

COVID-19 VACCINATION PLANNING

COMMUNITY PARTNERS
WEBINAR

*OCTOBER 22, 2020
2:00 PM*

*NOTE: THERE HAS BEEN
SEVERAL IMPORTANT
CHANGES TO VACCINE
PLANNING SINCE THIS WAS
PRESENTED*

Use the GoTo app on your computer or smart device

Only use one device, two devices cause audio feedback

GOTOMEETING



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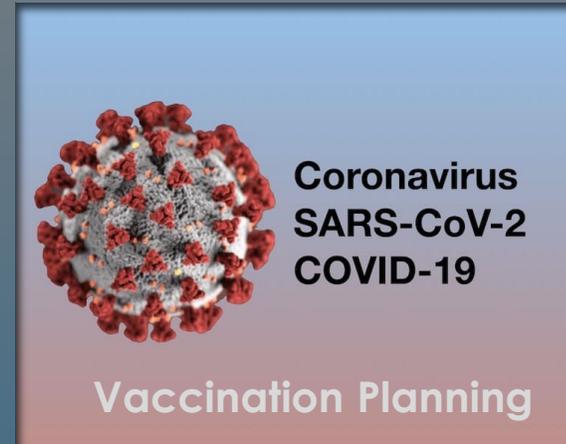
- ✓ Please identify yourself before you speak
- ✓ Use the chat box for questions during the presentation
 - staff will be monitoring
- ✓ Everyone is muted during the presentation
- ✓ Lines will be opened for general questions
- ✓ Do not put your line on hold



COMMUNICATION AND QUESTIONS

Goal: *To provide situational awareness and encourage community partner engagement*

- Compilation of information
- Information changes daily
- Sources contradict
- Community partnerships will be critical
- Public messaging must be clear and positive to achieve high % uptake
- Sharing of interdisciplinary information is critical for planning
- Some compare to H1N1 vaccination campaign
- SOME testing infrastructure may be repurposed for vaccinations
- *Presentation violates every PowerPoint rule...*





- Goal to produce and deliver 300 million doses
- No charge for vaccine
- 213 being developed, 42 human studies (WHO)
- 11+ vaccines in Phase 3 Clinical Trial before FDA EUA approval
- 64 distribution jurisdictions in US
- Five dozen jurisdictions received \$200 million to prepare for distribution
- FL is one of 5 pilot sites- California, North Dakota, Minnesota, City of Philadelphia
- FL plan submitted to CDC 10/16/2020

Department of Health and Human Services (HHS) components:

- Center for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- National Institutes of Health (NIH)
- Biomedical Advanced Research and Development Authority (BARDA)
- Department of Defense (DOD)

Coordinate existing HHS-wide efforts including the NIH Accelerating COVID-19 Therapeutic and Interventions and Vaccines (ACTIV) partnership, NIH Rapid Acceleration and Diagnostics (RADx) initiative and work by BARDA

Operation Warp Speed engagements:

- Private firms
- Federal Agencies:
 - Department of Agriculture
 - Department of Energy
 - Department of Veterans Affairs



COVID-19 VACCINATION PROGRAM

<https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html>

2020	DEVELOPER	FUNDING	PHASE 3 or Rx Type	STATUS
March	Johnson & Johnson (Janssen)	\$456 million FEDERAL	September JNJ-78436735	Paused October 60,000 volunteers/215 sites
April	Moderna	\$483 million additional \$472 million FEDERAL	July mRNA-1273	federal government will own 100 million doses - option to acquire more minus-112 degrees F/minus-80 degrees C Earliest EUA November 25
May	AstraZeneca	\$1.2 billion FEDERAL	August AZD1222 2 doses 4 weeks apart	Paused Planned to enroll 1,600 people in the late-stage study, one of 100 sites around the country expected to include 30,000 people
July	Regeneron	\$450 million	anti-viral antibody treatment REGN-COV2	"Antibody cocktail"
July	Novavax	\$1.6 billion FEDERAL		federal government will own 100 million doses
July	Pfizer	\$1.95 billion	mRNA BioNTech	Apply for EUA, 3 rd week of November if all goes well with trials-track 50% of 44,000, 2 months following 2 nd dose
July	Sanofi and GlaxoSmithKline's (GSK)	\$2.0 billion FEDERAL		federal government will own approximately 100 million doses
August	Johnson & Johnson (Janssen)	\$1.0 billion approx. FEDERAL	recombinant adenovirus technology AdVac	federal government will own 100 million doses - option to acquire more

