



## House Committee Hearing on COVID-19 Vaccination

February 17, 2021

RHODE  
ISLAND

# Agenda

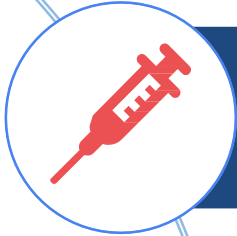
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- Phase 1 and Phase 2 Updates

- Accomplishments
- Ongoing Challenges
- 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.

# Rhode Island has prioritized the most vulnerable in Phase 1

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Informed by feedback from the COVID-19 Vaccine Subcommittee and many partners, examples include:

- Individuals who live in congregate care (nursing homes and assisted living communities, adult behavioral health group homes, and many HUD sites with 202 designation)
- Adults with intellectual and developmental disabilities and staff who live and work in group homes, shared living arrangements, and those living independently
- To protect other vulnerable Rhode Islanders and ensure the stability of Rhode Island's healthcare system: healthcare, behavioral healthcare, and dental staff; first responders; harm reduction staff; community and family caregivers enrolled in programs run by EOHHS
- Staff and incarcerated individuals at the Adult Correctional Institutions (ACI)

# 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

Group	Sub-Group	Status
1.1	Hospital Staff, EMS	
	Home Health and Hospice Workers at Licensed Agencies	
	<i>Pharmacy Partnership**: Nursing Home Staff and Residents</i>	
1.2	Community Health Center Staff	
	COVID Specimen Collectors	
	Urgent Care and Respiratory Clinic Staff (including clinical settings swabbing for COVID-19), Corrections Medical Staff and Mental Health Workers	
	COVID Vaccinators, High-Risk Incarcerated Persons (65 and older, immunocompromised, or other high-risk factors)	
	Pharmacists	
	<i>Pharmacy Partnership**: Other Long-Term Care Facility Staff and Residents (e.g., group homes that include individuals 65 and older, assisted living, elderly housing with residential services)</i>	
1.3	Firefighters, Law Enforcement, Residents of Central Falls, 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 enrolled in the Independent Provider or Personal Choice Program and Shared Living Program, Residents of Other Targeted High-Density Communities***	
1.4	Providers and Staff: in Dental, Primary Care, Dialysis Centers, and Other Outpatient Settings; In DCYF High-Risk Congregate Settings; Who Provide In-Person Services for Adults who Live with a Mental Health Condition, 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 Group Homes for People with Mental Health Conditions, Substance Abuse Disorder, and/or a Developmental Disability; Licensed Healthcare Workers Providing In-Home Care	
1.5	Adults age 75 and older	

\* 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.

\*\*\* Determined based on a combination of socioeconomic, COVID-19, and CDC Social Vulnerability Index data

# Phase 2 Guiding Principles

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

- 1. Minimize Morbidity and Hospitalizations particularly in vulnerable populations** – Prioritization of vaccine distribution should minimize deaths and hospitalizations as much as possible, specifically focusing on the most vulnerable populations (e.g., those with higher age, underlying health conditions, and hard-hit geographies).
- 2. Focus on Equity** – Groups disproportionately impacted by COVID-19 should be prioritized for vaccine access (e.g. age, race/ethnicity, socioeconomic status).
- 3. Reopen the Economy** – Take measures in vaccine distribution that will allow Rhode Island to efficiently and safely reopen its economy.

# Age Factor: Highly at-risk population segmentation in Rhode Island

## Age-Based Population Segmentation

	Total Pop	Cases	Hospitalizations	Hospitalization Rate	Fatalities	Death Rate
75+	79K	8,753	2,534	29%	1,486	17%
65-74	103K	8,291	1,541	19%	396	5%
60-64	72K	6,811	732	11%	90	1%
50-59	145K	16,236	1,066	7%	89	1%
40-49	125K	14,589	656	4%	26	0%
30-39	135K	16,905	462	3%	11	0%
20-29	153K	19,518	381	2%	6	0%
0-19	240K	15,842	185	1%	<5	*
<b>Overall Population</b>	<b>1.06M</b>	<b>107K</b>	<b>7.6K</b>	<b>7%</b>	<b>2,107</b>	<b>2%</b>

Sources: RIDOH COVID-19 Salesforce case investigation data, Hospital Incident Reporting System data, and fatality data

Notes: Includes cases, hospital admissions, and fatalities through 1/23/2021. Data current as of 1/27/2021 at 8:30am. Excludes out-of-state residents. Includes congregate setting residents. Counts of <5 and calculations based on those counts (\*) are suppressed, in accordance with RIDOH's Small Numbers Policy.

