DOH Immunization program is also considering VAMS application as a safety net option for providers to document vaccine administration for COVID-19 vaccine who are not enrolled in NMSIIS. This option could be utilized by a provider that does not fit into the first two categories and is able to use this CDC tool, such as providers that do not currently have an EHR and/or are using a paper based system. Training materials and support information will be provided, to ensure proper documentation is in place and confirmation that the data flow is working properly. This will ensure that accurate, valid, complete, and timely data is being received by the IIS.

In the event of a power outage or if a location does not have internet connectivity

- Paper records would be utilized,
- After-the-fact extracts from EHR/billing systems will be used for flat file uploads
- Regions, clinics, and/or providers would be advised to utilize Wi-Fi hotspots
- In the case of a power outage, it is recommended that the provider extract the data from the EHR or billing systems, after power returns, and upload the files into the IIS

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

New Mexico is planning to onboard to the CDC IZ Gateway Connect, but does not plan to utilize the Share component at this time. Envision, the NMSIIS vendor is currently creating IT protocols to facilitate the joining with IZ Gateway Connect. This process is essential for large amounts of data exchange.



C. Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.

The NMDOH registry currently includes 389 Vaccine For Children (VFC) and 81 Adult vaccine providers enrolled in NMSIIS. Approximately, half of these providers have automatic data exchange capacity from electronic medical records that feed directly into NMSIIS every 24 hours. There are an additional 400 or more vaccine providers registered in NMSIIS that have previously uploaded vaccines. Every existing NMSIIS provider profile will be evaluated to determine ability to report every 24 hours.

Existing vaccine providers will receive direct communication through an email notification about the requirement to report administered vaccine every 24 hours. Web-based training on NMSIIS is currently in place and will be utilized for new vaccine providers. New NMSIIS users are required to present certificate of training completion prior to receiving a username. For new vaccine providers, NMSIIS will be audited twice weekly to ensure reporting meets the required time frame.

D. Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.

NMDOH will take the following steps to ensure real-time documentation and reporting:

- Satellite Clinics of larger hospital systems most will have automated electronic exchange to NMSIIS, but for those who do not, a reporting tool will be available.
- Public Health Offices data will be entered into Billing Electronic Health Record (BEHR), the billing and EHR, then by interface into NMSIIS and IZ Gateway Connect.
- Pharmacies most large retail chain pharmacies have automated real time NMSIIS data exchange. Smaller pharmacies without automated data exchange with NMSIIS must be onboarded to the New Mexico IIS
- Community Health Centers most are existing providers with NMSIIS access and reporting capabilities. New providers will be given technical assistance to ensure they are meeting reporting requirements
- Newly onboarded providers will be manually audited, a minimum of twice weekly, to ensure the reporting is accurate and meets timeline requirements

E. Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.

Vaccine information is monitored in NMSIIS on a daily basis. The IZ program will flag new providers with no prior NMSIIS experience. The provider will be contacted directly for non-compliance. A NMSIIS team member will assist the provider to identify and resolve the issue. If issue continues, the vaccine provider



will be put on probation without ordering privileges until complete compliance is demonstrated. If lack of compliance persists, providers may be discontinued as a COVID-19 provider.

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

Coverage reports are one of the key metrics that determine where to strengthen and reinforce efforts. Coverage reports can be pulled from NMSIIS, as requested/required. The coverage reports will also be converted to coverage maps as a data visualization technique.

Section 10: COVID-19 Vaccination Second-Dose Reminders

- **A.** Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.
- NMSIIS
- NMDOH Messaging Platform
- VAMS
- Review Private Partner plans (own EHR reporting)
- CDC vaccination record cards
- Patient (VAX VIEW NM)

NMSIIS

The primary method of reminding COVID-19 vaccine recipients of the need for a second dose will be through the existing Reminder/Recall reports located within the immunization registry. The New Mexico Statewide Immunization Information System (NMSIIS) is capable of running multiple Reminder/Recall report options.

These reports can be run by the Immunization Program or by individual providers. The reports create a list of all patients by Provider/Clinic who are due or overdue for a vaccination. The vaccination and date ranges can be specified when running the report. Reports can be extracted in PDF or excel formats.

NMDOH Messaging Platform

For patients seen by PHD, NMDOH intends to use the messaging platform that was developed to deliver negative COVID-19 test results. It can be used to send vaccination reminders.

VAMS

If NMDOH utilizes the Vaccine Administration Management System (VAMS), created by the CDC, the patient reminder recall functionality will be used to remind COVID-19 vaccine recipients of the need for a second dose.

