



House Committee Hearing on COVID-19 Vaccination

January 13, 2021

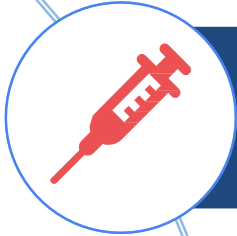
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ISLAND

Agenda

- Guiding Principles
- Phase 1 Update and Estimated Timeline
- Equity Considerations
- Phase 2 Population Prioritization Planning
- Q&A

Guiding Principles

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Safety is paramount. Vaccine safety standards will not be compromised in efforts to accelerate COVID-19 vaccine development or distribution.



Minimize Morbidity. Prioritization of vaccine distribution should minimize deaths and hospitalizations as much as possible.



Efficient Distribution. During a pandemic, efficient, expeditious and equitable distribution and administration of approved vaccine are critical.



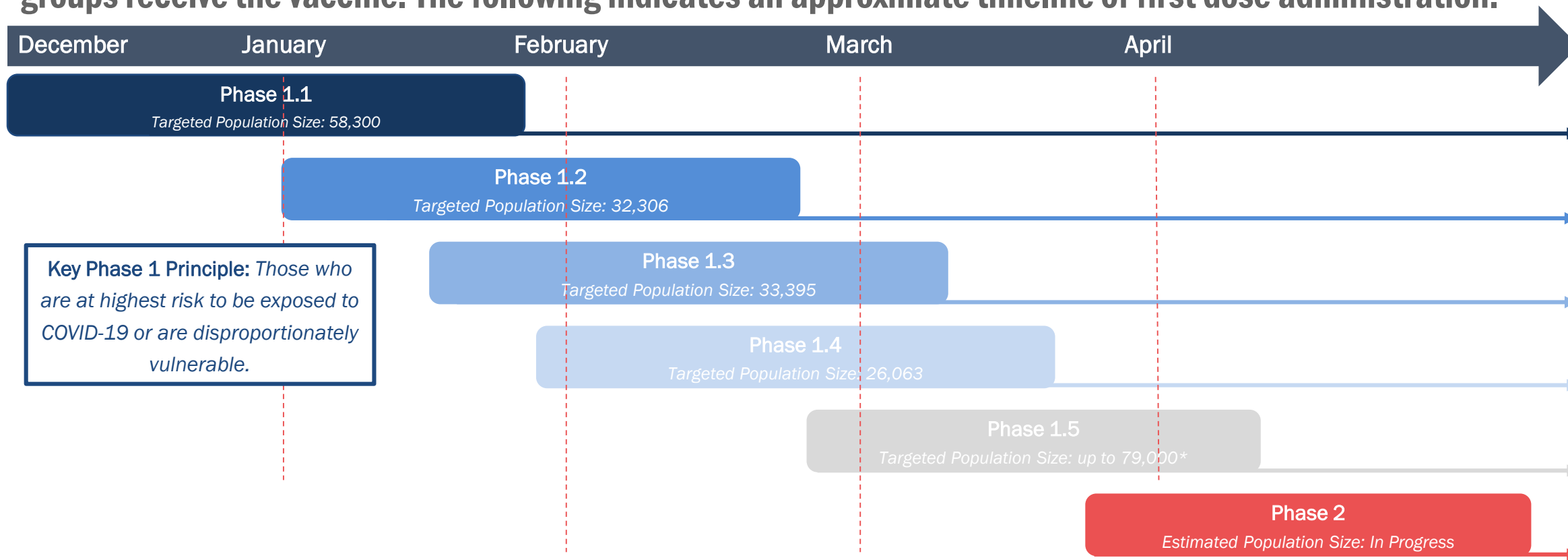
Access. Ensure access to vaccines for all Rhode Islanders, particularly those who may have limited transportation options.

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Approximate Phase 1 – 2 Timeline

There are approximately 200,000 individuals included in Phase 1. Phase 2 estimates are pending further population refinement. Operational factors as well as vaccine availability may impact the timing of how priority groups receive the vaccine. The following indicates an approximate timeline of first dose administration.



*There is likely significant overlap with Long-Term Care Facility Residents, High-Density Communities, and other Phase 1.1-1.4 populations.

Phase 1 Population Progress

Status	Description
Complete*	See footnote
In Progress	Vaccination of these groups is under way
Starting Soon	Vaccine is currently being ordered and allocated but administration has not begun
Not Started	No doses allocated to date

Forty-two providers are currently administering doses to Phase 1 populations.

