



Wyoming
Department
of Health

Wyoming Department of Health
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Interim Draft

COVID-19 Vaccination Plan

On October 16, 2020, the Wyoming Department of Health will submit the Interim Draft COVID-19 Vaccination Plan to the Centers for Disease Control and Prevention (CDC) to meet the COVID-19 funding requirement. This plan will continue to be modified and updated as needed.

INTERIM DRAFT

TABLE OF CONTENTS

RECORD OF CHANGES	4
SECTION 1: COVID-19 VACCINATION PREPAREDNESS PLANNING	6
H1N1 VACCINE CAMPAIGN LESSONS LEARNED	6
Strengths	6
Recommendations	7
Areas for Improvement	7
Impact to current COVID-19 planning	7
Seasonal Influenza Campaigns	8
SECTION 2: COVID-19 ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT	8
Multi-jurisdictional Emergency Response Coordination	10
Wyoming Department of Health Planning Roles	10
Local Level Planning Roles	10
Partner Engagement	11
SECTION 3: PHASED APPROACH TO COVID-19 VACCINATION	12
Phase 1a (limited supply of COVID-19 vaccine doses):	12
Phase 1b (limited supply of COVID-19 vaccine doses):	13
Phase 2 (greater supply of vaccine doses):	13
Phase 3 (Likely sufficient supply, slowing demand)	14
SECTION 4: CRITICAL POPULATIONS	14
Critical Population Groups	14
Critical Infrastructure Workforce	16
Points of Contact for Critical Population Groups	16
SECTION 5: COVID-19 PROVIDER RECRUITMENT AND ENROLLMENT	16
WyIR Training	17
Storage and Handling Training	18
Vaccine Administration Training	18
SECTION 6: COVID-19 VACCINE ADMINISTRATION CAPACITY	20
SECTION 7: COVID-19 VACCINE ALLOCATION, ORDERING, DISTRIBUTION, AND INVENTORY MANAGEMENT	19

SECTION 8: COVID-19 VACCINE STORAGE AND HANDLING	20
Individual provider locations	20
Satellite, temporary, or off-site settings	20
Planned redistribution from depots to individual locations and from larger to smaller locations	21
Unplanned repositioning among provider locations	21
SECTION 9: COVID-19 VACCINE ADMINISTRATION DOCUMENTATION AND REPORTING	21
SECTION 10: COVID-19 VACCINATION SECOND-DOSE REMINDERS	22
SECTION 11: COVID-19 REQUIREMENTS FOR WYIR	23
SECTION 12: COVID-19 VACCINATION PROGRAM COMMUNICATION	24
SECTION 13: REGULATORY CONSIDERATIONS FOR COVID-19 VACCINATION	29
SECTION 14: COVID-19 VACCINE SAFETY MONITORING	29
SECTION 15: COVID-19 VACCINATION PROGRAM MONITORING	29
Provider enrollment	Error! Bookmark not defined.
Access to COVID-19 vaccination services by population in all phases of implementation	30
WyIR system performance	30
Provider-level data reporting	30
Vaccine ordering and distribution	30
1- and 2-dose COVID-19 vaccination coverage	30
Resource Management	31
Budget	31
Staffing	31
Supplies	31
Communication	31
Appendix A: Wyoming Department of Health Crisis Emergency Risk Communication Plan	Error! Bookmark not defined.

RECORD OF CHANGES

Date of original version:

SECTION 1: COVID-19 VACCINATION PREPAREDNESS PLANNING

The Wyoming Department of Health (WDH) COVID-19 Vaccination Plan will be used to implement a statewide vaccination campaign for the COVID-19 pandemic. This plan will be updated as additional information is known related to COVID-19 vaccines. The WDH, based on the local epidemiology of the outbreak and national guidance, may alter or override anticipated strategies and plans.

The State of Wyoming is responsible for the coordination of the COVID-19 response within and between its jurisdictions. Specific areas of responsibility include the following:

- COVID-19 surveillance
- Epidemiologic investigations
- Implementing control measures
- Testing at the Wyoming Public Health Laboratory (WPHL) and through contracted labs
- Vaccine and antiviral distribution
- Medical and public health communications
- Identification of public and private sector partners for effective planning and response
- Development of key components of COVID-19 vaccination plan following guidance provided by the Department of Health and Human Services (HHS) in the national COVID-19 Vaccination Program Interim Playbook for Jurisdictional Operations
- Integration of COVID-19 vaccine planning with other planning activities conducted under Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement and Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Cooperative Agreement
- Coordination with local jurisdictions
- Development of data management systems needed to implement components of the plan
- Assistance to local jurisdictions in exercising plans
- Coordination with adjoining jurisdictions
- Procurement of Personal Protective Equipment (PPE)
- Rapidly distribute and dispense medications, PPE, and supplies to healthcare and public health responders
- Distribute testing supplies statewide
- Coordinate with and distribute situational awareness information to county and tribal public health and emergency management partners
- Maintain response-ready Unified Command Incident Management Team with expertise in leading or supporting Emergency Support Function (ESF) #8 during the response
- Provide Crisis Response funding to local jurisdictions
- Identify and procure additional resources necessary for the response effort

H1N1 VACCINE CAMPAIGN LESSONS LEARNED

2009 H1N1 influenza mass vaccination campaign was administered at public health-organized clinics and point-of-dispensing (POD) sites organized on behalf of public health agencies.

Strengths

- Vaccine was distributed to over 100 sites to include National Parks, Indian Health Services, prisons, and F.E. Warren Air Force Base.

- Eastern Shoshone and Northern Arapaho Tribal Health programs, Fremont County Public Health, Indian Health Service, and Wind River Health Systems created a vaccine allocation plan which provided the vaccine for tribal members.
- Public health agencies began distribution with targeted groups and expanded as increased vaccine doses became available.
- PHNOs/County Health Departments provided vaccinations by appointment and during other public health services.
- PHNOs developed protocols to match vaccine availability with patient appointments.
- PHNOs gathered input from stakeholders for vaccination of high risk populations.

Recommendations

- Review “Direct Ship To Site” policies and provide annual training to partners.
- Develop plan for offline data collection and upload to the Immunization Registry.
- Provide cold chain management education.

Areas for Improvement

- The Immunization Section was unclear on the rules for being a “Direct Ship To Site”, and the rules kept changing, without prior notification. Local public health and partners received conflicting information of whether or not the providers could cancel future vaccine shipments once they had received an adequate amount.
- Some providers were failing to get their paperwork returned in a timely manner and were providing vaccines to patients without regard to target groups.
- Liability issues continue to be an area of concern when it comes to volunteers.
- More guidance is needed regarding vaccination of people over 65 who have underlying medical conditions.
- Local public health reported multiple issues with the Immunization Registry throughout the vaccination campaign.
- A 24/7 contact number for Immunization Registry personnel should be provided to all vaccination providers.
- Retail pharmacies received their own shipments of the vaccine which made tracking difficult.
- CDC had significant reporting requirements and timelines that did not coincide with state and local operations and reporting.
- Local partners ended up with a surplus of the vaccine because many people had received vaccines elsewhere. A plan for the collection and disposal of the surplus of the vaccine should be developed.
- Providers and the public were not well informed or educated about the vaccines.

Impact to current COVID-19 planning

The planning efforts incorporate areas for improvement and recommendations to ensure continuous quality improvement.

- Increased shipment efficiency and efficacy.
- After hours assistance through staff or the registry vendor.
- Use of situational awareness tools to track vaccine shipment to pharmacies and other entities in the state.
- Training for provider storage and handling. CDC will provide storage and handling resources that the Immunization Unit will use and distribute to enrolled providers. The CDC Provider Enrollment Agreement also clearly states what is required of enrolled vaccine providers.
- Share guidance for collection, disposal and destruction of surplus vaccines.

