



Public Health Organization's Immunization Campaign Policy Principles

As Congress continues to work on legislation to address COVID-19 response and recovery efforts, the Association of State and Territorial Health Officials (ASTHO) and the Association of Immunization Managers (AIM) acknowledges that authorizing language is not necessary to enable public health officials to plan and mobilize a rapid and comprehensive national vaccination campaign when a safe and effective vaccine is developed for the public. However, if Congress considers drafting authorizing language or guidance to federal agencies, we strongly encourage adhering to the principles listed below.

- 1) Coordination at the Federal, State, Territorial, Tribal, and Local Level:** From the highest level of federal government down to state, territorial, tribal, and local public health agencies, our nation must ensure that collaboration, funding, technical support, and guidance is provided to bolster coordination in a timely manner. The federal government should provide a framework with clearly articulated planning assumptions for states and territories to use, which is informed by epidemiologic data to determine vaccination priority groups. Each state will need the flexibility to determine its own prioritization scheme, which addresses the imperative to identify and care for the most at-risk populations first, consistent with this framework and based on local data. Each state will also coordinate regionally, to appropriately communicate to the public how priority groups were determined and why they may differ in other states. COVID-19 hot spots will be fueled by different transmission circumstances. It is important for each state to have the flexibility to tailor the vaccination prioritization to its local needs, while maintaining consistency of the framework used to reach the determination of those priority groups.
- 2) Funding Mechanisms:** We strongly encourage Congress to utilize existing funding mechanisms such as the Centers for Disease Control and Prevention's (CDC) 317 Immunization Program and the Emergency Response Crisis Cooperative Agreement (CoAg) currently in place to quickly provide resources from CDC to state, local, tribal, and territorial health agencies for scaling up the vaccine infrastructure to strengthen the immunization information system (i.e., registry), improve access to this important medical countermeasure, disseminate vaccine communications and educational materials to providers and the public, ensure quality immunization services, assess vaccine effectiveness and safety, and ensure accountability for the use of publicly purchased vaccine. CDC and state, territorial, tribal, and local health departments have long-established relationships and funding streams, allowing them to disseminate resources in a timely manner.
- 3) Allocation and Distribution:** Our country has a system in place that delivers and ensures vaccination every day and provides the most efficient and tested means to deliver safe vaccines to Americans. Distribution should principally go through existing infrastructure used for publicly funded routine vaccines. It is also imperative that supplies necessary for vaccine administration, such as needles and syringes, are sent from the distributor at the same time as the vaccine so that a lack of these



ancillary supplies never becomes a rate-limiting factor in vaccination efforts. States and territories should manage vaccine allocation and distribution to all healthcare sectors and pharmacies. New providers and vaccination sites will need to be added for a national mass vaccination program, but it should be built on the already well-functioning system that has served the country for decades. There are clear concerns from the public health community that Operation Warp Speed should not replace an existing, well-functioning federal vaccine distribution system with a new system. It takes time to establish relationships with critical state and local public health agencies that are the key to the “last mile” of getting our entire population immunized. The urgency to address the biggest public health emergency that our nation has faced in the past 100 years does not afford us the time to build a new system, especially when an existing foundational and battle-tested system is already in place.

- 4) **Cost to Vaccine Recipients:** Cost to the individual should not be a barrier when it comes to access to the vaccine. The federal government should procure and distribute the vaccine and supplies to states at no cost and in unison. Providers’ expenses for administration of vaccine should not fall to the recipient, but to third-party payers or other methods of reimbursement. State and local public health agencies administering vaccine in mass clinics and local settings should be recognized by insurers as in-network providers so they can bill for vaccine administration reimbursement. Even the smallest cost can be an obstacle in accessing medical care, but this should not be the case here. Co-pays and deductibles on health insurance policies should be waived in circumstances where such costs are a barrier to vaccination. The federal government should work with health insurance carriers to support this policy and fund those costs as needed. Proper publicity of this policy is also key in lowering barriers to vaccination.
- 5) **Cost for Vaccine Administration and Supplies:** Ancillary supplies for administration of the vaccine should not be a hindrance to providers. Syringes, alcohol wipes, personal protective equipment, and other supplies necessary for the safe dispensing of this vaccine should be provided at the same time, and in necessary amounts, as the vaccine, and be paid for by the federal government. ASTHO strongly encourages the administration to focus efforts on supply chain and robust manufacturing of these products as soon as possible.
- 6) **Communications Campaign:** ASTHO strongly encourages Congress to provide funding and support for a robust communication campaign to quell fears about vaccinations, address vaccine hesitancy, and emphasize safety. Clear, complete, accurate, and timely communication with the utmost transparency will be key in bolstering the population’s confidence and willingness to receive the vaccine. The public should be provided data on safety and efficacy of all vaccine products.
- 7) **Information Systems and Tracking:** States and territories, in collaboration with CDC, have established Immunization Information Systems that track our national immunization efforts. This system must be utilized and greatly expanded for COVID-19 vaccination, and efforts must be made to enhance exchange of data and interoperability between jurisdictions. Providers who receive COVID-19 vaccine and agree to administer it according to prescribed guidelines should also be required to record the doses administered in IIS. In the event that the eventual vaccine requires a



second or third booster vaccination, as some current vaccines do, federal, state, local, and territorial public health agencies should be involved in the oversight to ensure that individuals follow up with booster vaccinations.

Resources:

Please view ASTHO's comprehensive guiding principles for immunization practices here: <https://www.astho.org/Policy-and-Position-Statements/Immunization-Policy-Statement/>. This document is not meant to replace or amend this existing statement, but rather reiterate and focus on what may be the most pressing issues related to immunization in the context of when there is a safe and effective vaccine against SARS-COV-2b.

Contact: Carolyn McCoy, ASTHO senior director of government affairs (cmccoy@astho.org)