Background

Immunization with a safe and effective COVID-19 vaccine is a critical component of the national strategy to reduce morbidity and mortality and to help restore societal functioning. While the ultimate goal is to offer COVID-19 vaccine to all people who want to be vaccinated, there is currently a limited supply of vaccine, so early vaccination efforts are focusing on healthcare workers, frontline and essential personnel, and persons at highest risk for developing severe illness from COVID-19.

COVID-19 Vaccines

The Food and Drug Administration (FDA) has approved two products under an Emergency Use Authorization (EUA) for vaccination against COVID-19, including Pfizer’s BNT162b2 vaccine and Moderna’s mRNA-1273 vaccine, and the Centers for Disease Control and Prevention (CDC) has issued recommendations for use of both vaccines. Many other COVID-19 vaccine candidates are currently in development, and clinical trials are being conducted simultaneously with large-scale manufacturing. Three other vaccines (AstraZeneca, Janssen, and Novavax) are currently in Phase 3 clinical trials. It is not yet known which of these vaccines will be approved for use under an EUA by the FDA or when new vaccines will be available for use.

Overview of Vaccine Distribution

Given supply limitations, the national strategy is to implement a phased approach to vaccine distribution. This document summarizes the various mechanisms that will be used in Philadelphia to distribute vaccine through the different phases, including describing existing systems and capacity for vaccine distribution, as well as methods for scaling up to meet demand as more vaccine becomes available. Mechanisms for vaccine distribution are based on several factors, including the following:

- **Vaccine supply and phased approach**
  - While vaccine supply is limited, targeted distribution methods will be implemented to ensure provision of vaccine to high-risk populations during Phase 1. Vaccine will be offered more broadly during Phase 2.

- **Priority groups**
  - These groups were determined based on the recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP) and were fine-tuned for application in Philadelphia based on input from the COVID-19 Vaccine Advisory Committee.
Provider network and capabilities

To achieve sustainable and equitable COVID-19 vaccine access across the city, the Philadelphia Department of Public Health (PDPH) is building a broad vaccine administration network, much of which is based on long-standing relationships with healthcare providers and established systems for vaccine distribution and data reporting. To enroll with PDPH as a COVID-19 vaccination site, healthcare providers and other vaccination partners must meet rigorous storage and handling requirements, as well as document the ability to electronically report immunization data within 24 hours using systems approved by PDPH.

Throughout the distribution phases, vaccine will be offered through a variety of providers and formats, including hospitals, retail pharmacies, Federally Qualified Health Centers (FQHCs), some primary and specialty care providers, public health vaccination clinics, mass vaccination clinics (walk-through or drive through), mobile vaccination teams, and pop-up clinics. PDPH is actively recruiting qualifying healthcare providers to enroll as COVID-19 vaccination sites and recently issued a COVID-19 Community Vaccination Program Request for Proposal to provide funding to partner organizations to operate vaccination clinics for specific priority groups during Phase 1 and to the broader community during Phase 2.

The strategies outlined in this document will continue to evolve over time as more vaccine becomes available and new partnerships and distribution mechanisms are implemented to facilitate broader vaccine access. It should be noted that there will be some overlap between phases as the intent is not to vaccinate every individual in a particular group but rather to achieve a sufficient saturation level before moving on to the next group. Persons in early prioritization groups who choose not to accept vaccine during their corresponding phase will continue to have opportunities for vaccination as the phases progress.

Phase 1A Vaccine Distribution

Given the limited supply of vaccine during Phase 1A, this phase focuses on providing vaccine to healthcare workers, as well as residents of long-term care facilities. A variety of mechanisms have been implemented to support vaccine distribution in this phase.

Healthcare workers are defined as paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home. The following strategies have been employed to vaccinate healthcare workers:

- Hospitals/health systems
  - All acute care hospitals have established clinics through occupational health units to vaccinate employees.
• **Retail pharmacy partnerships**
  - PDPH has established a partnership with a major pharmacy chain with an extensive footprint in Philadelphia to provide vaccine in 26 locations to healthcare workers who are not affiliated with a hospital or health system. This partnership will also be leveraged during later phases.

