



House Task Force for COVID-19 Vaccine

September 21, 2021

RHODE
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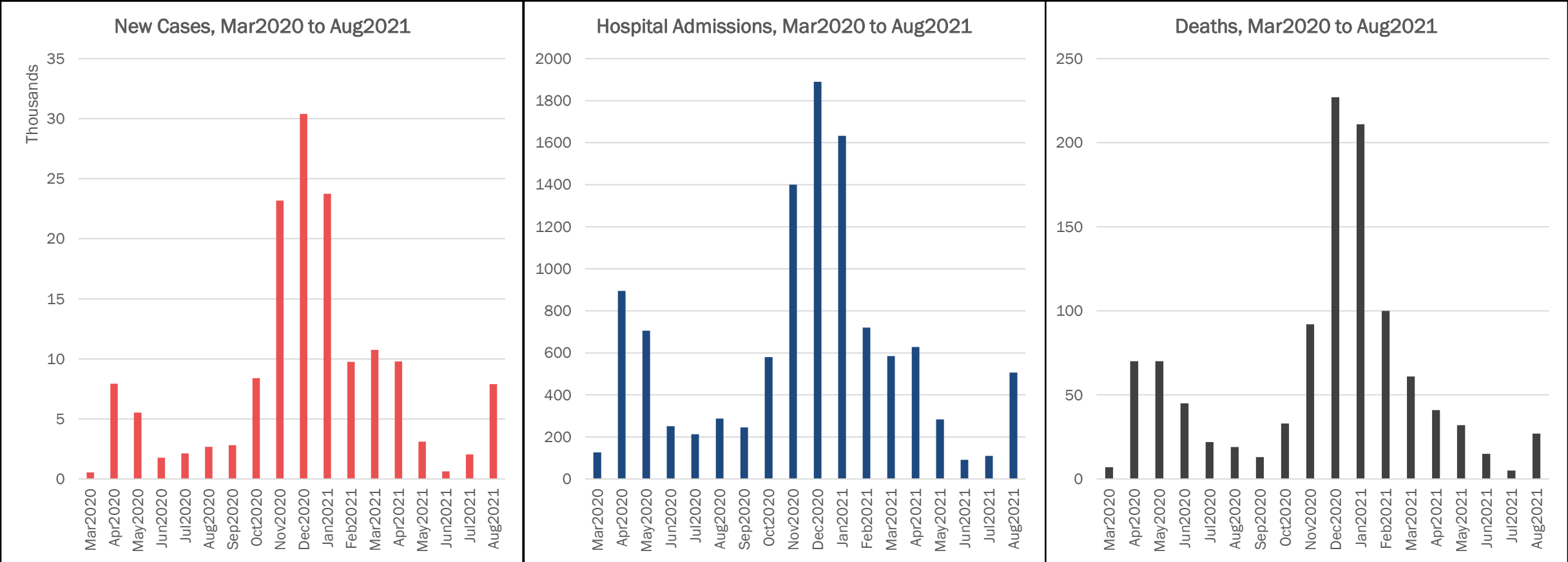
Questions

DATA UPDATE



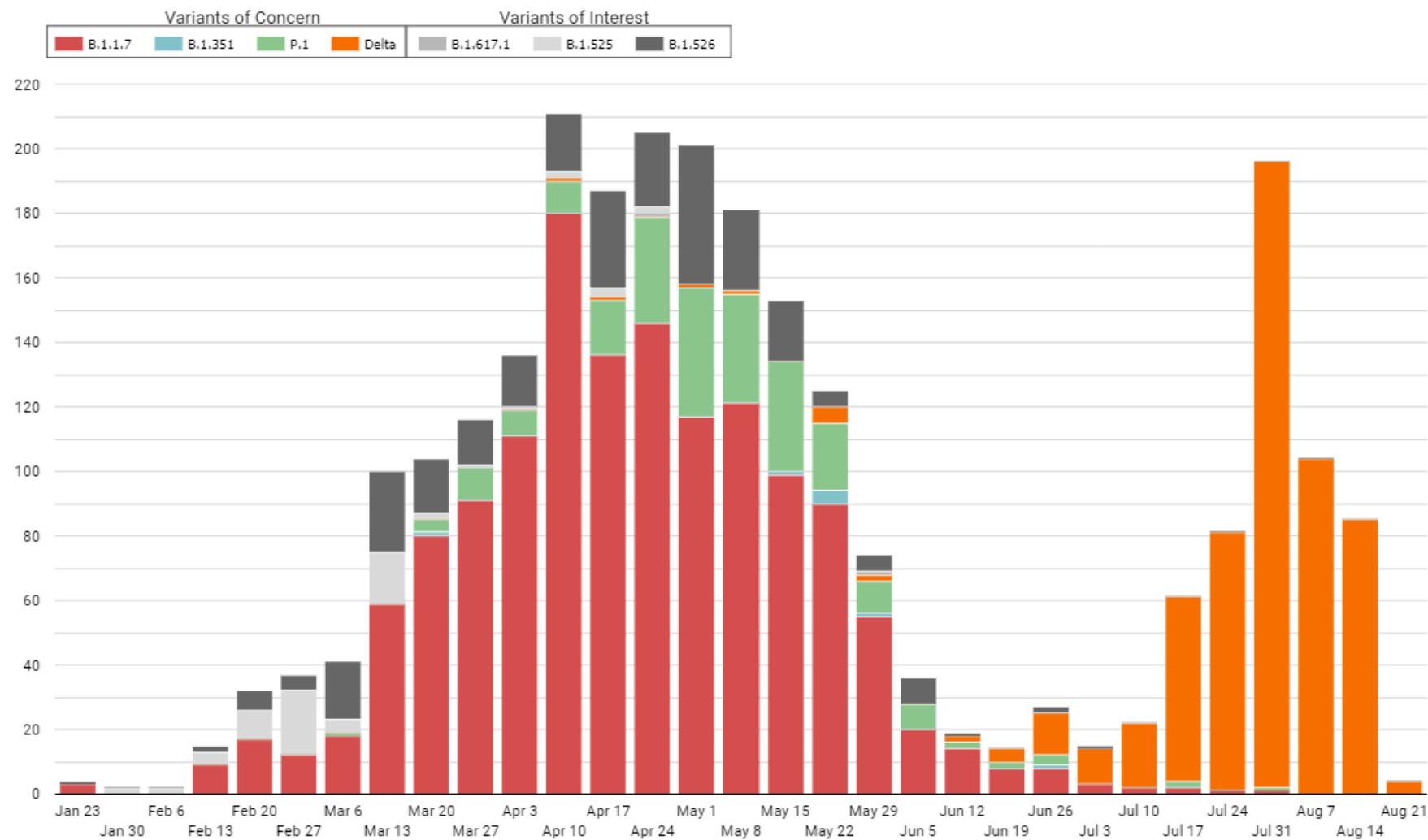
Observed Cases, Hospitalizations and Deaths

Rhode Island has seen a surge of new cases in recent months associated with the COVID delta variant. The recent surge has also seen growing hospital admissions and deaths related to COVID-19.



New cases from RIDOH COVID data; confirmed hospital admissions from Hospital Incident Reporting System (HIRS); confirmed deaths from OSME and Vital Records