Seasonal Influenza Campaigns

In preparation for COVID-19 vaccine delivery, Tribal Health Departments, CHDs, and PHNOs are conducting seasonal flu clinic activities. To date 15% of jurisdictions, to include one tribe, have conducted seasonal flu clinics to exercise their vaccine plans. Other counties are in the planning stages. Counties and tribes are encouraged to develop Improvement Plans to apply during COVID-19 vaccination clinics. This will allow the validation of vaccination plans during a pandemic response.

The WDH Public Health Preparedness and Response Unit (PHPR) and the Healthcare Preparedness Program (HPP), in close partnership with statewide preparedness partners have developed a coordinated preparedness strategy that combines ongoing planning, innovative training, and realistic exercises to strengthen preparedness and response capabilities among state, local, and tribal public health and healthcare partners.

This training and exercise program uses a progressive approach and is intended to assist public health and healthcare system preparedness partners in building capabilities and meeting their training and exercise objectives. PHPR and HPP conduct an annual Training and Exercise Planning Workshop (TEPW) that allows partners to work together and coordinate activities across the state. Representatives from public health, healthcare, emergency management, and statewide preparedness partners routinely participate in this workshop. Jurisdictions are encouraged to exercise their pandemic preparedness plans in preparation for the COVID-19 vaccine. Most counties and tribes had predetermined exercises already scheduled prior to the pandemic, but may not occur before the COVID-19 vaccine is implemented. Each is encouraged to develop Improvement Plans for continuous quality improvement. Lessons learned are then shared with other jurisdictions during various partner calls.

SECTION 2: COVID-19 ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

The WDH has four operating divisions: Aging, Behavioral Health, Health Care Financing, and Public Health. The Public Health Division (PHD) has primary responsibility for coordinating development of the Wyoming COVID-19 Vaccination Plan.

The Immunization Unit (Unit), located within the PHD, is responsible for routine distribution of all publicly-purchased vaccines in Wyoming to providers enrolled in the Public Vaccine Programs. Publicly-purchased vaccines are available to children from birth through 18 years of age who are eligible for the federal Vaccines For Children (VFC) Program. The Unit also operates other state and federal vaccine programs. Most vaccine ordering, distribution, data collection, and other processes described in this plan are utilized by the Unit and public vaccine providers on a daily basis.

An internal COVID-19 Vaccination Team has been assembled to develop the WDH COVID-19 Vaccination Plan with the following members:

Public Health Division members:

- Public Health Division Senior Administrator
- Wyoming State Health Officer and State Epidemiologist
- Health Readiness and Response Section Chief
- Community Health Section Chief- Vaccine Allocation Workgroup Lead
- Immunization Unit Manager - Critical Populations Workgroup Lead
- Public Vaccine Program Coordinator- Provider Outreach and Enrollment Workgroup Lead

- Client Support Specialist
- Provider Support Specialist
- Clinical Consultant and Quality Improvement Specialist- Communications Workgroup Lead
- Immunization Access Manager
- Immunization Information System (IIS) Data Quality Analysis (DQA) Specialist- IIS Requirements and Capacity Assessment Workgroup Lead
- Interoperability Support Specialist
- State Public Health Nursing (PHN) Director- Early COVID-19 Vaccination Workgroup Lead
- PHN Regional Supervisor, Immunization Liaison
- Vaccine Preventable Disease Epidemiologist
- Risk Mitigation Coordinator- Identify Gaps in Preparedness Workgroup Lead
- Public Health Preparedness and Response Unit Manager
- Preparedness and Response Outreach Specialist
- CDC Career Epidemiology Field Officer, assigned to WDH
- Hospital Preparedness Program Manager
- Office of Emergency Medical Services Manager

Additional members:

- WDH Public Information Officer
- Wyoming Office of Homeland Security (WOHS) Critical Infrastructure Protection Program Manager

Planning workgroups will include additional stakeholders as appropriate:

- Wyoming Hospital Association
- Wyoming Primary Care Association
- Wyoming Board of Pharmacy
- Wyoming Pharmacy Association
- Eastern Shoshone Tribal Health
- Northern Arapaho Tribal Health
- Indian Health Services
- Department of Corrections
- Aging Division
- Behavioral Health Division
- Department of Family Services
- Department of Education
- Wyoming Board of Medicine
- Wyoming Medical Society
- Wyoming Board of Nursing
- Wyoming Department of Health Medical Ethics Committee

The workgroups will include state and local stakeholders as necessary to plan for vaccination of critical populations. Coordination of critical population vaccinations will be planned and conducted at the local level through the PHNOs and CHDs. The WDH Public Health Nursing (PHN) Unit supervises state County Nurse Managers in 19 counties within Wyoming where county and state PHNs administer and deliver a number of public health programs. These are referred to as PHNOs in this plan. There are four independent CHDs that operate under the direction of boards of health (Natrona County, Laramie County, Campbell

County and Sweetwater County). The WDH collaborates very closely with each CHD. All PHNOs and CHDs are enrolled in public vaccine provider programs and are ESF #8 leads at the county level.

The WDH Immunization Unit works closely with the Eastern Shoshone Tribal Health, Northern Arapaho Tribal Health, and Indian Health Service (IHS) as public vaccine program (PVP) providers in Wyoming and for reporting to the Wyoming Immunization Registry. This coordination will continue with COVID-19 vaccine. The Immunization Unit attends weekly COVID-19 response meetings with Tribal partners and the CDC assigned MCH Senior Epidemiology Advisor. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate. The Eastern Shoshone Tribal Health Department plans to enroll with the WDH as a COVID-19 Vaccination Provider.

Multi-jurisdictional Emergency Response Coordination

The public health and healthcare workforce in Wyoming consists of public-sector employees working in local, county, state, tribal, and federal agencies. In addition, private-sector health professionals and others in hospitals, community-based agencies and healthcare providers, and other health-related organizations are important contributors to our public health system. Such individuals are critical to a timely and appropriate response to real or perceived emergencies that threaten the public's health. In response to the need for incident management and response coordination for COVID-19 vaccination, WDH has a response ready Incident Management Team (IMT) and assigns an ESF #8 Public Health and Medical liaison to the Wyoming Office of Homeland Security (WOHS) State Operations Center (SOC),

Public Health Response Coordinators (PHRC), County Nurse Managers, Health Department Directors, and County Health Officers provide tribal and county ESF #8 coordination and leadership. This response is coordinated with tribal and county emergency management and involves local IMT and Emergency Operations Center (EOC) activation as needed.

This plan was developed in collaboration with the WDH, WOHS, local public health, tribal public health, Healthcare Coalitions, and local emergency managers and incorporates recommendations from the Centers for Disease Control and Prevention. Planning for At-Risk and Access and Function Needs populations will be considered for each section of this plan.