Group	Sub-Group	Status
1.1	Hospital Staff, EMS	
	Home Health and Hospice Workers	
	<i>Pharmacy Partnership**: Nursing Home Staff and Residents</i>	
1.2	Community Health Center Staff	
	COVID Specimen Collectors	
	Urgent Care and Respiratory Clinic Staff, Corrections Medical Staff and Mental Health Workers	
	COVID Vaccinators, High-Risk Incarcerated Persons	
	Pharmacists	
	<i>Pharmacy Partnership**: Other Long-Term Care Facility Staff and Residents (e.g., group homes that include individuals ≥ 65, assisted living, elderly housing with residential services)</i>	
1.3	Firefighters, Law Enforcement, Central Falls Residents, School Nurse Teachers, Corrections Officers / Staff	
	COVID Testing Lab Staff, Other Public Health and Emergency Preparedness Workers, Harm Reduction Staff, Patient-Facing Clinical Students	
	Community and Family Caregivers, Other Targeted High-Density Communities	
1.4	Providers and Staff: in Dental, Primary Care, Dialysis Centers, and Other Outpatient Settings; Who Provide In-Person Services for Individuals Adults who Live with Mental Health Conditions, Substance Use Disorder, and/or a Developmental Disability; Who Conduct Blood, Organ, and Tissue Donation; and Who Serve as Morticians, Funeral Home Workers, Other Death Care Professionals; Adults Living in Behavioral Health/Developmental Disability Group Homes	
1.5	Individuals > 75	

* All individuals within this group have been offered the vaccine. Uptake varies within each group.

** Due to the nature of the Pharmacy Partnership, these sub-groups are following a different vaccination schedule from other sub-groups in each phase group.

Week of January 11: Who Is Getting Vaccinated?

Population vaccinated	Location of vaccination
Hospital employees, patients at Eleanor Slater (second doses started)	On site at hospital
Mass vaccination volunteers and staff	On site at their parent companies / Regional vaccination clinics
Medical staff, high-risk correctional officers, high-risk incarcerated persons	On site at correctional facilities
Residents of Central Falls (hard-hit city)	Various community and healthcare sites
Nursing home staff and residents	On site via national CVS/Walgreens Partnership
Emergency Medical Services (EMS) professionals	Regional vaccination clinics
Home health and hospice workers	Regional vaccination clinics
School nurse teachers	Regional vaccination clinics
First responders (fire, police)	Regional vaccination clinics
Urgent care center staff	Regional vaccination clinics
Community health center staff	On site at the community health centers
Respiratory care clinic staff (not urgent cares/health centers)	At hospitals or select respiratory care sites
Other frontline workers (State Lab, OSME, nursing home surveyors)	At the State Health Laboratories
Laboratories doing COVID-19 testing	On site at labs
College health services (COVID-19 specimen collectors)	Regional vaccination clinics
Pharmacists	Regional vaccination clinics

Vaccine Administration To Date

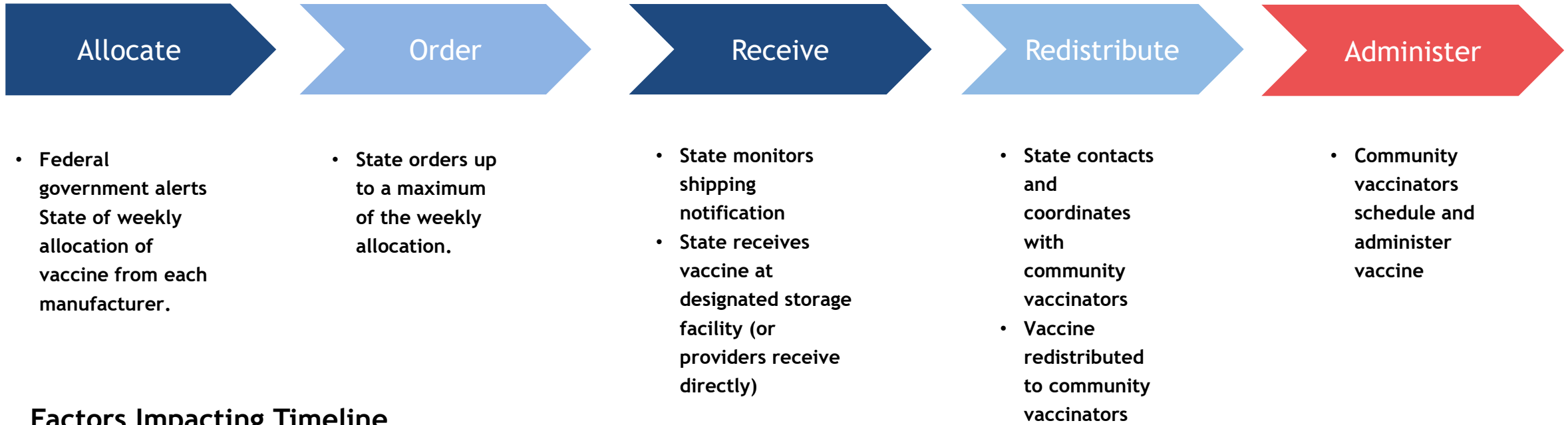
Data Updated Weekly	Jan 12, 2021
Total Doses Received in RI	72,175
Total Doses Received for Long-term Care Facilities allotment	16,575
Total Doses Received for RIDOH Vaccination Partners	55,600
Total Doses Distributed to RIDOH Vaccination Partners	50,100
Data Updated Daily	Jan 13, 2021
First Doses Administered	38,197
Second Doses Administered	7,446
Total Doses Administered	45,643
People Fully Vaccinated	7,446

Data Notes: Data on doses administered and people vaccinated is updated daily. Data on doses received and distributed is updated every Tuesday by 1pm. Doses received and distributed include those that have arrived in Rhode Island and were distributed to enrolled RIDOH vaccination partners as of the previous Sunday.