• **Public health vaccination clinic**
  - PDPH is operating a clinic for unaffiliated health workers who are at high-risk of exposure or have a high-risk of exposing persons who are vulnerable, including staff who work at testing sites, dialysis providers, and non-municipal EMS providers, among other groups.

• **PDPH mobile teams**
  - PDPH is deploying mobile teams to vaccinate healthcare staff on-site at large facilities that are not affiliated with a health system, such as inpatient behavioral health facilities.

• **Federally Qualified Health Centers (FQHCs) and outpatient clinics**
  - PDPH is providing vaccine doses to nearly 40 FQHCs so that they can vaccinate their own staff and prepare to offer vaccine to unaffiliated healthcare providers, as well as persons identified for vaccination during Phase 1B.

• **Mass vaccination events**
  - Several partners, including Black Doctors COVID Consortium and Philly Fighting COVID, are operating mass vaccination clinics with vaccine provided by PDPH.
  - Additional mass vaccination events for unaffiliated healthcare workers operated by PDPH or other partner organizations will be offered. Details about dates, locations, eligibility, and registration will be provided on a rolling basis.

• **Internal clinics operated by other partners**
  - PDPH has provided vaccine to other partners, including the Philadelphia Department of Prisons (PDP) Health Services and the Philadelphia Fire Department—Emergency Medical Services (PFD-EMS), to vaccinate their own healthcare staff.

PDPH recently posted [a Medical Personnel COVID-19 Vaccine Contact Form](#) on the City's Immunization Program website, PhilaVax, which allows healthcare providers to sign up to receive notifications when new vaccination opportunities become available.

L O N G - T E R M C A R E F A C I L I T Y R E S I D E N T S A N D S T A F F

To provide vaccine to residents and staff of skilled nursing and assisted living facilities, PDPH opted into the CDC’s Pharmacy Partnership for Long Term Care Program. This is a direct partnership between CDC and pharmacies to provide onsite vaccination services to residents and staff at long-term care facilities. In Philadelphia, CVS and Walgreens are the pharmacies that will provide this service, using vaccine that was allocated from PDPH’s overall allocation (approximately 26,000 doses). Given the large number of eligible facilities in Philadelphia, the program is occurring in two phases. The first phase, which launched
during the week of January 4, 2021, will provide vaccination services at 46 skilled nursing facilities. The second phase, which will launch later in January, will provide vaccination services at 53 assisted living facilities. The pharmacy partners coordinate directly with sites to schedule a total of 3 visits over a period of approximately 4-6 weeks.

**Phases 1B Vaccine Distribution**

During Phase 1B, the framework that was established for vaccine distribution in Phase 1A will expand to support vaccination of frontline essential workers, as well as persons at high risk of morbidity and mortality. Additional partnerships and programs will be established to expand vaccine access to prioritized populations. Based on reporting from hospitals and health systems that all prioritized staff have had the opportunity to be vaccinated, the City of Philadelphia plans to initiate a gradual transition into Phase 1B during the week of January 18. However, there will be overlap between Phases 1A and 1B as efforts are still underway to vaccinate unaffiliated healthcare workers.

**Vaccination Mechanisms for Frontline Essential Workers**

There will be several vaccination options for frontline essential workers prioritized for vaccination in Phase 1B, including the following:

- **Retail pharmacies**
  - In addition to the partnerships established during Phase 1A, additional planning is occurring with local independent pharmacies, as well as with other chains that have a local footprint through the Federal Retail Pharmacy Program. Given adequate vaccine supply, additional pharmacies will be able to offer vaccine to prioritized populations in alignment with PDPH’s guidelines for Phase 1B eligibility.

- **Organization-based clinics**
  - Organizations in 1B priority groups may organize internal clinics through occupational health units or partnerships with pharmacies or other contracted providers, using vaccine provided by PDPH.
  - FQHCs and outpatient clinics
  - Once staff have been vaccinated, FQHCs and other clinics, including select PDPH District Health Centers, will begin to vaccinate other populations prioritized for vaccination during Phase 1B.

