1. How will the 50 pop-up COVID-19 vaccination sites Colorado intends to stand-up in high-density, low-income communities of color fill the gaps in the existing health care system and ensure those at higher risk of the disease can, in fact, get vaccinated?

The state allocates 15% of its vaccine allocation to health equity clinics every week. The state works directly with community-based organizations, providers, local public health agencies, and Tribes to set up events and ship doses directly to providers in the top census tracts that have a high density of low-income and minority communities. We know that especially in communities of color there is a lack of trust in the vaccines so having trusted community partnerships is key to reach as many Coloradans as possible. We have had community clinics already in more than 30 counties, as well as throughout the Denver metro area, with plans for more. We are also working with 9Health to use their established infrastructure and community partnerships to pilot clinics in some of these same communities. The Vaccine Equity Outreach Team typically supplies the vaccine doses, staffing support, and technical assistance. The team works with community organizations who execute outreach to their community members and registration.

2. What actions is Colorado taking to communicate with the public to ensure they return for their second dose for the full vaccination regimen?

Providers typically schedule the second dose when individuals receive their first dose. Providers send reminders to ensure individuals keep their second appointment.

1. How do adolescents – those currently able to receive the Pfizer vaccine – and specifically adolescents with complex medical needs fit into your state's vaccine distribution plans?

Individuals 16 and up with certain higher risk conditions now are eligible to receive the vaccine. Individuals 16 and up with no higher risk conditions should be able to schedule their first dose by the end of May

a. How do families and caregivers of children with medical complexity fit into your distribution plans?

Caregivers could fall under Phase 1B.1 -- Health care workers with less direct contact with COVID-19 patients (e.g. home health, hospice, pharmacy, dental, etc.) and EMS.

- Different agencies may use the term "home care workers" to describe all in-home assistance for people who are aging and/or have disabilities. For the purposes of Medicaid reimbursement, it means nearly all Home and Community Based Services (HCBS) workers, including Consumer Directed Attendant Support Services (CDASS) and In Home Support Services (IHSS). Family caregivers, privately paid caregivers, and private insurance and Medicare funded caregivers are all included as well.

b. Once a vaccine is safe and effective for younger children, what are your plans

for distribution and administration of vaccine doses for this population?

We are closely following vaccine advancements and will distribute safe vaccines that the FDA has approved for Emergency Use Authorization.

1. Are you aware of the COVID emPOWER program that permits identifying the Medicare beneficiaries who are at greatest risk for hospitalization and death from COVID?

The U.S. Department of Health and Human Services manages the emPower Program, which primarily works to alert first responders about individuals who require electricity-dependent medical devices. In the event of a large scale power outage, the program can alert first responders to these individuals' specific needs.

While individuals participating in the emPOWER program might qualify in our top vaccination phases, it would depend on their individual circumstances.

If so, are you using this program to help identify and vaccinate those at greatest risk?

We know that individuals 70 and up are at a much higher risk of death if they contract COVID-19. That population, along with staff and residents of long-term care facilities, were the first in Colorado to receive the vaccine.

2. According to The Washington Post, tens of thousands of Americans with intellectual and developmental disabilities — who are two to three times as likely to die of COVID-19 — are waiting for an answer to when they will receive a COVID-19 vaccine.Disability advocates say guidance should be interpreted to include all people with disabilities who receive long-term care, whether in large institutions, or in smaller group homes. Most states make no mention of disabilities in their vaccine plans, leaving people confused about how long they and those for whom they care will have to wait. How do you plan to inoculate this group of individuals?

It is good news that so many Coloradans want to get vaccinated as soon as possible; and we understand many families have unique circumstances that have them worried about their loved ones contracting COVID-19. Although we wish we could, because of a limited federal supply, we simply cannot vaccinate everyone right now. The timeline is subject to change based on the federal supply chain. Prioritization is subject to change based on data, science, and availability.

Individuals in Phase 1B.4 are now eligible for the vaccine, which includes some high risk conditions, including Downs syndrome. Others might have become eligible in 1B.3. If a developmental disability prevents someone from safely/adequately wearing a mask, they would be eligible for Phase 2.

Everyone who wants a vaccine will eventually be able to get one. We hope that everyone who wants a vaccine will be able to get at least the first dose by the end of May.

a. Since this group of individuals may not be able to independently access the state's current information and scheduling portals, what type of avenues will your state use to notify people with disabilities when they become eligible and offer them assistance when booking appointments?

We have several resources for anyone who needs help finding an appointment. Our vaccine hotline - 1-877-CO-VAX-CO or 1-877-268-2926 - operates around the clock. Our website also lists vaccine providers in the state. Community partners also work with individuals in their communities to ensure they have access to vaccine appointments.

