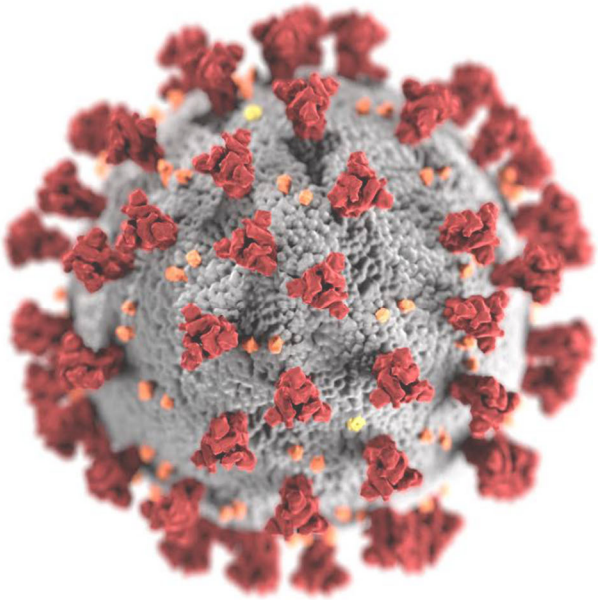
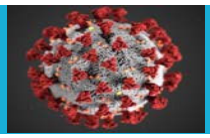


Interim COVID-19 Vaccination Plan

ALABAMA



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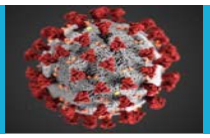


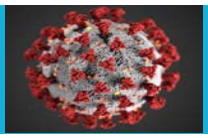
Instructions for Jurisdictions

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

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

General Reference Planning Documents

- CDC's Public Health Preparedness Resources, https://www.cdc.gov/cpr/readiness/resources.htm
- CDC's Vaccine and Other Medical Countermeasures, https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/vaccine-medical-countermeasures.html
- CDC's ACIP COVID-19 Vaccine Presentation Slides, https://www.cdc.gov/vaccines/acip/meetings/slides-2020-08.html
- OSHA's COVID-19 Hazard Recognition, https://www.osha.gov/SLTC/covid-19/hazardrecognition.html



Section 1: COVID-19 Vaccination Preparedness Planning

Reference Planning Documents
Cybersecurity and Infrastructure Security Agency, https://www.cisa.gov/critical-infrastructure-sectors

Instructions:

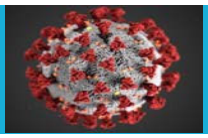
A. Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.

Planning Activities
The Alabama Department of Public Health (ADPH), Center for Emergency Preparedness (CEP) is responsible for all countermeasure points of distribution sites (PODs), local healthcare coalitions, logistics, and coordinating critical infrastructure populations. CEP collaborates with the Alabama Emergency Management Agency (AEMA) and the Alabama Department of Homeland Security (ADHS). CEP created local teams throughout the state, who network with all organizations before, during, and after an emergency, including a pandemic.

ADPH is led by State Health Officer (SHO), Scott Harris, MD, MPH, who designated the Bureau of Communicable Disease Director (BCDD), to lead the COVID-19 overall the planning efforts. The SHO has also named an External Partner Executive Committee (EPEC), which includes but is not limited to the Alabama Hospital Association, Medical Association for the State of Alabama, Alabama Academy of Family Physicians, Alabama Academy of Pediatrics, members of the state legislature, and members of the business and faith-based communities. The role of the EPEC is to ensure transparency and equitable access to critical populations and distribution. In addition, various expertise will serve as educational conduits to the process.

The BCDD assigned ADPH expert staff, SHO approved, to be on the Internal Implementation Committee (IIC) to assist with planning, coordination, and execution of the plan. In addition, BCDD named specific staff to the COVID-19 Vaccine Executive Committee, who will work through overlapping issues and make recommendations to the SHO for major decisions related to limited vaccine allotment and the many targeted groups. Their role is to contact their external partners point of contact (POC) and assess their plans to vaccinate. The IIC responsibility is to send all education materials and surveys to their POCs, schedule and participate in all requested calls with their POCs, answer all POC questions with provided information, except for state vaccine registry, and ImmPRINT questions. BCDD designated the Immunization Division (IMM) Director, the Vaccine for Children (VFC) Director, and CEP Liaison Branch Manager as responsible parties for the vaccine specific planning efforts.

Lessons Learned
After reviewing the 2009 H1N1 Pandemic Response After-Action Response and Improvement Plan, three Primary Areas for Improvement were identified; Strategic National Stockpile (SNS) Inventory Management, SNS population-based supply, and public information and rumors. Two of the three areas



related to SNS will not affect the state COVID-19 vaccine plan, because the vaccine and ancillary supplies will be shipped directly to providers. No state involvement will be necessary. The third area, public information and rumors, will again be a major factor in the success of the overall vaccine plan. A plan is being developed to proactively respond to rumors, myths, and misinformation about influenza (flu) vaccine and will be extended to include COVID vaccine as soon as information is available from the Centers for Disease Control and Prevention (CDC).

ADPH's CEP Training and Exercise Manager is responsible for conducting and documenting training and exercises.

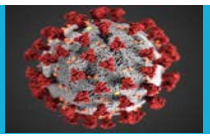
Past activities:

- ADPH generated an after-action report and improvement plan for the 2009 H1N1 Pandemic response. Lessons learned and an improvement plan were developed. Corrective action items were addressed.
- Three mass flu vaccination drive-through clinic exercises were conducted in October 2019.
- Medical countermeasure tabletops were held in each district and state level during April to July 2017.
- Ongoing points of dispensing site (PODS) set-up exercises in each public health district.
- ADPH has conducted vaccination throughput timing on three drive-through mass vaccine clinics. Average throughput times were 8:00, 5:34, and 7:11 (minutes: seconds) per car at the three clinics.

Seasonal Vaccination Plans

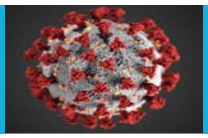
- Alabama is a VFC Program vaccine only state. VFC flu vaccine is available for eligible children through these 500+ providers. All VFC providers are required to submit all doses administered into the state vaccine registry (ImmPRINT).
- In addition, ImmPRINT contains over 2,000 more vaccine providers who submit flu vaccine doses administered, including adult vaccine providers. IMM (Immunization Division) has an Adult Immunization Provider website, https://www.alabamapublichealth.gov/immunization/adult-immunization-providers.html, to assist the public to find adult vaccine by county. IMM Adult Immunization Provider website has many more providers than VaccineFinder.org to assist the public with finding a vaccine.
- IMM conducts an annual influenza and pneumococcal (flu and pneu) marketing campaign, which includes billboards, social media, and radio. The campaign will be conducted for six months this year, instead of three months.
- This year, IMM is offering 220,550 CDC 317 adult flu vaccine doses. IMM has built a new Vaccine Ordering and Management System (VOMS) to be used for adult flu vaccine and COVID-19 vaccine.

B. Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability.



Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.

CEP has started meeting to discuss and schedule a Concept and Objective meeting for workshops and exercises. Tabletops and/or workshops may be held for ADPH central office and district-level staff. On October 29, 2020, ADPH conducted a drive-through influenza vaccine clinic in Montgomery, AL. On November 5, 2020, ADPH will conduct an off-site influenza vaccine clinic in Tuscaloosa, AL. Exercise discussions will be based on the phased approach to vaccine availability and priority groups. Based on exercise findings, corrective action items and improvement plans will be developed. Scheduled timeline for completion on the workshops and exercises is mid-December 2020.



Section 2: COVID-19 Organizational Structure and Partner Involvement

Instructions:

A. *Describe your organizational structure.*

ADPH is the primary state health agency for the state of Alabama. Alabama law designates the State Board of Health, which meets annually, as an advisory board to the state in all medical matters, matters of sanitation, and public health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer (SHO) is empowered to act on behalf of the State Committee of Public Health when the committee is not in session. ADPH consists of 6 districts, which includes 65 out of 67 county health departments. Jefferson and Mobile Counties are semi-autonomous, but still are under the authority of SHO.

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

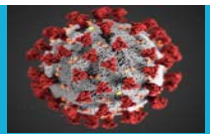
The SHO designated the BCDD to lead the COVID-19 Vaccination Plan. BCDD has identified expert staff and external partners as members of the ADPH Executive Committee and an Internal Implementation Committee, for example: physicians, nurses, emergency planners, pharmacists, EMS, administrators, and epidemiologists. These committees will meet to address each issue and section in the playbook.

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

ADPH will use the expertise in the department to engage our external partners about point of contact, needed education, and total population to be vaccinated at each external site.

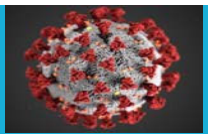
Identify and list members and relevant expertise of the internal team and the internal/external committee.