Wyoming Department of Health Planning Roles

- Development of COVID-19 Vaccination Plan
- Coordination of state-wide pandemic surveillance
- Vaccine and antiviral medication procurement and distribution plan development
- Development of data management systems to implement components of the plan
- Identification of critical populations as first phase vaccine recipients
- Development of statewide media messages
- Provide guidance to tribal and county jurisdictions to ensure development and exercise of plans
- Coordination with other state agencies
- Coordination with adjoining jurisdictions

Local Level Planning Roles

- Surveillance assistance as requested
- Vaccine and antiviral medication storage, distribution, and dispensing plans
- Local emergency response

- Ensure continuity of operations

Partner Engagement

The WDH will work with the following organizations to address vaccination of critical populations:

Table 1. Planned Engagement with Key Partners of Critical Populations

Critical Populations	Key Partners	Planned Engagement
Healthcare providers	Public Health Nursing Offices County Health Departments Hospitals Tribal Health Departments Indian Health Services Wyoming Hospital Association Wyoming Primary Care Association Wyoming Pharmacy Association Board of Pharmacy Board of Nursing Board of Medicine Department of Corrections Department of Education Other WDH Divisions/Facilities	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of healthcare provider critical populations -Coordinate with state agencies and organizations to communicate with members and providers
Essential workers	Public Health Nursing Offices County Health Departments Tribal Health Departments Indian Health Services Department of Corrections Department of Family Services Department of Education Associations that represent essential workers	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations -Coordinate with state agencies and organizations to communicate with members and providers
People with underlying medical conditions and people 65 years of age or older	Public Health Nursing Offices County Health Departments Tribal Health Departments Indian Health Services Hospitals Wyoming Hospital Association Wyoming Primary Care Association Other WDH Divisions Federally contracted pharmacies identified to vaccinate residents of long term care facilities and assisted living facilities (CVS and Walgreens)	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations - Inclusion of pharmacies at the local level for this critical population will be important -Coordinate with state agencies and organizations to communicate with members and providers

People at increased risk of acquiring or transmitting COVID-19	Public Health Nursing Offices County Health Departments Tribal Health Departments Indian Health Services Department of Corrections Department of Family Services University of Wyoming Community Colleges	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations
People with limited access to routine vaccination services	Public Health Nursing Offices County Health Departments Tribal Health Departments Indian Health Services Other WDH Divisions Wyoming Primary Care Association	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations

SECTION 3: PHASED APPROACH TO COVID-19 VACCINATION

The COVID-19 Vaccination Campaign will be rolled out in a phased approach. The phases are outlined below. Groups mentioned in each phase may change as a result of federal guidance and specific vaccine details. During H1N1, vaccine priorities differed from those that were laid out in worst case scenarios through pandemic planning. This adversely impacted a number of relationships, particularly at the local level. The WDH is remaining as flexible as possible to ensure we are most appropriately able to meet the priority recommendations as more information is known about the vaccines. Final priority group and subgroup allocations will be made once guidance from CDC and the Advisory Committee on Immunization Practices (ACIP) becomes available in consultation with the Wyoming Medical Ethics Committee.

Phase 1a (limited supply of COVID-19 vaccine doses):

Healthcare personnel likely to be exposed to or treat people with COVID-19 may be included as a Phase 1 priority group. Vaccinations of healthcare provider populations will be completed by hospitals, PHNOs or CHDs, and Eastern Shoshone Tribal Health Department. PHNOs and CHDs will be enrolled as vaccine providers first to ensure appropriate planning to immunize healthcare providers in their county. Hospitals will be enrolled as vaccine providers to immunize their workforce as well as other healthcare providers in their community. Planning will be necessary between the hospital and PHNO or CHD to ensure vaccination for all healthcare providers groups. If necessary additional early vaccine providers will be enrolled to ensure vaccination of healthcare providers.

The WDH will coordinate with the Eastern Shoshone Tribal Health Department to enroll as a COVID-19 vaccine provider and provide vaccine for tribal healthcare providers and other tribal critical populations. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

Minimum vaccine orders will be 100 doses. Early doses available to Wyoming may not allow for vaccine to be distributed to all counties and tribes.

Phase 1b (limited supply of COVID-19 vaccine doses):

Phase 1b critical populations may include people at increased risk for severe illness from COVID-19, including people with underlying medical conditions, people 65 years of age and older, and essential workers.

PHNOs and CHDs will be enrolled as early vaccine providers to ensure appropriate planning to immunize Phase 1b critical populations in their county. Hospitals will be enrolled as vaccine providers to assist with immunizing Phase 1b critical populations in their community. Planning will be necessary between the hospital and PHNO or CHD to ensure vaccination for all Phase 1b critical populations within the county. PHNOs and CHDs who identify a need for additional providers to assist with Phase 1b vaccinations will coordinate with the WDH to enroll additional providers as vaccine doses increase for Phase 1 vaccinations.

PHNOs and CHDs are ESF #8 leads at the county level. Through planning for disasters and emergencies, PHNOs and CHDs have knowledge of the essential service entities in their county and will work with them to plan for vaccination of essential workers. PHNOs and CHDs will encourage large essential work sites that have medical personnel and the capability of being a vaccination provider to enroll as vaccine providers to vaccinate employees within Phase 1b.

Additionally, PHNOs and CHDs work closely with partners and plan for vaccination of people with underlying medical conditions and people 65 years of age. There are a number of options available to vaccinate residents of long-term care facilities and assisted living facilities. The CDC is contracting with at least two national pharmacy chains (CVS and Walgreens) to provide vaccinations to residents of long-term care facilities and assisted living facilities. These facilities can also choose to work with PHNOs and CHDs to vaccinate residents as part of the county planning or the facilities may choose to use their own staff to provide the vaccinations in which case the facility would be enrolled as a vaccine provider. In some counties there may be additional vaccine providers in the county that will be essential for assisting in providing vaccinations to critical populations. PHNOs and CHDs will coordinate with the WDH to ensure these partners are enrolled as Phase 1b vaccination providers.

Pharmacies will be important partners in this phase and often have the ability to communicate with their patients who may fit into Phase 1b critical populations.

The WDH will coordinate with the Eastern Shoshone Tribal Health Department to enroll as a COVID-19 vaccine provider and provide vaccine for tribal critical populations. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

WDH facilities and other state facilities that have healthcare provider staff may be enrolled as early vaccine providers and vaccinate their residents if included in critical populations.

Phase 2 (greater supply of vaccine doses):

Phase 2 critical populations may include additional critical workers, people with underlying conditions, those in congregate settings, and people with limited access to vaccination services. As more vaccine doses are available later in Phase 2, the vaccine will be provided to all people that are recommended to receive the vaccine.

The Immunization Unit will use RedCap for Phase 2 provider enrollment in the COVID-19 Vaccination Program. The Immunization Unit will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, etc. to communicate the process for enrolling providers. This will begin as soon as RedCap is configured and after Phase 1 providers have been enrolled. As vaccine

supply increases in Phase 2, the WDH will coordinate with PHNOs and CHDs to approve other providers in the county to begin ordering vaccine and vaccinating additional critical populations and the general public.

National chain pharmacies will likely receive shipments directly from nationally contracted vaccine depots or distributors in Phase 2. As vaccine doses increase, pharmacies will be valuable in assisting with vaccination of the general public.

Phase 3 (Likely sufficient supply, slowing demand)

During Phase 3 vaccines will be available to all people who are recommended to be vaccinated. Vaccine will be available to all enrolled COVID-19 vaccination providers and ordering will be based on provider capacity and need.

SECTION 4: CRITICAL POPULATIONS

Critical Population Groups

The WDH identified COVID-19 vaccine critical population groups and is estimating numbers of vaccine recipients in collaboration with various internal and external stakeholders. The Wyoming Medical Ethics Committee is compiling recommendations for prioritization of subgroups within each critical population. The Committee will provide prioritization recommendations based on a number of factors including the need to maintain those elements of community infrastructure that are essential to carrying out the pandemic response; limiting mortality among high-risk groups and reduction of morbidity in the community; and minimizing social disruption and economic losses. The critical populations are divided into four categories: critical infrastructure workforce, people at increased risk for severe COVID-19 illness, people at increased risk of acquiring and transmitting COVID-19, and people with limited access to routine vaccination services. The specific critical population groups and its members are listed in the table below:

Table 2. Critical Population Groups for Prioritization of COVID-19 Vaccination

Critical Infrastructure Workforce
<ul style="list-style-type: none"> • Providers and staff at: <ul style="list-style-type: none"> • Hospitals • Behavioral health facilities • Urgent care and clinics • Tribal health care • Pharmacies • Public Health Nursing Offices and Local Health Departments • Long-term care facilities, assisted living facilities, home health • EMS • Personnel of: <ul style="list-style-type: none"> • Law enforcement • Fire departments • Correctional facilities • National Guard and Air Guard • 911 Dispatch Centers • School nurses • Public health laboratorians and other independent laboratory staff testing for COVID-19 • Government officials (city, county, state)