# Comorbidity Risk Factors & RI COVID Hospitalization Rates

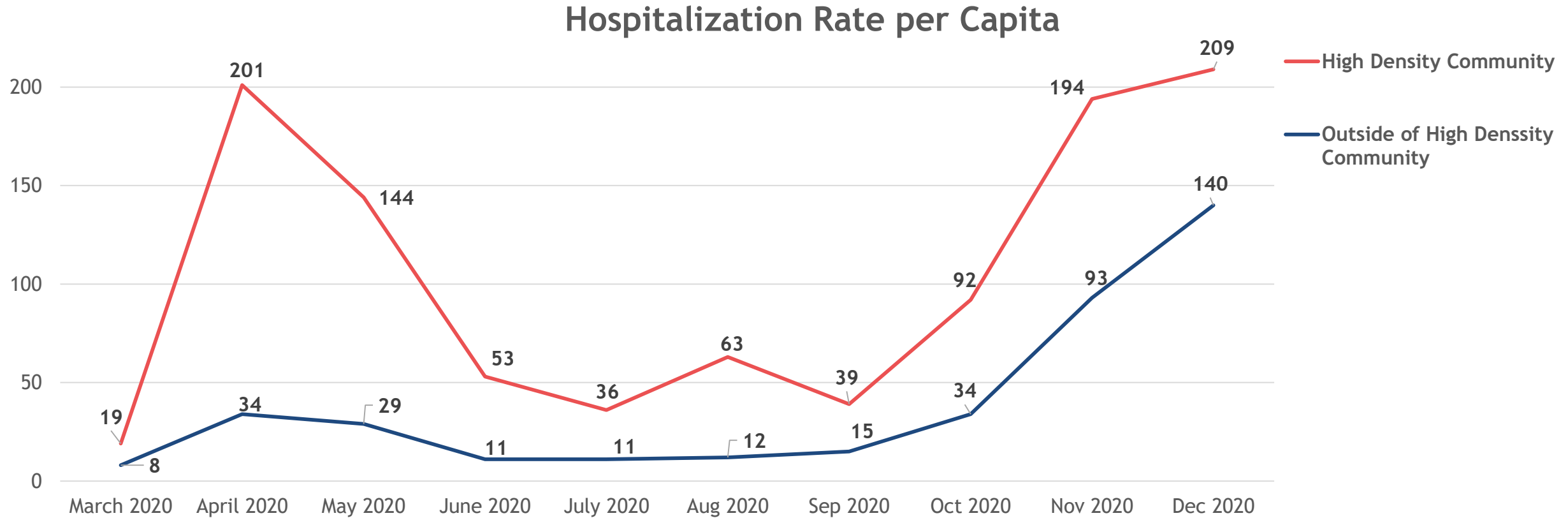
## Hospitalization Data from adult COVID patients in RI

Pre-Existing Conditions	Difference Between % Hospital Admissions and Population Prevalence	% of Hospital Admissions	Population Prevalence
Renal Disease	11X	22%	2%
Cardiac Disease	7X	30%	4%
Lung Disease	3X	19%	7%
Diabetes	3X	30%	10%
Immunocompromised	2.2X	9%	4%