ADPH Executive Committee (EC)
Governor's Representative
Northern/Northeastern District Medical Officer
Health Media & Communications Division Director
CEP Training and Exercise Manager
CEP Director



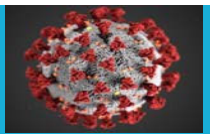
IMM Division Director
Director for Field Operations
Clinical Management & Practice Director
Clinical Management & Practice Deputy Director
Medical Officer, Disease Control & Prevention
IMM VFC Branch Manager
State Epidemiologist

ADPH Internal Implementation Committee (IIC)	
External Partners	**Internal Assignment**
Emergency management agencies	CEP Director
Healthcare coalitions	CEP Director
Critical Infrastructure	CEP Director
Immunization Task Force	IMM Division Director
Local health departments	Director for Field Operations and DAs
Health systems and hospitals (including critical access hospitals for rural areas, in-patient psychiatric facilities)	Chief Medical Officer
County health departments`	Director for Field Operations and District Administrators (DAs)
Businesses and occupational health organizations	Director for Field Operations and DAs
Community representatives	Director for Field Operations and DAs
Community health centers	Office of Primary Care & Rural Health
Rural Health Clinics (RHCs)	Office of Primary Care & Rural Health
Pharmacies	Pharmacy Division Director
Long-term care facilities (LTCFs; includes nursing home, assisted living, skilled nursing facilities)	Bureau of Health Provider Standards State Program Director
Health insurance issuers and plans	Centralized Billing Unit Director
Education agencies and providers	Clinical Management & Practice Director and Deputy Director
Correctional facilities	Medical Officer, Disease Control & Prevention
Churches or religious leaders and institutions	Chief Medical Officer
Tribal leaders	IMM VFC Branch Manager
Organizations serving racial and ethnic minority groups	Office of Women's Health Director



Organizations serving people with disabilities	Disability & Health Program Director
Organizations serving people with limited English proficiency	Employee Relations Officer/EEO Coordinator
Entities involved in COVID-19 testing center organization	State Epidemiologist
Emergency Medical Services	Office of Emergency Medical Services Director
Risk and Crisis Communication	Health Media & Communications Division Director

External Partners Committee
Dr. Allen Malone, Alabama Extension (A&M)
Aubrey Carter, Alabama Power
Jeff Arrington, Executive Director, Alabama Association of Family Practice
Anthony Daniels, State Representative
Ryan Kelly, Executive Director, Alabama Rural Health Association
Ashley Tarrant, COO, Medical Advocacy and Outreach
Dr. Bert Eichold, Health Officer, Mobile County Health Department
Dr. Benjamin Estrada, USA Health System
Brandon Farmer, Alabama Nursing Home Association
Bobby Singleton, State Senator
Dr. John McGuinness, West Point Graduate, Retired State Surgeon for Alabama National Guard, Developed Military's Annual Physical Review
Dr. David Hicks, Deputy Health Officer, Jefferson County Health Department
Debbie Donaldson, Assistant to Rt. Reverend Glenda Curry, Bishop Coadjutor, Episcopal Diocese of Alabama
Danne Howard, Alabama Hospital Association
Dr. David Kimberlin, UAB – Children's of Alabama
Dr. Stewart Tankersley, Internal Medicine/Family Medicine, Former Alabama Ethics Commission, 27 years serving with National Guard
Dr. Don Williamson, President, Alabama Hospital Association
Erin Hays, Hispanic Interest Coalition of Alabama
Dr. Eric Mackey, State Superintendent, Alabama State Department of Education
Dorsey Morrow, Alabama Association of Free Clinics
Rt. Reverend Glenda Curry, Bishop Coadjutor, Episcopal Diocese of Alabama
Dr. Gary Lemme, Alabama Extension (A&M)
Glenda Allred, Alabama Department of Finance
Dr. Graham Sisson, Executive Director, Governor's Office of Disability
Greg Cochran, Alabama League of Municipalities
General Jerry Martin, State Military Department
Jim Purcell, Alabama Commission on Higher Education



Jim Carnes, Alabama Arise
Jim McClendon, State Senator
Dr. Stewart Robert, CEO Stopwatch Urgent Care
Dr. John Zeigler, Executive Director, Alabama State Nurses Association
Kayla Bass, Alabama League of Municipalities
Ken Roach, Communications Director and Associate Pastor, Frazer Memorial United Methodist Church
Kyle Searcy, Faith-Based Representative
Laura Cepeda, Deputy Health Officer, Mobile County Health Department
Louise Jones, Alabama Pharmacy Association
Linda Lee, Executive Director, Alabama Academy of Pediatrics
Dr. Mark Wilson, Health Officer, Jefferson County Health Department
Vickie Diann Dawson Moore, Executive Director, Alabama Conference of Black Mayors
Melinda Stallworth, Governor's Office on Faith-Based Initiatives
Mary Finch, Director, Alabama Primary Health Care Association
Mark Jackson, Executive Director, Medical Association of the State of Alabama
Mike Murphree, Chief Executive Officer, Medical Advocacy and Outreach
Owen Bailey, Health Chair, BCA
Paul Erwin, UAB School of Public Health
Paul Lee, State Representative
Ruth Naglich, Alabama Department of Corrections
Sonny Brasfield, Executive Director, Alabama Association of County Commissions
Sharon Darrington, Alabama Association of Regional Councils
Sam Eskildsen, CEO, MainStreet Family Care
Dr. Selwyn Vickers, UAB School of Medicine
Stephanie Ousley, Alabama Department of Corrections
Tawana Wright, Associate State Director, Community Outreach, AARP
Viki Brant, Community Ministry Liaison, First Baptist Church

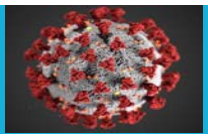
D. *Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.*

ADPH is a centralized public health system and all levels, including central office and counties, are under the authority of the SHO.

State's Role

States are individually responsible for coordination of the pandemic influenza response within and between their jurisdictions. Specific ADPH responsibilities include:

- Identify public and private sector partners needed for effective planning and response.
- Develop and enhance key components of pandemic preparedness vaccine plan: distribution of vaccine, documentation, and communication.



- Integrate pandemic planning with other planning activities conducted under CDC and Health Resources and Services' Administration (HRSA) Emergency Preparedness Cooperative Agreements.
- Coordinate with public health districts to ensure development of local plans and to provide resources such as templates to assist in the planning process.
- Develop data management systems needed to implement components of the plan.

Local Role

Public health districts and county health departments (CHDs) are responsible for coordination of pandemic vaccine response with other organizations in their region. Specific areas of preparedness responsibilities include the following:

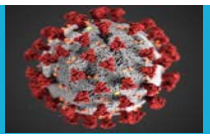
- Identify public and private partners to assist with COVID-19 vaccine preparedness activities (planning, training, and exercises) as well as local or regional response to an outbreak.
- Identify local resources to administer COVID-19 vaccine to all residents in their local communities. This will include identification of facilities, populations, and mass vaccinators. Identify community leaders to assist in disseminating emergency messages from the central office to specific populations.
- Identify, train, and equip staff to activate a pandemic COVID-19 vaccine response upon notification.
- Establish relationships with partner agencies to provide response assistance, e.g., security and crowd control.

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

Alabama has one federally recognized Indian Tribe, the Poarch Creek Indians. IMM has regular ongoing contact with the Poarch Creek Indians because they are a VFC provider. The IMM VFC Branch Manager is responsible for engagement and planning with the Poarch Creek Indians for vaccinations. Their plan is to work with Indian Health Services to vaccinate their communities as vaccine becomes available. Poarch Creek Indians will enter all doses administered in ImmPRINT.

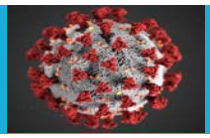
F. *List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:*

The IIC POC has called, emailed, and surveyed many of these facilities and are gathering details from them about who is the POC and how many doses they may request. That information will be consolidated, and a more detailed survey will go out to educate them. Based on the contact information gathered we can disseminate information through various mechanisms, like ICC member and group emails. Survey will be used to tailor educational material.



- *Pharmacies –*
  ADPH Pharmacist, IMM Division Director, and ImmPRINT Manager have been in contact with the Alabama Pharmacy Association (APA) and the American Pharmacy Cooperative Incorporated (APCI) to discuss COVID-19 vaccine plans and to encourage pharmacies to create an interface with the registry. Currently, there are over 850 pharmacies in ImmPRINT and most have an electronic interface. For phase 2 implementation, IMM is contracting with APA to assist with interfaces for small pharmacies, purchasing supplies, and equipment for all COVID- 19 vaccine providers.
- *Correctional facilities/vendors -*
  BCD Medical Officer has contacted the AL Dept of Corrections' Assistant Commissioner for Healthcare and they have provided their COVID-19 priority groups, vaccine plans and refrigeration capacity. VFC Branch Manager has attempted to contact the Alabama (AL) Jail Association. ADPH will contact the AL Sheriff Association.
- *Homeless shelters-*
  The ADPH District Administrators (DAs) are responsible for contacting homeless shelters in their districts. Due to the statewide Hepatitis A outbreak, which is ongoing, many have made those contacts already. The Field Operations Director is responsible for all district activities, including engaging homeless shelters for COVID-19 vaccine.

- *Community-based organizations-*
  ADPH DAs, District Infection Prevention & Control Teams, and other designated district and local level staff, will work with identified community partners for vaccine distribution. Strong relationships exist with local partners from prior ADPH responses such as: Hep A, H1N1, Disaster Responses, Seasonal Flu Clinics (off-site and drive-through), etc. Existing partnerships will be expanded to include additional organizations, entities, businesses, etc. at the local and district level. Staff will conduct traditional on-site public health clinics as well as non-traditional off-site public health clinics, to assure the COVID-19 vaccination is made available to appropriate groups by phases. Closed PODs will be encouraged with appropriate partners. EMA, law enforcement, faith-based organizations, Red Cross, city commissions, and city municipalities will also be included.



Section 3: Phased Approach to COVID-19 Vaccination

CDC's Assumptions

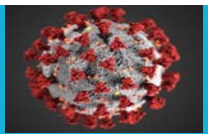
Many COVID-19 vaccine candidates are in development, and clinical trials are being conducted simultaneously with large-scale manufacturing. It is not known which vaccines will be approved. COVID-19 vaccination program plans must be flexible and accommodate multiple scenarios. It is important to note that recommendations on the various population groups to receive initial doses of vaccine could change after vaccine is available, depending on each vaccine's characteristics, vaccine supply, disease epidemiology, and local community factors. For initial planning, consider the following assumptions.