CDC Vaccination Record Cards

CDC has reported that providers will be given vaccination record cards as part of the vaccine ancillary kits.



NMDOH will work with providers to ensure that the cards are completed with accurate information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date), and given to each patient who receives vaccine to ensure a basic vaccination record is provided.

Vaccination providers will be trained to encourage vaccine recipients to keep the card in case the IIS or other systems are not available when they return for their second dose.

Patient (VAX VIEW NM)

The NMDOH public portal for immunization records, VaxViewNM, will be used as a recourse for patients to obtain their immunization record and track when they are expected to get the second dose.

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

A. Describe your jurisdiction's solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues.

NMDOH will utilize the same information reporting systems for high volume outreach vaccine settings as it does for reporting as described in Section 9. The only difference might be use of more paper records at the mobile site and then manual entry into the electronic systems back at the clinical home base, or the use of hot spots to allow connectivity in remote settings.

Internal Registration Application

NMDOH IT Department has been working on a dot com application to be used for vaccine registration.

- The application was modified from the current COVID testing registration system.
- The internal application will be used primarily by internal providers, specifically NM DOH Public Health Offices (PHOs) for clinical purposes and outreach events.
- The application will include several components including a public facing registration module, an internal provider module for clinic set up and an internal look up option for clinic staff.

IIS (Automated Data Exchange or Manual Entry)

Another option for providers to document vaccine administration for the COVID-19 vaccine is to utilize the existing connection between the electronic medical record and the IIS. If the provider site is not a data exchange site, data will be manually entered into the IIS.

VAMS

The NM DOH Immunization program is considering using the VAMS application as an option for providers to document vaccine administration for the COVID-19 vaccine.

• This option would be for any provider that does not fit into the first two categories and feels comfortable using this CDC tool, such as providers that do not currently have an EHR and/or are using a paper based system.



• Training materials and support information will be provided, to ensure proper documentation is in place (BAA, etc.) confirmation that the data flow is working properly; ensure that accurate, valid, complete, and timely data is being received by the IIS.

In the event of a power outage or if a location does not have internet connectivity

- Paper records would be utilized,
- After-the-fact extracts from EHR/billing systems will be used for flat file uploads
- Regions, clinics, and/or providers would be advised to utilize Wi-Fi hotspots
- In the case of a power outage, it is recommended that the provider extract the data from the EHR or billing systems, after power returns, and upload the files into the IIS
- B. List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.

The variables that NMSIIS will be able to capture for people who receive the COVID-19 vaccine include:

- Administered at location name/ID
- Administered at location type
- Administration address, Administration date
- CVX code, Dose number, Lot Number
- Vaccine name, Vaccine manufacturer, Vaccine expiration date
- Administration site, Administration route
- Sending organization
- Vaccine administering provider suffix
- Vaccination series complete
- Patient ID
- Patient first name, Patient last name
- Patient address, Patient DOB
- Patient gender, Patient occupation
- Contraindications/precautions
- Patient race
- Patient ethnicity

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

- The New Mexico IIS, NMSIIS (New Mexico statewide Immunization Information System) is a Web IZ product from the vendor, Envision. It is cloud based and the most current version of the software available.
- NMSIIS has unlimited provider capacity and is unrestricted for onboarding.



- Providers are currently able to report to the IIS via HL7 data exchange through their EHR, via batch file uploads, and by manual entry into the system.
- Data exchange information is reported from the provider's vendor on a daily basis and is updated at the top of every hour
- Nearly half of our providers have a data exchange (DX) agreement with NMSIIS in place. Of those DX providers, about 40% are bidirectional.
- We have recently enabled the HL7 onboarding module to help streamline the provider onboarding process for data exchange to be standardized, simpler and more efficient.
- NMSIIS allows for a variety of reporting, including provider reporting, patient management, inventory management, patient details, and coverage statistics.
- Existing reports are mostly canned reports with a few ad hoc options available. We also have a data mart system that can be customized based on need. Additional funding has been identified by the program and allocated to Envision to fund a part-time Data Base Administrator that will provide queries, data mart reports, and SQLs as requested by the program.
- D. Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.
- Provider Agreement forms will be available online via an external password protected site
- A Health Alert Network message will be sent to all providers with a link to the external password protected site which houses the online COVID 19 Provider Agreement to be completed
- A mass emailing of to all NMSIIS Vaccine Providers with a link to the external password protected site which houses the online COVID 19 Provider Agreement to be completed
- Forms will then be sent to the IZ program for review
- The process will be very similar to the current onboarding process, which includes contacting the providers to set up staff access to the IIS, placing vaccine order, setting up inventory locations, creating staff and clinic listings, and answering any questions or concerns from the provider.
- In an effort to move more providers to the automated data exchange process, we are contacting providers, who use existing vendors in our DX network, and encouraging them to change to onboarding to the data exchange reporting to the IIS, using the HL7 onboarding module.