3. One of the issues we are hearing about as the vaccination campaign unfolds is the difficulty some non-hospital-based health care providers are having in accessing the vaccine for their staff. In some states, the rollout for health care providers does seem to be going relatively smoothly. However, in others, it is a real struggle. Employers are not able to help sign their health care workers up for vaccinations. Instead, employees have to navigate an ad hoc system on their own without any centralized access point. Depending on local distribution realities, these health care providers are told to check with county health departments, to sign up on state websites, or to call local hospitals. Sometimes it works, sometimes it doesn't. Health care providers are on the front lines, not only as it relates to exposure but also as potential spreaders of infection to the patients they serve, many in home settings. We have to figure this out and we need to act quickly.
The federal government has contracted with CVS and Walgreens to make COVID-19 vaccines available to nursing home patients and staff. Would it make sense to expand this contract, or set up additional contracts with national health care providers, to permit other patient facing health care workers organized and predictable access to the vaccine?

The Federal Retail Pharmacy Program provides vaccines directly to select pharmacies so they can administer the vaccine. This program is one component of the Federal government's strategy to expand access to vaccines for the American public.

Our website lists more than 1,000 vaccine providers across the state who can administer the vaccine. We also are operating six mass vaccination clinics across the state.

4. How does your state plan to use the funding from the recent stimulus package to secure surge resources to help improve vaccine administration in your state?

We do not yet know what funds we will be receiving or what spending parameters might be included.

5. What is your state's strategy to reach the level of immunization needed for herd Immunity?

Everyone who wants a vaccine should be able to get at least their first dose by the end of May.

a. What evidence will your state be looking for to determine whether herd immunity has been reached?

We will closely monitor statewide disease transmission and hospitalization rates. It likely will be some time before we learn whether we've achieved community immunity, and it will depend on the length of time the vaccinations provide immunity, whether people have lasting immunity from previous infection, and when vaccinations are available for children 16 and under.

6. Another tool that is available as we move to vaccinate Americans as quickly as possible – high-quality serology tests. Certain serology tests, called quantitative or semi-quantitative tests, can measure the approximate level of antibodies in a person's body. These tests can be used to track the immune system's response to a COVID-19 vaccine – helping to identify when a booster shot may be needed among other benefits. Are any of your states using, or have you considered using, these high quality tests as part of your vaccine roll-out and follow-up?

a. If yes, how are you using the tests?

b. If no, do you see a benefit to tracking the durability of the immune response, particularly considering some of the mutated strains like those from South Africa, Brazil, or United Kingdom?

We are tracking the number of people who have completed their vaccination series and who still contract COVID-19. We provide that information to the Centers for Disease Control and Prevention and are using the information to track disease transmission trends. As is the the case with any vaccine, some individuals who get vaccinated still will contract COVID-19.

7. One of the issues we hear about is the difficulty states and providers are having at the last mile, actually getting shots into arms. Once Phase 1 has been completed, do you agree that we should have an all-hands-on deck approach, using all of America's commercial distribution resources, customer connectivity, expertise and end-to-end logistics across a multitude of provider settings, to ensure the American public has expedited and equitable access to a vaccine once we get to broad distribution?

We want to distribute the vaccine as equitably and efficiently as possible, and that's becoming easier with the increased federal supply chain. Ultimately, we want the COVID-19 vaccine to be as easy to obtain as a flu shot.

We have made incredible progres in our vaccination efforts. So far, 80 percent of those 70 and up have received at least one dose of the vaccine. By the end of May, we hope everyone who wants a vaccine will have received at least their first dose.

We also are operating six mass vaccination clinics across the state.

8. What technologies or other resources is your state using to provide the public with information about COVID-19 vaccines? In particular, how are you connecting with those rural communities, where internet-based communication is often less reliable?

We have several resources for anyone who needs help finding an appointment. Our vaccine hotline - 1-877-CO-VAX-CO or 1-877-268-2926 - operates around the clock. Our website also lists vaccine providers in the state. Community partners also work with individuals in their communities to ensure they have access to vaccine appointments.

1. Given our hope and expectation that states will soon receive larger allocations of vaccines and supplies, I am focused on the need for states to ramp up their vaccine delivery capabilities. In my home state of Florida, for example, private companies are stepping up to make their expertise and resources available for cold chain purposes. I know other companies across various industries are actively working to find ways to lend their expertise. What specific advice or guidance can you offer companies and organizations who want to assist your state with these efforts, cold chain or otherwise?

Our Joint Vaccine Task Force is managing our vaccination rollout.