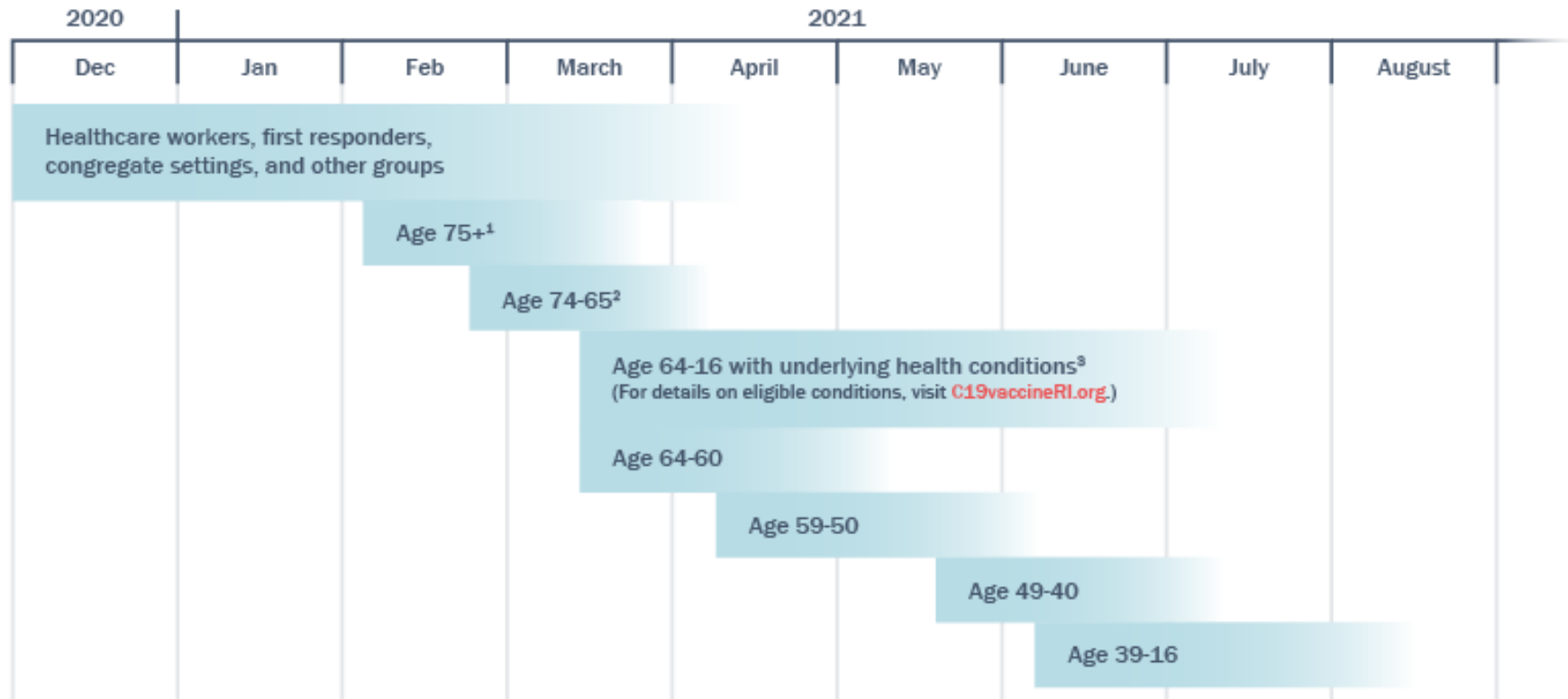
# Geographic distribution: Hospitalization Rates by HDC Tier

Throughout the pandemic, the rates of COVID-19 hospitalizations have been consistently higher in HDC tier 1 (seven zip codes across Central Falls, Pawtucket, Providence, North Providence and Cranston)



# When Will I Get My First Dose of COVID-19 Vaccine?

This is an **estimated** timeline of when first doses will be offered to specific groups.



**Notes:** This estimated timeline assumes that supply will increase over time and uptake within each group will be 70%. Across this timeline, the State will continue efforts to speed up vaccine distribution in high-density communities with higher rates of hospitalization and death from COVID-19. This timeline is subject to change at any time due to factors outside of the State's control (i.e. receiving more vaccine than expected or less vaccine than forecasted).

<sup>1</sup> Assumes 25% of those 75 and older were vaccinated in earlier groups.

<sup>2</sup> Assumes 15% of those 65-74 were vaccinated in earlier groups.

<sup>3</sup> Assumes 25% of adults with high-risk conditions were vaccinated in earlier groups.

# Underlying Medical Conditions

People who have any of these medical conditions are more likely to be hospitalized if they get COVID-19. COVID-19 vaccine supply to Rhode Island is still limited, so this is only the first group of people who will be prioritized for vaccination. This list does not replace CDC's inclusive list of underlying medical conditions that increase the risk of severe illness from COVID-19. As we get more vaccine, more medical conditions will be added to the list.