<ul style="list-style-type: none"> • Federal officials • Public utility employees • Judicial branch employees • Probation and parole officers • Grocery and food supply workers • Supply chain workers
People at increased risk for severe COVID-19 illness
<ul style="list-style-type: none"> • People ≥ 65 years of age • Long-term care facility residents • People with underlying medical conditions
People at increased risk of acquiring or transmitting COVID-19
<ul style="list-style-type: none"> • Tribal populations (including American Indians and Alaskan Natives) • Teachers, administrators, staff of: <ul style="list-style-type: none"> • Preschool • K-12 • Institutions for higher education • Students at institutions for higher education • Childcare providers • Adult daycare providers • Correctional facility inmates • Group home residents, including those with disabilities
People with limited access to routine vaccination services
<ul style="list-style-type: none"> • Racial and ethnic minority groups • People who are undocumented • People living in rural communities • Homeless population • People with disabilities • Un-/underinsured people • Medicaid recipients

The critical population groups are based on a model accounting for two phases of vaccine introduction. As described in Section 3, critical population groups will be assigned to Phase 1a, Phase 1b or Phase 2 based on impending CDC and ACIP guidance. Decisions at the state, tribal, local and provider level may adapt these designations to local realities, if needed. Despite best efforts to avoid duplication of people within groups and phases, deduplication is not possible. When a person is included in more than one population group, they will be vaccinated during the earliest phase in which they are included. Final priorities are subject to change depending on the availability of vaccine, vaccine type, as well as CDC and ACIP recommendations. In the event of low vaccine supply, additional subsets may be defined in collaboration with internal and external stakeholders and utilizing recommendations provided by the Medical Ethics Committee.

The WDH will work with external partners, such as the University of Wyoming and the Wyoming Office of Homeland Security, to utilize mapping tools in order to identify gaps in vaccination services for critical populations and aid in targeting provider recruitment. In addition, the WDH will explore use of Tiberius (HHS COVID-19 planning dashboard) to assist in identifying and ensuring that critical populations have access to vaccination services.

Critical Infrastructure Workforce

In Wyoming, the methods used to estimate the number of persons in the critical infrastructure workforce will be direct and uncomplicated. In most cases, the workforce numbers are available through an organization or association that serves a specific subset of the workforce. If an association or department is not available, the WDH has telephoned or emailed the organization to collect information about their workforce. Additional data will come from collaborating with other state and non-government entities such as the Department of Corrections and the Wyoming Association of Sheriffs and Chiefs of Police.

Points of Contact for Critical Population Groups

Points of contact (POCs) and communication methods for organizations, agencies, and communities within the critical population groups will be established as noted in Section 2. Determination of specific points of contact and planning will occur at the PHNO and CHD level.

SECTION 5: COVID-19 PROVIDER RECRUITMENT AND ENROLLMENT

The Immunization Unit will use RedCap for provider enrollment in the COVID-19 Vaccination Program. RedCap will allow the Immunization Unit to collect data from each enrolling Organization and associated facilities in a manner that can easily be exported and analyzed as needed to meet CDC requirements for reporting and tracking. The Immunization Unit will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, etc. to communicate the process for enrolling providers. Enrollment information will be analyzed and where gaps are identified in coverage, the Immunization Unit will work closely with PHNOs or CHDs to identify and enroll additional vaccination providers. Due to the work needed to create the RedCap form, the Immunization Unit will utilize a PDF fillable form to expedite the rollout of enrollment until an electronic enrollment process can be implemented. The form will need to be completed by the Organization contact for each individual facility that will administer the COVID-19 vaccine. Agency approved processes for obtaining electronic signatures will be used.

Wyoming will first enroll PHNOs/CHDs, Hospitals, and the Eastern Shoshone Tribal Health Department to receive and administer early limited doses of vaccine. These providers are already familiar with and set up to store and manage publicly-supplied vaccines. Additional providers will be enrolled as necessary to vaccinate remaining critical populations. Wyoming Department of Corrections facilities are also currently set up to receive, store, and manage publicly-supplied vaccine and will be able to vaccinate people who are incarcerated.

Most pharmacies associated or connected to national chains will receive COVID-19 vaccine allocations directly from CDC when vaccine doses increase. CVS and Walgreens have also been contracted through the CDC to provide vaccinations to residents of long-term care and assisted living facilities. Chain pharmacies and independent pharmacies could also be identified as early vaccine providers by PHNOs and CHDs. Pharmacies will be valuable partners in reaching critical populations as pharmacies can often target communication to patients with specific conditions that may be associated with critical populations groups.

The Wyoming Immunization Information System (IIS) commonly called the Wyoming Immunization Registry (WyIR) will be installing a system enhancement that will allow for multiple provider type listings within the WyIR including COVID-19 provider type. The CDC Vaccine Tracking System (VTrckS) has been updated to allow for the designation as a COVID-19 Provider and has an export functionality that will allow WDH to extract data in a .csv format for submission to CDC. The Immunization Unit will also track each provider enrollment via Google Sheets which could also be used to report to the CDC twice weekly.

In order to address gaps in access to the COVID-19 vaccine, smaller vaccination providers, such as those located in remote or rural areas, will be enrolled with restricted ordering permissions. These providers will receive vaccine from a primary ship-to-location provider by submitting a request for vaccine through WDH's WyIR transfer process that is currently in place in lieu of following a redistribution process. All requests for vaccine transfer will be reviewed and approved by Immunization Unit staff prior to the physical transportation of the vaccine to ensure equitable access of the vaccine within the region and to mitigate waste. Providers will be required to follow current vaccine transportation guidelines and procedures.

The Immunization Unit staff will enroll providers into the COVID-19 Vaccination Program throughout the State with the objectives of 1) achieving high COVID-19 vaccination coverage for all critical populations and 2) meeting demand as the supply increases and we move to different phases. Program staff will work closely with phase planners and local personnel to identify vaccine needs and will review all order requests submitted in the WyIR by providers to determine if orders should be filled completely, partially or not at all based on the current supply and needs.

The WDH will work with PHNOs and CHDs to identify independent pharmacies that are not part of the national chain pharmacy distribution plan through CDC and encourage them to enroll as COVID-19 vaccine providers. WDH will also distribute provider enrollment information to pharmacies through collaboration with the Wyoming Board of Pharmacy and the Wyoming Pharmacy Association. Additionally, pharmacies have been required to report to the WyIR since 2013, notices and communication can also be sent out to pharmacies that are registered within the WyIR.

In order to receive COVID-19 vaccine, each facility must submit a list of healthcare providers who have prescribing authority. This information is obtained upon enrollment per Section B. CDC COVID-19 Vaccination Program Provider Profile Information. Upon receipt of the Provider Profile, current license status and expiration date will be verified on the [Wyoming Board of Medicine](#) website, the [Wyoming State Board of Nursing](#) website or the [Wyoming State Board of Pharmacy](#) website, depending on the title indicated on the form (i.e., MD, DO, NP, PA, RPh).

Training COVID-19 vaccination providers is vital to ensure the successful implementation of the COVID-19 Vaccination Program. Each provider office will identify two COVID-19 Vaccine Coordinators as referenced on page 5 of Section B. CDC COVID-19 Vaccination Program Provider Profile Information. Training modules developed across all key areas of vaccine management, storage and handling, and WyIR instruction will be assigned to the designated Vaccine Coordinators for completion and tracked through the WDH online training system called TRAIN Wyoming.

Provider Training

Web-based training modules will be created using TRAIN Wyoming to develop knowledge on WyIR, storage and handling, as well as vaccine administration and Vaccine Adverse Events Reporting System (VAERS) reporting. Specific training areas are described below.

WyIR Training

Providers will be granted access to the WyIR to manage inventory and place orders for the COVID-19 vaccine. The Immunization Unit will utilize existing materials and incorporate any new updates. Training modules are intended to demonstrate how to use the WyIR and Quick Reference Guides will be provided for future reference.