2020	DEVELOPER	FUNDING	PHASE 3 or Rx Type	STATUS
October	AstraZeneca		AZD7442, a cocktail of two monoclonal antibodies	
October	Vaxart Inc VXRT.O	unclear	VXA-CoV2-1 is a room temperature stable oral tablet	trial will evaluate two doses in up to 48 healthy volunteers aged between 18 and 54 years.
March	<u>Altimune Inc.</u>	unclear	AdCOVID,	Not peer reviewed
October	University of Alabama Twenty-four researchers from six labs at UAB—all working under safety protocols—and eight researchers at Altimune tested the potential COVID-19 <u>vaccine</u>		single intranasal spray Shelf stable	biopharmaceutical company, which published its pre-clinical findings on the open-source preprint server <u>bioRxiv</u> https://www.biorxiv.org/content/10.1101/2020.10.10.331348.v1
October	AuraVax Therapeutics Inc. University of Houston exclusive license option agreement	unclear	like Flu Mist potential of in-home administration	https://www.eurekalert.org/pub_releases/2020-10/uoh-uoh101220.php
October	University of Wisconsin/AstraZeneca			Focus on equity and inclusion to ensure a diverse population is part of Phase 3 clinical trial-1,600 over the next 2 months (Sept-Nov) 30,000 overall in 2- year study uwhealth.org
October	University of FL	Research	Clinical Trials	5 studies-2 clinical trials for treatment 1 for BinaxNOW (Abbott), 1 with Indiana U for containment and care escalation, 1 study for hospitalized and one year after onset
October	Eli Lilly	Government sponsored	Antibody trial	Paused- safety concern Hospitalized patients
October	Pfizer		Phase I Trial- Pediatrics	Age 12-18



State and Local Health Departments and Emergency Management will devise plans for receiving and locally distributing vaccines

All but one of the vaccines must be shipped frozen and one (Pfizer) must be shipped minus -94 degrees C

Health workers, other essential employees, and people in vulnerable groups will be allocated vaccine first.
The National Academy of Medicine and the CDC's Advisory Committee on Immunization Practices

The vaccine initially will be in short supply and will go to the most vulnerable,
CDC director Dr. Robert Redfield testified to the Senate appropriations subcommittee

Details to be worked out with Medicare fee-for-service providers. In the worst case, it will cost \$3.50 per shot "but we're working on that,"
Paul Mango, Deputy Chief of Staff for policy in the office of the Secretary at the U.S. Department of Health and Human Services.

The goal is that 24 hours after a license or an Emergency Use Authorization is issued "we have vaccine moving to administration sites,"
Lt. Gen. Paul A. Ostrowski, Operation Warp Speed deputy chief of supply, production and distribution

Most of the candidate vaccines require two doses. Some must be given 21 days apart, others 28.
The second dose must be from the same vaccine manufacturer

The vaccine itself, as well as the syringes and other equipment, will be distributed by and paid for by the U.S. government

All shots will be given by civilian health workers, in health departments, clinics, hospitals, doctor's offices and pharmacies.

Priority Groups and Distribution of COVID-19 Vaccine is not finalized

Models show different number of Phases

This is only one potential model

OWS leaders indicated next Summer 2021 to be where the final uptake will take place

Phase 1

Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

Phase 1b

- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
- Older adults living in congregate or overcrowded settings

Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at *moderately* higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

Phase 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

Phase 4

- Everyone residing in the United States who did not have access to the vaccine in previous phases

Equity is a crosscutting consideration:

In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

- Roll out in Phases, supply/demand
- Distribution chain through McKesson
- Some organizations will receive direct shipments
- Phase 1 LTC*- CVS and Walgreens

Priorities:

- Infection control; PPE, social distancing
- 15-minute observation post vaccination
- Health equity
- Vaccination reporting for tracking through a portal
 - Tiberius and FL Shots
 - GIS maps being produced (FL Shots, vaccine provider status , licensed beds)



* 2-week registration window starts 10/19, AHCA sent out information

McKesson is the HHS centralized distributor of COVID-19 vaccines and includes ancillary supplies

No orders will be directly placed with *McKesson*, each State or jurisdiction will have a process

- ✓ Alcohol Prep Pads
- ✓ Face Shields, Surgical Masks and limited PPE
- ✓ Needles and Syringes
- ✓ Vaccine Administration Sheet for Health Care Providers
- ✓ Vaccine Record and Reminder Cards
- ✓ Reconstitution at point of administration, mixing kits, syringes, needles and other needed supplies will be included
- *Sharps containers, gloves, and bandages are not expected to be included*



Anticipated the State will fill in some resource gaps

Factory to Frontlines

CVS and Walgreens:

- ▶ Schedule and coordinate on-site clinic date(s) directly with each facility
- ▶ Up to three total visits over approximately two months to administer both doses of vaccine (if indicated) to residents and staff
- ▶ Receive and manage vaccines and associated supplies (e.g., syringes, needles, and personal protective equipment)
- ▶ Ensure cold chain management and on-site administration of vaccine
- ▶ Report required vaccination data (including who was vaccinated, with what vaccine, and where) to the state, local, or territorial, and federal public health authorities within 72 hours of administering each dose
- ▶ Adhere to all applicable Centers for Medicare & Medicaid Services (CMS) requirements for COVID-19 testing for LTCF staff
- ▶ **Registration OPEN October 19 for 2 Weeks:**
- ▶ Nursing homes can sign up via the National Healthcare Safety Network NHSN <https://www.cdc.gov/nhsn/index.html>
- ▶ Assisted living facilities can sign up via an online survey <https://redcap.link/LTCF>

NATIONAL PARTNERSHIP WITH CVS AND WALGREENS

- ▶ 1,000-5,000 doses – 195 vials/tray=975 doses, up to 4,875 doses
- ▶ Vaccine packaged in 5 to 100 multidose vials
- ▶ Preservative free
- ▶ May require reconstitution/mixed
- ▶ Some to be used within 6 hours of opening
- ▶ One dose or two dose
 - ▶ If two doses, administered 21-28 days apart
- ▶ Pediatric Phase I Trial
- ▶ Federal grants may be available for technical assistance and to improve uptake



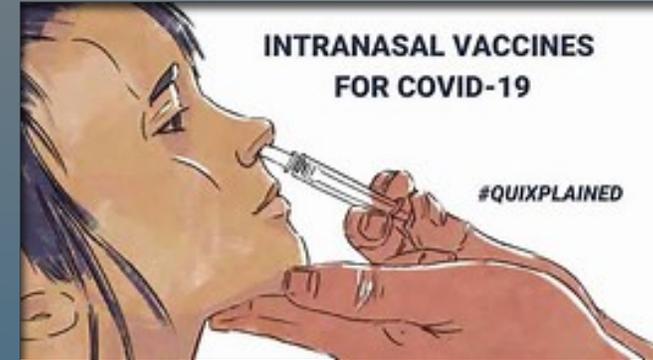
- 2-8 degrees C- Refrigerated
- -20 degrees C-Frozen
- -60 to -80 degrees C-Ultra-Cold

Two of the US trials are Ultra-Cold

Shelf stable versions being explored

- Freeze-dried
- Nasal Spray and tablet

- ▶ 5 degrees Celsius (41 degrees Fahrenheit) being tested



COVID-19 VACCINATION PLANNING

COLD CHAIN

COVID-19 VACCINATION TRANSPORTATION



- Short term suitcase size (1,000-5,000 doses) thermal transporter with Pfizer made dry ice
 - Pfizer thermal transporter (pizza box)
 - Size 15.75 x 15.75 x 22 inches, 80 lbs. (50 lbs. dry ice)
 - Dry ice PELLETS replenishment within 24 hours
 - 5 major U.S. dry ice companies
 - Jurisdictions must find the dry ice, may be in short supply
- Dry Ice risk thermal burns, must have correct handling PPE