CDC's COVID-19 VACCINE

- Limited COVID-19 vaccine doses may be available by early November 2020, but COVID-19 vaccine supply will increase substantially in 2021.
- Initially available COVID-19 vaccines will either be approved as licensed vaccines or authorized for use under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA).
- Cold chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2° to 8°C) to frozen (-20°C) to ultra-cold (-60º to -80ºC) temperatures, and ongoing stability testing may impact these requirements. Note: These temperatures are based on information available as of August 26, 2020. Updated information will be provided as it becomes available.
- Jurisdictions should develop strategies to ensure the correct match of COVID-19 vaccine products and dosing intervals. For most vaccines, two doses of COVID-19 vaccine, separated by either >21 or >28 days, will be needed for immunity, and second-dose reminders for patients will be necessary. Both doses will need to match each other (i.e., be the same vaccine product).
- Some COVID-19 vaccine products will likely require reconstitution with diluent or adjuvant at the point of administration.

CDC's COVID-19 VACCINE ALLOCATION

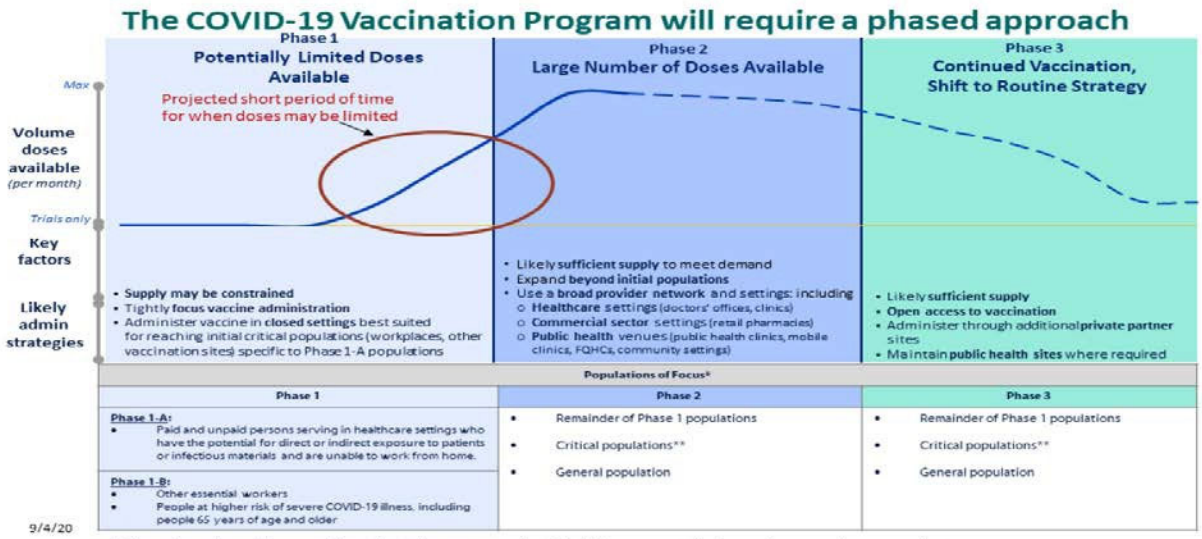
- The federal government will issue guidance on groups to prioritize for initial COVID-19 vaccination; populations of focus for initial COVID-19 vaccination will likely be:
    - Critical workforce that provides health care and maintains essential functions of society (see https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19)
- Staff and residents in long-term care and assisted living facilities
- Allocation of COVID-19 vaccine to jurisdictions will be based on multiple factors, including:
    - Populations recommended by the Advisory Committee on Immunization Practices (with input from the National Academy of Medicine)
    - Current local spread/prevalence of COVID-19
    - COVID-19 vaccine production and availability



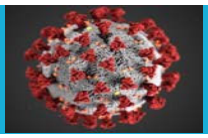
- Jurisdictions should anticipate that allocations may shift during the response based on supply, demand, and risk.
- Each jurisdiction should plan for high-demand and low-demand scenarios.

Reference Planning Guidance

- CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce, https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf
- CDC's People at Increased Risk, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-increased-risk.html
- CDC's Guidance for Planning Vaccination Clinics, Held at Satellite, Temporary, or Off-Site Locations, https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html
- CDC's Satellite, Temporary, or Off-Site Locations Supply Checklist, https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/vaccination-clinic-supply-checklist.html



Planning should consider that there may be initial age restrictions for vaccine products.
***See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.*



Instructions:

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

Phase 1: Potentially Limited Doses Available

ADPH has surveyed the healthcare providers within the Emergency Preparedness Healthcare Coalitions. We have identified six large providers who have the freezer capacity for Vaccine A. Two hundred and forty-seven other healthcare provider sites have answered the survey and we will follow up with them to prepare for phase 1 vaccine for priority groups.

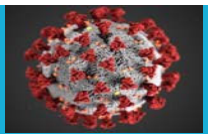
ADPH has signed up and has access to the Health and Human Services' (HHS) Operation Warp Speed (OWS) Tiberius web application tool to assist with microplanning during this phase. The ICC and EC will be shown Tiberius data and mapping capabilities to determine how to utilize the tool allocation to the highest priority groups. They will determine if any of the federal data needs to be modified or changed. Currently, Tiberius has most of the CDC requested database down to the county level with mapping. Tiberius contains hospital, pharmacy, nursing home, and provider information to the county level. In addition, it contains critical population data down to county level with mapping.

ADPH has begun engaging internal and critical external partners to collect information and provide basic information, including who will receive the limited supply of COVID-19 vaccine. ADPH will include external partners, like the Alabama Hospital Association, the Medical Association for the State of Alabama, and the State Committee of Public Health, to ensure support of the plan and the select populations within CDC Phase 1 priority groups. In addition, ADPH is continuing to reach out to all other major healthcare systems and providers, including the Alabama Adolescent and Adult Vaccine Task Force. ADPH will begin to introduce the different topics of COVID-19 to the public, including who is eligible to receive the initial doses of COVID-19 vaccine.

ADPH will open ImmPRINT to allow providers to pre-register for COVID-19 vaccine. Providers will have to complete CDC's provider agreement and profile in ImmPRINT When the vaccine is available, we will notify pre-registered providers. Decisions will be made based on vaccine available, providers who have registered and requested doses, and other specific issues in AL.

On November 5, 2020, IMM, in conjunction with the Alabama Hospital Association, will begin educating the 6 largest hospitals to receive the pre-positioned Vaccine A to hold until the emergency use authority has been signed by Federal Drug Administration. After this pre-position activity, ADPH will engage other healthcare providers who meet the freezer capacity for Vaccine A.

When CDC sends out the provider educational material for Vaccine A, IMM field staff will verify



and train via WebEx, or in-person, if the provider meets cold chain and on ImmPRINT reporting requirements. IMM staff will monitor reporting, ensuring end-to-end visibility of vaccine doses.

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

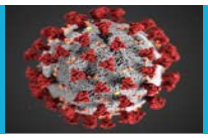
ADPH will consult with Tiberius data and microplanning tools to assist on the best plan based on data and mapping to make equitable recommendations on where the vaccine needs to go.

Based on the communication with external partners, ImmPRINT provider database (2,677 registered providers), and Health ALERT Network (HAN) system, ADPH will be able to contact providers quickly to notify them of the increase in vaccine availability to ensure equitable access to critical populations and distribution and complete Phase 1 priority groups.

CEP staff is responsible for working with pre-identified and newly identified points of distribution (PODs) sites to ensure they are ready to accept vaccine and administer it quickly to identified populations. CEP and the Nursing Division will work to add vaccinators to staff PODs, contract needs for vaccination services, and review state nursing practice acts to allow for expanded professional practice, if necessary. ADPH will plan for the critical populations to include homeless, incarcerated, and uninsured persons.

Phase 3: Likely Sufficient Supply, Slowing Demand

Once vaccine is available to general public, all provider vaccine orders will be filled. External partner organizations will provide input to ADPH Executive Committee to ensure equitable access to increasing vaccine supplies.



Section 4: Critical Populations

Reference Planning Documents

- CDC's Underlying Medical Condition, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
- CMS Office of Minority Health, https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities

Instructions:

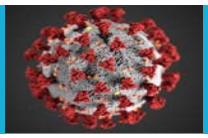
A. *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include:*

- *Healthcare personnel*
- *Other essential workers*
- *Long-term care facility residents (e.g., nursing home and assisted living facility residents)*
- *People with underlying medical conditions that are risk factors for severe COVID-19 illness*
- *People 65 years of age and older*
- *People from racial and ethnic minority groups*
- *People from tribal communities*
- *People who are incarcerated/detained in correctional facilities*
- *People experiencing homelessness/living in shelters*
- *People attending colleges/universities*
- *People living and working in other congregate settings*
- *People living in rural communities*
- *People with disabilities*
- *People who are under- or uninsured*

ADPH will use the Operation Warp Speed (OWS) Tiberius system to track COVID-19 critical populations down to the county level including maps. ADPH has created a Data Group to analyze and verify the data in Tiberius to complete this activity. The Data Group will use all the available databases used for COVID-19 surveillance (including the Social Vulnerabilities Index), and CDC provided databases to identify, estimate the numbers, and where they are located.

B. *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include:*

- *Healthcare personnel*
- *Other essential workers*
- *Long-term care facility residents (e.g., nursing home and assisted living facility*



residents)

- *People with underlying medical conditions that are risk factors for severe COVID-19 illness*
- *People 65 years of age and older*
- *People from racial and ethnic minority groups*
- *People from tribal communities*
- *People who are incarcerated/detained in correctional facilities*
- *People experiencing homelessness/living in shelters*
- *People attending colleges/universities*
- *People living and working in other congregate settings*
- *People living in rural communities*
- *People with disabilities*
- *People who are under- or uninsured*

ADPH will use the Operation Warp Speed (OWS) Tiberius system to track COVID-19 critical populations down to the county level including maps. ADPH has created a Data Group to analyze and verify the data in Tiberius to complete this activity. The Data Group will use all the available databases used for COVID-19 surveillance (including the Social Vulnerabilities Index), and CDC provided databases to identify, estimate the numbers, and where they are located.