WyIR training will cover how to order vaccines, document vaccine administration, report data in a timely manner, manage and reconcile vaccine inventory, document and report vaccine waste, and track doses available and administered.

Storage and Handling Training

Providers must understand COVID-19 vaccine storage and handling requirements, including transportation requirements and how to manage temperature excursions. A training module will be created once COVID-19 vaccine specific storage and handling information, including temperature excursion guidance, is provided.

Vaccine Administration and VAERS Reporting Training

Training will be created to ensure providers understand ACIP COVID-19 vaccine recommendations, how to administer the vaccine properly including reconstitution, use of adjuvants, appropriate needle size, anatomic sites, and avoiding injury when this information has been provided for each vaccine. Procedures for reporting moderate and severe adverse events as well as vaccine administration errors to VAERS will be included using the Immunization Unit's existing resources along with instructions on when to provide the Emergency Use Authorization (EUA) fact sheets or Vaccine Information Statements (VISs) and how to submit facility information for COVID-19 vaccination clinics to CDC's VaccineFinder.

SECTION 6: COVID-19 VACCINE ADMINISTRATION CAPACITY

Vaccine administration capacity considers the number of enrolled providers throughout the State, their storage capacity and their rate of administration weekly. Provider enrollment efforts have been developed based on Phase planning criteria, estimated sizes of populations and each county or local area's ability to serve the population. The number of providers in a given area will vary based on the population and the providers' capacity to serve the population taking storage capacity and rate of administration into account.

Enrollment and recruitment of providers will remain flexible so additional providers can be added as necessary to account for clinic closures due to staffing issues, environmental factors, or other reasons.

WDH will explore the use of Tiberius (HHS COVID-19 planning dashboard) for use in determining further plan details for the below referenced scenarios.

Phase 1 of provider recruitment will include Eastern Shoshone Tribal Health, all PHNOs and CHDs, and all hospitals in Wyoming. WDH will work with these entities to complete agreements as soon as possible.

- Scenario 1 in the COVID-19 Vaccination Interim Playbook (Playbook) would result in a minimum quantities of 1,000 doses being shipped and needing to be stored at -70 C. WDH is working with Cheyenne-Laramie County Health Department and Casper-Natrona Health Department to plan for initial receipt of these larger shipments. There is a potential of repositioning quantities out to other enrolled providers following the Immunization Unit's guidance and approval.
- Scenario 2 in the Playbook assumes minimum order quantities of 100 doses, depending on initial doses available each county could potentially receive orders shipped directly to them. In this scenario coordination may need to occur between smaller county PHNOs, hospitals, and the Eastern

Shoshone Tribal Health Department and larger counties if the allocated vaccine isn't enough to distribute to each county and tribe.

- Scenario 3 in the Playbook assumes both vaccine types are available, the ultra cold vaccine in the larger quantities would be shipped to Natrona and Laramie counties due to the high population and other counties would receive allocations of the other vaccine.

SECTION 7: COVID-19 VACCINE ALLOCATION, ORDERING, DISTRIBUTION, AND INVENTORY MANAGEMENT

The Immunization Unit will utilize a variety of tools to determine allocation amounts and locations in early and limited supply scenarios. Tools will include the use of Tiberius and data collected through the Provider Profiles for enrolled providers. Allocations will first be prioritized for hospitals, PHNOs, CHDs, and Eastern Shoshone Tribal Health to ensure access for critical populations, including healthcare workers and others identified by CDC, ACIP and in consideration of recommendations from the Wyoming Medical Ethics Committee.

The Immunization Unit will utilize VTrckS reports to determine allocations and presentations of vaccine doses. Because of the small population in Wyoming, we will need to utilize centralized providers if allocations are low and minimum order quantities are high in order to meet the needs of the entire critical population throughout the state.

Tiberius will be vital to determining areas where allocations have been made to providers enrolled through CDC directly (i.e. chain pharmacies and tribal entities). This will allow WDH to see which communities have access to the COVID-19 vaccine through allocations and state allocations can be used to supply communities where doses are not otherwise available.

The Immunization Unit will review the Provider Profile for each enrolling provider to assess provider cold chain capabilities. Immunization Unit staff will then work with providers to verify cold storage equipment and stability through the submission of temperature data from data logger thermometers as well as through pictures of the designated storage units. The Immunization Unit plans to utilize current protocols for approving vaccine storage units for use with some necessary changes to allow for a streamlined process. This will include requiring no less than 72 hours of temperature data for storage units prior to orders being approved for the location. Providers that are already enrolled in one of Wyoming's Public Vaccine Programs will not be required to do any additional verification as the units within those facilities have already been approved for storage of publicly-supplied vaccines.

The WyIR will be used for all provider ordering and transfers of the vaccine from large providers to small providers depending on minimum order quantities available. The WyIR has an EXiS interface established with VTrckS that allows provider data, inventory, and order information to be exported from the WyIR and uploaded into VTrckS for processing. The Immunization Unit will use VTrckS to determine allocation amounts and then will adjust provider orders as needed prior to being uploaded to VTrckS.

Providers not already established in VTrckS will be added upon enrollment to ensure order uploads will be successful through the EXiS interface.

Transfers of COVID-19 vaccine will be processed through the WyIR. This is a practice utilized frequently in Wyoming due to small provider population sizes and to prevent waste of publicly-purchased vaccines. The WyIR allows for a provider to initiate a vaccine transfer with any other provider in the WyIR also authorized to complete vaccine transfers. The Immunization Unit then reviews and approves all transfer

requests prior to the transfer taking place. Once it is approved, the inventory decrements from the initiating provider and is added to the receiving provider inventory in the WyIR.

The Immunization Unit has strict guidelines for vaccine transfers as outlined in the Vaccine Management Plan and Emergency and Relocation Plan templates. Providers are required to have a calibrated data logger with the vaccine at all times throughout the transfer process. Providers currently enrolled in a Public Vaccine Program in Wyoming are very familiar with these guidelines and new providers will be properly trained.

The WyIR has inventory and waste reports that can easily show when vaccine doses are dropped/spilled broken, lost and unaccounted for, and expired. Prior to authorizing any vaccine order in the WyIR, an Inventory Transaction Report is displayed to show the reviewer the past three months of inventory transactions that include these waste categories. Immunization Unit staff will review reports regularly to ensure that providers are utilizing COVID-19 vaccine doses in a responsible manner and are not wasting the limited vaccine doses.

Real time inventory is available for each provider in the WyIR and inventory is automatically decremented each time an administered dose is added to the WyIR. When a provider places a vaccine order, the reviewer can see the number of remaining doses in inventory as well as the number of doses used in the previous month. This will allow reviewers to be able to allocate doses to providers with limited doses rather than to those with adequate doses available.

SECTION 8: COVID-19 VACCINE STORAGE AND HANDLING

Individual provider locations

- During the provider enrollment process, the Immunization Unit will assess and verify storage capacity and equipment for each location. Provider offices will need to meet the storage requirements for storing the COVID-19 vaccine prior to being authorized to order and administer vaccines to minimize vaccine loss and limit risk of administering compromised vaccine.
- Each provider will need to document temperatures of vaccine storage units twice per day utilizing a calibrated digital data logger thermometer. All data logger thermometers need to be configured according to CDC and Immunization Unit guidelines, including alarms, notifications, data intervals, etc.
- Any temperature excursions, based on manufacturer cold chain guidance, will need to be reported to the Immunization Unit immediately for review and determination of vaccine viability.
- Temperature logs will be reviewed by the Immunization Unit prior to orders being fulfilled to ensure proper storage is being maintained.