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

NMDOH is planning to onboard to the IZ Gateway Connect and will not be pursuing the Share component.

F. Describe the status of establishing:



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

The NM DOH Office of General Counsel completed the agreement and is awaiting the final electronic copy.

2. Data use agreement with CDC for national coverage analyses

NMDOH has an existing data use agreement in place with CDC for national coverage analyses.

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

N/A

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

The backup solutions that NMDOH is planning for offline use, if internet connectivity is lost or not possible, includes utilizing paper records, using after-the-fact extracts from EHR/billing systems for flat file uploads and advising the regions, clinics, and/or providers to utilize Wi-Fi hotspots when able.

If paper records were used to record the demographics and vaccine data, those records would then be sent to the NMDOH Immunization Program via secure email.

In the event that it is a power loss or outage and power was recovered at a later time, it would be recommended that provider EHRs and/or billing systems extract the data in a flat file format and that NMDOH upload them into the IIS. Finally, the NMDOH Immunization program, as well as several regions and providers, are in possession of Wi-Fi hot spots that can be used to provide temporary internet connectivity to a specific location.

H. Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.

NMDOH will utilize tools and processes from three (3) primary resources to monitor data quality, including ensuring that data is available, complete, timely, valid, accurate, consistent, and unique.

1. The New Mexico Data Quality Improvement and Data Management Plan https://www.nmhealth.org/publication/view/plan/5961/

This is an internal document designed to identify priority data, quality improvement, and data management areas for NMSIIS. The document was published in 2020 and will be reviewed annually to ensure it remains accurate and current. This plan defines and describes processes for identifying and



removing duplicate data from the registry, minimizing the occurrence of incomplete reporting, and monitoring incoming data, whether it is manual or via data exchange.

2. Data Quality Blueprint

https://www.cdc.gov/vaccines/programs/iis/downloads/Data-Quality-Blueprint-508.pdf

The DQ Blueprint, designed by the CDC, is a valuable tool that will help ensure the incoming data is valid, available, complete, and timely.

NMSIIS has a variety of canned and ad hoc reports, including data mart reports, that can be used to determine coverage rates as well as identifying areas of vulnerable or underserved populations

- All vaccines entered into NMSIIS are evaluated against ACIP recommendations and flagged as valid or invalid.
- Demographic data is validated using outside resources, such as SmartyStreets, to ensure the accuracy of the correct address.
- Provider onboarding and training are being conducted emphasizing the importance of reporting to the IIS, per NM state statutes.
- Timeline reporting guidelines (receipt of information within 24 hours of administration)
- Provider reporting tools developed to assist efficient data reporting (i.e., internal provider registration application)

3. MIROW Guides – IIS Data Quality Assurance and Monitoring and Validating Data at Rest

Per existing Modeling of Immunization Registry Operations Workgroups (MIROW) guides, developed by the American Immunization Registry Association (AIRA), several data sources will be utilized (i.e., provider EHRs, billing systems, provider manual entry, and external systems - registration app) to ensure that a full spectrum of data is received.

IIS follows CDSi logic recommendations, and NMDOH will utilize data quality reports to monitor and validate incoming data. The reports include, but are not limited to: Data Quality Statistics, Patient Exceptions, Possible Duplicate Vaccinations, Possible Patient Duplicates, Shots Before Birth, Vaccines Added but Not Administered.

Section 12: COVID-19 Vaccination Program Communication

A. Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.

The communications strategy for the COVID-19 effort currently includes:

• Daily press releases identifying the number of positive tests and deaths, by county.



- Weekly press conferences led by Governor Michelle Lujan Grisham, and supported by cabinet Secretaries, including Dr. Davis Scrase, Human Services Department Secretary, who presents and explains data graphs and modelling regarding the status of COVID-19 in New Mexico and by regions of the state.
- Statistical analysis for the weekly data graphs includes trend analyses by the Epidemiology and Response Division (ERD) and modeling from the Los Alamos National Lab
- NMDOH's COVID-19 website provides a public dashboard on status of cases by county
- Social media

The NMDOH Public Health Division established the NMDOH COVID Call Center in March 2020. The call center is staffed with several layers of professionals depending on the nature of the inquiry, including Registered Nurses. Call center staff meet daily to discuss emerging issues or questions they receive from the public. When vaccine information is available, protocol and scripts will be provided to the call center staff.