Notes

- Rhode Island is receiving ~14,000 doses of vaccine a week. Roughly 2,000 people a day are getting vaccinated.
- Rhode Island ranks in the top states for vaccine administration per 100,000 population
- For safety reasons, vaccination is being spaced out over the course of the week at different locations and sites.

Allocation to Administration Timeline for COVID-19 Vaccine



Factors Impacting Timeline

- Requirements for vaccine redistribution as well as social distancing (appointments required; lower throughput at vaccination site) to protect clinic staff and those being vaccinated
- Healthcare facilities need to balance vaccination with staffing needs for patient care
- Employers cannot vaccinate all staff at one time due to immune response
- Possible winter weather

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Equity Considerations for Prioritization

In reflection of Rhode Island's specific needs and situation, equity plays a key role in determining prioritization and distribution within the overall vaccine strategy.



Impact Within RI

The following groups have been disproportionately impacted by COVID-19 in Rhode Island and may face barriers to healthcare access:

- **Hispanic/Latino** was the **most likely** racial/ethnic group to **have contracted COVID-19**¹ relative to their proportion of the population; this group comprises 15% of RI's population but 35% of COVID-19 cases²
- **Black/African American** is the **second most likely** racial/ethnic group to **have contracted COVID-19** and has the second highest mortality rate³
- **High-density communities**; CDC's Social Vulnerability Index (SVI) calculates an overall vulnerability index for geographic regions of RI based on social factors from census data. The areas of RI most socially vulnerable are⁴:
 - Central Falls
 - Pawtucket
 - Providence



Impact on Phase Prioritization and Distribution Strategy

To address inequities in these areas, which are most affected race/ethnicity and socioeconomic status, a dedicated High-Density Community (HDC) task force has been assembled to develop a targeted community outreach and distribution plan:

- **Prioritization of population** groups within each phase will be mapped to disproportionately affected communities.
- Targeted community outreach will develop **tailored communications** based on the sites identified for initial vaccine events
- Targeted distribution planning involves **meeting with local leadership** to determine the most **accessible sites for stand-up vaccine clinics** and identifying providers for those communities

¹14,206 cases per 100,000 people, data through 1/4/21: The Covid Tracking Project

²<https://www.wprl.com/covid-19-tracking-timeline-maps/>

³9,195 cases per 100,000 people, data through 1/4/21: The Covid Tracking Project

⁴ <https://svi.cdc.gov/map.html>

Equity Considerations

RI has used the recommendations regarding equity from the COVID-19 Vaccine Subcommittee and other key advisors to drive all decisions regarding vaccine distribution to date.

Equity in Vaccine Planning and Phase 1:

- Influenced Guiding Principles
- Supported the definition of the Phase 1 populations, including the addition of Targeted High-Density Communities
 - Some amount of vaccine has been allocated to the Central Falls community to begin some general public vaccination, given the impact of COVID-19 in this community.
 - Next steps include preparing for subsequent community vaccine rollouts in additional HDCs.
- Focused communication efforts to drive uptake
- Contributes to weekly allocation decisions
- Continues to drive the distribution strategy across and within Phase 1 sub-groups

COVID-19 Positive Cases in Rhode Island Zip Code Tabulation Areas (ZCTA)

Search in table

ZCTA	Rhode Island COVID-19 cases	Rate of COVID-19 cases per 100,000 population
02909	6,094	15,020
02860	5,245	11,130
02908	4,861	12,946
02907	4,458	14,483
02920	4,437	11,928
02863	3,385	17,497
02904	3,299	10,809
02895	3,110	7,487
02919	3,030	10,358
02905	2,597	10,189
02864	2,400	6,932
02861	2,236	8,928
02816	2,122	6,465
02906	2,089	7,409
02914	2,060	9,535
02893	2,019	6,926
02886	1,951	6,726
02889	1,932	7,068
02910	1,890	8,535
02809	1,366	6,137