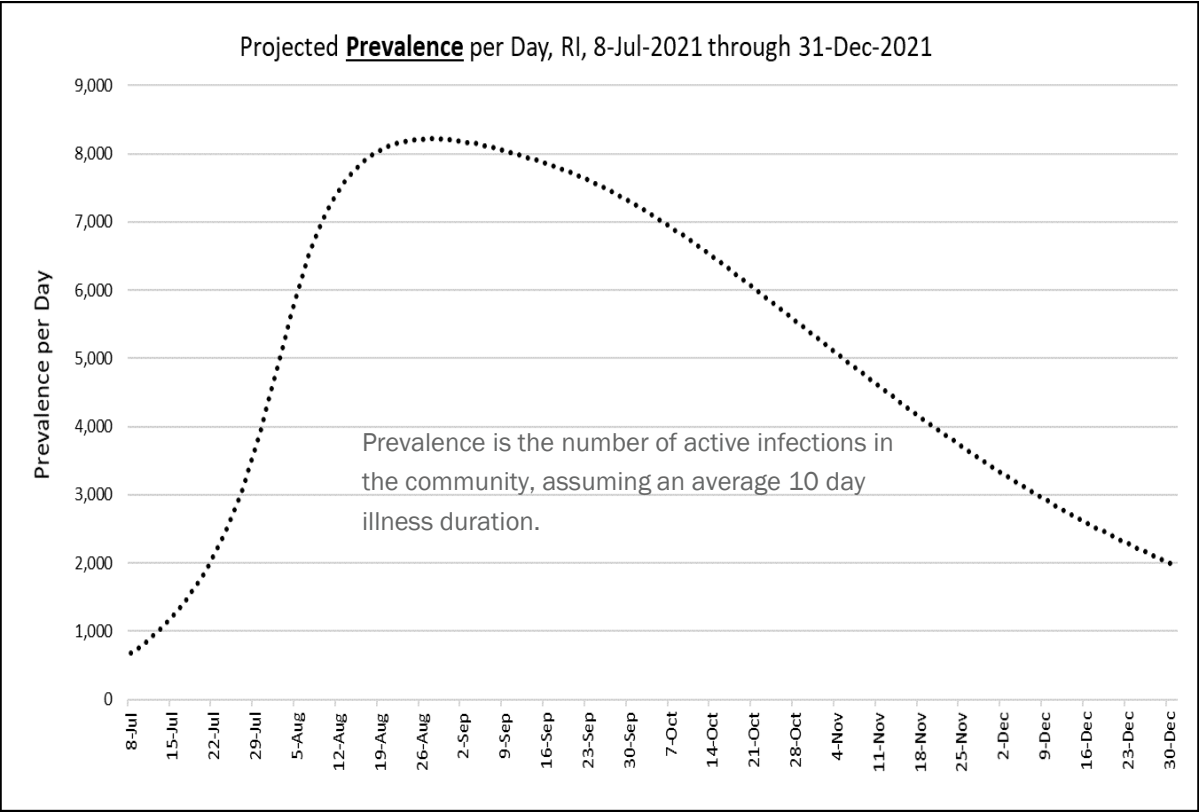
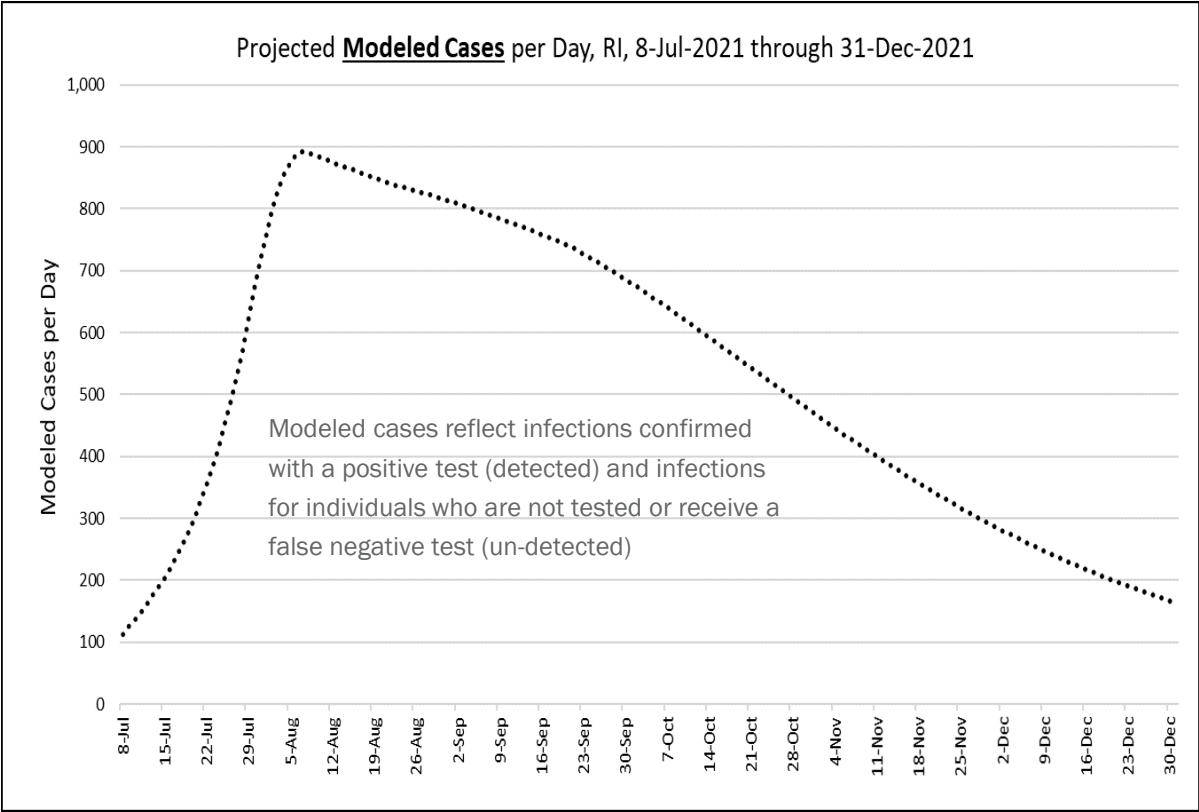
Number of SARS-CoV-2 VOC and VOI by week shows the recent substantial increase in Delta variant among sequenced samples



Notes: Counts reported are from a sampling of COVID-19 positive tests that have undergone whole genome sequencing, and do not represent the total number of SARS-CoV-2 VOC in Rhode Island. Sequence data are processed with the Pangolin quality control and interpretation algorithms, according to CDC requirements. VOC/VOI that are pending confirmation are not included in this chart. This chart is updated weekly on Wednesday. Source: Rhode Island Department of Health Date current as of September 13, 2021

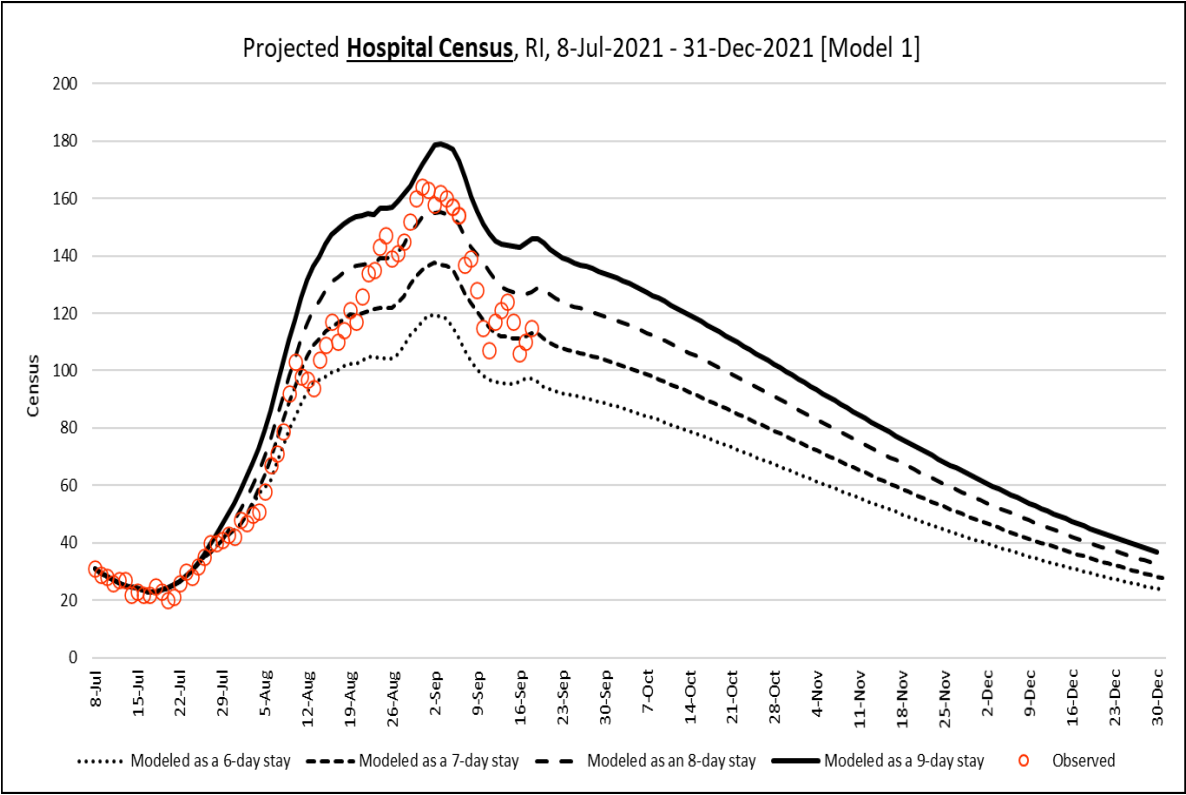
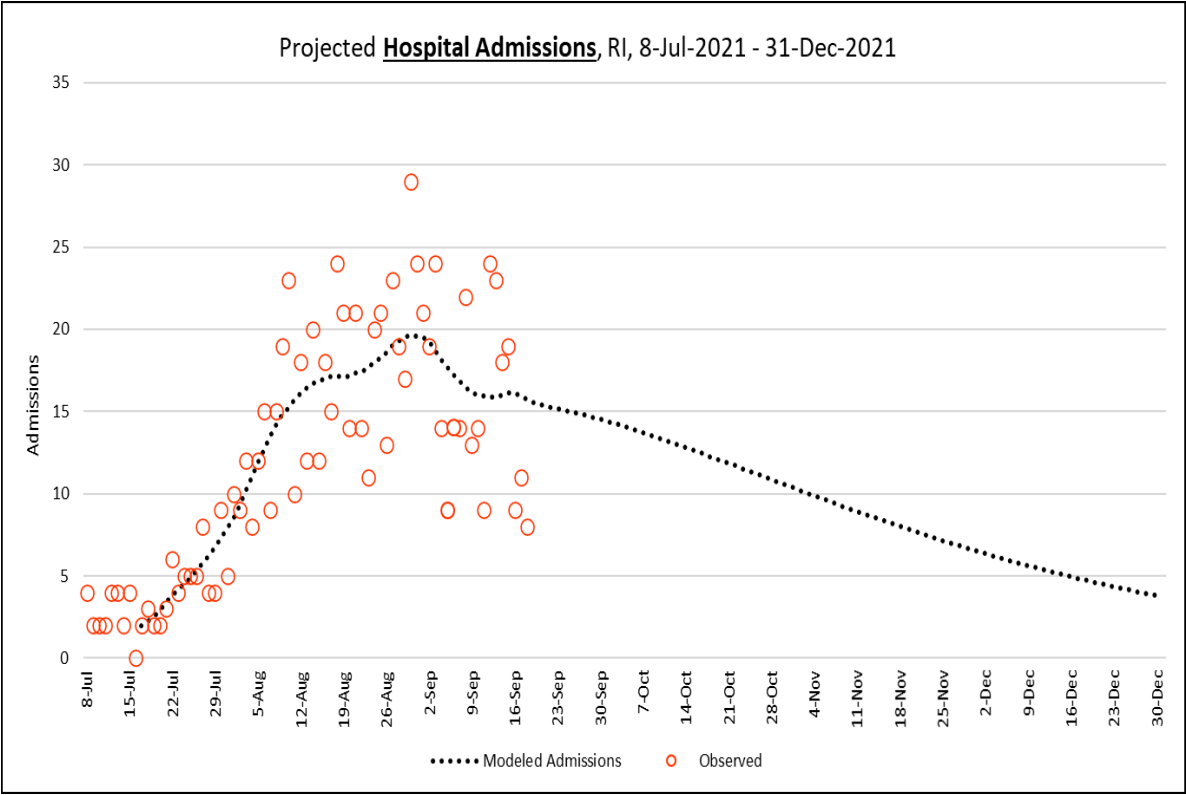
Disease Incidence and Prevalence Predictions

Epidemiological models based on data through mid-September indicate that the recent surge has peaked and new cases (both detected and undetected) as well as active infections will start to decline beginning October 2021.