- **Public health clinic**
  - Additional groups of prioritized workers will be invited to the PDPH vaccination clinic as gaps in vaccine access are identified.

- **Mass vaccination clinics operated by PDPH or partner organizations**
  - Mass vaccination events for prioritized populations will be offered on an ongoing basis.
VACCINATION MECHANISMS FOR PERSONS AT HIGH RISK OF MORBIDITY OR MORTALITY

Within this group, there are several subgroups that are prioritized for vaccination due to working or living in a congregate residential setting, interacting with vulnerable persons, or likelihood of severe disease or death due to age or high-risk health conditions. Vaccination mechanisms for these groups include the following:

- **Hospitals**
  - Hospitals will be asked to invite patients of theirs who are age 75+ or have high-risk medical conditions to their sites for vaccination.

- **Retail pharmacies**
  - Persons age 75+ may receive COVID vaccinations at participating retail pharmacies.

- **Organization-based clinics**
  - Organizations that are enrolled as COVID-19 provider sites may administer vaccine to staff and/or residents. For instance, PDPH will provide vaccine to CoreCor Health to administer vaccinations throughout the prison system.
  - Organizations that work with high-risk populations may also contract with pharmacies or other providers to administer vaccinations on-site for staff and residents.

- **FQHCS and outpatient clinics**
  - FQHCS and outpatient clinics may vaccinate persons age 75+ and persons with high-risk medical conditions. Additional opportunities for vaccination may be offered by other primary and specialty care providers that enroll as COVID-19 vaccination sites.

- **Mobile vaccination teams**
  - Mobile vaccination teams, operated by PDPH or a contracted partner organization, may provide vaccination services onsite to staff and residents at select congregate facilities.

- **Mass vaccination clinics operated by PDPH or partner organizations**
  - High-risk persons identified in Phase 1B will have opportunities to receive COVID-19 vaccine at mass vaccination clinics.

- **Public health clinic**
  - Staff working in congregate residential settings or at other service provider agencies that directly interface with high-risk persons may be invited to the PDPH vaccination clinic if they are unable to access vaccine through another mechanism.

Specific details will be announced as new vaccination opportunities become available. PDPH will determine which options to activate for which groups, depending upon the size of the population, vaccine supply, and specific capabilities of partner organizations. Eligible persons will be notified about vaccination options as appropriate.
Phase 1C Vaccine Distribution

Vaccine distribution in Phase 1C will build upon the expanded framework established during Phase 1B, with the addition of new providers and partners to support rollout of vaccine to a larger population, assuming sufficient supply of vaccine. The timeline for movement into Phase 1C is currently uncertain as the populations identified for vaccination in 1B are large and vaccine supply is unknown. Again, there is likely to be overlap between these two phases.

Vaccination Mechanisms for Frontline Essential Workers

There will be several vaccination options for essential workers during Phase 1C, including the following:

- **Organization-based clinics**
  - Agencies in 1C priority groups may organize internal clinics through occupational health units or private partnerships with pharmacies or other providers, using vaccine supplied by PDPH.

- **Pharmacies and healthcare providers**
  - It is expected that by Phase 1C, a broad network of retail pharmacies and healthcare providers throughout Philadelphia will be capable of administering COVID-19 vaccine.

- **Mass vaccination clinics operated by PDPH or other partner agencies**
  - Additional partnerships for mass vaccination operations will be established to augment vaccination opportunities for essential workers.

Vaccination Mechanisms for Persons Age 65–74 Years

- Vaccination will be available through participating hospitals, retail pharmacies, FQHCs, and private and specialty care providers that enroll as COVID-19 vaccination sites, as well as mass vaccination events and smaller pop-up clinics.