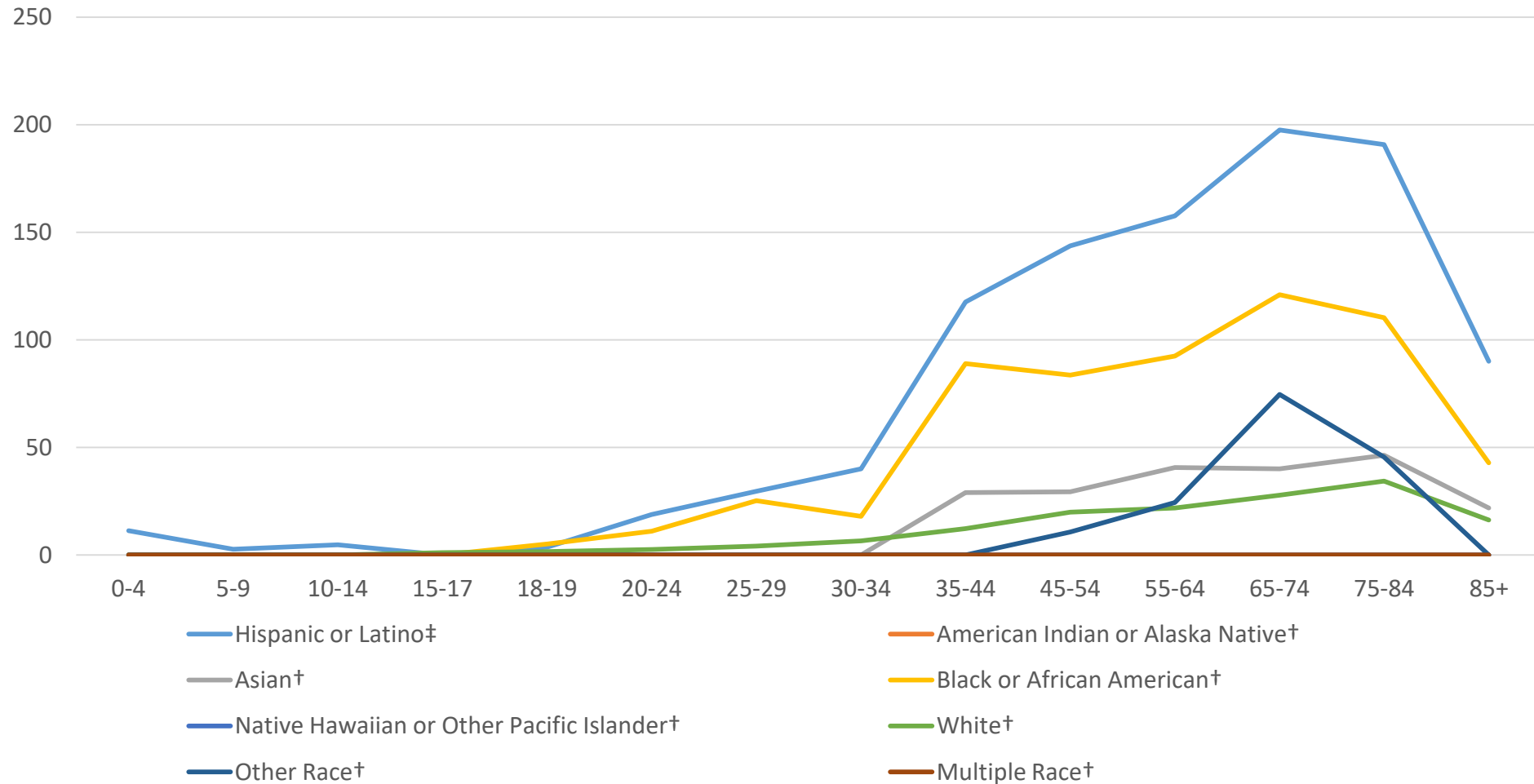


Number of People COVID-19 Tested and Number of People with Positive Tests in Rhode Island Cities and Towns