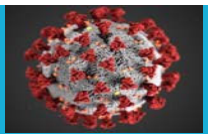
C. *Describe how your jurisdiction will define and estimate numbers of persons in thecritical infrastructure workforce, which will vary by jurisdiction.*

ADPH will use OWS Tiberius system to track COVID-19 critical populations down to the county level including maps. CEP will work with AEMA, OSHA, and other organizations to collect and define data for critical infrastructure priority groups. ADPH will also include CDC's Recommendations to define and estimate numbers of persons in the critical infrastructure workforce.

In addition, ADPH DAs are compiling a list of all businesses and critical infrastructure within their district, including Alabama Sheriffs, Police Chiefs of Alabama, Alabama Fire Chiefs, Alabama Volunteer Fire Departments, and other essential workers. DAs are concentrating on the top ten manufacturing/businesses in each county first to provide partnership opportunities for closed PODs. District Infection Prevention and Control teams will continue to add to the list for vaccination opportunities, in collaboration with Chambers of Commerce across the state.

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

ADPH's COVID-19 Vaccine EC will meet to discuss further subsets of critical population based on ACIP Recommendations, Tiberius, provider's COVID-19 vaccine orders, and vaccine phase. The



committee's recommendations will be given to ADPH Administration and shared with the External Executive Committee for the final decisions.

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

ADPH Internal Implementation Committee members were assigned, as subject matter experts, to contact their external partners to request point of contact name, phone, and email, facilities or association name, address, and total potential population to be vaccinated. District Administrators and their staff will conduct outreach at homeless shelters.

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

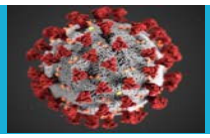
ADPH will use the OWS Tiberius system to track COVID-19 critical populations down to the county level including maps. CEP will work with AEMA, OSHA, and other organizations to collect and define data for critical infrastructure priority groups. ADPH will also include CDC's Recommendations to define and estimate numbers of persons in the critical infrastructure workforce. ADPH will follow CDC's Recommendations to define and estimate numbers of persons in the critical infrastructure workforce.

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

ADPH's COVID-19 Vaccine EC will meet to discuss further subsets of critical population based on ACIP Recommendations, Tiberius, provider's COVID-19 vaccine orders, and vaccine phase. The committee's recommendations will be given to ADPH Administration and shared with the External Executive Committee for the final decisions.

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

ADPH Internal Implementation Committee was given an assignment, as experts, to contact their external partners to request point of contact name, phone, and email, facilities or association name, address, and total potential population to be vaccinated.



Section 5: COVID-19 Provider Recruitment and Enrollment

CDC's COVID-19 VACCINATION PROVIDER OUTREACH AND ENROLLMENT

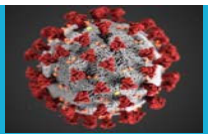
- To receive and administer COVID-19 vaccine and ancillary supplies, vaccination providers must enroll in the United States Government (USG) COVID-19 vaccination program, coordinated through their jurisdiction's immunization program, by signing and agreeing to conditions outlined in the COVID-19 Vaccination Program Provider Agreement.
- CDC will make this agreement available to each jurisdiction's immunization program for use in conducting outreach and enrolling vaccination providers. Jurisdictions will be required to maintain these agreements on file for a minimum of three years.
- Jurisdictions will be required to collect and submit to CDC information on each enrolled vaccination provider/site, including provider type and setting, patient population (i.e., number and type of patients served), refrigerated/frozen/ultra-cold temperature storage capacity, and logistical information for receiving COVID-19 vaccine shipments.
- Some multijurisdictional vaccination providers (e.g., select large drugstore chains, Indian Health Service [IHS], and other federal providers) will enroll directly with CDC to order and receive COVID-19 vaccine. These direct partners will be required to report vaccine supply and uptake information back to each respective jurisdiction. CDC will share additional information when available on these procedures to ensure jurisdictions have full visibility for planning and documentation purposes.
- Jurisdictions may choose to partner with commercial entities to reach the initial populations of focus.
- Routine immunization programs will continue.

Instructions:

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

IMM creates, maintains, and enhances the statewide vaccine registry, ImmPRINT. ImmPRINT is a lifespan registry for all residents of Alabama. There are more than 2,677 healthcare sites who utilize ImmPRINT, either manually or by electronic interface. The IMM IIS Manager and staff coordinate the interfaces between ImmPRINT and providers' electronic medical record who submit vaccine information, which includes two-way communication. There are over 5 million patients of all ages and over 60 million vaccine doses recorded in ImmPRINT.

ADPH will utilize and leverage ImmPRINT to recruit additional providers for COVID-19 vaccine. ADPH has reached out to the Long Term Care Facilities (LTCFs) with the supplemental Adult



Influenza project to assist with LTCFs need for interfaces between their existing electronic medical record systems and ImmPRINT for phase 2. This will allow LTCFs to be able to familiarize themselves and be trained on the basics of ImmPRINT and encourage vaccination in their facilities.

ADPH will continue to engage internal and critical external partners to recruit and enroll COVID-19 vaccination partners through the Health Alert Network (HAN) system to all and/or select licensed physicians in the state, partner meetings, and media (press conferences, news releases, etc.) so providers that are outside of the traditional immunization providers can be informed of the process to enroll and request vaccine through ImmPRINT .

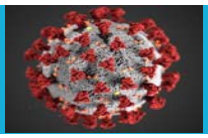
ADPH will include external partners, like the Alabama Hospital Association, the Medical Association for the State of Alabama, and the State Committee of Public Health. In addition, ADPH continues to reach out to all the other major healthcare systems and providers, including the members of the Alabama Adolescent and Adult Vaccine Task Force. Once each provider completes the enrollment process in ImmPRINT to request COVID-19 vaccine, staff in the Immunization Program will review their enrollment paperwork and verify that providers have active, valid licenses with the appropriate credentialing agencies to administer vaccines. IMM field staff will train all new ImmPRINT providers via WebEx or in-person, as time permits.

There are four primary provider types that will be utilized to reach critical population groups: Local Health Departments; Hospitals/Health Care Organizations; Long Term Care Facilities that serve our most vulnerable citizens; and Pharmacies. Pharmacies can identify and conduct outreach to their patients who may not necessarily have a defined “medical home” and can serve the immunization needs of this population.

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

ADPH has created an Internal Executive Committee who will make recommendations as to which will receive vaccine first based on the recommendations of the ACIP and National Academy of Science, Engineering, and Medicine. The Committee will send their recommendations to ADPH Administration and they will work with their External Executive Committee to share final decisions based on CDC’s recommendations. The External Executive Committee includes the Medical Association of the State of Alabama and the Board of Medical Examiners who can assist with identifying and recruiting providers of critical populations.

ADPH has signed up and has access to the Health and Human Services’ (HHS) Operation Warp Speed (OWS) Tiberius web application tool to assist with microplanning during this phase. The IEC and EEC will be shown Tiberius data and mapping capabilities to determine how to utilize



the tool allocation to the highest priority groups. There are four primary provider types that will be utilized to reach critical population groups: Local Health Departments; Hospitals/Health Care Organizations; Long Term Care Facilities that serve our most vulnerable citizens; and Pharmacies. Pharmacies can identify and conduct outreach to their patients who do not have a defined "medical home" and can serve the immunization needs of this population.

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

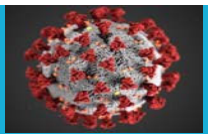
IMM will send the provider enrollment data via CDC's SAMS portal in a separate process from the vaccine ordering which will be done through VTrckS. IMM will provide ImmPRINT provider enrollment data via CSV or JSON files twice a week via SAMS.

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

IMM will use the same process to verify providers as we use for the VFC Program. We receive the Board of Medical Examiners list quarterly to verify physicians have an active, valid license in AL. Dedicated staff from the VFC Program will review the Board of Medical Examiners list or go to their website at albme.org to perform a search for the provider to ensure their license is active and valid. VFC Program staff will also review the list of nursing staff on the agreement with the Alabama Board of Nursing at abn.alabama.gov to ensure that all nursing staff involved in the administration of vaccine have an active, valid license. The pharmacists/pharmacies who enroll will be verified through the Alabama Board of Pharmacy's website at albop.com. A final step in verifying credentials includes checking all names against the HHS Office of Inspector General's Exclusion database to ensure that none of the providers are excluded from receiving and providing federally purchased vaccine. If a provider or member of their staff is in the Exclusions database, they will be unable to receive COVID-19 vaccine.

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

Our jurisdiction will provide and track training by first training all Central Office and Field Staff employees. It is essential that all employees attend, attendance will be mandatory. We will provide follow up support via WebEx. This training will offer the platform for questions and answers, one on one training, and an open group forum for upcoming enhancement requests. We provide and encourage testing of the system prior to its launch. Evidence has shown that a hands-on approach has promoted an easier learning environment. We utilize WebEx so that



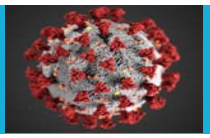
trainings can be recorded for future use and to promote safety for field staff. Field Staff will be able to enter dated trainings within the ImmPRINT registry. The registry can provide and support various trainings that are required for the State of Alabama. We are currently doing a trial run of the system by offering Adult Influenza Vaccine to the Public. We are requiring that interested Providers fill out enrollment information within the registry. Upon receiving the vaccine, the orders and inventory should be documented within ImmPRINT as well. We are updating the registry application to accommodate Providers through additional projects soon such as COVID-19 enrollment and vaccine ordering. The Vaccine Ordering Management System (VOMS) will provide available vaccine presentations that can be ordered along with possible delivery dates. Training topics will include: Special Project Registration, VOMS Ordering System, Storage and Handling Requirements, Vaccine Accountability in ImmPRINT, Help Desk Support and Basic Troubleshooting and Support. These trainings will be available within the ImmPRINT Manual and as videos within the ImmPRINT application. Providers will also be trained in vaccination at offsite clinics, VAERS, vaccine safety, vaccine management, vaccine administration, EUA fact sheets, etc., as well as product-specific storage and handling training when that information is available.