COVID-19 VACCINATION STORAGE



- National shortage of ultra cold freezers
- 9 medical grade ultra cold freezer manufacturers in US
 - CDC does not recommend, \$15,000 cost, not viable
- 64 Jurisdictions to identify freezer locations (AHA)
- Few if any freezers in rural areas or public health
- Some healthcare providers lack capacity to receive, store and administer within timeframes
- Potential for waste
- FDA hopes for shelf stable version (refrigerate) 2021

Scenario 1: FDA has authorized vaccine A for Emergency Use Authorization (EUA) in 2020

Availability Assumptions

Candidate	Vaccine availability under EUA by		Notes
	End of Nov 2020	End of Dec 2020	
Vaccine A	10M–20M doses	20M–30M doses	Ultra-cold (-75 °C) storage requirements, for large sites only

Distribution, Storage, Handling, and Administration Assumptions

Vaccine A	
<p>SHIPMENT 3 separately acquired components (mixed on site)</p> <ol style="list-style-type: none"> Vaccine <ul style="list-style-type: none"> 2mL vial, Multidose vials (5 doses/vial) Direct to site from manufacturer (on dry ice) in thermal shipping container Thermal shipping container estimated specs: 400mm X 400mm X 560mm Diluent and ancillary supply kits (for administration and mixing) <ul style="list-style-type: none"> Direct to site from the US Government (USG) at room temperature) Thermal shipping container should be returned once use is completed. Instructions for mail back and labels will be forthcoming. 	<p>ON-SITE VACCINE STORAGE Ultra-Low Temp Frozen (-90°C to -60°C)</p> <ul style="list-style-type: none"> Freezer units capable of ultra-cold temperatures (UCT) The shipping container (thermal shipper) may be used to store vaccines: <ul style="list-style-type: none"> Once received, thermal shipping container should be replenished with pelleted dry ice within 24 hours Containers may only be opened two times a day. Containers should be replenished with dry ice every 5 days to maintain required temperature. Total amount of dry ice needed per thermal shipper 'recharge' is ~23kg. Container may be recharged up to 3 times (once upon receipt, and two more time there after) Temperature Monitoring needs to happen in alignment with CDC guidance, irrespective of re-icing <ul style="list-style-type: none"> Thermal shipping container may be monitored using temperature probes on the container, in alignment with guidance provided by CDC and information provided by the manufacturer. Direct handling of dry ice needed for recharging the containers will require the use of appropriate PPE

Profession
Medical Doctors
Osteopathic Physicians
Physician Assistants
RN
APRN
LPN
CNA w/ RN delegation
Pharmacists w/ immunization modifier
Pharmacy Interns w/ IMMU modifier

Florida Paramedics with agency medical director approval

Dentists have not been addressed

Students with faculty oversight-colleges and universities with health occupations programs and medical schools, RN, LPN, MD, DO and Pharmacists. Scope of practice and the unlicensed as vaccinators is of consideration

Section 110.504, F.S. addresses healthcare volunteers and requires volunteers be screened and credentialed to become vaccinators

VACCINATORS

PART 1 SUMMARY

Many unknowns about vaccine roll out

First vaccine will most likely be ultra-cold, distribution comes with some resources

Federal agreements with CVS and Walgreens is advantageous

The use nontraditional healthcare professionals as vaccinators

Covid-19 testing has been a new adventure

Encourage agencies to register as a vaccine provider

Vaccinating will be a mass multi disciplinary/multijurisdictional coordination effort

Identify and serve communities to ensure vaccination equity

Concise and compelling public messaging

Part 1 of 2 Questions, Comments

City Readiness Initiative (CRI)

Medical Counter Measures (MCM)

Points of Dispensing (POD)

Vaccine Administration Clinic (VAC)



COMMUNITY PARTNER COLLABORATION

POD AND VAC

OPEN

- Drive thru, curb side, walk-up or clinic style
- COVID-19 testing model
- Influenza vaccine clinic model
- Open to public or defined population
- Post vaccination 15 min observation