Phase I – During early phase I, communication will be limited mostly to providers

- Communication is presented in meetings, including the Vaccine Advisory Group, numerous working sub-groups and regular meetings with numerous healthcare provider associations described above.
- Once there is action by the Food and Drug Administration (FDA) and recommendations from ACIP on any specific vaccine, we will summarize and provide information about it through several mechanisms which may include:
 - The Governor's weekly press conferences
 - o The NMDOH COVID-19 website
 - Frequently Asked Questions (FAQs) about the vaccine(s), distribution and allocation in New Mexico shared via listservs, website
 - o Targeted communications to different stakeholders
 - o Social media

Phases II and III, public and mass vaccination phases

These phases will include a coordinated media strategy (free press and ads) to inform the general public and key audiences with key, accurate information on the vaccine campaign and provide updates.

New Mexico has already embarked on a coordinated media strategy across agencies and externally to promote the influenza vaccine. Partner media toolkits have been distributed across agencies and a <u>microsite</u> created for the Flu Shot Campaign. These new innovations to our flu campaign will be used, and modified to fit the circumstances, in our COVID-19 vaccine media strategy.

Key Audiences and Communication Targets

Providers

Provide information to educate health care providers, governmental, and other organizations that will be involved in vaccine administration.



- Organizations involved in vaccine distribution
- Health care personnel, for patient education
- Health insurance and plans (coverage for vaccine, in-network providers)
- Tribal government and health care providers, including Indian Health Services (IHS) and tribally managed 638 clinics

Workforce

Provide information to educate and ensure utilization of vaccine in essential industries and workers.

- Essential health care providers
- Essential industries (i.e., elder care, childcare, food handlers, grocery/retail stores)
- Childcare providers, educators, and school staff
- First responders (i.e., Emergency Medical Services (EMS), police, fire)
- Essential government organizations
- Other employers

Public and Priority Communities

Increase communication to educate and increase awareness in the public, with an emphasis on ensuring equitable access to and utilization of vaccine.

- Populations at risk for severe outcomes from COVID-19 infection (i.e., people aged 65 years and over, people with underlying health conditions)
- People likely to transmit virus to at-risk groups (i.e. in household with at-risk person)
- Congregate care settings (i.e., nursing homes, residential care facilities, homeless shelters, correctional facilities)
- Ethnic/racial minorities
- Tribal communities
- Rural and frontier areas

Public/Provider/Partner Communication

Health care, government, and other organizations will implement vaccine logistics, distribution and administration in partnership with the NMDOH. Communication with clinicians and other staff at these organizations will be essential to a smooth and consistent vaccine process.

DOH COVID-19 Hotline/Call Center and Emergency Communications

Call Center Staff will be educated on COVID-19 vaccine:

- Provider and partner organizations requiring vaccine logistics information will be routed to the NMDOH Immunization Program
- Calls that require additional medical information are routed to the clinician on-call
- Calls related to adverse events from the public will be directed to contact their medical provider or to dial 9-1-1 immediately if the reaction is severe
- **B.** Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.



Ongoing collaboration meetings and mechanisms across health systems and providers puts us in a strong position to update information and maintain unified messaging in an emergency. The following are some of the key methods used for such emergency communications:

- Health Alert Network (HAN) e-blasts
- Press conferences by the Governor and NMDOH
- Press releases from the Governor and NMDOH
- Paid media (Ads) and Free Media (Press)
- Early and steady social media and website updating
- Email list of providers involved in COVID-19 testing and vaccination and provider associations that meet weekly with NMDOH
- NMSIIS electronic messaging board to all users
- Materials for hotline staff

New Mexico utilizes several core delivery methods to disseminate risk communication to select populations across the state. The population served and the methods employed are as follows:

General Public:

New Mexico hosts regular press conferences and Facebook live events lead by the Governor, Department leads, Subject Matter Experts and medical personnel to ensure New Mexicans receive regular science-based guidance throughout the COVID-19 response. The vaccine messaging will be included in these regular updates. New Mexico continuously develops press releases to inform the public of emerging public health issues and COVID-19 response updates. Social Media is utilized by NMDOH and other State agencies to provide updates and guidance for New Mexicans regularly.