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

For non-ultra-cold COVID-19 vaccine, IMM VFC staff will review and follow the approved recommendations of the ADPH Administration to approve the order and any redistribution of vaccine for health systems between their sites, smaller providers in the state, or other providers who are needing less than the minimum order requirement and would normally be unable to place an order. Redistribution will also be utilized in any efforts to move vaccine from providers who may not administer all vaccine on hand in lieu of placing new orders or if vaccine needed to be broken down into smaller increments. ADPH will limit any redistribution to refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum. Redistribution will be conducted by ADPH staff who have been trained on the proper storage and handling and transport of vaccines.

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

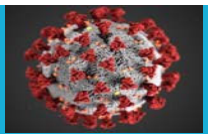
Based on the ACIP Recommendations and Tiberius data, ADPH will focus on critical population equitable access to vaccine. ADPH IMM will monitor providers registered in ImmPRINT about site locations. This will allow additional outreach and recruitment activities to occur if locations are insufficient to meet the anticipated demand based on population density, size of priority group populations (if known), and any known disparity regions. ADPH IMM will monitor



vaccinations administered to understand current saturation by county based on available information on vaccine distributed and by county characteristics (e.g. race, high risk population, current COVID outbreak area(s), etc.).

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

IMM currently has 856 of ~1500 pharmacies enrolled in ImmPRINT. IMM is working with the AL Pharmacy Association and the American Pharmacy Cooperative Inc., to recruit rural and independent pharmacies. Each provider will select whether they will be a COVID-19 vaccine provider and agree to the provider agreement and profile before approving vaccine distribution.



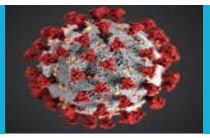
Section 6: COVID-19 Vaccine Administration Capacity

Instructions:

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

The vaccine administration capacity will be gauged by ImmPRINT provider profiles, data compiled by the DATA Group, and by specific RedCap surveys. The planning scenarios have been shared with CEP. CEP will schedule a Concept and Objective meeting for exercise to be held in Mid-October. Based on discussion from that meeting, tabletops and/or workshops will be held for the state agencies and for the district level. Exercise discussions will be based on the three phases of vaccine availability. Based on exercise findings, corrective action items and improvement plans will be developed. Schedule timeline for completion on the exercises is mid- December 2020.

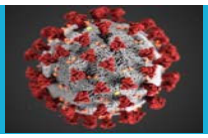
- ADPH and its affiliate agencies will utilize partnerships developed during medical countermeasures planning. Closed PODS, nursing homes, hospitals, and public health-led mass vaccination clinics will be utilized to vaccinate the population.
    - Based on the phase of the vaccination campaign, ADPH will partner with the appropriate agencies to reach the target population to be vaccinated.
    - The current population served by Closed PODS is estimated at 303,688.
    - Additional facilities falling into either phase one and phase two vaccine campaigns will be added into the ImmPRINT System. The ImmPRINT will be the method used for these facilities to order, track, and report vaccinations.
- ADPH has previously conducted vaccination throughput timing on three drive-through satellite, temporary, or off-site vaccine clinics. Average throughput times were 8:00, 5:34, and 7:11 (minutes: seconds) per car at the three different clinic sites.
- ADPH is going to treat this like our drive-through clinics for COVID 19 specimen collection sites and other mass drive-through vaccination sites.
    - Patients remain in their car.
    - Provide clipboards and pens to patients to complete paperwork. Pens and clipboards will be wiped with disinfectant after each use.
    - Nurses wear PPE - ADPH has a protocol for donning and doffing that is currently used for our COVID 19 drive-through sites.
    - Time management will be a factor. ADPH will have as much information completed on the form as possible prior to making copies for the patients to complete.
    - Scheduling should be done at 15-minute intervals unless it is a first come first serve basis. In this case, the number of people who can wait would be based on the space available for parking. Everyone would be required to remain in their vehicle.



- ADPH will have a safety officer at each clinic. One of the officer's roles will be to monitor the weather by collaborating with local EMA.
    - The clinic planning team will monitor the weather with local EMA prior to scheduled clinics.
        - If weather causes a clinic to be rescheduled, this information will be distributed to the media by the PIO.
- As of September 16, 2020, ADPH has the following staff to assist with the vaccination campaign.
    - Total staff minus Epis: 2561 - 29 = 2532. (This total includes hourly Wellness employees)
    - Total nurses = 637
        - Hourly nurses total = 169 (hourly RN and LPN combined)
        - 29 merit LPN; 7 Hourly LPN
        - 162 hourly RN

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

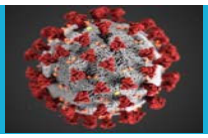
Post tabletop exercise, data will be compiled and reviewed. This data will be from exercise evaluation guides and participant feedback. Based on the review, a corrective action plan and best practices will be developed. The best practices will be shared. The areas that have gaps/needs improvement will be worked on until those items are corrected. These corrective action items will be prioritized as to which items needs to be addressed first.



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

CDC's COVID-19 VACCINE ORDERING AND DISTRIBUTION

- COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers. CDC will share more information about reimbursement claims for administration fees as it becomes available.
- CDC will use its current centralized distribution contract to fulfill orders for most COVID-19 vaccine products as approved by jurisdiction immunization programs. Some vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer.
- Jurisdiction-enrolled vaccination providers will follow the jurisdiction's vaccine ordering procedures.
- COVID-19 vaccination providers will be required to report ongoing COVID-19 vaccine inventory.
- Vaccine orders will be approved and transmitted in CDC's Vaccine Tracking System (VTrckS) by jurisdiction immunization programs for vaccination providers they enroll.
- Vaccine (and adjuvant, if required) will be shipped to provider sites within 24 hours of order approval by the immunization program, if supply is available. Ancillary supply kits and diluent (if required) will ship separately from the vaccine due to different cold chain requirements, but shipment will be timed to arrive with or before the vaccine.
- Ancillary supply kits will include needles, syringes, alcohol prep pads, COVID-19 vaccination record cards for each vaccine recipient, and a minimal supply of personal protective equipment (PPE), including surgical masks and face shields, for vaccinators.
    - Each kit will include supplies needed to administer 100 doses of vaccine.
    - Jurisdictions may need to plan for additional PPE, depending on vaccination site needs.
    - For COVID-19 vaccines that require reconstitution with diluent or mixing adjuvant at the point of administration, these ancillary supply kits will include additional necessary syringes, needles, and other supplies for this purpose.
    - Sharps containers, gloves, bandages, and other supplies will not be included.
- Minimum order size for CDC centrally distributed vaccines will be 100 doses per order for most vaccines. Minimum order size for direct-ship vaccines may be much larger. CDC will provide more detail as it becomes available.
- Vaccine will be sent directly to vaccination provider locations for administration or designated depots for secondary distribution to administration sites (e.g., chain drugstores' central distribution).
- Once vaccine products have been shipped to a provider site, the federal government will not redistribute product.
- Jurisdictions will be allowed to redistribute vaccines while maintaining the cold chain. However, with the challenge of meeting cold chain requirements for frozen or ultra-cold vaccines, jurisdictions should be judicious in their use of redistribution and limit any redistribution to refrigerated vaccines only.



- Jurisdictions are not advised to purchase ultra-cold storage equipment at this time; ultra-cold vaccine may be shipped from the manufacturer in coolers that are packed with dry ice, can store vaccine for an extended period of time, and can be repacked for longer use. CDC will provide additional detail as it becomes available.
- To be determined:
    - Frequency requirement for provider-level COVID-19 vaccine inventory reporting
    - Vaccine disposal/recovery procedures

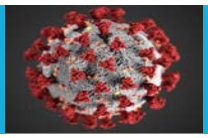
Instructions:

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

ADPH has created an Internal Executive Committee who make recommendations about which providers and settings will receive the vaccine first based on the recommendations of the ACIP and National Academy of Science, Engineering, and Medicine. The Committee will send their recommendations to ADPH Administration and they will work with their External Executive Committee to make the final decisions based on CDC's recommendations. ADPH has signed up and has access to the Health and Human Services' (HHS) Operation Warp Speed (OWS) Tiberius web application tool to assist with microplanning during this phase. The IEC and EEC will be shown Tiberius data and mapping capabilities to determine how to utilize the tool allocation to the highest priority groups.
The Internal Executive committee is a smaller group of the internal implementation committee and is made up of the State Health Officer; CEP Director; IMM Division Director; Director for Field Operations; Clinical Management & Practice Director and Deputy Director; Medical Officer, Disease Control & Prevention; CEP Training and Exercise Manager; Health Media & Communications Division Director; Governor's Representative; Northern/Northeastern District Medical Officer; Bureau of Prevention, Promotion, and Support Director; State Epidemiologist; Bureau of Communicable Disease Director; and the VFC Branch Director.

B. Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.