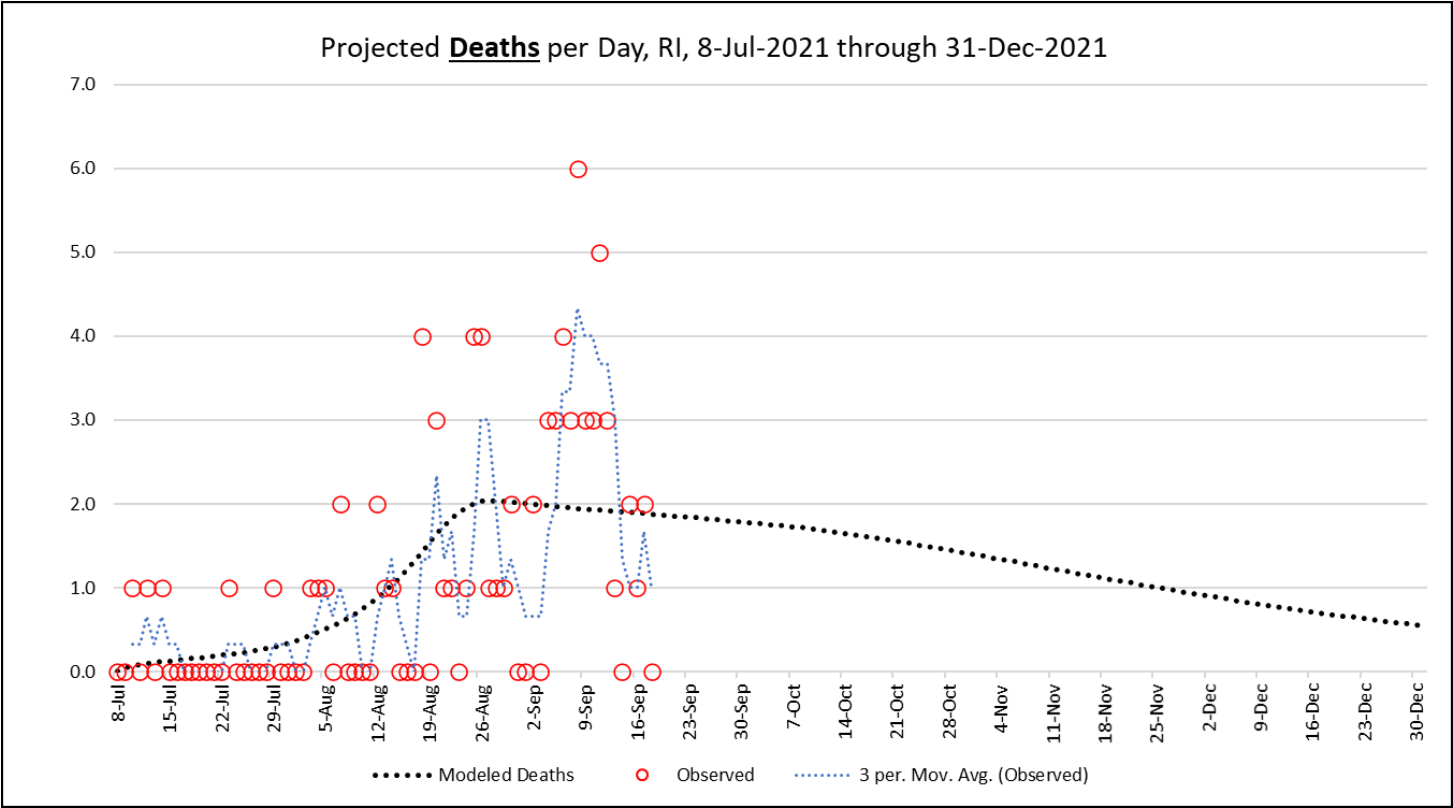
Hospitalization Predictions

Epidemiological models based on data through mid-September indicate that hospital admissions have peaked and will begin to decline in October. Declines in hospital census will follow.



Fatality Predictions

Epidemiological models based on data through mid-September indicate that COVID-related deaths have peaked and will begin to decline starting in October.



VACCINATION CAMPAIGN OVERVIEW

Vaccination Campaign Overview

- One COVID-19 vaccine is being administered in Rhode Island with full FDA approval, three under Emergency User Authorization (EUA)
 - Pfizer-BioNTech (Comirnaty) for **age 16 and older** (full approval)
 - Pfizer-BioNTech (Pfizer) vaccine for **age 12 to 16** (EUA)
 - Moderna vaccine for **age 18 and older** (EUA)
 - Johnson & Johnson (Janssen) vaccine for **age 18 and older** (EUA)
- All three vaccines are highly effective at preventing COVID-19 associated hospitalizations and fatalities.
- All three vaccines continue to undergo safety monitoring through multiple national reporting and monitoring systems.
- Rhode Island maintains one of the highest vaccine administration rates in the country.

Vaccination Campaign Overview

Where we are now

- 66.6% of Rhode Islanders fully vaccinated (77.6% of Rhode Islanders 18+ fully vaccinated)*
- 74.2% of Rhode Islanders partially vaccinated (86.3% of Rhode Islanders 18+ partially vaccinated)*
- Alignment with federal COVID-19 Plan
 - Vaccinating the unvaccinated (through regulatory powers)
 - Rhode Island – Regulation and enforcement strategy for vaccination requirement for healthcare workers, providers, and facilities
 - Further protecting the vaccinated (booster doses)
 - Rhode Island – Plan for surge, will await ACIP recommendations
- Pfizer applying for permission to immunize 5–11 year-olds

* Data as of 9/20/21

Vaccination Campaign Overview

Boosters: Readiness and Risks

Operations & Vaccine Administrator Readiness

- Regular planning meetings
- Demand forecasts to solve for gaps
- Fortified warehouse operations
- Continued onboarding of PCPs as administrators
- Leverage combination of vaccination channels to meet booster demands of varied groups in Phase 1 (healthcare workers, corrections, LTCFs, etc.)

Supporting Functions Readiness

- Systems and data structure enhanced and ready
- Communications:
 - Plans for booster dose by targeted population (e.g., LTCF and congregate care settings, general population)
 - Paid media campaigns to support across vaccine initiations
 - Joint RIDE/RIDOH communications plan for back to school

Key considerations

- Impact of vaccination requirement on healthcare workforce
- Extent of Federal Pharmacy Plan for LTCFs unclear (RIDOH planning for “worst-case scenario”)
- Cadence for FDA & ACIP approvals and recommendations

Vaccination Campaign Phases

- **Phase 1:** Vaccinating those most at risk for severe illness and death and our healthcare system to ensure we have the resources to care for those who need care
- **Phase 2:** Immunocompromised individuals, Central Falls, people in congregate care settings
- **Phase 3:** Meet people where they are to get as many people vaccinated as possible, as quickly as possible, through mass vaccination sites and working through the age bands
- **Phase 4:** Shift resources to support vaccination at a community level and focus on policy solutions

Vaccination Campaign Overview

Where we are going: Key drivers for anticipated increased demand

Full FDA-approval (Pfizer)

- 8/24 FDA grants full approval to Pfizer-BioNTech COVID-19 vaccine for people ages 16 and older
- Pfizer continues to be available under EUA for people ages 12 to 16
- Safety monitoring systems remain in place

Back to school

- Ensuring vaccination opportunities for all students ages 12 to 18 through before and during school year clinics
- Before school year: At least one clinic in each LEA across school types
- Beginning school year: At least one clinic per town, clinics in majority of public middle and high schools in each city (to continue through October)

< 12-year-old eligibility

- Pfizer applying for permission to immunize 5- to 11-year-olds (targeting EUA by end of October - TBD)

HCW requirement/ Business outreach

- Effective 8/18
- Communications plan for Vaccine Regulation Enforcement (action plan template, reporting instructions, website, FAQ, inbox for questions)
- Distribution of employer resource guide to promote employee vaccination policies in the workplace

Boosters

- 9/17 FDA's advisory committee recommends booster doses (Pfizer only) for people ages 65 and older and others at high risk of severe COVID-19
- ACIP meeting 9/22-9/23
- Communications planned by targeted populations (e.g., LTCF, HDCs & BIPOC communities, correctional facilities)



HEALTHCARE WORKER VACCINATION REQUIREMENT AND ENFORCEMENT STRATEGY

Purpose of the Regulation

(1) Ensure safe healthcare settings, protected against COVID, (2) while sustaining high-quality care across a stable healthcare system.