CLOSED

- Partner decides model
- Technical assistance and training from DOH
- Partner managed and staffed
- Targeted population, staff, patients
- Partner may receive direct shipment or collaborate with DOH
- Post vaccination 15 min observation



- COVID-19 vaccine may be direct ship or may be picked up from DOH
- Most partners have infrastructure in place to operate
- Prevents staff from waiting in Open POD lines
- Allows organization flexible scheduling
- More efficient and less Open PODS in the community are needed
- Planning for COVID-19 vaccine is critical especially for cold chain considerations

CLOSED POD ASSUMPTIONS

DRIVE THRU DISPENSING



- ▶ vaccinated an estimated 1,000 people in two days
- ▶ a car a minute for ten hours, 60 cars an hour, 600 cars in a ten-hours...
- ▶ easy to operate, quick, convenient and safe with people staying in their cars as a social distancer
- ▶ Appointments are valuable
- ▶ Modeled after testing template

The drive-through flu vaccine clinic in Midleton, Co Cork. Photograph: Mike Thompson

- ▶ The authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.

PUBLIC READINESS & EMERGENCY PREPAREDNESS ACT (PREP ACT) -2005

The PREP Act authorizes the Secretary to issue a declaration to provide liability immunity to certain individuals and entities (covered persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (covered countermeasures). Under the March 10, 2020 declaration, covered countermeasures are any

antiviral, any other drug, any biologic, any diagnostic, any other device, or any vaccine, used to treat, diagnose, cure, prevent, or mitigate COVID-19, or the transmission of SARS-CoV-2 or a virus mutating therefrom, or any device used in the administration of any such product, and all components and constituent materials of any such product.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

The General Counsel
Washington, D.C. 20201

ADVISORY OPINION ON THE PUBLIC READINESS AND EMERGENCY PREPAREDNESS ACT AND
THE MARCH 10, 2020 DECLARATION UNDER THE ACT
APRIL 17, 2020, AS MODIFIED ON MAY 19, 2020

Purpose of this Advisory Opinion

The Secretary is issuing this Declaration pursuant to section 319F-3 of the Public Health Service Act to provide liability immunity for activities related to medical countermeasures against COVID-19.
<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>
February 2020

42 U.S.C. § 247d-6d(i)(7).

Thus, in order to meet the definition of a qualified pandemic or epidemic product, a product

- (1) must be used for COVID-19; and
- (2) must be
 - (a) approved, licensed, or cleared by FDA;
 - (b) authorized under an EUA;
 - (c) described in an EUI; or
 - (d) used under either an Investigational New Drug (IND) application or an Investigational Device Exemption (IDE).⁶

<https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-hhs-ogc.pdf>
March 2020

<https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-hhs-ogc.pdf>

PUBLIC READINESS & EMERGENCY PREPAREDNESS ACT

- Lessens liability concerns
- Authorizes the Secretary to issue a declaration providing immunity from tort liability
 - *Exception: willful misconduct*
- Different from, and (mostly) independent of, other emergency declarations
- Sections 319F-3 and 319F-4 of the Public Health Service Act (42 USC § § 247d-6d, 247d-6e)

<http://www.hhs.gov/disasters/discussion/planners/prepact/index.html>

DOH STATE

Identifies statewide priorities for distribution, supply chain logistics

Local operations will fall under the State umbrella

Provides authorizations for dispensing

Critical populations will be defined

Clarifying wording in EUA

Coordination document to decrease State and Local duplication

DOH LEON

Closed POD partner notification of availability

Distributes Vaccine to those with agreement

Provides technical assistance, training and key information to partners

Health Equity, identify populations and plan for outreach

Closed POD Partner

Develops a plan and identifies staffing

Identifies capacity

Receives vaccine

Dispenses to identified population/ staff, patients

Provides data to Department of Health

Returns any unused vaccine

PROJECTED

- POD Plan
 - Job Action Sheets
- Medication Pickup Form
- Vaccine Information Sheet
- Triage Algorithm
- Disease Background
- Appointment card for second dose