The cold capacity for all providers will be assessed when they agree to CDC's Provider Agreement and Profile in ImmPRINT. Based on CDC's required data elements, the fields needed to collect the providers refrigerator and freezer capacity are available in ImmPRINT. Time permitting, IMM staff will follow up with large providers via in-person or WebEx to confirm their storage capacity and to ensure that providers have the correct equipment (Digital Data Loggers) so the vaccines will be stored at the proper temperatures. IMM will provide in-person,



WebEx, and written materials/videos on the ADPH website to train providers. When IMM staff conduct training, they are required to document the training information in ImmPRINT. We will expand that process to include COVID-19 vaccine views of the written materials and videos from the website. Immunization staff will provide education to providers (in-person or WebEx along with written materials) to ensure that the proper documentation of temperatures occurs each day to ensure vaccine viability. If it is determined that a provider is unable to provide proper cold chain capacity and documentation of proper temperatures after receiving education, the provider will be unable to receive vaccine until they can demonstrate proper cold chain capacity and documentation to ADPH.

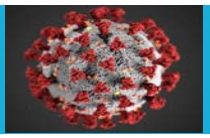
C. *Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order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

IMM has created VOMS module in ImmPRINT to ensure uniform ordering, approval, and transmission to CDC of the vaccine. Providers will be placing their vaccine orders through ImmPRINT, and are required to update their information, including shipping information, times/dates for receipt of vaccine, etc. in ImmPRINT as the first step in the process for completing their profile. Providers must also complete the Provider Agreement and Profile before they can be placed in the queue for review by IMM staff. Once the agreement and profile are completed, the provider can place order in IIS. Based on provider's profile and verified information, their order will be approved. Initial IMM staff may enter orders directly into VTrckS with free adult flu until all major issues have been addressed for electronic submission to CDC. Once IMM has received the approved recommended allocation process from ADPH Administration, IMM will implement the approved process.

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

IMM staff will redistribute vaccine as needed for non-ultra-cold vaccine. If the redistribution becomes overwhelming IMM will conduct a training for other non-IMM ADPH staff who have not been previously trained on the proper pack out process. Most ADPH Districts have at least 2-3 staff who have been trained during the Hepatitis A outbreak on how to properly pack, store, and transport non-ultra cold vaccine. ADPH will limit any redistribution/transfer of refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum.

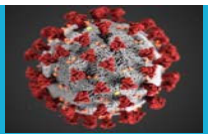
IMM VFC staff will review and follow the approved recommendations of the ADPH Administration to approve any redistribution of vaccine for health systems between their sites, smaller providers in the state, or other providers who are needing less than the



minimum order requirement and would normally be unable to place an order. Redistribution will also be utilized in any efforts to move vaccine from providers who may not administer all vaccine on hand in lieu of placing new orders or if vaccine needed to be broken down into smaller increments. ADPH will limit any redistribution to refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum. Redistribution will be conducted by ADPH staff who have been trained on the proper storage and handling and transport of vaccines.

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

IMM will follow the same process we use the VFC Program for wastage. When providers reorder, they will have to enter their current COVID-19 vaccine inventory into ImmPRINT and ImmPRINT will display their current number of vaccines administered. This process will help with provider level accountability. Providers will be responsible for inventorying their vaccine daily for accountability purposes as well.



Section 8: COVID-19 Vaccine Storage and Handling

Instructions:

A. *Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:*

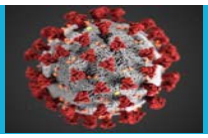
- *Individual provider locations*

IMM will provide in-person, WebEx, and written materials/videos on the ADPH website to train providers. When IMM staff conduct training, they are required to document the training information in ImmPRINT. We will need to expand that process to include COVID-19 vaccine views of the written materials and videos from the website.

The providers must sign the CDC Provider Agreement and Profile agreeing to store and handle the vaccine properly. IMM staff will follow up with large providers via in-person or WebEx to confirm their storage capacity and to ensure that providers have the correct equipment (Digital Data Loggers), so the vaccines will be stored at the proper temperatures. IMM will provide in-person, WebEx, and written materials/videos on the ADPH website to train providers. When IMM staff conduct training, they are required to document the training information in ImmPRINT. We will expand that process to include COVID-19 vaccine views of the written materials and videos from the website. Immunization staff will provide education to providers (in-person or WebEx along with written materials) to ensure that the proper documentation of temperatures occurs each day to ensure vaccine viability. If it is determined that a provider is unable to provide proper cold chain capacity and documentation of proper temperatures after receiving education, the provider will be unable to receive vaccine until they can demonstrate proper cold chain capacity and documentation to ADPH.

- *Satellite, temporary, or off-site settings*

  IMM field staff will train other ADPH staff. We have already been referring providers to the CDC website dedicated to this, but when COVID vaccine arrives, we will be sure this link is included with training resources (https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html). The information we include in training will reiterate CDC playbook guidance: COVID-19 vaccines may be transported—not shipped—to a satellite, temporary, or off-site COVID-19 vaccination clinic setting using vaccine transportation procedures outlined in the upcoming COVID-19 addendum to CDC's Vaccine Storage and Handling Toolkit. Once this addendum to the S&H toolkit is available, it will be linked on our COVID provider website and required to review for any provider intending to vaccinate using these methods. The Local Health Department will assist in oversight.



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

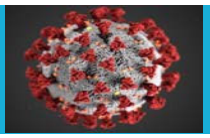
Alabama has no planned depots for COVID-19 vaccine. All COVID-19 vaccine will be shipped directed to providers. IMM staff will redistribute vaccine as needed. If the redistribution becomes overwhelming, IMM will conduct a training for other ADPH staff on the proper pack out process. ADPH will limit any redistribution/transfer of refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum. IMM VFC staff will review and follow the approved recommendations of the ADPH Administration to approve the order and any redistribution of vaccine for health systems between their sites, smaller providers in the state, or other providers who are needing less than the minimum order requirement and would normally be unable to place an order. Redistribution will also be utilized in any efforts to move vaccine from providers who may not administer all of their vaccine on hand in lieu of placing new orders or if vaccine needed to be broken down into smaller increments. ADPH will limit any redistribution to refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum. Redistribution will be conducted by ADPH staff who have been trained on the proper storage and handling and transport of vaccines.

- *Unplanned repositioning among provider locations*

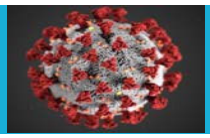
IMM staff will redistribute non-ultra cold vaccine when needed. Should redistribution become overwhelming, IMM will conduct training for other ADPH staff on the proper pack out process. ADPH will limit any redistribution/transfer of refrigerated vaccines only to ensure that vaccine loss and wastage is kept at a minimum. Redistribution will be conducted by ADPH staff who have been trained on the proper storage and handling and transport of vaccines. IMM will conduct a training for other non-IMM ADPH staff who have not been previously trained on the proper pack out process. Most ADPH Districts have at least 2-3 staff who have been trained during the Hepatitis A outbreak on how to properly pack, store, and transport vaccine. Vaccine will be transported using vaccine transportation procedures outlined in the upcoming COVID-19 addendum to CDC's Vaccine Storage and Handling Toolkit.

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

IMM will be providing either refrigerator or freezer digital data loggers to all COVID-19 providers to ensure the capability to monitor the vaccine. IMM staff will follow up with large providers via in-person or WebEx to confirm their capacity and to ensure that providers have the correct equipment (Digital Data Loggers) so the vaccines will be stored at the proper temperatures. IMM will provide in-person, WebEx, and written materials/videos on the ADPH website to train providers. When IMM staff conduct training, they are required to document the training information in ImmPRINT. We will expand that process to include COVID-19 vaccine



views of the written materials and videos from the website. Immunization staff will provide education to providers (in-person or WebEx along with written materials) to ensure that the proper documentation of temperatures occurs each day to ensure vaccine viability. If it is determined that a provider is unable to provide proper cold chain capacity and documentation of proper temperatures, the provider will be unable to receive vaccine until they can demonstrate proper cold chain capacity to ADPH.



Section 9: COVID-19 Vaccine Administration Documentation and Reporting

CDC's COVID-19 VACCINE ADMINISTRATION DATA REPORTING

- Jurisdictions will be required to report CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements to jurisdictions.
- To be determined:
    - Jurisdiction responsibility/involvement concerning reporting of data from multijurisdictional providers
    - Method and frequency for vaccination providers to report information to Vaccine Finder

Instructions:

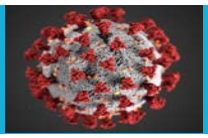
A. *Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.*

Alabama has a large, robust, lifespan registry, ImmPRINT, to collect all vaccines administered. There are currently over 4,000 sites that utilize ImmPRINT daily, including clinics, pharmacies, hospitals, long-term care facilities, urgent care, rural health center, federally qualified health centers, public and private schools, childcare centers, and insurers.

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

C. Immunization will submit daily de-identified vaccines administered to CDC's Data Lake. We will not use IZ Gateway *Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.*

ImmPRINT has 2,677 healthcare providers already registered. About 1,800 of those sites have electronic interfaces, many with bi-directional capability. The remaining providers can either onboard to ImmPRINT now or manually enter all COVID-19 vaccine administered. See Section A. ImmPRINT has 2,677 healthcare providers already registered. About 1,800 of those sites have electronic interfaces, many with bi-directional capability. The remaining providers can either onboard to ImmPRINT now or manually enter all COVID-19 vaccine administered if they do not have an electronic interface. We are anticipating that the remaining 827 that want to vaccinate with Covid-19 vaccine enroll with ImmPRINT. Once registration is received and documentation reviewed, Field Staff will seek to train them for this project. Field Staff can utilize in person training or they will have the option to use WEBEX to share screen information



and provide ImmPRINT training. The Provider will receive training on how to enter vaccine information given at the point of contact. See Section A.

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

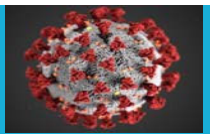
See Section 8 A. The Provider will receive training from Field Staff. This training will include how to report vaccines in ImmPRINT. Training will be held after the Provider has registered and has fulfilled the initial requirements. In person contact or WEBEX training will be offered to provide assistance. ImmPRINT also has a website that is available to provide additional information which includes: videos, a training manual, and contact information. Real time reporting can occur via the ImmPRINT application when shots have been given or within a 24-hour period.