Studies show:

- **COVID-19 vaccination prevents hospitalizations (MMWR, September 17, 2021)**
- **Vaccines prevent transmission of the virus (NEJM, September 8, 2021)**
- **Even those who have been infected should be vaccinated; reduced risk of reinfection after vaccination (MMWR, August 13, 2021)**

U.S. Health Care Vaccination Mandate Summary

State	Scope	Timeline
MA	<ol style="list-style-type: none"> Staff at skilled nursing facilities All staff at nursing homes, assisted living residences, hospice programs, and home care 	<ol style="list-style-type: none"> First dose by 10/10 Second dose by 10/31
NY	<ol style="list-style-type: none"> Workers at state-run hospitals All health care workers (staff at hospitals, nursing homes and other long term care facilities) 	<ol style="list-style-type: none"> Vaccinated by 9/1 First dose by 9/27
ME	<ol style="list-style-type: none"> Staff at any state-licensed: hospital, multi-level health care facility, home health agency, nursing facility, residential care facility, and intermediate care facility for individuals with intellectual disabilities. <p><i>Also applies to those employed by emergency medical service organizations or dental practices</i></p>	<ol style="list-style-type: none"> Fully vaccinated by 10/1 <p>**On 9/3 announced it would not be enforced until 10/29</p>
CT	<ol style="list-style-type: none"> Staff in nursing homes, residential care homes, assisted living facilities, intermediate care facilities, managed residential communities and chronic care hospitals 	<ol style="list-style-type: none"> First dose complete and appointment scheduled for second dose by 9/7
NJ	<ol style="list-style-type: none"> Staff in health care facilities and high-risk congregate care settings (e.g., hospitals, long-term care facilities, clinic-based settings) 	<ol style="list-style-type: none"> Fully vaccinated by 9/7
CA	<ol style="list-style-type: none"> Staff in hospitals, skilled nursing facilities, intermediate care facilities, ambulatory surgery centers and most other healthcare settings 	<ol style="list-style-type: none"> Both doses by 9/30
CO	<ol style="list-style-type: none"> Staff and contractors who interact with patients in assisted living facilities, nursing homes, hospitals, hospices, community clinics and other health care settings regulated by the board of health 	<ol style="list-style-type: none"> First dose by 9/30; Fully vaccinated by 10/31
IL	<ol style="list-style-type: none"> All healthcare workers (including public and private nursing home employees) All pre-k-12 teachers and staff, as well as higher education personnel and students 	<ol style="list-style-type: none"> First dose by 9/18 and second shot within 30 days of first shot (deadline extended as of 9/4)
NM	<ol style="list-style-type: none"> Medical close-contact congregate settings including hospitals, nursing homes, juvenile justice facilities, rehabilitation facilities, state correctional facilities 	<ol style="list-style-type: none"> First dose by 9/27
MD	<ol style="list-style-type: none"> Nursing home staff (227 facilities) All employees of Maryland hospitals 	<ol style="list-style-type: none"> First dose by 9/1
WA	<ol style="list-style-type: none"> Healthcare workers in private sector Healthcare workers in long term care All state employees (contractors and those working remotely) 	<ol style="list-style-type: none"> Fully vaccinated by 10/18

Vax rates at healthcare facilities have increased 10 points since 9/2

Takeaways:

- There is a 10 points increase in vaccination rate from 9/2 to 9/13
- 79% of 415 facilities submitted data for 9/13
 - 88 facilities did not report data
- 41 facilities are < 80% vaccinated, down from 69 from 9/2

Assumption / Definition

Total Health Care Workers: Total number of personnel at those facilities

Total Partially or Fully Vaccinated: Number of personnel reporting partial or full vaccination

Vaccination Rate: Percentage within the facility type of partial and total vaccinations

Facility Type	Number of Facilities Reporting**	Total Health Care Workers 9/13	Total Partially or Fully Vaccinated 9/13	Vaccination Rate 9/2	Vaccination Rate 9/13
Adult Day Care Centers*	15	329	311	N/A	94.5%
Assisted Living Residences	59	3,282	3,060	79.0%	93.2%
Clinical Laboratory*	3	621	536	N/A	86.3%
End Stage Renal Disease (Dialysis Center)	13	229	210	81.5%	91.7%
Freestanding Ambulatory Surgical Center	8	394	369	87.5%	93.7%
Freestanding Emergency Center	1	54	48	66.0%	88.9%
Home Care	25	1,773	1,449	73.7%	81.7%
Home Nursing Care Provider	42	4,776	4,089	78.1%	85.6%
Hospice	6	964	901	83.0%	93.5%
Hospitals	13	29,545	24,867	74.5%	84.2%
Nursing Facility	79	10,227	9,377	80.1%	91.7%
Nursing Service Agencies	22	1,081	690	57.0%	63.8%
Outpatient Ambulatory Care Facility	32	3,938	3,592	83.3%	91.2%
Physician or Podiatry Ambulatory Surgery Center	6	325	321	84.7%	98.8%
Rehab Hospitals	1	66	61	80.6%	92.4%
School Based Health Center	2	8	8	100.0%	100.0%
Grand Total	327	57,612	49,889	76.6%*	86.6%

*Adult Day Care Centers and Clinical Laboratories were not included in the 9/2 report and were added to the 9/13 report

**11 facilities do not have employees in RI and were removed from scope

Less than 2% reporting facilities expressed operational concerns

The 69 facilities with < 80% vaccinated are employing diverse strategies to increase vaccinations, with the majority noting they plan to achieve 100% compliance by 10/1¹

Total Facilities < 80% Vaccination Rate as of 9/2	Total Facilities < 80% Vaccination Rate Reached for Follow-Up	Approximate Impact to Operations due to Unresolved Risk to Quality of Care / Staffing ²	
		Approx. Total #	Approx. Total of all reporting facilities%
69	54	8	2%

Qualitative Feedback

What is your main concern post 10/1?

- **Staffing Shortages**
 - Mainly clinical staff, some noted housekeeping / dietary shortage
- **Disruption to Operations**
 - Concern about being able to provide same level / type of care required to avoid going out of business

What are you doing to close the gap?

- **Hosting Clinics**
 - Holding clinics on-site for personnel
- **Providing Incentives**
 - Providing bonuses, pay raises, offering incentives, and holding raffles
- **Continuing Education**
 - Holding informational meetings and having 1-1 discussions to educate

How are you ensuring quality of care?

- **Recruiting / Hiring**
 - Borrow staff from sister facilities
 - Connect with staffing agencies
 - Recruit for the empty positions
- **Adjusting Operations**
 - Discharge patients that cannot be covered by staffing structure
 - Downsize nonessential services
 - Pause on taking on new clients

Mitigate with enforcement approach (next slide)

Mitigate with enforcement approach (next slide)

¹ Many hospitals noted a surge in vaccinations and plan to surpass 80% vaccination rate by 10/1 and many of the Assisted Living Residences noted they plan to be in compliance with the mandate by 10/1

² Note, these are based on qualitative assumptions based on severity of risk cited by facility

Enforcement begins on 10/1, to mitigate risk to patient outcomes non-compliant facilities will be accountable to a corrective action plan that RIDOH will enforce

The expectation is that all facilities are compliant on 10/1. If patient outcomes are at risk because critical staff are noncompliant, facilities will submit a corrective action plan to come into full compliance within 30 days

- *The healthcare system will be accountable to the public, and Rhode Islanders will know which facilities are compliant as they make their healthcare decisions.*

(10/1) Attestation Due	(10/1) Corrective Action Plan	(W/in 30d) Escalate Enforcement
<ul style="list-style-type: none">• Identify compliant facilities and licensees• Publish compliant facilities publicly• Non-Compliant facilities and licensees articulate action plan to come into compliance	<ul style="list-style-type: none">• Specify the facility’s plan (with timelines) to ensure that all healthcare workers will become fully vaccinated by 10/31/2021.• Demonstrate that any unvaccinated staff who are still working are essential to the facility’s operation.• Specify the temporary infection prevention measures that the facility will be taking regarding unvaccinated staff who are essential to the facility’s operation (for example, require testing, require masks, etc.).• Outline the facility’s procedure to ensure that any new hires are fully vaccinated against COVID-19.	<ul style="list-style-type: none">• Assess progress against plan and investigate complaints• Escalate enforcement in line with minimum needed to maintain accountability to action plan and full compliance

Next Steps

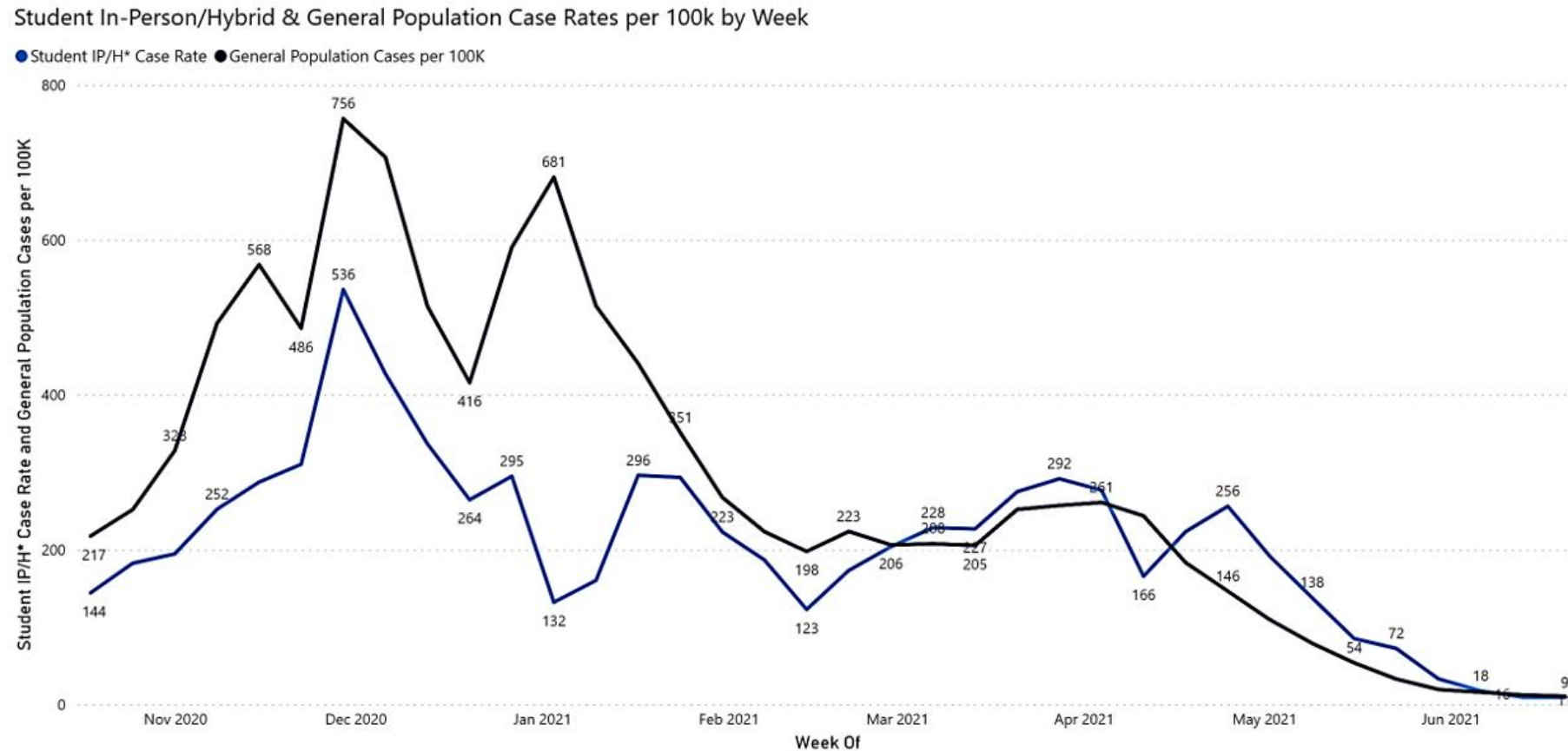
- Continue to engage stakeholders, trade organizations, and the public as we share the enforcement strategy, starting the week of 9/13
- Disseminate corrective action plan template to facilities **week of 9/20**
- Website for communicating facilities that are compliant to enable Rhode Islanders to make fully informed decisions on where they receive care **week of 9/27**
- Enforcement begins **10/1**