Satellite, temporary, or off-site settings

- Providers will be required to adhere to all CDC and Immunization Unit requirements for vaccine transfer and temporary storage.
- Vaccine temperatures will need to be monitored at all times using a calibrated data logger thermometer that is configured as per CDC and Immunization Unit guidelines.
- Providers will be required to monitor temperatures closely throughout the time that the vaccines are in temporary storage. Any temperature excursions, based on manufacturer cold chain guidance, will need to be reported to the Immunization Unit immediately.

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

- Wyoming does not plan to utilize redistribution locations at this time and will continue current processes of repositioning vaccines between larger and smaller providers using the WyIR. This allows Immunization Unit oversight to review and approve vaccine transfer requests to ensure equal distribution.

Unplanned repositioning among provider locations

- Repositioning of vaccines between provider locations will need to be approved by the Immunization Unit and all vaccine transfers must be documented in the WyIR and approved by the Immunization Unit prior to vaccines being repositioned to another location.
- Upon approval of the reposition of vaccines, the receiving provider will need to utilize proper transport protocols to pick up the vaccine and take it to the approved storage unit at their facility.

Enrolled COVID-19 vaccine providers will be assessed based on the following:

- Providers will indicate storage unit capacity in addition to the brand, model, and type of storage unit that will be used to store COVID-19 vaccine on the Provider Profile during the enrollment process. They will also attest that each unit can maintain the appropriate temperature range and all providers are required to complete Vaccine Storage and Handling training.
 - If the provider is a currently enrolled Public Vaccine Program provider in Wyoming, the signed CDC COVID-19 Provider Agreement and Provider Profile will suffice as evidence of capacity and equipment to properly store COVID-19 vaccine.
 - If the provider is not currently enrolled in one of the Public Vaccine Programs in Wyoming, the provider will need to submit photographic evidence of storage units, temperature monitoring equipment, and any other verification deemed necessary by the Immunization Unit to ensure the safety of the vaccine.

SECTION 9: COVID-19 VACCINE ADMINISTRATION DOCUMENTATION AND REPORTING

The WyIR will be used to collect all vaccine administration data from providers. Wyoming is a Mandatory Reporting state and requires all administered vaccines in Wyoming from all provider types and for all ages of patients to be reported to the WyIR. If a provider enrolls as a COVID-19 provider, they must also be enrolled with the WyIR for reporting, prior to being authorized for COVID-19 vaccine ordering.

Providers are able to report through either direct data entry to the WyIR or through an electronic connection.

The WyIR will be connected to the IZ Gateway for reporting of administered doses to CDC. Wyoming is currently working with American Immunization Registry Association (AIRA) as well as the WyIR vendor, STCHHealth, for testing and connecting to the IZ Gateway.

Because Wyoming is a Mandatory Reporting state, there are few vaccinating providers that are not connected and reporting to the WyIR. Because of this, most providers that will enroll to be COVID-19 providers will already have the training and resources necessary to report administration data to the WyIR real time or within 24 hours of administration.

Any provider that is not yet reporting data to the WyIR will be enrolled and provided training on proper documentation and management of vaccine in the WyIR. Training will include vaccine ordering, inventory management, documenting administered vaccine doses, and managing vaccinators for their facilities.

The WyIR has a Mass Immunizations Module that allows for quick documentation of administered doses during off-site clinics. The module allows for prepopulation of inventory information, vaccinators present during the clinic, and preloading of patient information through a Waiting Room feature. Two-dimensional (2-D) barcode scanners can be used to scan and input demographic information as well as inventory information.

Paper vaccination reporting options will be available for providers that do not have access to report administration data immediately upon administration. Any paper-documented doses will be required to be entered into the WyIR within 24 hours of administration of the vaccine to ensure timely reporting to CDC.

Providers that enter administration data directly into the WyIR are held responsible for entering all required data elements for each dose. The WyIR Manager is able to set required fields as needed through the WyIR administration properties and therefore will ensure that all CDC required data elements will be required when directly entering administered doses into the WyIR.

For providers reporting through an electronic data connection, the use of Import Profiles for each provider connection will be utilized to mark data elements as required, required but can be empty, or optional. The Import Profile settings can be adjusted to either stop a message from populating in the WyIR completely if elements are missing or warn the sending facility of missing elements while still accepting the message. The Import Profiles will be established to align with CDC required data elements. Data Quality Reports will be run for providers with electronic connections to notify them of any messages that failed to populate in the WyIR and the provider will be required to resend the message with the proper information or enter the information directly into the WyIR if necessary.

The WyIR has functionality that will allow coverage rate reports to be run for COVID-19 coverage. We will also utilize available CDC Dashboards populated by data collected from all COVID-19 providers including those not enrolled directly with the Immunization Unit. The WyIR is able to pull reports based on series completion versus first dose only. CDC Dashboards will also be utilized to monitor and track this information.

SECTION 10: COVID-19 VACCINATION SECOND-DOSE REMINDERS

The WyIR has a Reminder Recall module, which can compile patient lists for the purposes of reminding of a due dose (reminder) or recalling those who need a dose (recall). A Reference Guide has been created and available on the WDH Immunization Unit website detailing how to use the WyIR Reminder Recall module. The WyIR does not have the capability of sending reminders directly to the patient, instead it is a tool for providers to use to compile the patient list.

Early information suggests that the vaccine doses will ship with cards that are to be given to the patient that will include the vaccine brand received and when to return for a second dose. If these cards are provided, vaccinators will be instructed to fill out and provide these cards to every patient who is vaccinated along with instructions to return for the second dose. The COVID-19 vaccine provider agrees to provide this card in #11 on the CDC COVID-19 Vaccination Program Provider Agreement.

Many providers, especially those enrolled in the Public Vaccine Programs in Wyoming, are trained and encouraged to routinely perform Reminder Recall for all vaccine types. Providers accomplish this through a variety of means, including utilizing EHR systems, patient portals, and paper-based systems like Kardex files. Means of patient contact include mailings, phone calls, email, “ticklers” in the patient portal, and texting.

WDH has access to a system that could be used to send text message reminders. WDH Immunization Unit is exploring the potential use of this system. It will require a process for capturing consent for text reminders.

COVID-19 vaccination providers will be educated on two-dose series requirements, and the various methods that can be utilized to ensure patients return for their second dose. Communication that is provided to healthcare providers, stakeholders, and the public will include messaging on the two-dose series requirement, and the importance of receiving both doses for full protection.

SECTION 11: COVID-19 REQUIREMENTS FOR WYIR

The WyIR has a Mass Immunizations Module that allows for quick documentation of administered doses during off-site clinics. The module allows for prepopulation of inventory information, vaccinators present during the clinic, and preloading of patient information through a Waiting Room feature. Barcode scanners can be used to scan and input demographic information as well as inventory information.

Paper vaccination reporting options will be available for providers that do not have access to report administration data immediately upon administration. Any paper documented doses will be required to be entered into the WyIR within 24 hours of administration of the vaccine to ensure timely reporting to CDC.

The WyIR is capable of capturing the following demographic and clinical information in regards to patients:

- Chronic medical condition information
- Age
- Race/Ethnicity
- Allergies
- Income
- School
- Insurance

The WyIR is a very robust system with extensive modules and features for data reporting, storage, monitoring, and exchange. The WyIR is hosted by STCHHealth and utilizes Amazon servers for data storage and security. The WyIR has reporting capabilities for inventory information, patient information, state-level information, provider-level information, demographic breakdown, and data quality elements. The WyIR has the ability to run reports for each established electronic connection used to transmit data to and from the WyIR that can determine the success or failure of vaccination messages and queries. The WyIR is able to provide real time HL7 connectivity as well as DDT Upload functionality when absolutely necessary. Providers without an established electronic connection are required to access the WyIR directly to input information.

Due to Mandatory Reporting requirements in Wyoming, there is already a large saturation of enrolled vaccinating providers, including employee health services and other temporary vaccination sites such as the Wyoming Health Fairs. Providers not enrolled currently will be required to follow the current enrollment procedure that is streamlined to include electronic signatures and documents to prevent lag time.