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

IMM will work to develop these steps in near future. Immunization will work to develop these steps in the near future so that we can run vaccine reports and train the Provider to adhere to the 24-hour reporting period. The registry will comply with documentation and reporting requirements provided by CDC.

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

Immunization will share the vaccine coverage rates with the Internal Implementation Committee and Executive Committee, so they can have input into the plan on how to use the data. Reports will be generated based on Provider inventory reporting and Provider input of doses used. This information is a requirement that is posed to Providers that want to administer the Covid-19 vaccine.



Section 10: COVID-19 Vaccination Second-Dose Reminders

Instructions:

A. Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.

Currently, IMM has the capability to send second-dose reminders via two methods. The first is a postcard and the second is email. IMM conducts multiple recall/reminder postcard programs each month. The postcard option takes much longer to prepare and send, and the cost is high. IMM has not sent out email reminders to patients, but we have the capability to so if the email address is present in ImmPRINT. More discussions about the best way to remind patients will need to occur to ensure effectiveness.

Education Needed for the Reminder/Recall Intervention

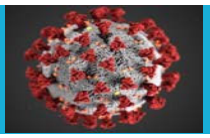
The IMM Administration Branch Manager will contract with Alabama marketing companies to create combined radio, billboards, print ads, commercials, or social media marketing campaigns to remind Alabamians of the second dose necessity.

Planning Needed Prior to the Reminder/Recall Intervention

The IMM ImmPRINT Manager will generate a COVID-19 patient list via ImmPRINT to determine the second dose scheduling of all first dose recipients, prioritization of the groups to determine which reminder/recall intervention would be the most effective, and to determine the costs of the selected interventions. The reminder/recall interventions will include phone (auto-dialer or text), U.S. mail (postcard), email, or a combination of message types.

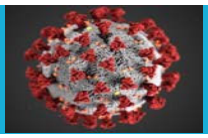
Reminder/Recall Intervention Process

- The IMM ImmPRINT Manager will generate a semi-monthly COVID-19 vaccine dose administration report to determine which patients in the prioritization groups need a second dose of COVID-19 vaccine.
- Once the patients are queried, the selected contact method will be implemented. For example, if the patient is a health care personnel, the selected reminder/recall intervention may be a text reminder.
- The IMM ImmPRINT Manager will generate a COVID-19 vaccine dose administration report assessing the second dose administration 30 days after the interventions have been implemented to track the effectiveness of the intervention. Notes: Reports will be tailored to capture all first and second dose COVID-19 vaccine administration and capture the success of the reminder/recall interventions.
- The IMM Program will create a COVID-19 vaccine webpage with an emphasis on second-dose reminder messaging via this webpage. Also, a descriptive section specific for providers administering COVID-19 vaccine with mention of the importance of second-dose reminders at the provider level (strong provider recommendation) will be included.



Additional COVID-19 second dose reminder consideration may include the following:

- Create an interactive mobile app to send automated second dose (booster dose) text/email reminder to first-dose recipients.
- Perform an on-site survey of each vaccine recipient to determine the preferred method of contact for the second dose reminder.
- Organize mobile clinics for second dose allocations in key locations at least 3 times per week including Saturdays (Site, location, and time must be pre-planned and given to recipients at the time of the first dose administration).
- Create combined radio, billboards, print ads, commercials, or social media campaigns to remind Alabamians of the second dose necessity.
- Contract with non-profit organizations such as churches, etc. to aid in reminding high-risk populations to get the second dose.



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

Instructions:

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

ADPH will utilize an in-house web application, Immunization Web Roster, in high volume vaccination settings. This application has an interface with ImmPRINT.

- IT will provide excel template for healthcare providers to enter data.
- IT will build a module in ImmPRINT where providers can login to ImmPRINT and then select a file to upload the vaccination data.
- Providers will upload the file, when they come to a place, where they have internet access.
- All of the data from the file selected will be uploaded to ImmPRINT

B. *List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.*

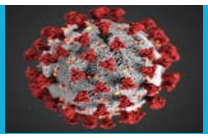
CDC does not require chronic medical conditions, occupation or membership in other critical population groups fields for the vaccine administration. They were included in the profile as requested. IMM has built these fields into the profile that every provider site must complete. Once IMM determines the process, we will send to all vendors to change on their end. We normally give vendors six month notice to make changes. In the interim, IMM will create a reporting form in ImmPRINT for all providers to report details each week.

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

Current COVID-19 Projects:

- Implementation of VOMS module in ImmPRINT for VFC, adult flu, and COVID-19 vaccine.
- Capture medical conditions and locations.
- New reporting screen for providers to give aggregate critical populations administered.

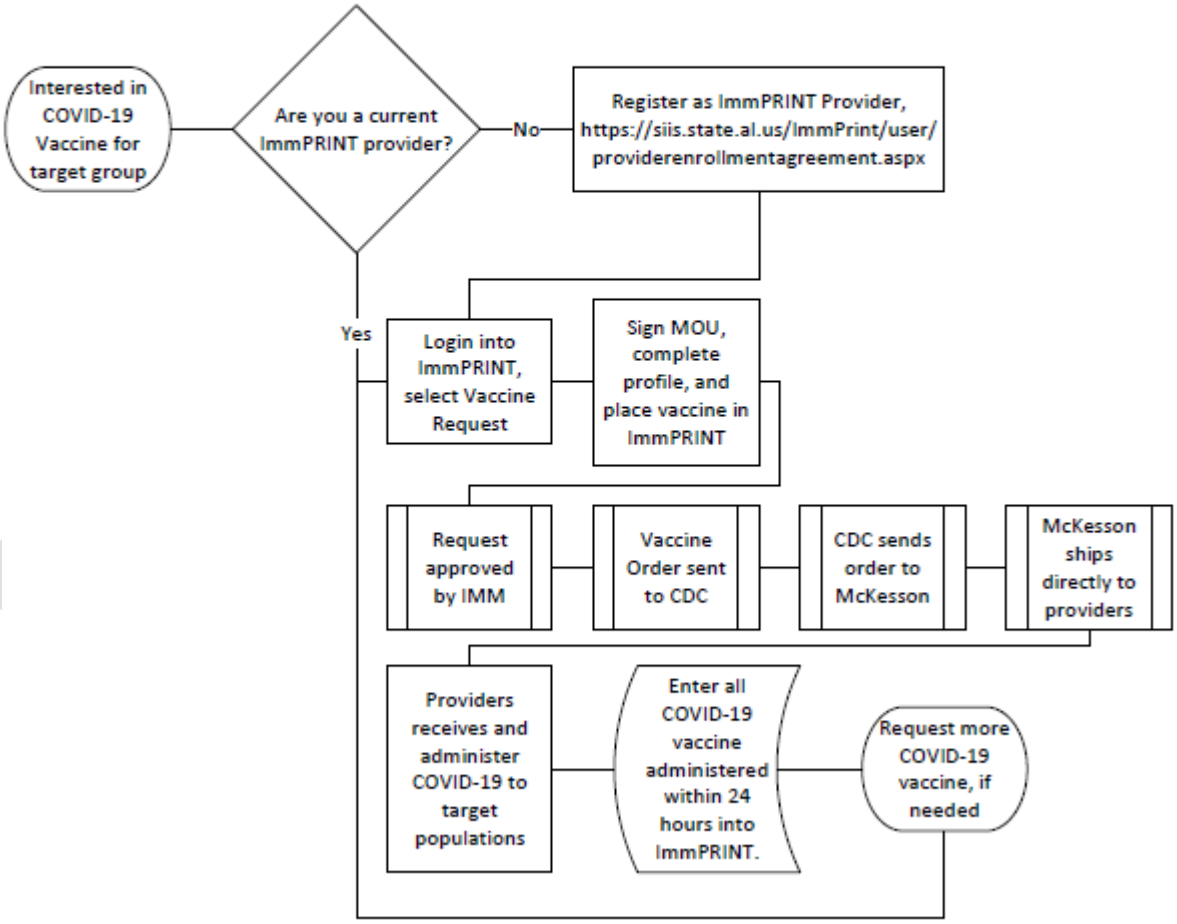
D. *Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in*



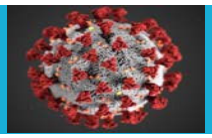
healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.

COVID-19 Vaccine Request and ImmPRINT Flowchart

(This same process will be used for 317 free adult flu vaccine and hepatitis A vaccine)



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



Share *components.*

Alabama plans to use ImmPRINT for all data reporting and sending bi-weekly de- identified vaccine data to CDC's Data Lake.

F. *Describe the status of establishing:*

1. *Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway*
2. *Data use agreement with CDC for national coverage analyses*
3. *Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component*

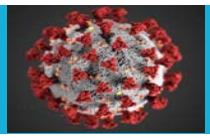
See Section 10 E.

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

- IT will provide excel template for healthcare providers to enter data.
- IT will build a module in ImmPRINT where providers can login to ImmPRINT and then select a file to upload the vaccination data.
- Providers will upload the file, when they come to a place,where they have internet access.
- All of the data from the file selected will be uploaded to ImmPRINT

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

ImmPRINT staff will continue to use the current system developed to conduct all of these activities.



Section 12: COVID-19 Vaccination Program Communication

CDC's COMMUNICATION

- CDC will develop communication resources for jurisdictions to use with key audiences. These resources will be available on a public-facing website currently under development, but jurisdictions will likely need to tailor messaging and resources specific to special populations in their communities.
- CDC will work with national organizations to disseminate key messages.
- Communication and educational materials about COVID-19 vaccination provider enrollment, COVID- 19 vaccine ordering, COVID-19 vaccine storage, handling, administration (i.e., reconstitution, adjuvant use, administration techniques), etc. will be available in a variety of formats.
- When vaccine supply is available for expanded groups among the general population, a national COVID- 19 vaccine finder will be available on the public-facing Vaccine Finder.
- A screening tool on the CDC website will help individuals determine their own eligibility for COVID-19 vaccine and direct them to the Vaccine Finder.