Medical Staff:

NMDOH regularly send Health Alert Network (HAN) updates out to the medical community on COVID-19 response activities, alerts, and notifications. These updates may be directed to a specific provider type or blasted to all registered medical staff across the state. Updates have also been regularly included in weekly calls with the provider community, LTC community, Hospital Association member, statewide Emergency Management and First Responders, and Healthcare Coalitions. Additionally, NMSIIS electronic messaging and information management systems allows vaccine providers and clinic planners specific information on vaccines. NMDOH has the ability to place information in the library in the EMResource system or banner emergent information which immediately alerts statewide medical responders. This system collects statewide hospital HHS data information on behalf of HHS. The State then reports this information on behalf of facilities to HHS. Finally, the WebEOC incident management system allows for emergent messaging and data dissemination to emergency responders around the state. This system will include details on mass vaccination clinic resources and support.

Access and Functional Needs (AFN) Populations:

A core planning group across the state exists allowing dissemination of message to AFN groups such as deaf and hard of hearing, visually impaired, cognitively impaired, and non-English speaking make up the



Emergency Public Health Information Network (EPHIN). This group ensures messages are translated and appropriately disseminated into their specific populations across the state.

Additional information on risk communication strategies can be found in the NMDOH Risk Communication plan and the Pandemic Influenza plan.

Section 13: Regulatory Considerations for COVID-19 Vaccination

A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.

This information will be included in the initial provider trainings and available on the NMDOH COVID 19 website. Press releases and weekly press conferences may be utilized to summarize essential information for the public.

- **B.** Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.
 - Provider Training, FAQs
 - Mass Email to vaccine Providers
 - EUA face sheets and VISs will be available in the Provider Section on the NMDOH COVID 19 Website

Section 14: COVID-19 Vaccine Safety Monitoring

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

NMDOH will utilize written educational materials, weekly email reminders, and the adverse events reporting module in IIS to ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events, following vaccination. It will include the steps on how to report in the Vaccine Adverse Event Reporting System (VAERS). Additional information for providers regarding the requirements for reporting events will be available on the states' COVID Vaccine website and a Health Alert will go to all Providers in the state whether they administer vaccine or not.

Section 15: COVID-19 Vaccination Program Monitoring

A. Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:



Provider enrollment:

- Initial COVID 19 Provider enrollments will be monitored on a daily basis
- Tracking COVID 19 vaccine providers throughout all phases of vaccine delivery

Access to COVID-19 vaccination services by population in all phases of implementation:

 NMDOH is interested in adopting the Tiberius platform which will provide real time metrics to be analyzed by a specified team member whose sole job is to monitor implementation goals for each phase of vaccine release.

IIS or other designated system performance

- Daily reports will be run in the IIS, in addition to other potential systems (Tiberius) to track provider enrollment, administered doses, coverage rates in vulnerable population areas, and inventory tracking.
- Data quality reports will be run daily, and data exchange monitoring will also be conducted on a daily basis

Data reporting to CDC

• Data will be completed via the IZ Data Lake and IZ Gateway and meet the CDC timeline, formats, and frequency requirements.

Provider-level data reporting

• Provider-level data reporting will be tracked through the New Mexico Statewide Immunization Information System (NMSIIS) Registry and an electronic online analyst system.

Vaccine ordering and distribution

• Ordering and distribution will be tracked through the New Mexico Statewide Immunization Information System (NMSIIS) Registry and an electronic online analyst system.

1 and 2-dose COVID-19 vaccination coverage

- Immunization Cards
- NMDOH public portal
- Vaccine dose count will be tracked in the IIS and VAMS (if utilized)

B. Describe your jurisdiction's methods and procedures for monitoring resources, including: Budget, Staffing, & Supplies

Budget

All budget is managed through a centralized state system called SHARE. All state government entities have standard budget management processes and procedures, and everything from grants



management, to procurement, to financial accounting is under the state Department of Finance and Administration and the CFO in the Department of Health.

Staffing

Staffing is formally tracked by Human Resources in the Department of Health. NMDOH is also planning to mobilize supplemental staffing work forces, including nursing and pharmacy students, EMTs, National Guard medics and volunteers. These will be tracked by the Public Health Division Chief Nurse as well as the Medical Reserve Corps within the Bureau of Health Emergency Management.

Supplies

Supplies are under the purview of the PHD Pharmacy, and the DOC both of which send out and track supplies using the pharmacy warehouse in Santa Fe. NMDOH has successful tracking abilities for PPE and other supplies with practice from the pandemic. The DOH developed a supply and inventory list for drive thru and walk through PODs. Dry Ice vendor locations and contact lists have been created for each region and county for additional cold chain management. A database of current medical, ancillary, and temporary structural equipment is maintained. Public/private facilities are being reviewed for supply chain management, for additional pharmaceutical oversight, and potential expanded cold storage capacity.