K-12 UPDATE AND BUSINESS OUTREACH

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Low COVID-19 Transmission Rates in Schools in 2020-2021

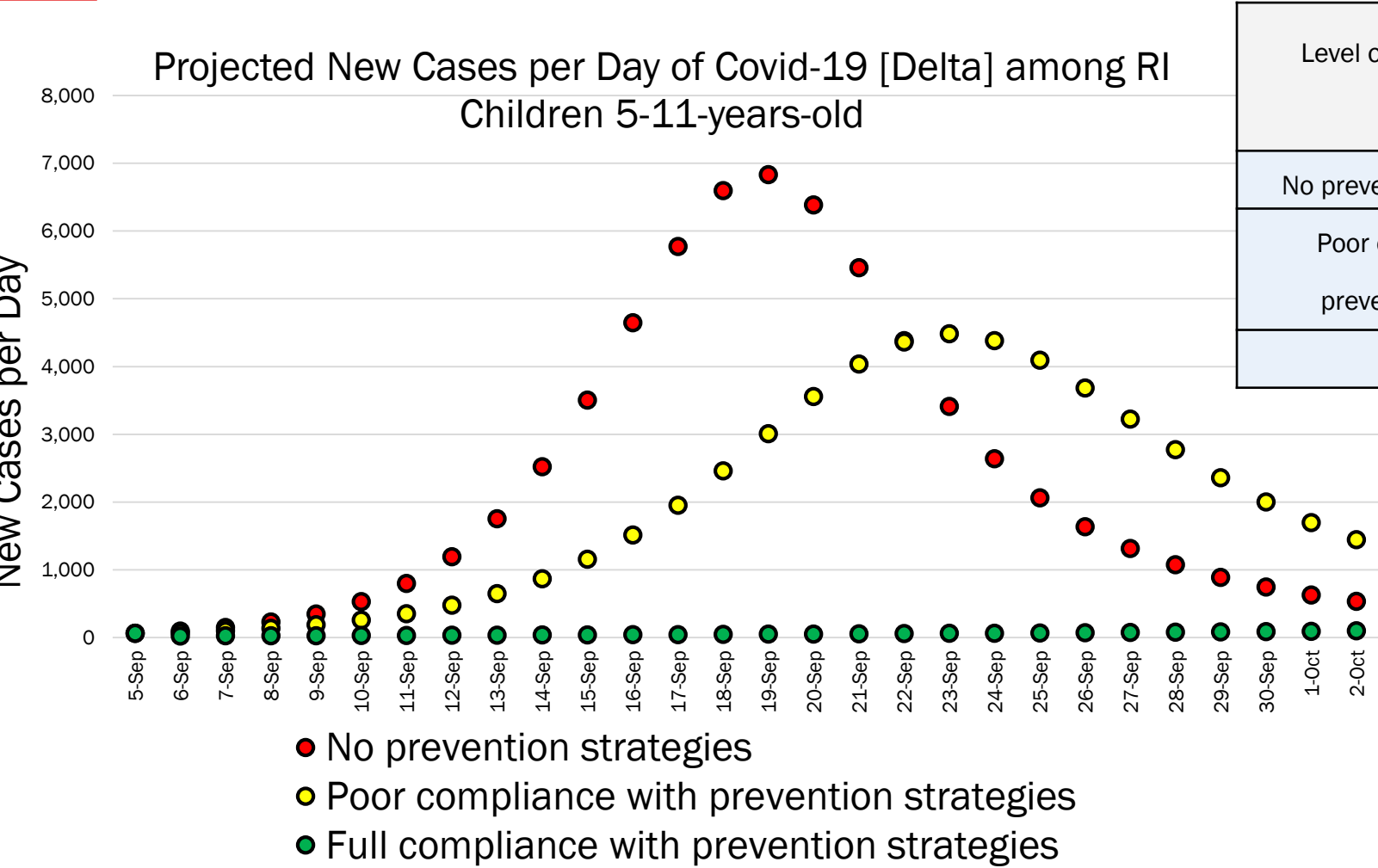
From September 14, 2020, to July 3, 2021: Only 5.4% of positive cases among Rhode Island's Pre K-12 students and staff were reported as from documented school-based-only exposures.



* In-person/ Hybrid

Model for September 2021:

New Cases per Day of COVID-19 Among Rhode Island Children Ages 5-11 by Level of Mitigation



Level of Mitigation	Total Cases (Sep 18)	Total Cases (Oct 2)	Est. Number of Students Ages 5-11
No prevention strategies	28,210	66,212	81,532
Poor compliance with prevention strategies	10,257	55,373	
Full compliance	517	1,534	

Mask Requirement for K-12 Public Schools

- **As of August 19** (Executive Order 21-87), all public K-12 schools in Rhode Island must have a universal indoor masking policy in place at the start of the 2021-22 school year.
 - In line with the EO, RIDOH developed a universal indoor mask protocol for schools to use.
 - Many Local Education Agencies (LEAs) had a mask policy in their mitigation plans prior to the EO.
- Rhode Island Pre K-12 schools are planning to provide 100% in-person learning for the 2021-22 academic year. The Delta variant of COVID-19 spreads easily in crowded places, like Pre K-12 classrooms.
- National and international data have shown that masks help limit or prevent the spread of COVID-19 in schools.
 - Schools across the US with either relaxed or no masking policies have seen outbreaks of COVID-19.

The Science Behind Masking

National and international data have shown that **masks help limit or prevent the spread of COVID-19.**

- Schools across the US with either relaxed or no masking policies have seen outbreaks of COVID-19
 - Masking blocks release of exhaled virus from an infected person
 - Masking prevents inhalation of virus from the environment
 - In Thailand, among >1000 people, those who always wore a mask during high-risk exposure had a 70%+ reduced risk of getting infected compared to those who didn't wear masks
 - A study of an outbreak on the USS Theodore Roosevelt (within congregate living quarters and close working environments) found that the use of face coverings on board was associated with a 70% reduced risk of infection
 - Research supports that **mask wearing has no significant adverse health effects for wearers**
- <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>
 - Doung-Ngern P, Suphanchaimat R, Panjangampatthana A, et al. Case-Control Study of Use of Personal Protective Measures and Risk for Severe Acute Respiratory Syndrome Coronavirus 2 Infection, Thailand. Emerg Infect Dis. Sep 15 2020;26(11)doi:10.3201/eid2611.203003
 - Payne DC, Smith-Jeffcoat SE, Nowak G, et al. SARS-CoV-2 Infections and Serologic Responses from a Sample of U.S. Navy Service Members – USS Theodore Roosevelt, April 2020. MMWR Morb Mortal Wkly Rep. Jun 12 2020;69(23):714-721. doi:10.15585/mmwr.mm6923e4

Successful Prevention Strategies in 2020-2021

Rhode Island provided in-depth guidance, resources, and direct support so that schools could open in September 2020. The number of in-person learners increased throughout the school year.

Ventilation and Facilities

- In-depth guidance for facilities
- Expert site visits and ongoing support
- 6,100 HEPA filters for schools



Testing

- Comprehensive testing program in fall 2020
- School-based surveillance testing in winter 2021

Physical Distancing and Masking

- Universal masking and distancing recommendations
- Implementation support for schools
- Real-time adjustments based on science



Case Investigation/Contact Tracing

- Protocols for isolation of symptomatic people
- Specific processes and communications tools for Pre K-12 Case Investigation/Contact Tracing

Schools must comply with COVID-19 prevention strategies

- **Promoting** clinics held in each municipality;
- **Physical distancing:** At least three feet between stable groups/cohorts for indoor activities in shared spaces;
- **Masking:** Strongly recommended for everyone older than two when indoors and in crowded settings outdoors; universal indoor masking law for Rhode Island public K-12 schools (EO 21-87);
- **Screening students and staff:** Screen daily and, if any symptom, stay home/isolate and get tested;
- **School-based testing:** Diagnostic (with symptoms) and screening (without symptoms);
- **Ventilation:** Go outdoors when possible and at least four to six air changes per hour (ACH) indoors;
- **Cleaning, disinfection, and hand hygiene:** Clean once daily, and clean and disinfect if sick person/case.
- **Responding to staff or students who are sick:** Isolate, test, and disinfect; and
- **Quarantine decisions:** Seven-day with a negative test and exemptions for fully vaccinated, COVID-19 diagnosis within 90 days, and Pre K-12 close contact exception (EO 21-94).