Due to the small staff in Wyoming, providers will first be set up to do manual data entry until an electronic connection is established. COVID-19 providers will be prioritized for the electronic connections as these will be vital in ensuring timely reporting of administration data to CDC within 24 hours of administration.

Wyoming is working on connection to both the Connect and Share components of the IZ Gateway. AIRA has established a test connection to begin monitoring the readiness of the WyIR and we are working with

STCHealth on the Share component. Due to the small staff resources available within the Immunization Unit, we will be utilizing AIRA and STCHealth heavily to complete the connectivity work.

Wyoming is still determining how Provider-level agreements will be completed; however, STCHealth has submitted plans to CDC to be able to do this work for Wyoming as well as other consortium states.

The WDH is working on a number of data sharing agreements:

- Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway:
 - In final approval and then signature
- Model Business Associate Agreement with the Association of Public Health Laboratories to participate in the IZ Gateway:
 - In final approval and then signature
- Data use agreement with CDC for national coverage analyses
 - Awaiting release from CDC
- AIRA Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component:
 - In final approval and then signature

The WyIR is currently connected to the AIRA ARRT Tool to monitor and assess data quality of the WyIR connections. The WyIR also has robust reporting capabilities to track and monitor the quality of incoming data from providers. Import Profiles are used to ensure that all required and recommended data elements are captured and included in administration data. Connections are monitored to ensure that data is flowing in the system consistently and that there are no connection issues.

Wyoming will also provide extensive communication and information to providers in regards to the required data elements and timeliness of data reporting requirements.

SECTION 12: COVID-19 VACCINATION PROGRAM COMMUNICATION

The WDH recognizes the need for extensive and ongoing communication activities related to implementing the COVID-19 vaccination plan.

Expected key communication messages over time will include but are not limited to vaccine development status, vaccine availability within Wyoming, need for prioritization, information on priority groups, vaccine safety reassurance, information on where to get vaccinated, importance of two doses, relationship to flu vaccine and effectiveness.

An internal, collaborative spreadsheet called the COVID Vaccination Communication Matrix has been developed. This spreadsheet is housed in a shared Google Drive and is used by WDH internal stakeholders as a collaborative planning tool in determining the various audiences and the communication channels most available and appropriate to reach those audiences. The spreadsheet is also linked to the overall vaccination plan phases.

The WDH public information officer (PIO) and personnel within the WDH COVID-19 Vaccination Planning Team will coordinate and deliver public health information using the department's routine practices, applying crisis and risk communication principles as needed. The table below defines the list of key audiences and the potential available communication channels.

Table 3: PHASE 1-limited supply of COVID-19 vaccine doses Populations based on the CDC and ACIP

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION/ COORDINATION
Vaccine providers identified as early vaccine providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels
Healthcare personnel including but not limited to: Hospitals, Long Term Care Facilities (LTCF), Assisted Living Centers, Behavioral Health Inpatient Facilities, Urgent Cares, Clinics and Healthcare Centers	Emails Conference Calls Website	Internal WDH communication channels and local planning/communication Federally contracted pharmacy partners
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health Departments)	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
National Security Populations and First Responders	Conference Calls Emails Website News Brief	Internal WDH communication channels in coordination with: Governor's Office WAFB Chain of Command Air National Guard Army National Guard WYDOT Fire Chiefs Police Chiefs Sheriffs WOHS
Essential workers	Emails Conference Calls News Brief Website	Internal WDH communication channels and local planning/communication
General Public	News Releases Website Media briefing Social media	Governor's Office Local and statewide media Social media
Those with underlying medical conditions	News Releases Website	Pharmacies and local providers communication

	Media briefing Social media	with patients Local and statewide media Social media
People at increased risk for severe illness from COVID	News Releases Website Media briefing Social media	Pharmacies and local provider communications with patients Local and statewide media Social media
People 65 years and older	News Releases Website Media briefing Social media	Pharmacies and local providers communication with patients Local and statewide media Social media
Additional approved COVID vaccine providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication

Table 4: PHASE 2- Greater supply of vaccine doses

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION
Approved COVID vaccine providers	Website E-mail Conference Calls	Internal WDH communication channels and local planning/communication
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health Departments)	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
National Chain Pharmacies	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
General Public	News releases Website Media briefing Social media	Governor's Office Local and statewide media Social media Potentially paid media

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Table 5: PHASE 3- Likely sufficient supply, slowing demand

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health Departments)	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
All COVID Vaccine Providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
General Public	News releases Website Media briefing Social media	Governor’s Office Local and statewide media Social media Potentially paid media

A preliminary vaccination update has already been distributed via email to identified key stakeholders addressing assumptions and establishing COVID-19 vaccination communication. All communication will be conducted in a timely and applicable manner for the current phase of the vaccination program.

It is expected that these operations will be accomplished as part of a WDH COVID-19 Vaccine Management TEAM effort.

Throughout this process WDH will work closely with local public health representatives, other state agency partners as needed, and the Governor’s Office to ensure complimentary communication efforts.

WDH procedures for risk/crisis/emergency communication have been described in the Wyoming Department of Health-Public Health Emergency Preparedness Program Crisis and Emergency Risk Communication Plan (Appendix A).

As the entire team supporting the vaccination effort will monitor national developments that affect supply and recommendations for distribution, the communications team led by the WDH PIO will keep apprised of the situation and recommend messages shared by CDC and other national partners. At the same time, Wyoming situational updates will also be monitored.

The WDH PIO will refer to national information as well as the current Wyoming situation to develop messages appropriate for dissemination. Message approval will involve the state health officer and appropriate PHD leadership and program personnel.

While expected primary communications channels to be used were listed above, the PIO and other team members may also choose to use other methods identified in the WDH Public Health Emergency Preparedness Communication Binder:

- Telephone calls made to media and partners/stakeholders
- E-mail using partner distribution lists or listserv
- Wyoming Alert and Response Network (WARN)
- Zoom
- Conference calling
- Video Conferencing
- Highway Advisory Radios (HARS)
- Virtual Situational Radios (VSAT)
- Media ie print, radio and television
- Wyoming Department of Transportation dynamic messaging signs (DMS)
- Media briefings, community meetings, virtual meetings
- WDH, partner/stakeholder, social networking, and media websites
- Emergency alert system (local or partner)
- Wyoming Department of Transportation 5-1-1 (traveler information)
- WebEOC
- Websites
- Wyoming 211
- Local coordination for:
 - Local broadcast fax
 - Printed materials, including fact sheets (available on the web)
 - Reverse 911 in collaboration with local partners

For the COVID-19 vaccination plan special populations will include any individual, group or community with physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or circumstance-related barriers to understanding or responding similarly to the general population. Wyoming emergency management and public health have been working to address these populations by including them in local and regional community planning efforts via partnerships with both individuals and groups that advocate on behalf of at-risk populations.

At a later stage when vaccine supply is plentiful, WDH will consider contracting with a local marketing agency for a paid campaign to promote vaccination. A decision to move forward will depend on the current situation, including vaccine demand among Wyoming residents, and also on availability of funds. A potential advertising campaign would include a mix of digital and traditional media techniques.

Overall, WDH will be diligent about communicating what is known, regularly updating this information and continuing the dialogue with various audiences, including media and partners/stakeholders, throughout the vaccine distribution and administration process. A focus early will be to establish trust and credibility related to vaccination within Wyoming, and ongoing effort will be made to maintain that trust and credibility.

SECTION 13: REGULATORY CONSIDERATIONS FOR COVID-19 VACCINATION

Providers must agree to provide an approved Emergency Use Authorization (EUA) fact sheet or Vaccine Information Statement (VIS) to each recipient as indicated on question 5 of Section A. CDC COVID-19 Vaccination Program Provider Agreement when enrolling.