Phase 2 Vaccine Distribution

During Phase 2, everyone > 16 years of age who has not been previously immunized will have the opportunity to be vaccinated. The timeline for Phase 2 has not yet been established due to lack of information about vaccine supply. Assuming sufficient supply, it is expected that COVID-19 vaccine will be widely available through clinics and private practices, an expanded network of pharmacies, and community-based vaccination events and pop-up clinics. Recruitment of private healthcare providers to administer COVID-19 vaccine will be key to integrating immunization into routine medical practice.
Education and Outreach

Many persons have questions and concerns about the COVID-19 vaccines as a result of the rapid development and rollout, as well as ongoing distrust of government. To address these issues and encourage vaccine uptake, PDPH will be implementing a mass media campaign, as well as a focused outreach strategy that will kick-off with a town hall for community-based organizations and service providers and will then expand to a series of informational sessions with individual organizations that serve persons at high-risk of severe disease or death. PDPH will also leverage trusted sources, including community partners and healthcare professionals to amplify key messages.

COVID-19 Vaccination Program Monitoring

Vaccine Uptake and Acceptability

Monitoring of vaccine uptake will be critical to ensure adequate coverage rates and identification of gaps. PDPH will monitor citywide vaccination rates through daily data reporting by providers into the City’s Immunization Information System (IIS). Vaccination rates are publicly available on the Philadelphia COVID-19 Vaccination Dashboard. Adjustments will be made to the vaccine distribution strategy when disparities in access and uptake are observed.

Equitable Access to Vaccine

Racial disparities in vaccine uptake have already been noted in the early phase of vaccine distribution among healthcare workers. To address this trend, PDPH has done the following:

- Charged hospitals and health systems with the responsibility to evaluate possible causes of health disparities in their own institutions and work toward correction;
- Positioned vaccine in the city’s FQHCs, many of which are located in low income neighborhoods and are staffed and utilized by persons of color;
- Initiated a partnership with a retail pharmacy chain that is highly represented in low income communities and used by persons of color;
- Partnered with Black Doctors COVID Consortium, an organization that is trusted in the black community, to operate vaccination clinics;
- Issued an RFP to engage other community-based partners in vaccination efforts.

PDPH will continue to monitor disparities in vaccine uptake and adjust distribution methods to ensure vaccine access among communities of color.
Vaccine Safety

Several mechanisms are in place to monitor vaccine safety. Adverse events following COVID-19 vaccination can be reported to CDC’s Vaccine Adverse Event Reporting System (VAERS). VAERS may be contacted directly, or adverse event reports can be called in to PDPH staff, who will assist with filing the VAERS report. In addition, all persons who receive COVID-19 vaccine are being encouraged to enroll in CDC’s v-safe program, a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after vaccination. Through v-safe, persons who are vaccinated can quickly inform CDC if they experience any post-vaccination side effects. This will help CDC to monitor vaccine safety and side effects and will enhance the ability of providers and public health officials to communicate with the public about what to expect following vaccination.
### Phase 1a

<table>
<thead>
<tr>
<th>HIGH RISK FOR EXPOSURE AND TRANSMISSION TO VULNERABLE PERSONS (PATIENT-FACING HCW)</th>
<th>HIGH RISK OF MORBIDITY/MORTALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital staff</td>
<td>Long-term care facility residents</td>
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<tr>
<td>COVID testing site</td>
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<tr>
<td>COVID vaccination &amp; lab staff</td>
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<tr>
<td>Long-term care facility staff</td>
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<tr>
<td>Emergency medical services</td>
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<td>Home health care</td>
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<td>Prison health services</td>
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<td>Outpatient clinics, FQHCs</td>
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<tr>
<td>Unaffiliated healthcare providers</td>
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### Phase 1b

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<thead>
<tr>
<th>HIGH RISK FOR EXPOSURE AND PERFORM ESSENTIAL DUTIES</th>
<th>HIGH RISK OF MORBIDITY/MORTALITY</th>
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<tr>
<td>First responders</td>
<td>Persons working in congregate residential settings</td>
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<tr>
<td>Service providers working with high-risk populations</td>
<td>Persons residing in congregate settings</td>
</tr>
<tr>
<td>Public transit</td>
<td>Persons age 75+</td>
</tr>
<tr>
<td>Food distribution, prep, or service</td>
<td>Persons with high-risk medical conditions</td>
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<tr>
<td>Childcare, Education providers</td>
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<tr>
<td>High volume essential retail</td>
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<tr>
<td>Manufacturing critical goods</td>
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*Continued on next page.*
PHILADELPHIA COVID-19 VACCINE DISTRIBUTION PLAN