Business Outreach

RIDOH, Commerce and DBR have been working to provide resources to help businesses promote public health and economic success. Specifically, the focus is on the following four public health strategies:

- **Vaccination:** Businesses can ask employees and/or customers to be fully vaccinated. Onsite vaccination clinics are available, and we are distributing an employer resource guide to promote employee vaccination policies in the workplace
- **Testing:** Businesses can implement a routine employee testing program (e.g., weekly testing). An on-site testing program is available to help businesses with this. This program provides businesses with rapid COVID-19 test kits and the training they need to conduct regular testing of employees.
- **Ventilation:** Increasing ventilation in indoor areas can help reduce the spread of infectious diseases.
- **Indoor Masking:** Businesses also can ask employees and/or customers to wear masks while indoors.

QUESTIONS?



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APPENDIX

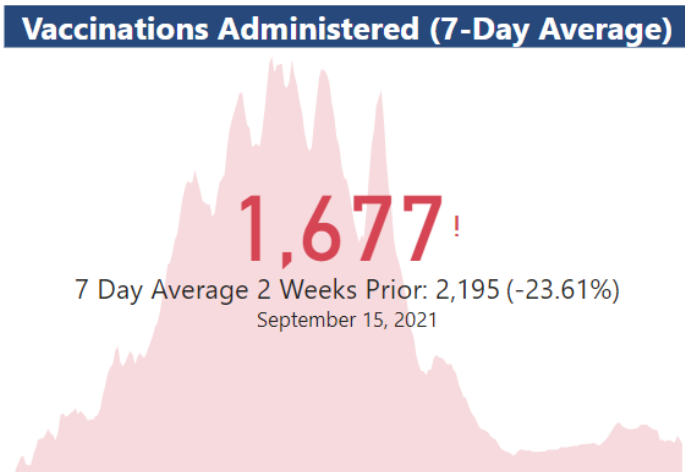
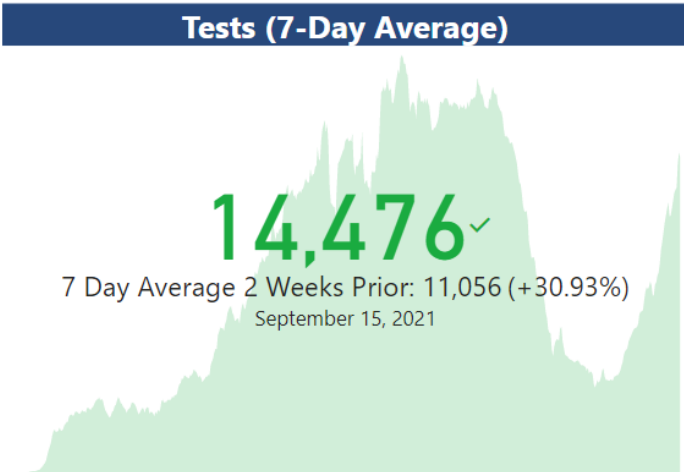
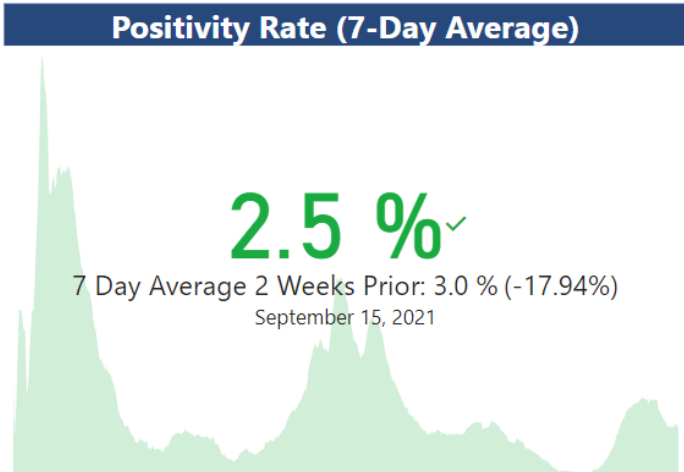
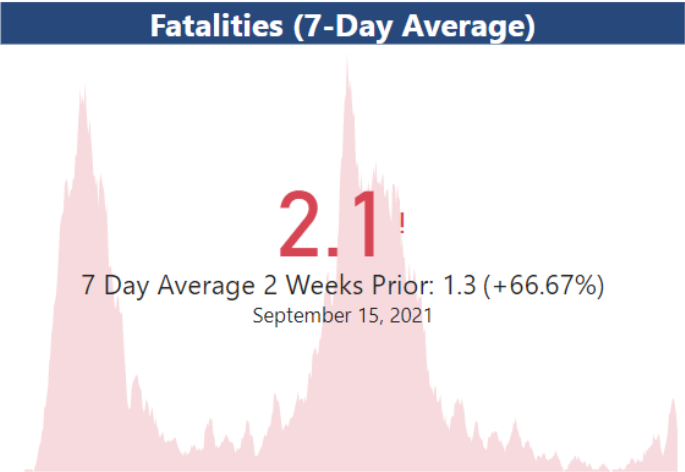
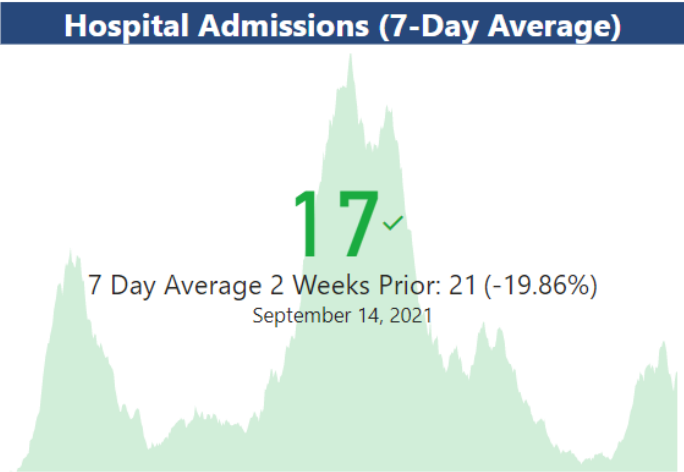
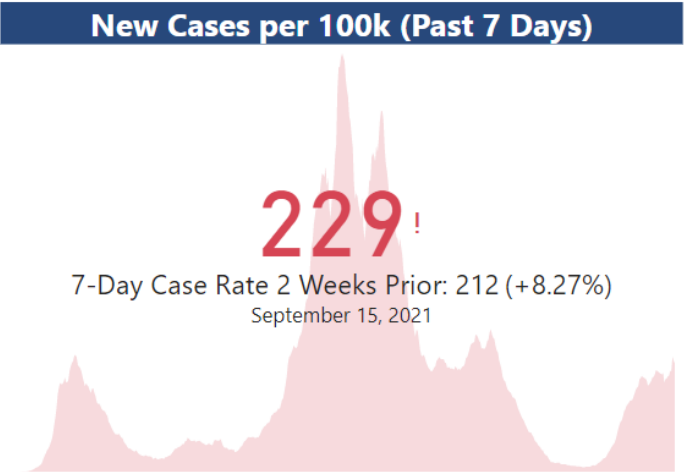


Rhode Island has seen a surge of new cases in recent months associated with the COVID delta variant. The recent surge has also seen growing hospital admissions and deaths related to COVID-19.

EPIDEMIOLOGICAL TRENDS

Trends displayed contain Date from March 2020 to Present Date of Data unless Otherwise Noted