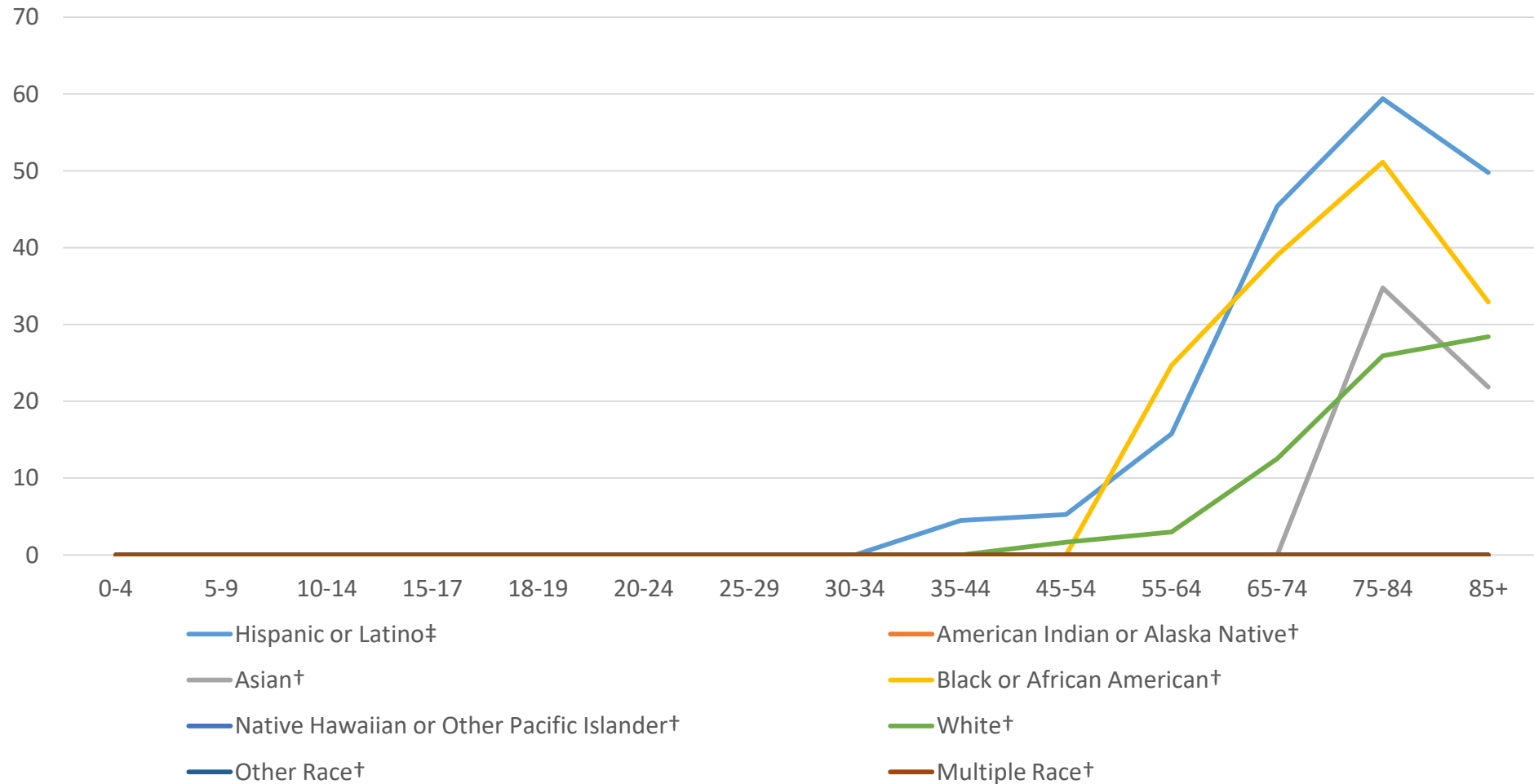
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City/Town	Population Estimate as of 2018	Total Number of People Tested	Percent of Population Tested	Number of People who Tested Positive	Percent of People who Tested Positive Out of Those who were Tested
Central Falls	19,382	11,836	61%	3,408	29%
Johnston	29,235	14,328	49%	3,049	21%
Pawtucket	71,756	36,611	51%	7,541	21%
Cranston	81,196	40,321	50%	8,143	20%
Providence	179,435	111,219	62%	21,834	20%
North Providence	32,459	16,618	51%	3,122	19%
Woonsocket	41,539	17,233	41%	3,106	18%
East Providence	47,449	21,597	46%	3,625	17%
Smithfield	21,630	10,544	49%	1,754	17%
Burrillville	16,453	6,886	42%	1,102	16%
West Warwick	28,955	12,818	44%	2,029	16%
Lincoln	21,644	10,890	50%	1,667	15%
North Smithfield	12,349	5,506	45%	807	15%
Warren	10,488	4,897	47%	729	15%
Warwick	81,079	34,857	43%	5,233	15%
Coventry	34,575	16,087	47%	2,302	14%
Cumberland	34,652	16,813	49%	2,423	14%
Glocester	10,062	3,758	37%	488	13%
Narragansett	15,550	6,585	42%	855	13%
Foster	4,689	2,118	45%	255	12%
Exeter	6,782	2,694	40%	305	11%
Tiverton	15,816	6,333	40%	724	11%
West Greenwich	6,179	2,624	42%	292	11%

Age-adjusted rate of COVID-19 hospitalizations per 100,000 population by age group and race and ethnicity



Age-adjusted rate of COVID-19 deaths per 100,000 population by age group and race and ethnicity



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Vaccine Prioritization

- **Vaccine supply is very limited right now.** The State is receiving approximately 14,000 doses per week – enough to vaccinate 1.5% of the population.
- The State is taking every measure to provide the vaccine as safely, equitably, and quickly as possible as we continue the fight against COVID-19.
- Additional COVID-19 vaccines could get approved, increasing the vaccine coming to Rhode Island.
- Population prioritizations are reviewed and discussed at minimum with the COVID-19 Vaccine Sub-Committee and COVID-19 Vaccine Executive Steering Committee (composed of physicians, public health experts, and operational leaders)

Vaccine Prioritization: Individuals with Developmental Disabilities

Staff and residents of group homes serving individuals with developmental disabilities will have the opportunity to be vaccinated in Phase 1 of Rhode Island's vaccine rollout.