## Diabetes

- Type 1
- Type 2

## Lung disease

- COPD (chronic obstructive pulmonary disease)
- Emphysema
- Cystic Fibrosis
- People with significant decreased lung function
- People with ALS (Lou Gehrig's disease)

## Heart disease

- Congestive heart failure
- Coronary artery disease
- People with enlarged hearts (cardiomyopathies)
- People with other significant heart conditions
- People with Down Syndrome

## Kidney disease

- People on dialysis
- Significant chronic kidney disease

## Weakened immune system

- Cancer
- People who get chemotherapy or radiation
- People who have had a transplant or are waiting for a transplant
- HIV/AIDS
- Sickle cell disease
- People who have a disease that weakens the immune system
- People who take medicine that weakens the immune system
- Pregnancy

# Primary Vaccination Channels

Channel	Scheduling	Timing
<p><b>Pharmacies</b></p> <p><i>CVS and Walgreens</i></p>	<p>Pharmacies have their own systems for scheduling:</p> <ul style="list-style-type: none"> <li>• CVS: go to <a href="https://www.cvs.com">CVS.com</a>, use the CVS Pharmacy phone app. or call <a href="tel:8007467287">800-746-7287</a></li> <li>• Walgreens: go to <a href="https://www.walgreens.com/ScheduleVaccine">Walgreens.com/ScheduleVaccine</a> or call your local Walgreens.</li> </ul>	<p>Already started</p>
<p><b>Local and Regional Vaccination Sites</b> <i>(includes clinics run by cities/town, hospitals, community health centers, housing authorities, etc.)</i></p>	<p>Through outreach from provider to individual</p>	<p>Already started</p>
<p><b>State-run Vaccination Sites</b></p> <p><i>Dunkin' Donuts Center in Providence</i> <i>Sockanosset Cross Road in Cranston</i></p> <p><i>The State is exploring additional vaccination sites in geographically diverse areas across the State</i></p>	<p>Schedule online at <a href="https://vaccinateri.org">vaccinateri.org</a></p> <p>People who cannot make appointments online can get help by calling the automated line at <a href="tel:8449301779">844-930-1779</a></p>	<p>Scheduling opened February 17 for appointments beginning February 18</p> <p>New appointments will be added through the week as slots open. Appointments are expected to fill quickly.</p>

\*Appointments are required at all sites. No walk-ins.

# Vaccine Interest Notification List

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- People not yet eligible for vaccination can add their contact information to a Vaccine Interest Notification List to get updates as eligibility opens to new groups.
- Enrolling in this list does not guarantee an appointment. You will still need to make an appointment when you are eligible to be vaccinated.
- To sign up, visit [portal.ri.gov](https://portal.ri.gov).
- Cities and towns may also have their own notification lists to let eligible residents know about vaccination opportunities.

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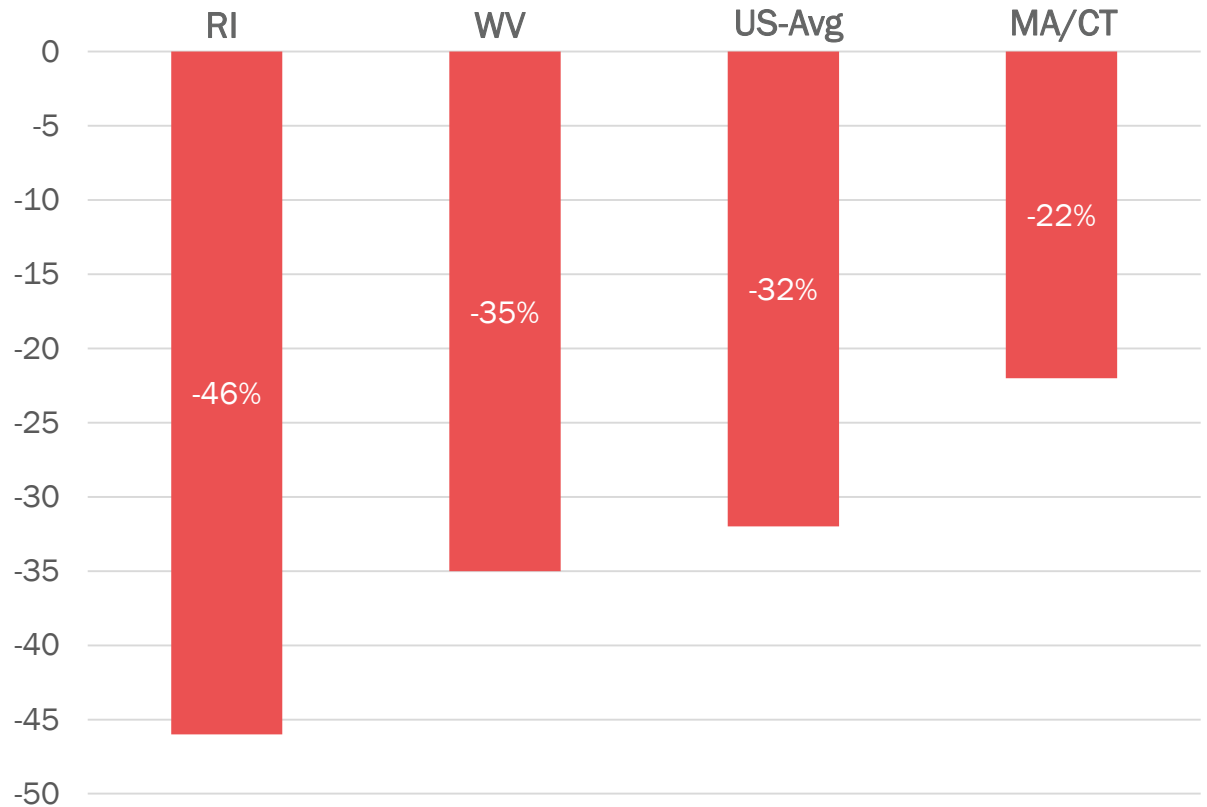
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# Vaccination administration has contributed to a faster reduction in hospitalization in RI, compared to other regions