CLOSED POD PAPERWORK

Vaccine and Cold Chain compliance monitor

Greeter- mask compliance

Social distancer

Clerical staff-Forms

- completion

-review

-Appointment desk (21 or 28 days)

Medical evaluator/screener

Flow monitor

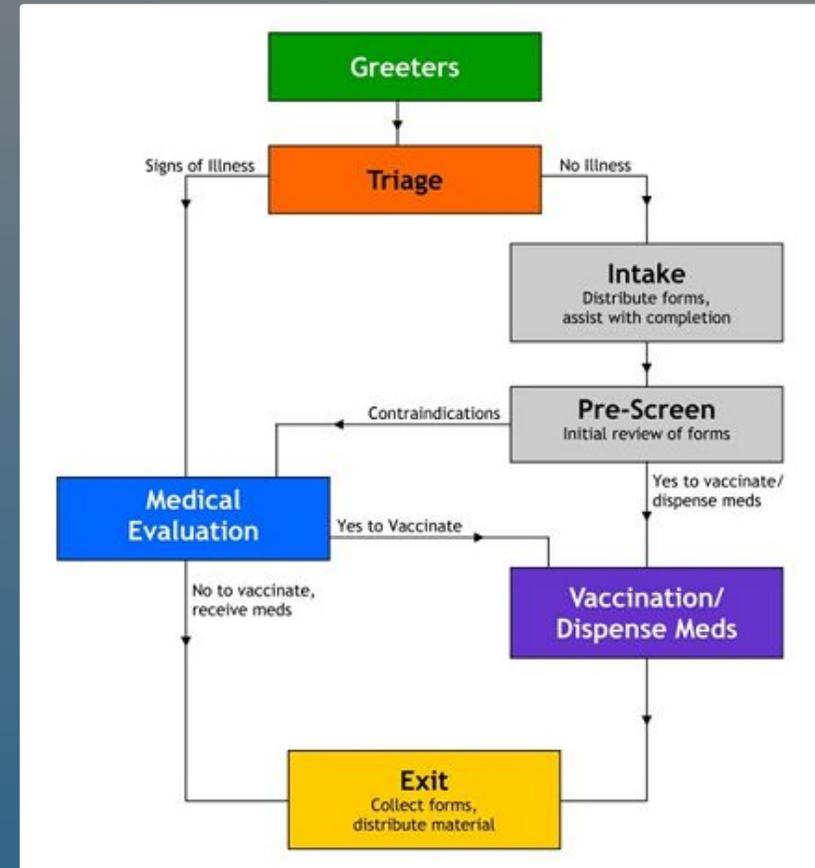
Safety & Infection Control

Vaccinator

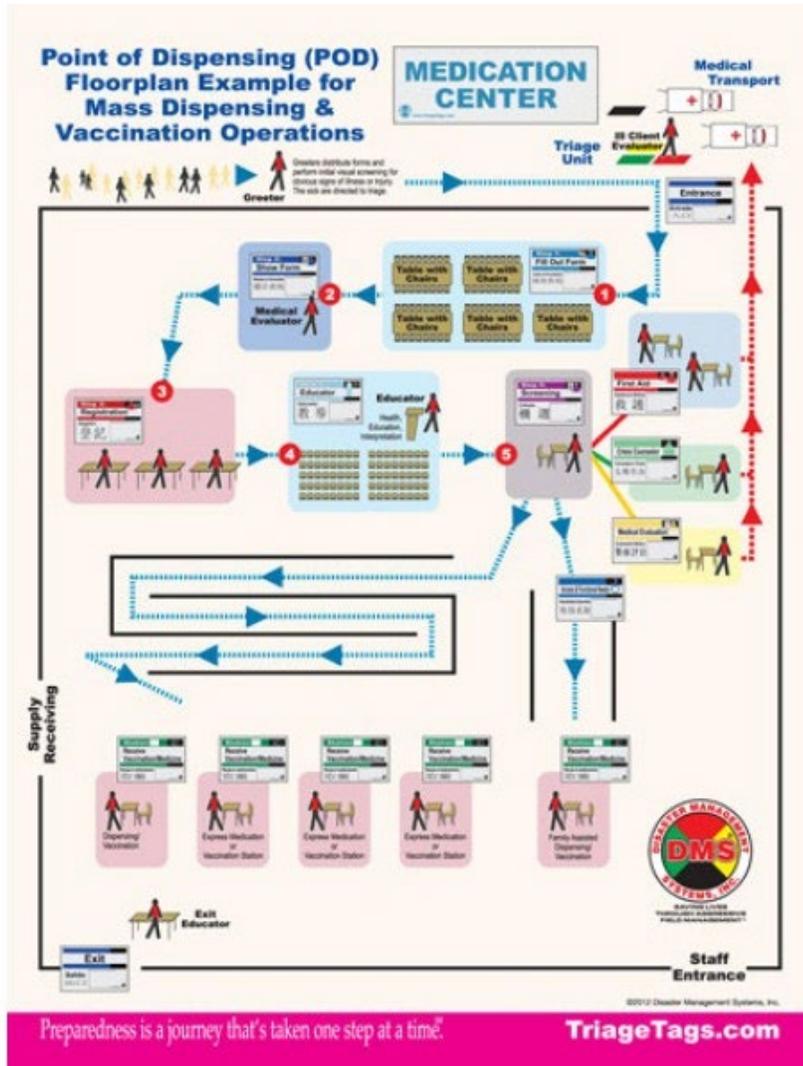
Timer and Observer for 15 minutes

Exit Staff

Security



CLOSED POD STAFFING



- ## Consider Social Distancing & Infection Control Indoor Operation
- Ventilation
 - Appointments
 - PPE
 - Hand sanitizer
 - COVID-19 Screening
 - Vaccine medical screening



Florida Department of Health
Closed Point of Dispensing (POD) Registration Form

Yes, we want to participate in the Closed POD Program

In the event of a public health emergency that would require distribution and dispensing of medications to the public, we would like to dispense these medications to our employees, families, and/or clients, if applicable. We will identify coordinators within our organization, estimate the quantity of medications needed, and keep this information current with our local Department of Health. We understand that participation in this program is voluntary and this enrollment form is not legally binding.

Date: _____

Organization Name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Mailing address (if different): _____

City: _____ State: _____ ZIP Code: _____

Main phone number: _____ (Please provide a main switchboard or front office number)

Website: _____

Would you be willing to pick up medications for other registered organizations in your geographic area?

(Organizations on your street, in your office building, etc.) Yes No

Estimated population to be covered: _____

Notes:



**Florida Department of Health
Closed Point of Dispensing (POD) Registration Form**

To participate in the Closed POD Program and receive medication and supplies free of cost from the Florida Department of Health (DOH), I agree to the following conditions and understand that reimbursement for expenses incurred in participation in this program may not be available. I also understand that this registration will be renewed every 3 (three) years and either party may terminate their participation at any time.

Prior to an emergency, I agree that my organization will:

- Update contact information or estimated number of doses needed at least annually or as the information changes
- Maintain plans to dispense medications including having access to a licensed medical professional (whether on-site or available by phone)

During an emergency, I agree that my organization will:

- Follow the algorithm provided by DOH for dispensing medications
- Provide the local county health department with the name of the representative who will be picking up the materials. This person must arrive at the pre-designated site with two forms of identification and must sign-off on receipt of the medication and/or supplies to be distributed.
- Notify the county health department when the supplies reach the facility and of any discrepancies between order and delivery
- Be responsible for dispensing of the medication(s), distributing the information sheets, and collecting the patient information sheets which must be returned to the local county health department within 48 hours for tracking purposes
- Return any unused medication and supplies to the local county health department
- Agree to make no charge for the medication or supplies
- Agree to submit all DOH and/or Centers for Disease Control and Prevention (CDC) required forms to the local county health department

As an authorized official of the above-named organization, I agree to these conditions.