A list of authorized COVID-19 vaccine products with corresponding EUA fact sheets for healthcare providers and vaccine recipients, and up-to-date expiration information by vaccine lot will be available through the CDC website. VISs are required only if a vaccine is added to the Vaccine Injury Table. VISs will be produced after a vaccine has been licensed. Plans for developing a VIS for COVID-19 vaccine are not known at this time but will be communicated as additional information becomes available. Information on when to provide EUA fact sheets or VISs and where to find them is part of the mandatory Vaccine Administration Training modules developed for Vaccine Coordinators.

COVID-19 vaccination providers may choose how to provide EUA fact sheets or VIS prior to vaccine administration. Providers have options to provide them in printed form, sent as a downloaded .pdf file to the patient's medical portal, provided by laminated copies in a waiting room for viewing, or on a computer monitor or video display. If not provided directly in printed form, providers will be instructed that patients must still be offered a copy of the VIS to take away following the vaccination. Additionally, healthcare providers are required to notate each patient's permanent medical record with the edition date of the VIS distributed and the date the VIS was provided.

SECTION 14: COVID-19 VACCINE SAFETY MONITORING

The CDC COVID-19 Vaccination Program Provider Agreement includes #10: Organization must report moderate and severe adverse events following vaccination to the VAERS. When signing the form providers are made aware of this requirement.

Enrolled providers will receive training detailed in Section 5, and VAERS education will be an included topic. Education will discuss what VAERS is, how to report, and requirements for doing so.

SECTION 15: COVID-19 VACCINATION PROGRAM MONITORING

Progress Monitoring

The Immunization Unit's methods and procedures for monitoring progress during COVID-19 vaccination program implementation are described below.

Provider enrollment

- Provider enrollment will be monitored and tracked utilizing RedCap reporting tools or through manual data extraction and added to a shared Google Spreadsheet for multi-user access.
- All enrolled providers will be added to the WyIR for reporting and ordering purposes. The WyIR will be able to provide extracted data for all enrolled providers. The WyIR has the capability to designate providers as COVID-19 as well as VFC and therefore reports can be run by COVID-19 providers. Provider enrollment data will be sent to CDC twice weekly as per required in the manner that CDC determines to be acceptable.

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

- The CDC COVID-19 Vaccination Response Dashboard will be utilized to monitor access to COVID-19 providers in areas of the state based on currently enrolled providers versus those that have not yet enrolled and could meet the needs in those areas. Tiberius may also be used for this purpose once it is available. Manual tracking will also be done in Wyoming utilizing GIS services and enrollment data.

WyIR system performance

- The WyIR system performance is monitored on a real time basis by the software vendor STCHealth. The WyIR also has internal reporting capabilities as well as modules that allow WDH to see in real time messages that are coming into the WyIR through electronic data connections. Any message errors or issues can be identified, reviewed, and reported back to providers as needed.
- Data will be reported to the CDC based on CDC data reporting requirements. Internal staff will be responsible for monitoring the reporting of data to ensure that it is reported timely and accurately according to specifications. The Immunization Unit is in the process of connecting to the IZ Gateway and Data Lake for real-time data reporting as well. Enrollment data will be reported twice weekly as per CDC guidance at this time utilizing the methods established by CDC.

Provider-level data reporting

- All enrolled COVID-19 providers will be required to report all administration data to the WyIR upon administration. If the provider is unable to report the information immediately, they will be required to enter the information into the WyIR within 24 hours of administration to ensure that the data is sent to the CDC within 24 hours of administration via the IZ Gateway and Data Lake connections.
- Providers enrolled directly with CDC will also be required to report administration data to the WyIR as Wyoming is a Mandatory Reporting state for all vaccines and all age groups which will include COVID-19 vaccine. Pharmacies as well as other healthcare providers all fall within the Mandatory Reporting requirements. Any provider not currently enrolled with the WyIR will be enrolled prior to receiving COVID-19 vaccine to ensure proper reporting of administered data.

Vaccine ordering and distribution

- The WyIR will be utilized to monitor, track, and allocate all vaccine doses. Provider ordering will take place in the WyIR. The WyIR is interfaced with Vtrcks and therefore providers will not utilize Vtrcks directly. Shipping logs will be exported from Vtrcks and uploaded to the WyIR for tracking of vaccine shipments. Any transfers between providers will also be done utilizing the WyIR. All vaccine transfers are approved by the Immunization Unit and therefore allocations will be monitored on a dose level for all providers.

One- and Two-dose COVID-19 vaccination coverage

- The WyIR has functionality that will allow coverage rate reports to be run for COVID-19 coverage. We will also utilize the CDC Dashboards that are available and populated by the data collected from all COVID-19 providers including those not enrolled directly with the Immunization Unit. Reminder Recall functionality will be utilized for recalling patients for the second dose of vaccine. The WyIR is able to pull reports based on series completion versus first dose only. CDC Dashboards will also be utilized to monitor and track this information.

Resource Management

Methods and procedures for managing budget, staffing, and supplies during COVID-19 vaccination program implementation are described below.

Budget

- Unit Managers within the Immunization and the Preparedness and Response Units have CDC cooperative agreements which allow funding to be utilized for vaccination efforts. Budget resources are monitored utilizing WDH fiscal systems and processes with assistance from WDH Fiscal Manager. ICS resource management processes will also be utilized if activated and appropriate.

Staffing

- The Immunization Unit staff resources will be monitored to ensure that there are appropriate resources allocated to COVID activities as well as non-COVID activities required to be sustained such as VFC provider ordering and compliance. The Immunization Unit will work closely with the CDC and our assigned Project Officer to ensure all non-COVID activities are monitored and prioritized based on the available staff resources. Additionally, the Immunization Unit will work with other Programs within the Department to reallocate resources as necessary. ICS resource management processes and surge personnel strategies will also be utilized if activated and appropriate.

Supplies

- The Preparedness and Response Unit has processes in place to procure scarce Personal Protective Equipment (PPE) and other supplies to protect our workforce and rapidly distribute and dispense life saving medications, PPE, and supplies to healthcare and public health responders. This will be consistent with how the WDH ESF #8 role has been filled throughout the COVID response. The Preparedness and Response Unit and the Healthcare Preparedness Program maintain caches of PPE and supplies.

Communication

Methods and procedures for monitoring communication during COVID-19 vaccination program implementation are described below.

Message delivery

- Wyoming Department of Health Website
- Internal communications (email, phone, newsletter, etc)
- Wyoming Alert and Response Network (WARN) - This system can receive confirmation of notification (This is not a public communication system)
- Social media platforms
- Wyoming 2-1-1 Call Center
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms will be used for monitoring
- Press conferences, news releases, advertising, and public service announcements

Reception of communication messages and materials among target audiences throughout jurisdiction

- An established social monitoring group will be used to search, collect, and summarize event specific information and trends across a variety of social media platforms.
- Wyoming 2-1-1 Call Center
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms
- Social media platform analytics

Situational Awareness Monitoring

- During weekly partner coordination calls
- Communications with the Unified Command Situation Unit
- An established social monitoring group will be used to search, collect, and summarize event specific information and trends across a variety of social media platforms
- Conference calls (video and phone) with local partners for situational awareness and other response activities.
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms
- Requests for Essential Elements of Information (EEI) are requested from local and tribal jurisdictions to provide state level situational awareness.
- Monthly PPHR-PHRC coordination calls
- Facebook sites

Website

The WDH will include information for vaccine providers and the public on <https://health.wyo.gov/publichealth/immunization/>. WDH pages will have appropriate subpages or links to this website. The main WDH website will have a prominent header or banner link to the vaccination pages also. Vaccination metrics to be included on this website: doses received, doses administered, and vaccine providers enrolled.

APPENDIX A: Wyoming Department of Health Crisis Emergency Risk Communication Plan-
Attached separately

INTERIM DRAFT