1.2 Staff and residents of group homes that include individuals primarily 65 and older

1.4 Staff and residents of other group homes serving individuals with developmental disabilities

Phase 2 Guiding Principles

There are four guiding principles for Phase 2 population decisions, in order of priority:

- 1. Minimize Morbidity** – Prioritization of vaccine distribution should minimize deaths and hospitalizations as much as possible.
- 2. Focus on Equity** – Groups disproportionately impacted by COVID-19 should be more highly prioritized for vaccine access (e.g. age, race/ethnicity, socioeconomic status).
- 3. Reduce Spread** – Minimize spread of the virus prioritizing those who may be disproportionately likely to be vectors of COVID-19.
- 4. Reopen Economy** – Take measures in vaccine distribution that allow Rhode Island to safely reopen its economy.

3 Lenses for Population Prioritization

The following lenses could be applied to Phase 2 populations for prioritization approaches: Age, Occupation, and Geography. Equity will be emphasized in each of these lenses by targeting subgroups within them

	Degree of Reduction in Hospitalizations	Degree of Reduction in Deaths	Degree of Reduction in Incidence of COVID-19*	Operational Feasibility	Ability to Validate that Population Meets Criteria	Ease of Communication
Note: The following classifications are intended for discussion.						
Age	High	High	Low	High	Medium	High
Occupation	n/a	Low	Medium	Low	Low	Medium
Geography	Medium	Medium	Medium	Medium	Medium	High

*It should be noted that data are limited to assess the effect of either the Pfizer or Moderna vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination.^{1,2}

¹ <https://www.fda.gov/media/144434/download>

² <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/pfizer-biontech-covid-19-vaccine-frequently-asked-questions>

Appendix



Defining HDCs by zip code

“An individual’s ZIP code is a greater predictor of their health outcomes than their genetic code”

“High Density Communities” (HDCs) are heavily impacted by COVID-19 due to socioeconomic conditions that create higher risks for exposure and transmission. Data on these underlying structural factors were used alongside COVID data to identify HDC ZIP codes that are prioritized into Tier 1 (priority focus) and Tier 2 (monitoring).

Socioeconomic Data:

- Race / Ethnicity: Tier 1 HDC zip codes are 18% -73% Hispanic/Latinx, 8% - 19% Black/African American, and 13%- 65% White
- Income: Tier 1 HDC zip codes have median household incomes \$25K - \$42K and 57% - 77% of residents earn less than \$50K
- Unemployment: As of November 2020, Tier 1 HDC zip codes had unemployment rates of 12.8% - 14.1%
- Population Density: Tier 1 HDC zip codes have 6,500 - 16,000 people per square mile
- Free/Reduced School Lunch: In tier 1 HDC zip codes, 75% - 86% of children are eligible for free or reduce lunches

COVID Data

- Cumulative Case Rates As of December 5th, Tier 1 HDC zip codes had > 7,500 cases per 100K and up to 14,851 cases per 100K
- Cumulative Case Counts As of December 5th, Tier 1 HDC zip codes had > 2,000 cases each, and up to 4871 cases

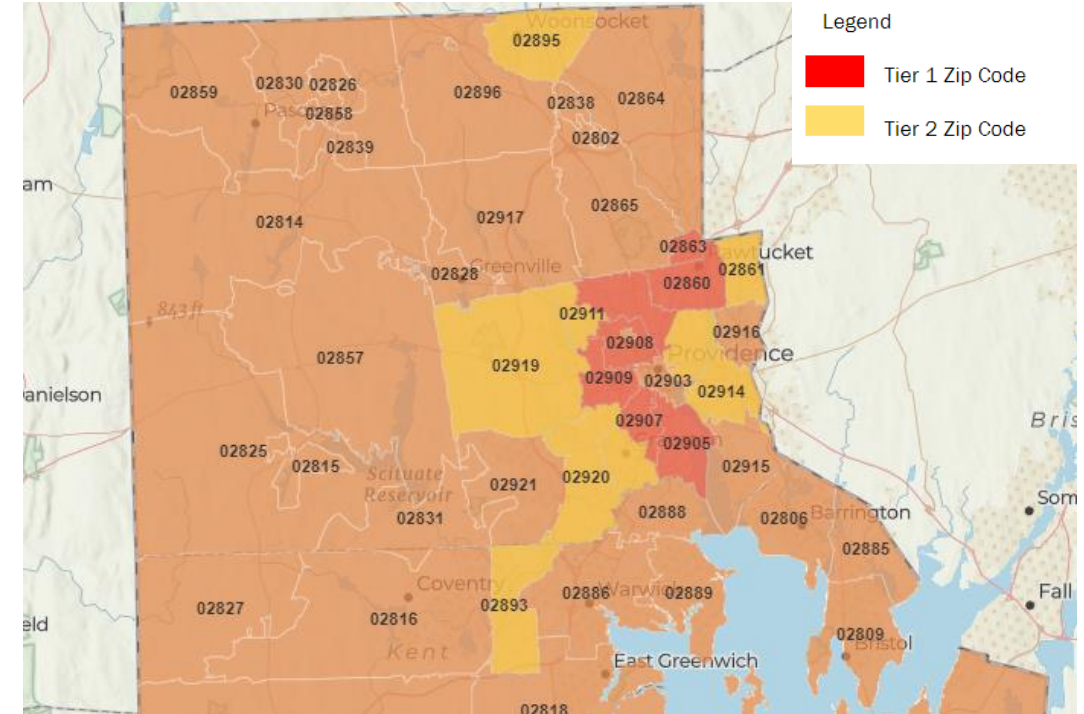
HDCs are broken down into two tiers for prioritization