Signature:	
Printed name:	
	Date:

For DOH/CHD Use Only	
Received date:	
Received by:	



Florida Department of Health
Closed Point of Dispensing (POD) Registration Form

Agency Name:

Primary Coordinator	
Name	
Position/Title	
Office Phone	
Cell Phone	
Email	

Secondary Coordinator	
Name	
Position/Title	
Office Phone	
Cell Phone	
Email	

Tertiary Coordinator	
Name	
Position/Title	
Office Phone	
Cell Phone	
Email	

After-hours contact	
Name	
Position/Title	
Phone	

- Evaluate how the State Plan will drive local planning
- Identify facilities with ultra-cold storage capacity
- Identify Dry Ice suppliers locally
- Encourage Closed POD agreements to plan a distribution strategy
- Small organizations might collaborate to pool resources
- Identify underserved populations and secure partnerships to ensure vaccination equity
- Coordinate messaging campaign to ensure accuracy and encourage uptake
- Jurisdictions Population minus Closed POD pop. = Open POD pop.
- Identify sources for vaccinators and create agreements and preliminary schedules
- Have a Local Plan to operationalize once a Federal EUA is approved and it is GO

NEXT STEPS

RESOURCES

<https://www.bigbendhcc.org/>

Registration for CVS and Walgreens Onsite Operational Support for Vaccinations of Staff and Residents
OPEN October 19 for 2 Weeks:

Nursing homes, SNFs: National Healthcare Safety Network NHSN <https://www.cdc.gov/nhsn/index.html>

Assisted living facilities: online survey <https://redcap.link/LTCF>

EMS Survey is now due-50% of the agencies in FL have responded

<https://www.nih.gov/news-events/news-releases/fourth-large-scale-covid-19-vaccine-trial-begins-united-states>

<https://www.wsj.com/articles/pfizer-could-apply-for-emergency-use-of-covid-19-vaccine-by-late-november-11602842906>

<https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

<https://www.nytimes.com/2020/10/13/health/coronavirus-vaccine-hesitancy-larson.html?referringSource=articleShare>

<https://www.usatoday.com/story/news/health/2020/09/16/covid-vaccine-plan-free-americans/5815006002/><https://www.marketplace.org/2020/09/29/covid-vaccine-cold-temperatures-storage-requirements/>

<https://www.nasdaq.com/articles/vaxart-begins-early-stage-trial-of-oral-covid-19-vaccine-candidate-2020-10-13-0>

<https://www.rollcall.com/2020/10/13/deep-freezers-and-dry-ice-for-pfizer-vaccine-may-face-shortages/>

<https://www.news-medical.net/news/20201012/Nasal-spray-COVID-19-vaccine-shows-promising-results-in-mice.aspx>

<https://medicalxpress.com/news/2020-10-preclinical-covid-vaccine-candidate-effectiveness.html>

https://www.eurekalert.org/pub_releases/2020-10/uoh-uoh101220.php

https://madison.com/wsj/news/local/health-med-fit/covid-19-vaccine-trial-at-uw-health-still-on-hold-as-trump-fda-clash-on/article_612ed7ca-ea83-5388-9792-ddc450b77056.html

<https://www.jsonline.com/story/news/health/2020/10/13/covid-news-johnson-johnson-vaccine-trial-donald-trump-texas/5974060002/>

<https://www.irishtimes.com/news/ireland/irish-news/drive-through-flu-vaccination-clinic-could-be-used-for-a-covid-19-vaccine-gp-1.4378041>

<https://qz.com/1904638/covid-19-vaccine-states-are-hunting-for-medical-deep-freezers/>

<https://www.mckesson.com/About-McKesson/Newsroom/Press-Releases/2020/McKesson-Distribute-Future-COVID-19-Vaccines-Operation-Warp-Speed/>

<https://www.mckesson.com/About-McKesson/COVID-19/Vaccine-Support/>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>

<https://www.npr.org/sections/coronavirus-live-updates/2020/10/16/924502362/pfizer-covid-19-vaccine-wont-be-ready-by-election-day>

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

<https://www.nationalgeographic.com/science/health-and-human-body/human-diseases/coronavirus-vaccine-tracker-how-they-work-latest-developments-cvd/>

<https://www.pfizer.com/health/coronavirus/updates>

<https://nam.edu/>

APALACHEE REGIONAL PLANNING COUNCIL

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Points of Contact and Closing Remarks