C. Describe your jurisdiction's methods and procedures for monitoring communication, including:

- Message delivery
- Reception of communication messages and materials among target audiences throughout jurisdiction

Each state agency has a Public Information Officer (PIO) or other contact person who is responsible for public communications and media engagement. This ensures that messaging is accurate, consistent, and clear. The PIO works to track earned and paid media placements, such as, through daily reports of stories in national and local media related to COVID-19 in New Mexico. This is shared with department leadership on a regular basis, to ensure that all are aware of key messages across the jurisdiction.

These individuals regularly receive media inquiries and public questions. Public questions also go to the NMDOH Coronavirus hotline. Such contacts are helpful to gauge the reception of messages and media stories, so they can be adapted to respond to distinct communities.

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

Program metrics are the best gauge of progress in local situational awareness. For example, the number of vaccination events, persons registered, persons vaccinated, and demographics of these individuals help to define whether messages are reaching key communities and sub-populations. Progress and barriers can be used to determine local gaps in information and awareness so strategies can be revised and enhanced via continuous quality improvement.



Several weekly and biweekly meetings with planning and community partners are conducted to share new information. Collaborating with health care providers occurs on regular basis to identify critical information on COVID 19 vaccines, storage, and handling procedures. Breakout discussions are utilized to review potential CDC COVID 19 vaccine scenarios and assumptions.

E. Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.

Information related to COVID-19 can be found on the public websites of almost all agencies within New Mexico state government. The primary sites are the Office of Governor Michelle Lujan Grisham and the COVID-19 specific pages on the NMDOH website, located at cv.nmhealth.org.

Metrics related to COVID-19 testing can be found at <u>https://cvprovider.nmhealth.org/public-</u> <u>dashboard.html.</u> A similar dashboard will be used to share available metrics related to COVID-19 vaccination. Metrics are under development but will include, at a minimum, doses distributed, and doses administered, and potentially demographic information about persons vaccinated, to allow analysis of equitable access and disparities.