Tier 1 Zip Codes

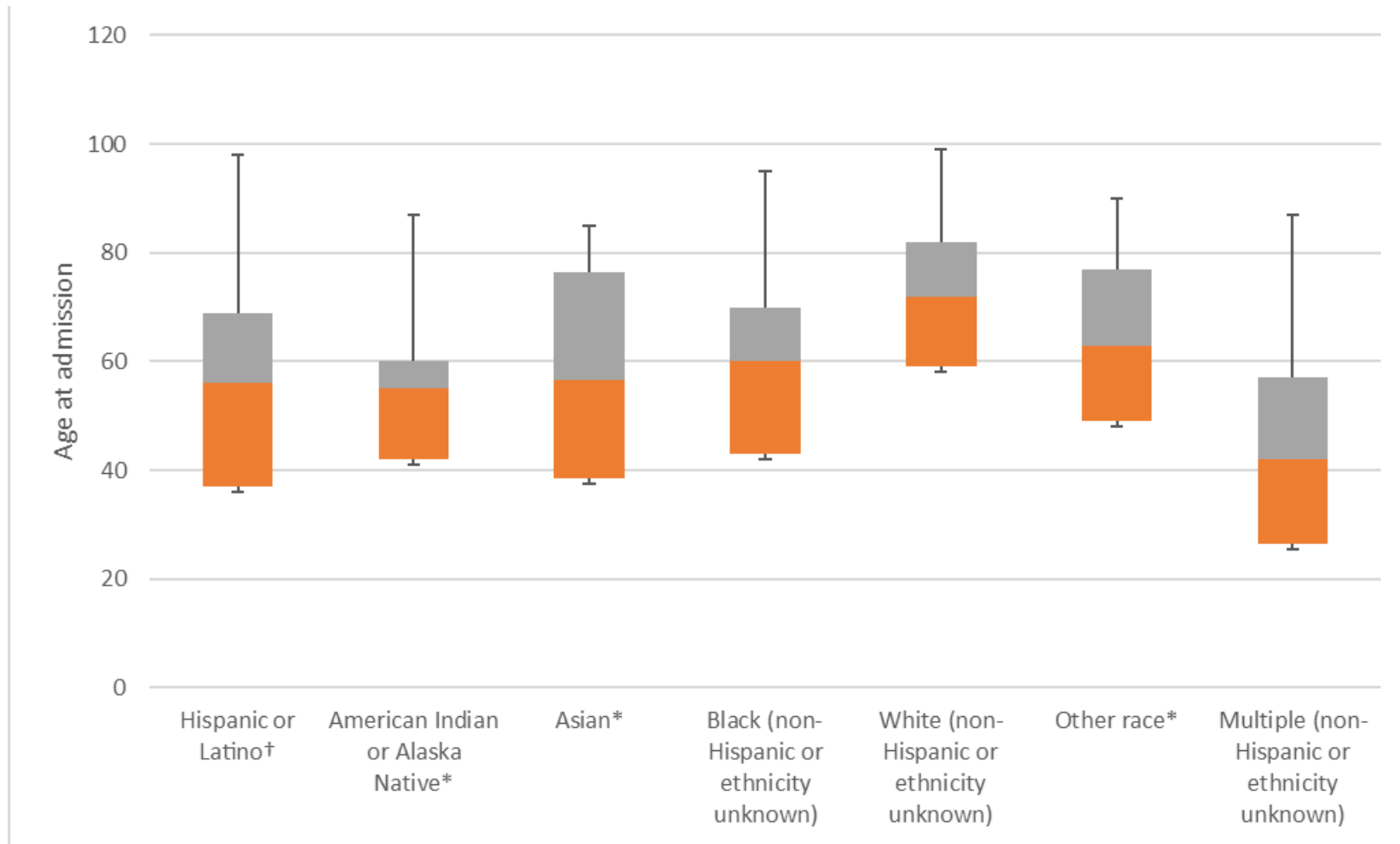
- 02860 (Pawtucket)
- 02863 (Central Falls)
- 02904 (Providence, North Providence)
- 02905 (Providence, Cranston)
- 02907 (Providence)
- 02908 (Providence, North Providence)
- 02909 (Providence)