### Phase 1c

<table>
<thead>
<tr>
<th>OTHER ESSENTIAL WORKERS BUT WITH LOWER RISK OF EXPOSURE</th>
<th>HIGH RISK OF MORBIDITY/MORTALITY</th>
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</thead>
<tbody>
<tr>
<td>Sanitation workers</td>
<td>Persons age 65 – 74 years</td>
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<tr>
<td>Maintenance/janitorial workers</td>
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<tr>
<td>Utility workers¹⁰</td>
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<tr>
<td>Postal and package delivery workers</td>
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<tr>
<td>Higher education¹¹</td>
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<tr>
<td>Finance¹²</td>
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<td>Transportation¹³</td>
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<td>Construction</td>
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<tr>
<td>IT &amp; Telecommunications</td>
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<tr>
<td>Public health</td>
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<tr>
<td>Legal¹⁴</td>
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</table>

### Phase 2

Everyone > 16 years of age not previously immunized

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**Definitions**

¹For purposes of COVID-19 vaccination program planning, we define a Healthcare Worker (HCW) as a person who delivers care or health-related services to patients, as prevention, diagnosis, or treatment, either directly as doctors and nurses or indirectly as aides, helpers, or laboratory technicians, among others. These positions have direct contact with patients, clinical specimens, or interact in the environment of patients. We consider the following positions to be covered under our definition of Healthcare Worker: Physician, Nurse, Nurse Aide, Extended Care Provider (NP, PA), Healthcare Facilities Worker, Healthcare Janitorial Worker, Healthcare Clerical, Security, Support Staff (if in contact with patients), Radiology and Diagnostic Services Staff, Laboratory Staff (including persons who conduct COVID-19 testing), Morgue Employees, Emergency Medical Technicians, Home Health Workers, and health professions students.

²First Responder is defined as an emergency service worker, trained in urgent medical care and other emergency procedures, who is likely to be among the first people to physically arrive at the scene of an emergency. First responders include law enforcement officers, paramedics, EMT’s and firefighters. For purposes of the COVID-19 vaccination program, these positions must fulfill a citywide role, thus, this category does not include private security forces or security forces serving in a restricted manner such as at universities, schools, businesses, or transportation venues.
Service providers working with high-risk populations refers to personnel who have a legal or regulatory requirement to attend persons in their home or a congregate living facility in accord with a mandate. Home visitation to assure the safety and well-being of a client who lives alone is also included.

Food distribution, prep, or service refers to any worker employed in the collection, distribution, processing, preparation, sales, or service of food to the public. These positions must have frequent direct interaction with the public or be critical to the supply chain for food provision to the public, including trucking and shipping services. Private food delivery services, catering, in-home food businesses are not included.

Childcare provider is defined as any employee of a licensed childcare provider, including childcare centers, group home childcares, and family home childcares. The facility must have a certificate of compliance, or equivalent, to operate as a childcare facility in Pennsylvania. Education provider refers to employees of primary and secondary schools, grades K-12. The individual must have a student-facing role or provide critical services to the operation of the school, including janitorial, food services, engineering, or social support functions. Public, private, charter, and religious-affiliated schools are eligible.

High volume essential retail refers to those commercial retail businesses that serve the public by providing critical goods and materials, such as medications and personal care supplies, home repair supplies, and automotive goods. Eligible employees are those with public-facing duties. This category includes pharmacies, hardware stores, big box stores, gas stations, automotive repair shops, and similar retail. Private retail ventures and employees who do not have direct interaction with the public are not eligible.

Manufacturer of critical goods refers to businesses identified by the federal government as a provider of essential supplies and materials.