Appendix A: Internal Vaccine Planning Team Membership





Appendix B: COVID-19 Vaccine Planning Advisory Group

NM COVID-19 Vaccine F	Planning Advisory Committee		
Plan	ning Team		
Sanzone, M.D. Sandra Cole, BSN, RN			
Medical Director of Infectious Disease Bureau, NMDOH	Quality Assurance Nurse Manager, NMDOH		
Christopher Emory, PhD, MPH	Travis Swaims, Captain NMANG, MBA, BSN, RN		
Bureau Chief of Health Emergency Management, NMDOH	NMANG Chief of Nursing Services; Director of Perioperative Services, UNMH		
Daniel Burke, MPH	- · · · · ·		
Bureau Chief of Infectious Disease, NMD OH			
NMDOH R	epresentatives		
Andrea Romero	Heather Black, RN		
nterim Immunization Program Manager, NMDOH	Chief of Nursing Services, NMDOH		
Ashley Garcia	Janis Gonzales, M.D., MPH, FAAP		
Medicaid/Health Services Coordinator, Public Education Department NMDOH	Family Health Bureau Chief, President, NM Pediatric Society, NMDOH		
Billy J. Jimenez, J.D	Jeff Lara, MPH		
Acting Secretary, NMDOH	Interim Public Health Division Director, NMDOH		
Marcos Burgos, M.D.	Smita Das, PhD		
Vedical Director TB Program, Sec Chief Infectious Disease Section NMDOH	Vaccine-Preventable Disease Epidemiologist, NMDOH		
Christopher Novak, M.D.	Timothy Lopez, MBA		
Medical Director, Public Health Division NMDOH	Office of Primary Care and Rural Health Director, NMDOH		
Courtney Lovato, PharmD, RPh	Travis Levva. MPH		
Director Pharmacy, NMDOH	Director of Health, Wellness & Fitness, NMDOH		
	nunity Partners		
Amy Bachyrycz, PharmD, RPh	Melissa Martinez, M.D.		
PHD Faculty at UNM College of Pharmacy; Pharmacist at Walgreens	Professor UNMH Dep of Internal Family Medicine		
Anna Pentler, MPH, MBA	Melissa Mason, M.D.		
Executive Director of NM Immunization Coalition, UNM Health Sciences Center	UNMH MD Pediatric Specialist		
Dan Lanari, DPT, MBA,	Nancy Guinn, M.D.		
Director of Quality and Patient Safety, NM Hospital Association	Medical Director, Presbyterian Home and Transition Services		
David Shaw. MBA	Nancy Wright, M.D.		
Chief Executive Officer of Nor-Lea Hospital	Immediate Past President, New Mexico Medical Society		
Dolores Gonzales, BBA	Olivia Hopkins, M.D.		
Planning & Policy Director, NM Aging & Long-Term Services Department	Medical Director, UNMH Occupational Health Dept.		
Eileen Goode, BSN, RN	Rob Schwartz, J.D.		
NMPCA, CEO NM Primary Care Association	Professor, UNM School of Law (health law and medical ethics)		
red Ginsburg, Colonel NMANG, MD, MBA	Robert Perry, MSN, RN		
M Deputy State Surgeon, Emergency MD Lovelace, NMG Liaison Officer	Director of Emergency Preparedness and Dispatch Center, UNMH		
eff Clark MD, MPH, MSS, FAAFP Retired Army	Roselyn Tso, M.S.		
NM Human Services Department Volunteer	Director of the Navajo Area, Indian Health Service		
ane Wishner, J.D.	Sonya Smith		
Governor's Executive Policy Advisor for Health and Human Services	Acting Secretary, NM Department of Veterans Services		
eff Salvon-Harmon, MD, CPE, CPPS	Susan Acosta, RN, B.S., NCSN		
Chief Patient Safety Officer & Med Dir of Infection Control, Presbyterian Healthcare			
ulianna Reece, MD, MBA, MPH	Tempest David, M.D.		
Chief Medical Officer of Albuquerque Area Indian Health Service	Medical Director at Pueblo of Jemez Pueblo		
(eri (Tracia) Jojola, Ed.D.	Thomas Leonard, M.D.		
ducation Program Administrator-Bureau Operated Schools	Albuquerque Area Director, Indian Health Service		
oretta Christensen, MD	Valarie Todacheene, M.D.		
Chief Medical Officer for Navajo Area Indian Health Service	Education Programmer, Indian Affairs Tribally Controlled Schools		
Megan Pfeffer, BA, ASN	Wanicha Burapa, M.D., MPH		
	aid Medical Director, Human Services Dept./Medical Assistance Division (Medicaid)		
Meghan Brett, M.D.	Will Kaufman, M.D.		
Medical Director, Dept. of Infectious Disease, UN MH	Chief Medical Officer, First Choice Community Healthcare		



Appendix C: IHS and Tribal Health Centers

State	Affiliation Tribe (Select from dropdown	Facility Name	Populati Distribution Method	City	Zip Code	Facility Type	Pharmacy
NM	IHS	Acoma-Canoncito-Laguna (ACL) Hospital		Acoma	87034	Hospital	Yes
NM	IHS	Albuquerque Indian Health Center		Albuquerque	87106	Health Center	Yes
NM	IHS	Canoncito Health Center		Canoncito	87026	Health Center	No
NM	IHS	Cochiti Health Station		Cochiti Pueblo	87072	Health Station	No
NM	IHS	Crownpoint Healthcare Facility		Crownpoint	87313	Hospital	Yes
NM	IHS	Dulce Health Center		Dulce	87528	Health Center	Yes
NM	IHS	Dzilth Na O-Dith-Hle Health Center		Bloomfield	87413	Health Center	Yes
NM	IHS	Gallup Indian Medical Center		Gallup	87301	Hospital	Yes
NM	IHS	Laguna Health Center		New Laguna	87049	Health Center	No
NM	IHS	Mescalero Hospital		Mescalero	88340	Hospital	Yes
NM	IHS	Northern Navajo Medical Center		Shiprock	87420	Hospital	Yes
NM	IHS	Picuris Health Location		Taos Pueblo	87571	Health Location	No
NM	IHS	Pueblo Pintado Health Center		Pueblo Pintado	87313	Health Center	No
NM	IHS	San Felipe Health Station		San Felipe	87001	Health Station	Yes
NM	IHS	Sanostee Health Stattion		Sanostee	87461	Health Station	No
NM	IHS	Santa Ana Health Station		Bernalillo	87004	Health Station	No
NM	IHS	Santa Clara Health Center		Espanola	87532	Health Center	Yes
NM	IHS	Santa Fe Hospital		Santa Fe	87501	Hospital	Yes
NM	IHS	Taos Picuris Health Center		Taos Pueblo	87571	Health Center	Yes
NM	IHS	Thoreau Health Station		Thoreau	87323	Health Station	No
NM	IHS	Toadlena Health Station		Toadlena	87324	Health Station	No
NM	IHS	Tohatchi Health Center		Tohatchi	87325	Health Center	Yes
NM	IHS	Zia Pueblo Health Station		Zia Pueblo	87053	Health Station	Yes
NM	IHS	Zuni Comprehensive Community Health C	Center	Zuni	87327	Hospital	Yes
NM	Tribal	Alamo Health Center		Alamo	87825	Health Center	Yes
NM	Tribal	Isleta Pueblo Health Center		Albuquerque	87105	Health Center	No
NM	Tribal	Pine Hill Health Center		Pine Hill	87357	Health Center	Yes
NM	Tribal	Santo Domingo Health Center		Santo Domingo Pueblo	87052	Health Station	Yes
NM	Tribal	Jemez Health Center		Jemez Pueblo	87024	Health Center	Yes
NM	Tribal	Sandia Health Station		Bernalillo	87004	Health Station	No
NM	Urban	First Nations Community Health Source		Albuquerque	87108	Health Station	No