- As of Feb 17, RI has administered 113K first doses, and 165K total doses
- Hospital admission reduction rate is slower across the United States, MA/CT, and WV compared to Rhode Island

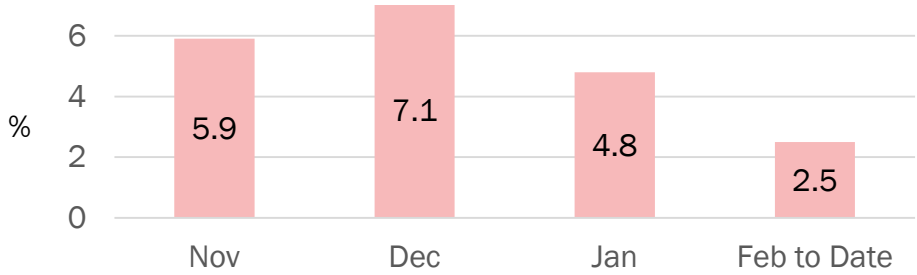
Average Change in Daily Hospital Admissions  
Jan to Feb to date



# Positivity rate dropped by 50% from January to Feb, while number of cases, hospitalizations, and deaths decreased by 46%

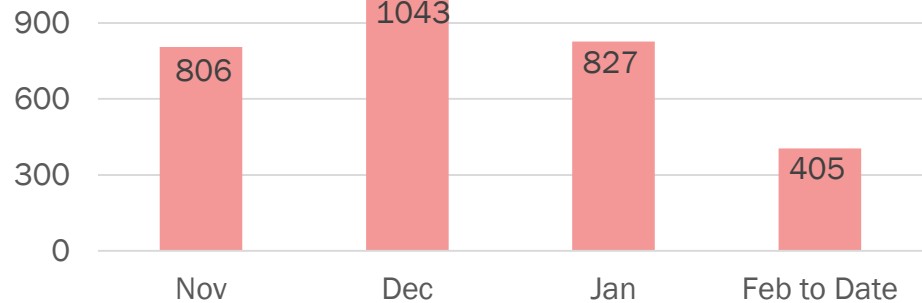
## Positivity Rate

↓ Test positivity reduced by 65% since Dec



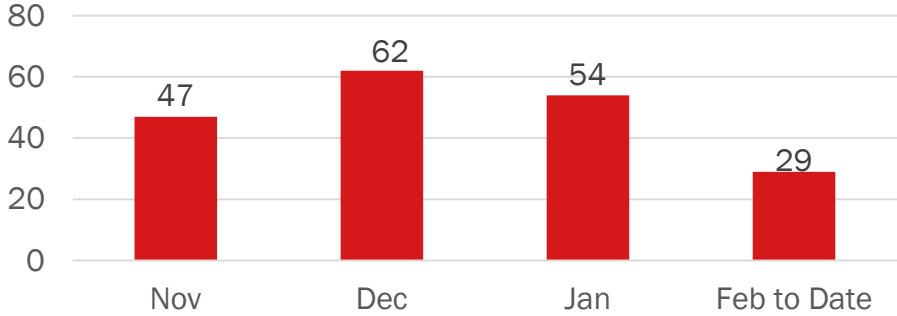
## RI Daily Cases

↓ Daily cases Reduced by 61% since Dec



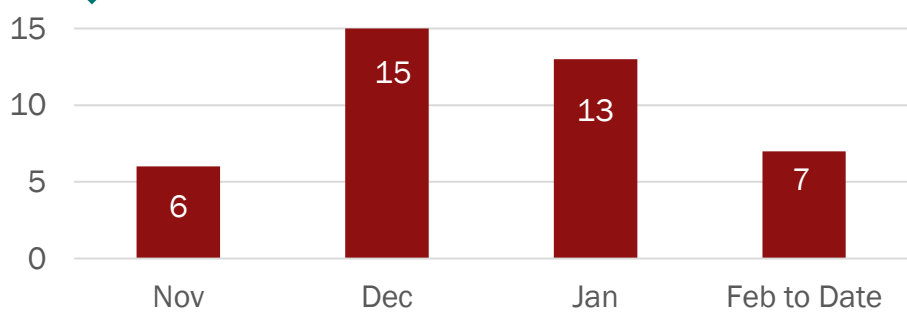
## Daily Hospital Admissions

↓ Hospital admissions reduced by 53% since Dec



## Daily Deaths

↓ Hospital admissions reduced by 53% since Dec