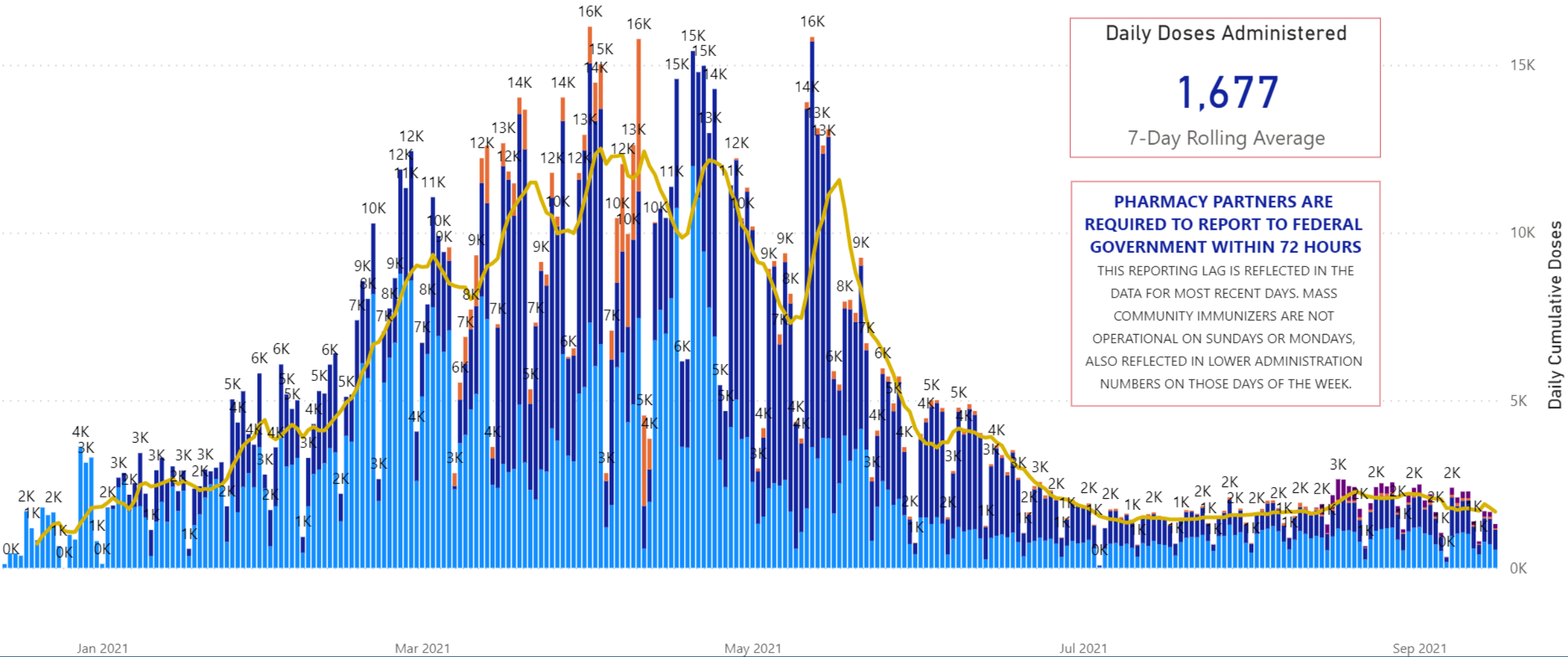
DATA UPDATED
September 16, 2021



Data for Case Reporting Began 2/29/2020, Hospital Admissions & Fatalities 3/6/2020, Testing & Test Positivity 3/7/2020, Test Positive Reporting begins on 3/21/2020, Vaccinations begin on 12/20/2020

Daily Dose Administration and 7-Day Rolling Average Administration

● First Dose Moderna or Pfizer ● Second Dose Moderna or Pfizer ● Johnson & Johnson Single Dose ● Doses Administered Beyond Primary Series ● 7 Day Average Total Doses Administered

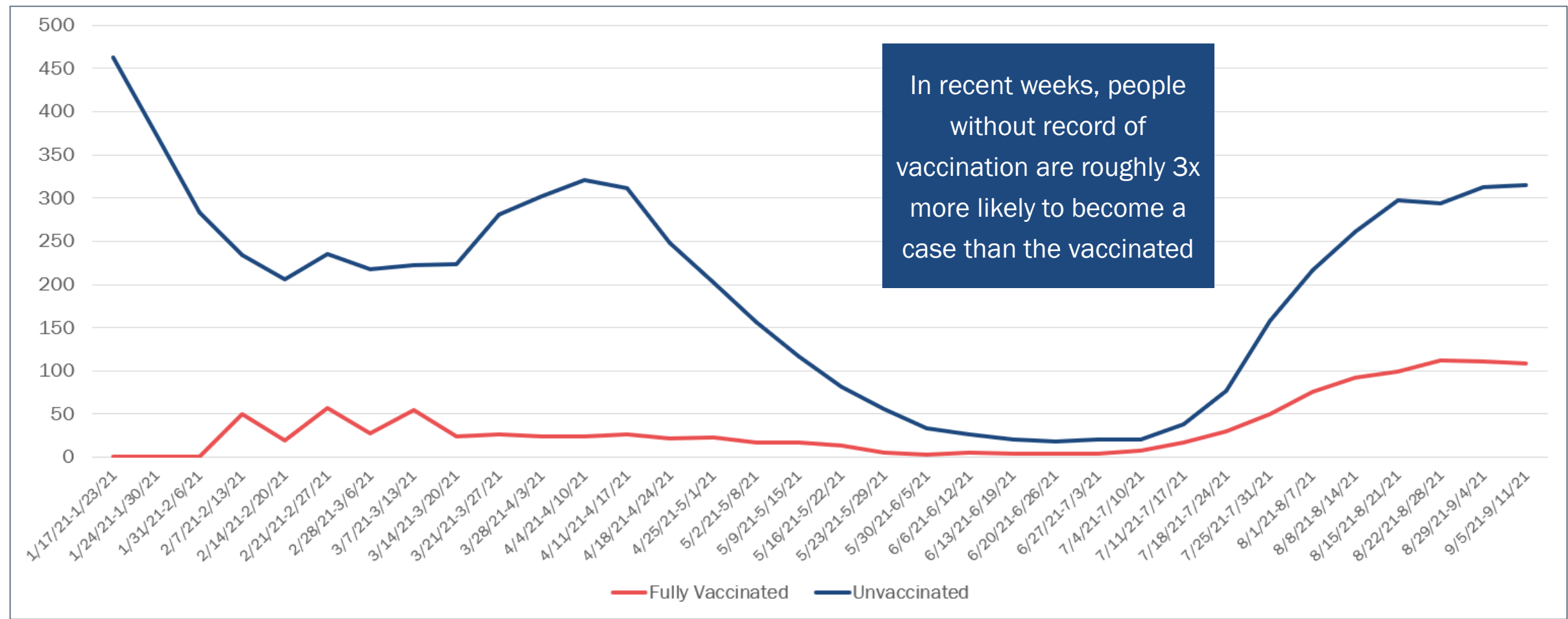


Overall Administration Data

86.2% of Rhode Island adults (18+) are at least partially vaccinated. Rhode Island has administered more than 1.4 million doses to date, including doses administered by federal entities.

As of May 25, 2021	At Least Partially Vaccinated	Fully Vaccinated	Total Doses Administered
Rhode Islanders vaccinated anywhere	783,697 (74.2%)	703,717 (66.6%)	
All vaccinations administered in Rhode Island	769,087	701,988	1,429,672
Total Coverage of Eligible Population (12+)*	84.6%	75.9%	
Total Coverage of Eligible Population (16+)	85.7%	77.1%	
Total Coverage of Eligible Adults (18+)	86.2%	77.5%	

COVID Case Rates by Vaccination Status (excluding reinfections)



Cumulative Progress Through Age Groups

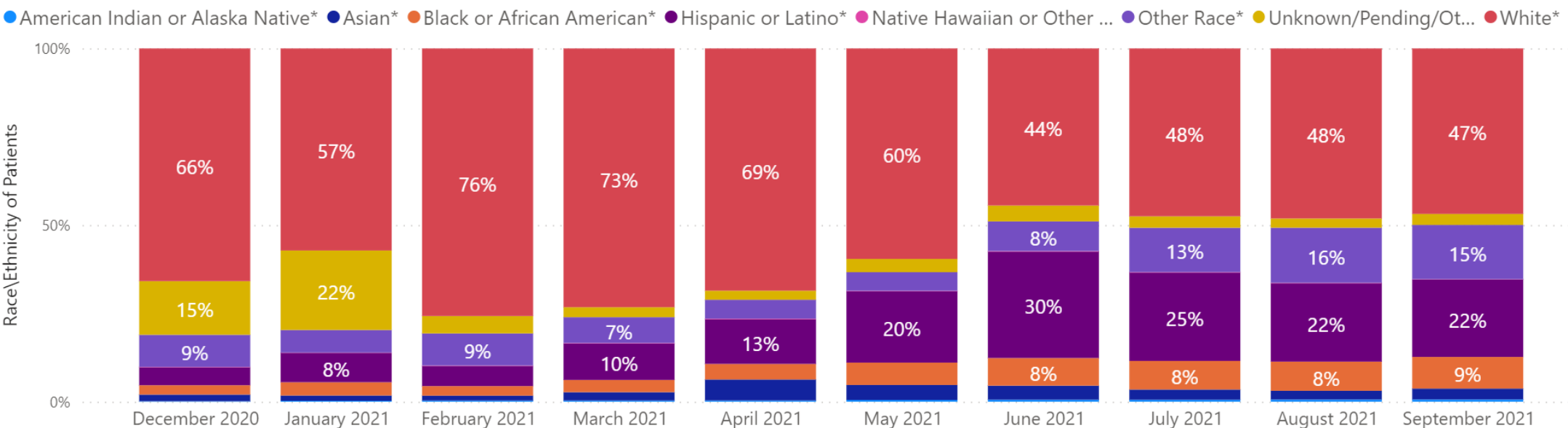
Number of Rhode Island Residents Vaccinated by Age Group

	Fully Vaccinated (2nd Dose or J&J)§		Received at least One Dose (1st Dose or J&J)+§	
	Doses	Percent Vaccinated	Doses	Percent Vaccinated
12-15	27,077	56.06 %	31,924	66.09 %
16-17	16,430	66.03 %	18,663	75.00 %
18-19	18,388	53.45 %	21,895	63.64 %
20-24	45,882	59.79 %	53,410	69.60 %
25-34	87,560	59.72 %	99,880	68.12 %
35-44	89,725	72.31 %	99,269	80.00 %
45-54	99,866	71.67 %	108,328	77.74 %
55-59	61,726	80.14 %	66,075	85.79 %
60-64	63,741	88.33 %	67,396	93.39 %
65-74	101,823	99.26 %	106,474	103.79 %
75+	67,848	85.51 %	71,958	90.69 %
Total Number of People*	680,066		745,272	

Data from RICAIR and Tiberius as of 9/15/21. Total Doses Administered is not the sum of people partially and fully vaccinated. Doses administered in other states to RI residents are only available in aggregate, so partially/fully vaccinated is estimated for that group. *Doses administered in other states and by federal entities not included in coverage of 12+ population.