Persons working or residing in congregate settings refers to residential living situations where people live or work in proximity and it is difficult to maintain social distancing. These facilities have been associated with many COVID-19 outbreaks and the source of significant morbidity and mortality. This category refers to facilities with more than 20 residents. Facilities covered under this category include prisons, shelters for the homeless, drug and alcohol treatment, psychiatric facilities, rehabilitation, and specialized services housing. Visitors, salespeople, repair workers, and remotely-located employees of such facilities are not included.

High-Risk Medical Conditions include only the following: cancer; chronic kidney disease; chronic obstructive pulmonary disease (COPD); heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] ≥30 kg/m² but <40 kg/m²); severe obesity (BMI ≥40 kg/m²); sickle cell disease; smoking; type 2 diabetes mellitus.

Utility workers refers to personnel required to support society infrastructure, specifically working within an organization supplying the community with electricity, gas, water, or sewerage for the public.

Higher education refers to universities, post-graduate studies, and certificate programs. Students in healthcare professions who have direct patient contact are eligible for vaccination under Phase 1a.

Finance personnel eligible for vaccination in this phase include personnel who do not work remotely and who perform critical tasks involved in the response to the COVID-19 pandemic. This may include positions involved in budgeting, procurement, payroll, accounting, and processing for an organization that is substantially contributing to the pandemic response. This includes healthcare institutions, governmental agencies, and essential service providers. Persons employed in public-facing positions in banks, such as tellers and loan officers, are also eligible under this category.
Transportation refers to public-facing employees of agencies that are responsible for large scale movement of residents. This includes airport workers and trains. Public transit is covered under Phase 1b.

Legal personnel eligible for vaccine during this phase are those public-facing personnel who enact, enforce, or adjudicate laws and regulations that assure the safety and well-being of the public during the COVID-19 pandemic. This may include the court system, litigators, and public aid workers.

Vaccine Advisory Committee: Process for Identification of Priority Populations for COVID-19 Vaccination

In September 2020, the Philadelphia Department of Public Health (PDPH) launched a COVID-19 Vaccine Advisory Committee (VAC) that is comprised of a variety of stakeholders representing healthcare, persons experiencing homelessness, persons with access and functional needs, faith-based organizations, the business sector, insurers, and communities that have been disproportionately affected during the pandemic, among others. A list of VAC members is available here. The VAC has been meeting bi-weekly since September 2020 to address key issues for the planning and implementation of the COVID-19 vaccine distribution program in Philadelphia. A central objective of the VAC is to address health equity issues, so discussions have often focused on developing strategies to build trust in the community, ensure vaccine access, and promote vaccine uptake among populations that have been disproportionately affected by COVID-19.

One of the core issues addressed by the group has been the identification of priority populations for vaccine distribution. This process began in early fall 2020 with the review of vaccine prioritization guidance issued by the Centers for Disease Control and Prevention, as well as several other frameworks for equitable distribution of vaccine published by other organizations. After open discussions during meetings, PDPH issued a risk assessment tool and survey to VAC members. The survey asked respondents to assess essential worker groups for risk of acquiring COVID-19 infection and risk of transmitting infection to persons at risk of severe morbidity or mortality by assigning numeric scores (1 – Low, 2 – Moderate, 3 – High) for both risk factors for each occupational category. The scores for risk of infection and transmission were summed for an overall risk score ranging from 2 – 6. Scores were then equated to low, moderate and high priority levels for each essential worker category. Rankings based on survey results were reviewed during a VAC meeting, along with several other factors, including local mortality and case rate data for essential worker occupations. An interim prioritization framework was developed based on the input from the VAC.

In December 2020, the CDC’s Advisory Committee on Immunization Practices (ACIP) held a meeting and conducted a vote on priority groups for vaccination during Phases 1b and 1c. Several changes were enacted to the earlier guidance, including the removal of persons working and living in congregate settings, such as shelters, and the inclusion of persons age 75+ in Phase 1b. PDPH sought input from the VAC on these updated recommendations in a meeting held on December 30, 2020, and subsequently issued a survey to query VAC members on these updated recommendations. Survey results were then used to inform PDPH’s updated COVID-19 vaccine priority recommendations.

FOR MORE INFORMATION, VISIT www.phila.gov/covid-19