Appendix D: Sample Population Estimate Map

Elderly (65+ years) Population by NM County, 2018



Source: Data obtained from NM-IBIS, 2018. https://ibis.health.state.nm.us/query/result/pop/PopCnty/Pct65.html



Appendix E: COVID-19 Vaccine Healthcare Group Survey

Survey for COVID-19 Vaccine Health Care Groups and Potential Vaccination Sites

- 1) Name and address of Institution
- 2) Facility type (e.g. Hospital, primary care clinic, urgent care)
- 3) Contact name and email
- 4) Please give an estimated total number of people working in your health care facility, paid or unpaid, licensed or unlicensed including but not limited to providers and ancillary staff, administrative staff, food services, laundry and janitorial staff who:
 - a. Have no exposure to patients or health care workers with direct patient care and therefore not at an increased risk of COVID while at work when compared to other non-health care work environments (i.e. back office staff)
 - b. Have regular exposure to patients or hazardous materials
 - c. Have high levels of exposure to infected patients (i.e. ICU, ED physicians)
- 5) Would your facility be able to serve as a community vaccination center or hub?
- 6) Do you have the storage capacity for minimum (1.000 to 5,000) orders of vaccine? If yes, then
 - a. Reliable temperature monitored refrigerator space?
 - b. Reliable temperature monitored freezer space?
 - c. Room for ultra-low temperature indoor storage shipping units with dry ice?
- 7) Do you have available staff to organize and staff vaccination clinics? If yes, what type of vaccination clinic? (i.e., drive through, indoor space with ability for social distancing) and how many staff?
- 8) If facility can provide community immunizations, how many do you estimate you can administer per day, per week, per month?
- 9) Would you be able to serve uninsured people, without charging an administration fee?
- 10) If able to participate as vaccination site, would you be willing to be contacted by NMDOH representative to discuss further planning options?



Appendix F: Ultra-Cold Distribution Template

Instructions for Completing Ultra-Cold Distribution Template							
Cell B-13	Fill in the estimated number of all healthcare personnel ¹ in your jurisdiction.						
Column A	Select the facilities ² in your jurisdiction who have the capacity to handle the ultracold product WITHOUT having to purchase additional storage equipment ³ .						
	Rank the facilities that are most critical to the success of the mission to vaccinate healthcare personnel first. This could mean those with the most central location or those with the greatest throughput capacity.						
	Consider any overlap of catchment area with other facilities/organizations serving the same area.						
Columns B-F	List the facility name, address, state, and zip code.						
Column G	Indicate if the facility will function as a closed (will administer to their HCP only) or open (will vaccinate their HCP as well as HCP from other organizations) point-of-dispensing (POD)						
Column H	Answer yes/no as to whether the facility could administer 1000 doses over a 10-day period.						
Column I	Indicate if there is available ultra-cold (-60 to -80°C) freezer storage ³ at the facility.						
Column J	Indicate the number of HCP that could be vaccinated on-site at each facility (by facility staff) within 10 days if there were enough doses to cover 100% of the HCP population in the jurisdiction.						
Column K	Indicate the number of HCP that could be vaccinated on-site at each facility (by facility staff) within 10 days if there were enough doses to cover 50% of the HCP population in the jurisdiction.						
	¹ Healthcare Personnel: Paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home						
	² These facilities should be centers where a bulk of the healthcare personnel population could be vaccinated (i.e., good location, space and staff to handle high throughput that the 1,000 dose shipment will require)						
	³ Already existing equipment is fine, but new equipment purchase is not necessary or encouraged.						