Hispanic/Latino and Black Rhode Islanders Dose Data

Individuals with at least One Dose Administered by Month*



Cumulative Individuals with at least One Dose Administered*



Population Share



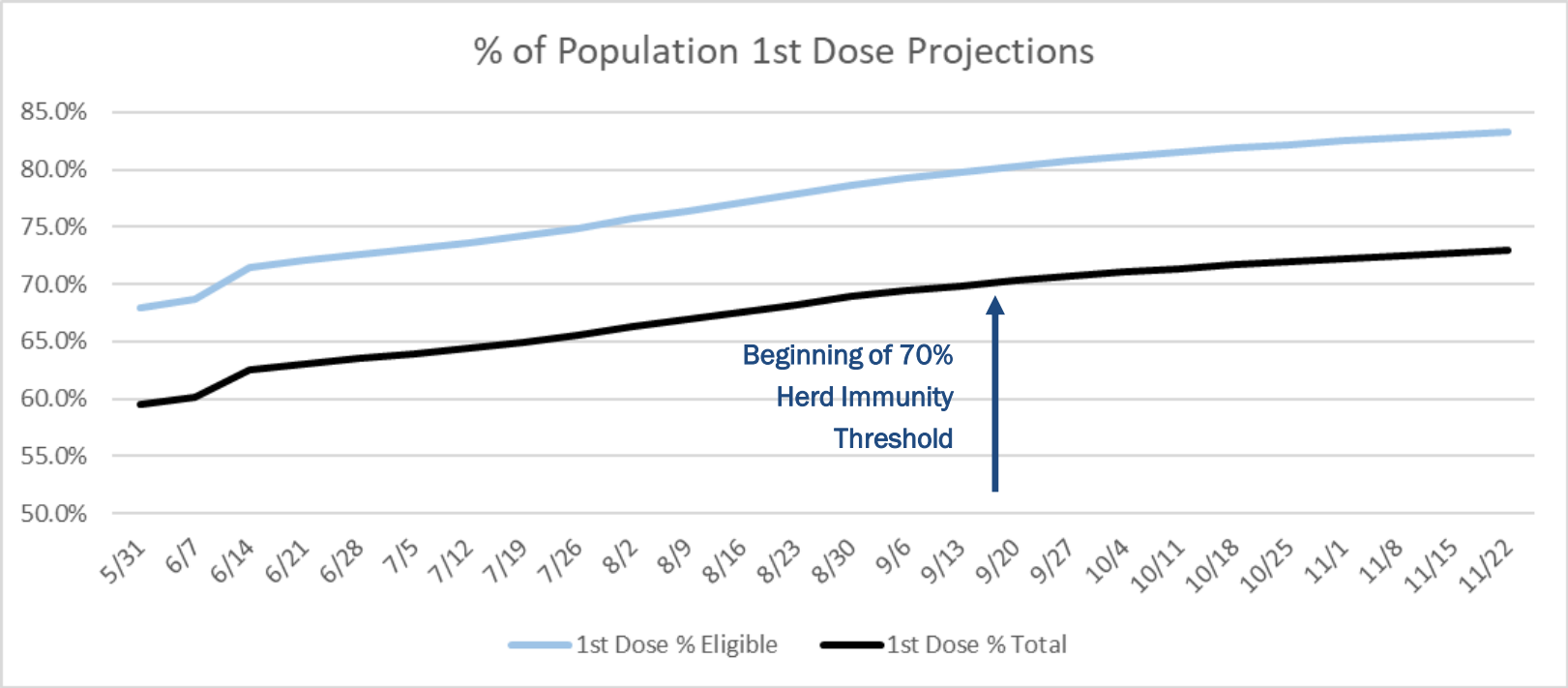
Historic Administrations by Channel

A decrease in activity around the Labor Day holiday impacted administrations across most channels, besides the Municipal channel, which was boosted by the Back-to-School vaccination activity throughout the week.

CHANNEL	7/26	8/2	8/9	8/16	8/23	8/30	9/6
Pharmacies	8,283	8,961	9,126	11,180	11,388	11,045	8,827
Healthcare Systems	1,216	1,213	1,320	1,508	1,755	1,905	1,494
Sockanosset Vax Center	393	524	461	999	513	511	356
Mobile / Pop-Up Clinics	312	394	464	379	816	479	495
PCP/Pediatricians	120	172	169	186	229	214	158
Municipal PODs	108	121	108	576	322	63	564
Other	4	7	19	111	23	37	14
Total	10,436	11,392	11,667	14,939	15,046	14,254	11,912

Updated First Dose Administration Forecast – 9/17

First-dose demand waned last week, dropping from 7,000+ to ~5,500; the forecast now shows a 70% herd immunity threshold of the total population with 1+ dose is likely next week.



Week:	% Total Initiated*	% Eligible Initiated*	Total People Initiated
8/30	68.9%	78.7%	756,112
9/6	69.4%	79.3%	761,640
9/13	69.9%	79.8%	766,892
9/20	70.3%	80.3%	771,618
9/27	70.7%	80.8%	775,872
10/4	71.1%	81.2%	779,785
10/11	71.4%	81.5%	783,386
10/18	71.7%	81.9%	786,698
10/25	72.0%	82.2%	789,746

SteerCo:	Projected Date Immunity Achieved**
9/17	9/20/2021
9/10	9/13/2021
8/18	9/27/2021
8/6	9/20/2021
7/23	11/15/2021
7/9	2/14/2021

*Note: Total clinically eligible pop. is ~877k (people 16+) until the week of 5/10 when 12-15-year-olds became eligible. From 5/10 to 8/4, the clinically eligible population had been ~925k. As of 8/4, the total population has been adjusted to 1,097K and eligible population is estimated at 961K. **Estimated at 768K 1st doses, avoiding inconsistent tracking from population baseline changes

Inventory and Administration Dashboard

With limited activity over Labor Day Weekend, administrations saw a slight decline to 11.4k last week. A welcome announcement on Friday, 9/10 from the CDC regarding J&J ordering has relieved any near-term supply concerns.

11.9k

Administrations (9/6 – 9/12)

Provider Type	# Administrations
Pharmacies	8.8k
Other Healthcare Providers (e.g., hospitals)	1.5k
Municipal Sites	0.5k
Mobile / “Pop-Up” Clinics	0.5k
Vax Centers	0.4k
PCP/Pediatricians	0.2k

- Retail pharmacies continue to be the channel of choice later in the program
- Back-to-School focus remains (admins primarily reflected in Municipal channel)

90.7k

Inventory at TWC (as of 9/12)

Vaccine Type	# Doses	Delivery Weeks
Moderna	47.5k	23.3
Pfizer	42.3k	9.6
J&J	0.8k (+5k = 5.8k)	0.8 (5.2)

- Order of 5,000 doses of J&J arrived at TWC warehouse on 9/13, increasing supply to 5.2 weeks on hand
- Team working to ensure hospitals and other providers can order direct shipments when appropriate

Notes:

- Moderna inventory includes both 10 and 14 dose vials
- Pfizer inventory includes 1,170 and 450 dose trays; includes both pediatric and adult ancillary kits

Back-to-School Planning

Continued planning efforts to provide additional opportunities to increase adolescent vaccination rates to promote a safe return to classrooms for students, their families, and staff

Before School Year (August) Clinics		
Goal: Respond to President’s call to action from 7/29 to host clinics and increase vaccinations for ages 12+ in the coming weeks, and fully vaccinate students prior to schools reconvening		
Key Updates:		
<ol style="list-style-type: none">Hosted at least one clinic (leveraging already-scheduled mobile clinics) in each LEA across all school types, prioritizing districts with low vaccination ratesDistributed joint RIDE/RIDOH communications to superintendents and school families along with the list of scheduled clinics. RIDE has asked Superintendents to use all tools available to them to promote the clinicsEstablish a cross functional working group to develop strategies for communication, promotion, and outreach for all clinics with special focus on those clinics located in vaccination cold spots		
Past Clinics ¹	Administrations	12-18 Admins %
65	1,790	50%

Beginning of School Year (September/October) Clinics			
Goal: Host vaccination clinics when the schools reconvene and offer additional vaccination opportunities that are convenient for students, families, and the broader school community			
Key Updates:			
<ol style="list-style-type: none">Scheduled at least one clinic for each town as well as clinics in the vast majority of public middle and high schools in the cities.The team continues to schedule outstanding schools and operationalize clinic requests coming from the schoolsWe continue to see challenges with clinic promotion and low registration/administration numbers in some districts. We are asking the school districts to use all available means to blast the clinics to their school families and we have also asked PTAs to promote the public clinics.			
Past Clinics ¹	Scheduled Clinics ¹	Administrations	12-18 Admins %
48	65	1,201	60%

1. Including Communities clinics that were leveraged for B2S effort

2021-22 Pre K-12 School Health and Safety Guidance

Pre K-12 School Fall Guidance goals are to (1) Ensure safe and responsible return to full in-person learning for all Rhode Island students for the 2021-2022 school year; and (2) Enable Local Education Agencies (LEAs) to make informed decisions for the fall by providing tools and an open line of communication about changes in federal guidance, vaccine updates, and other critical information.

- Local Education Agencies (LEAs) are responsible for setting COVID-19 mitigation plans for schools.
- LEAs are no longer required to provide a distance learning option for students/families.
- Rhode Island health and safety guidance aims to align with CDC guidance:
 - Shift to recommendations as most emergency laws related to COVID-19 have sunsetted.
 - Timely updates as new data, federal guidance, and EO changes are available.
- Schools should monitor key data in order to assess risk and decide mitigation strategies:
 - Community transmission levels, vaccination coverage, testing rates, and outbreaks.

Promoting Vaccination

- Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by:
 - [Providing information about COVID-19 vaccination](#);
 - Encouraging vaccine trust and confidence; and
 - Establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- Schools can access and use RIDOH COVID-19 Vaccine Resources at [COVID-19 Community Partner Toolkit](#).
- Schools can also promote vaccination with resources in [CDC Guidance for COVID-19 K-12 Schools](#).
- Vaccination clinic contact: Brittan Bates at brittan.bates@health.ri.gov.