# Public health measures, including PAUSE, cyclical testing, treatment, and vaccination strategy have reduced burden of disease

Effective public health measures, including methodical deployment of testing, treatments, and vaccination, have contributed to a faster decrease in cases, hospitalizations, and deaths across Rhode Island population, especially healthcare workers, congregate setting, and HDC residents

**Decrease in Cases**  
Weekly Jan to Feb

Health Workers	LTCF Residents	Central Falls	General Population
66% ↓	55% ↓	64% ↓	49% ↓

Overall number of cases dropped by 49% from Jan to Feb, while number of cases among healthcare workers decreased by 66%

**Decrease in Hospitalizations**  
Weekly Jan to Feb

Health Workers	LCTF Residents	Central Falls	General Population
52% ↓	51% ↓	Less than 5 ↓	44% ↓

Overall number of hospital admissions dropped by 44%, while number of hospital admissions among healthcare workers decreased by 52%

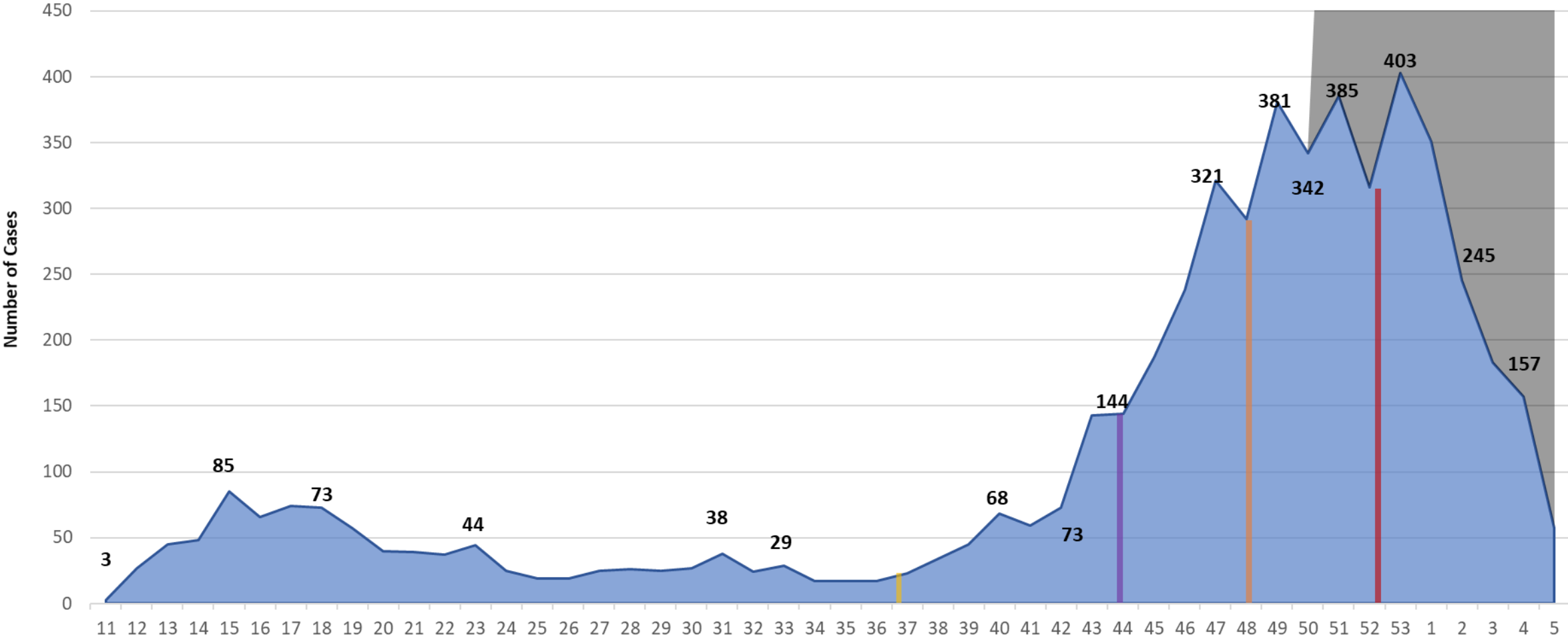
**Decrease in Mortality**  
Weekly Jan to Feb