Tier 2 Zip Codes

- 02861 (Pawtucket)
- 02893 (West Warwick)
- 02895 (Woonsocket)
- 02906 (Providence)
- 02910 (Cranston)
- 02911 (North Providence)
- 02914 (East Providence)
- 02919 (Johnston)
- 02920 (Cranston)

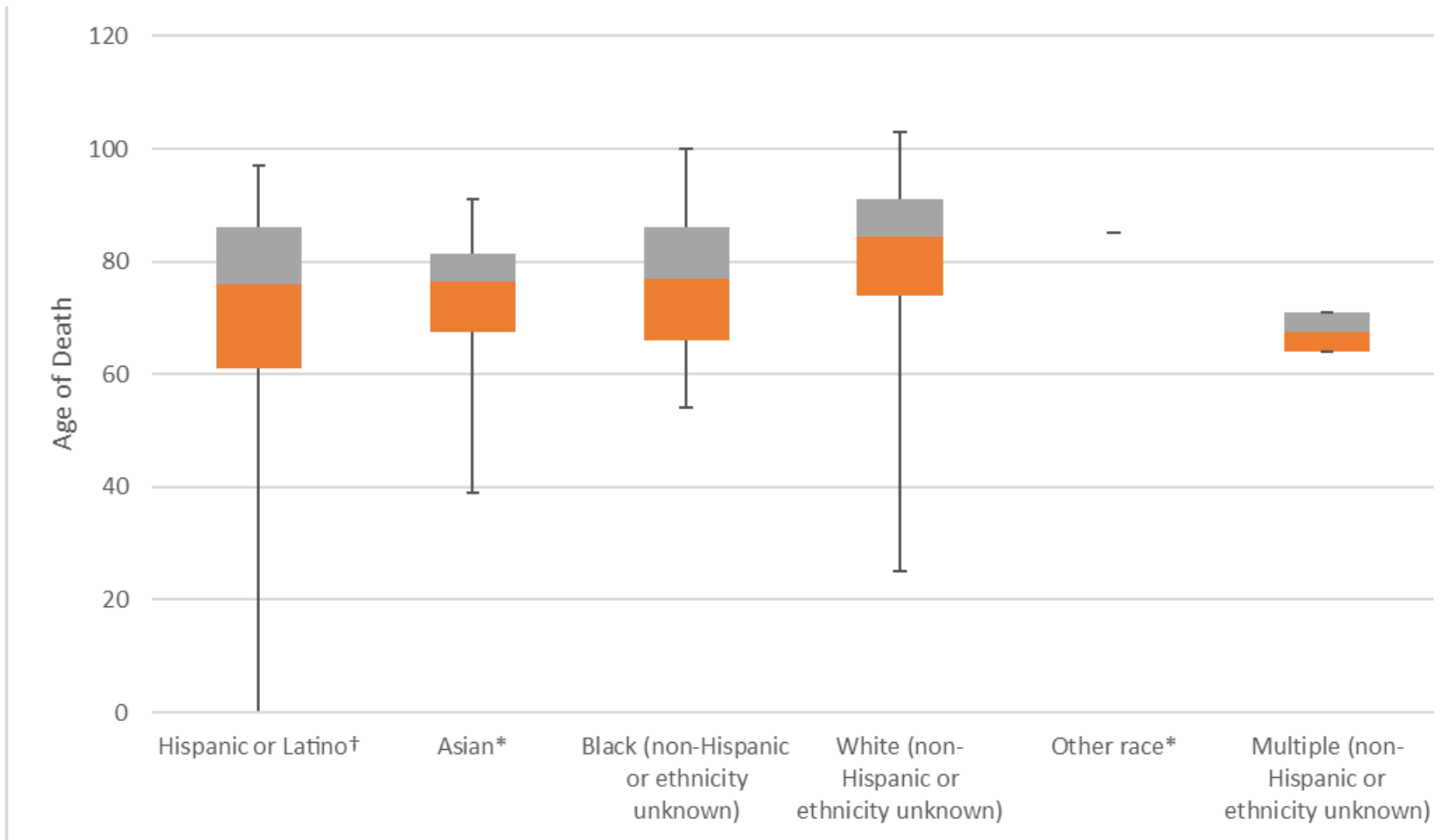


Age of People Hospitalized with COVID-19 by Race and Ethnicity, October-December 2020



- Among white Rhode Islanders, only 25% of hospitalizations occur in those younger than 60
- Among Rhode Islanders of color, more than half of all hospitalizations occur younger than age 60.

Age of COVID-19-Associated Death by Race and Ethnicity, October-December 2020



- On average, Latinos are dying 9-10 years younger than white Rhode Islanders, and Black / African American Rhode Islanders are dying 6-7 years younger than white Rhode Islanders.
- This represents a significant disparity of years of life lost due to COVID-19.