Instructions:

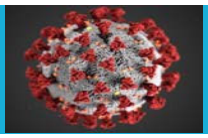
A. *Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.*

Clear, accurate, timely, and effective communication is essential in successfully implementing Alabama's COVID-19 Vaccination Program. Because vaccine supplies are anticipated to be limited initially, allocation is to be determined openly and fairly with input from internal and external partners. Vaccination messaging will be developed for the intended audiences and assessed regularly, so plans may evolve as needs change.

Key Audiences

In Phase 1, the supply of vaccine will be limited to those people critical for response and those at highest risk. Key messaging will be tailored for healthcare workers, health insurers, employers, government and community partners, and the public. These include essential workers, groups at risk for acquiring or transmitting COVID-19, and those in groups at risk for severe outcomes or with limited access to vaccination services. Targeted will be healthcare personnel; residents and staff of nursing homes, assisted living facilities, and congregate living facilities; people at increased risk for severe illness; and people age 65 and older.

The audiences for Phase 2 will first be members of critical populations who were not vaccinated in



Phase 1. Business and industry leaders, members of racial and ethnic minority groups and tribes will be included in informational/educational marketing campaigns along with the general public.

In Phase 3 when there is anticipated to be widespread vaccine availability, all unvaccinated groups will be targeted, especially those portions of the population which are skeptical about vaccine safety and effectiveness. Special attention will be directed to populations or communities with low vaccine coverage.

Communication Channels

For all phases of the plan, ADPH has the following capabilities and will utilize them as needed:

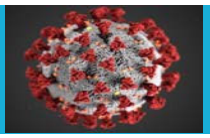
- Well-reviewed information will be communicated to the public through trusted spokespersons on a regular basis.
- An in-house studio can be utilized if needed for news conferences. Sign language interpreters for the hearing impaired will be engaged.
- News releases will be emailed to traditional news media channels in print, radio, and television as well as digital media through the Internet and social media platforms that include Facebook, Instagram, Pinterest, Twitter, and YouTube.
- Staff graphic designers will prepare materials which will be translated into Spanish and other languages commonly spoken in Alabama. Recent translation requests include the following:

  Korean, Mandarin, and Vietnamese. Materials will be reviewed and placed on the alabamapublichealth.gov website and reproduced by the department for distribution throughout the state.
- Centers for Disease Control and Prevention toolkits will be utilized and reproduced as needed.
- An existing COVID-19 hotline and email option will continue to be promoted to answer questions from the public. Staffing and hours of availability will be adjusted based on call and e-mail volume.
- Initial COVID-19 paid media will be purchased as follows:

  Initial paid media will be purchased to include radio, television, digital display ads, sponsored social media posts, cinema media and streaming services.

Phase 1 will be the initial phase of developing materials and messages. Prior to distribution, drafts will be shared for review and input. Communicators will confer with local entities to help ensure equitable access to immunization sites and their hours of operation. At clinic sites, questionnaires will be made available to help assess effectiveness and direct future material/message development.

Phase 2 will allow communicators the opportunity to assess vaccination uptake to develop and



place paid advertisements intended to reach target audiences. At clinic sites, questionnaires will be made available to help assess effectiveness and direct future material/message development

Phase 3 messaging will reinforce information about immunization recommendations that include their importance, benefits, and risks.

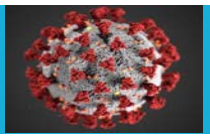
Partner Activation

- A listing of partner's contact information will be developed, updated, and maintained.
- Partners will be consulted to help develop effective strategies for different populations. Internal and external partners will be informed about the status of ADPH efforts, plans, and activities before they are broadly known so messaging can be coordinated and disseminated more widely.
- Brief weekly or semimonthly email updates will be sent to partner organization contacts at state, county, and community levels.

B. Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.

Expedited Procedures for Risk/Crisis/Emergency Communication

- After consultation and approvals, messages can be communicated, usually within the hour, through the news media and social media channels. Trained staff in the Bureau of Prevention, Promotion, and Support can prepare, receive necessary approvals, and disseminate information within a short timeframe.
- Health Alert Network messages are sent to all healthcare providers in the state.
- A 24/7 answering service is in the Infectious Diseases and Outbreaks Division to respond to messages received from the public via toll-free phone number. The Alabama Emergency Response Technology (ALERT) system is available to make emergency notifications.



Section 13: Regulatory Considerations for COVID-19 Vaccination

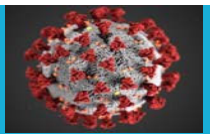
Instructions:

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

ADPH will send out training material through the Internal Implementation Committee, along with Web material.

B. *Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.*

Once ADPH receives the vaccine information statements that are required to be provided to individuals that receive the vaccine the Office of General Counsel will recommend disseminating this information through a HAN. It will also be available on the IMM website. If the Department will be disseminating the vaccine, we could also have the providers sign an MOU and attach the vaccine information statement as an attachment to the MOU. If the Department has communicated this information to providers through a different route in the past, the Office of General Counsel will suggest using that option as well.



Section 14: COVID-19 Vaccine Safety Monitoring

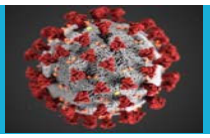
CDC's COVID-19 VACCINE SAFETY

- Clinically important adverse events following any vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS).
- Adverse events will also be monitored through electronic health record (EHR)- and claims-based systems (e.g., Vaccine Safety Datalink).
- Additional vaccine safety monitoring may be required under the EUA.

Instructions:

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

The Medical Officer for Disease Control and Prevention will sign CDC's COVID-19 Non-disclosure Agreement. IMM will add a link in ImmPRINT, as well as ensure it is in the training. It is stated in the provider' COVID-19 MOU, requiring reporting of adverse events. ADPH will create educational materials and add a poster to our website and will send it out through our internal partners. Additional questions will be fielded through the Vaccine Safety Datalink (VSD), CDC's Clinical Immunization Safety Assessment Project and other available resources.



Section 15: COVID-19 Vaccination Program Monitoring

Instructions:

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

- *Provider enrollment*

  ADPH IMM IT Team will create and run all needed ImmPRINT Reports, including provider enrollment.

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

Section 11 B.

- *IIS or other designated system performance*

ADPH is developing VOMS, a secure web-based information technology system that would integrate with ImmPRINT and would enable the provider to order COVID 19 vaccines. It would allow health care providers to input their vaccine requests (orders) online, thereby improving efficiency and accountability. Providers enrolled in this program will be able to place vaccine orders, review previous orders, return vaccines, review previous vaccine returns, print packing slips, report wasted vaccines and review previous vaccine wastages within the application. Once the vaccine is ordered the system will generate the order file and other files as needed to upload to CDC in a timely manner. The provider will be able to track their order and know the order status. *Data reporting to CDC*

When CDC provides the information on how to report, IMM will create the files to share.

- *Provider-level data reporting*

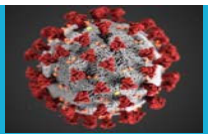
ADPH IMM IT Team will create and run all needed ImmPRINT Reports, including provider-level data reporting.

- *Vaccine ordering and distribution*

ADPH IMM IT Team will create and run all needed ImmPRINT Reports, including vaccine ordering and distribution reporting.

- *1- and 2-dose COVID-19 vaccination coverage*

ADPH IMM IT Team will create and run all needed ImmPRINT Reports, including 1- and 2-dose COVID-19 vaccination coverage reporting.



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

- *Budget*

All budgets are monitored in STAARS, the "State of Alabama Accounting and Resource System." As the State's enterprise-wide accounting system, STAARS supports all financial, procurement, and human resource transactions. All vendor interactions—including solicitations, purchase orders, payments, and receipts—are maintained in STAARS.

- *Staffing*

ADPH has adopted the State of Alabama Performance Appraisal system for merit system employees, semi-monthly laborers, and hourly employees. Every supervisor is required to attend training on the Employee Performance Appraisal System. A Rating Supervisor (Rater), who is the immediate Supervisor of the employee, and a Reviewing Supervisor (Reviewer), who is usually the Rating Supervisor's immediate supervisor, complete the appraisal. The Department's Office of Human Resources (HR) provides training and a reference manual which covers the Department's procedures. There are three phases in the appraisal period: Preappraisal; Midappraisal; and Final Appraisal (Probationary or Annual). A form and meeting are associated with all three phases. The supervisor should monitor the employee's behavior and communicate performance feedback throughout the appraisal period so that the appraisal is based on objective and accurate information.

- *Supplies*

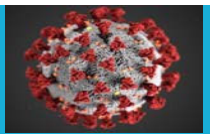
When equipment and/or furnishings, laptops, computers, etc. are received or transferred to another division or individual, the item must be entered into the Inventory Tracking Electronic Management Systems (ITEMS). When receiving new items which cost more than $500 or more, a property history sticker is required and affixed to the item. After material receipting the invoice, it is sent to Finance for payment.

- *Describe your jurisdiction's methods and procedures for monitoring communication, including:*
- *Message delivery*
- *Reception of communication messages and materials among target audiences throughout jurisdiction*

See Section 12 A and B

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

ADPH has local Medical Officers and District Administrators who are responsible for monitoring



their local-level situation. In addition, ADPH Administration partners with organizations like the Association of County Commissions, Black Mayors Association, and Alabama Cooperative Extension.

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

ImmPRINT can produce all metrics and will be shared with the ADPH's Digital Media Branch Director to display on department's website. The exact URL has not been developed.