Health Workers	LTCF Residents	Central Falls	General Population
Less than 5 ↓	41% ↓	Less than 5 ↓	45% ↓

# Healthcare Worker Cases

Cases have decreased precipitously among healthcare workers since vaccination began

■ Vaccines Begin ■ Labor Day ■ Halloween ■ Thanksgiving ■ Christmas



MMWR Week\*

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# Rhode Island is shifting from a more targeted vaccination strategy in **Phase 1** to a faster, simpler, age-based vaccination strategy in **Phase 2**

- Currently ~79K doses in inventory
  - Expect to administer ~40-50K of these doses by 2/23 through three channels:
    - Pharmacies (retail – CVS + Walgreens; federal long-term care facility partnership): ~25%
    - State-run vaccination sites, municipal clinics, other targeted channels: ~50%
    - Hospitals and community health centers: ~25%
  - Expect similar pace of administration in weeks ahead
  - To continue driving down doses in inventory, working to streamline the number of redistribution partners (from ~45 to ~25) and push out more vaccine quickly through mass vaccination sites
  - Will continue to maintain commitment to ensuring access to vaccine through more targeted channels for hard-to-reach populations

# Rhode Island is shifting from a more targeted vaccination strategy in Phase 1 to a faster, simpler, age-based vaccination strategy in Phase 2

Rhode Island's targeted approach in Phase 1 reduced cases, hospitalizations, and deaths among priority groups  
State is taking several steps to move more quickly in Phase 2.

## Ramp up capacity at vaccination sites

**Expand capacity to quickly administer additional doses as they become available.**

- ✓ Ramp up capacity at State-run vaccination sites
- ✓ Expand retail pharmacy base to ensure all vaccine administered

## Ensure efficient administration by providers

**Phase 2 goal: administer 90% of doses within 7 days or fewer**

- ✓ (Phase 1 target: 90% of doses administered within 14 days)
- ✓ Reducing number of redistribution partners from ~45 to ~25 and increasing direct shipments to large volume sites
- ✓ Increasing oversight of inventory management

## Streamline data and reporting

**Vaccine data are as clear and up to date as possible**

- ✓ Hold providers accountable for following consistent reporting template, cadence
- ✓ Clearly distinguish data on first and second doses

# Additional Challenges

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## Limited Supply

**The more vaccine we receive, the more we can make available**

- ✓ Authorization of additional COVID-19 vaccines (J&J under FDA review now)
- ✓ Advocating for additional doses to be distributed to Rhode Island

## Vaccine Confidence

**Multipronged strategy to boost confidence, uptake rates**

- ✓ Multichannel paid media and influencer campaign
- ✓ Collaboration with community partners and providers
- ✓ Efforts to address rumors and misinformation

## Equity

**Continue focus on equity while moving more quickly**

- ✓ Accelerate distribution in geographies at higher risk of hospitalization and death
- ✓ Continue to increase access to vaccine through local and regional channels for hard-to-reach populations

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