

# Philosophical perspective and discussion on issues and experiences with the COVID Vaccination Campaign

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# COI

- Mitchell
  - None
- Rowland
  - none



# Objectives

- Share information and lessons learned from a partner's perspective on issues related to the prioritization of scarce resources
- Discuss workforce/staffing issues related to vaccine administration, early on in the campaign and moving forward
- Foster a collaborative discussion of lessons learned and issues in the COVID vaccination campaign



# Vaccine Phases

- Initial >18yo EUA vaccine
  - High risk
  - Multiple phases
- 12-17yo EUA
- 5-11yo EUA
- 6mo-4yo EUA

# Rollout

- >18yo
  - High risk
  - Multiple phases
  - FDA approval
  - Boosters
- Positives
- Negatives

# Pediatric rollout

- 12-17yo
- 5-11yo
- 6mo-4yo
- Positives
- Negatives

# Vaccination Partners

- Children's Health Systems
- General Pediatricians
- Pediatric Subspecialists
- Adult providers
- Pharmacies
- FEMA



# Children's Health Systems

- Employer of Health Care Personnel (HCP)
- Not typically a vaccinator except for influenza
- Pediatric Subspecialists
  - High risk patients
- Positives
- Negatives





# General Pediatricians

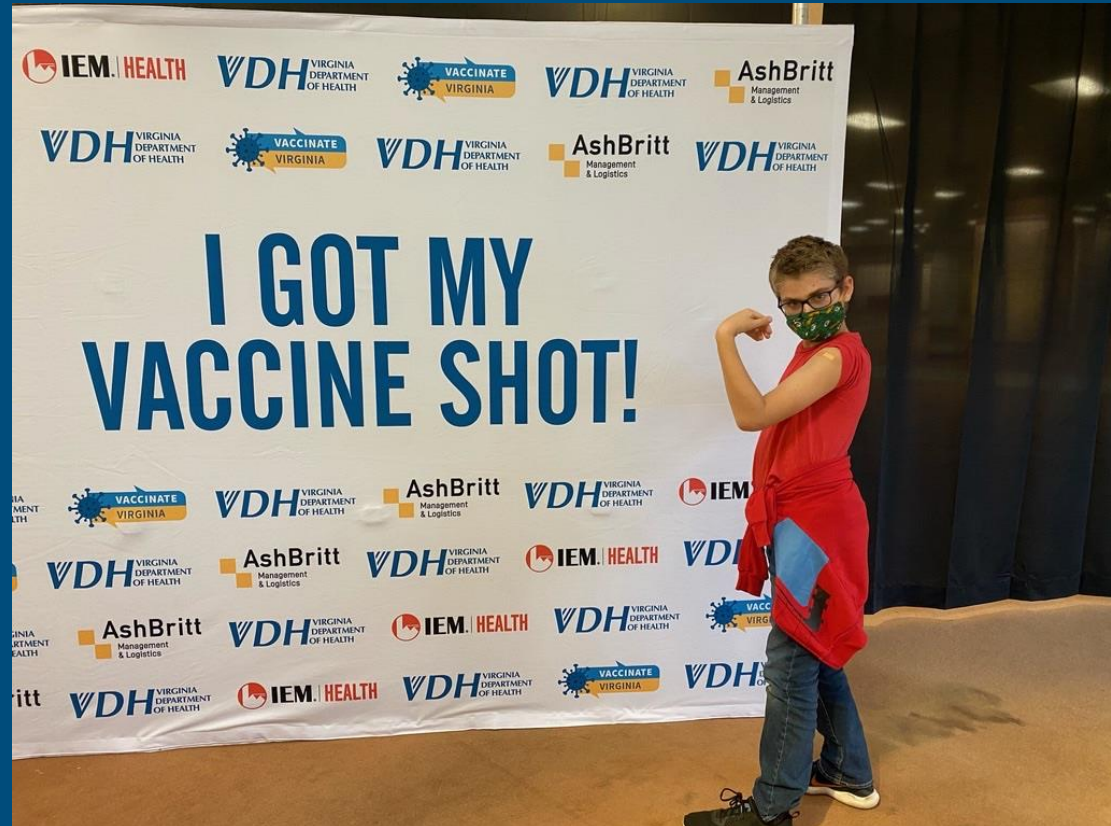
- Routine high volume vaccinators
- VVFC qualified and inspected
- Positives
- Negatives

# Adult Providers

# Pharmacies

# FEMA

- Positives
- Negatives

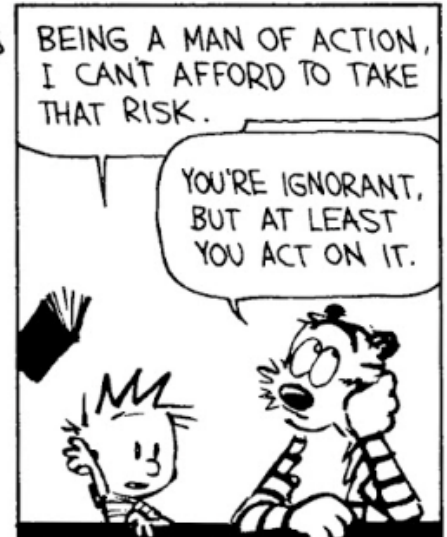
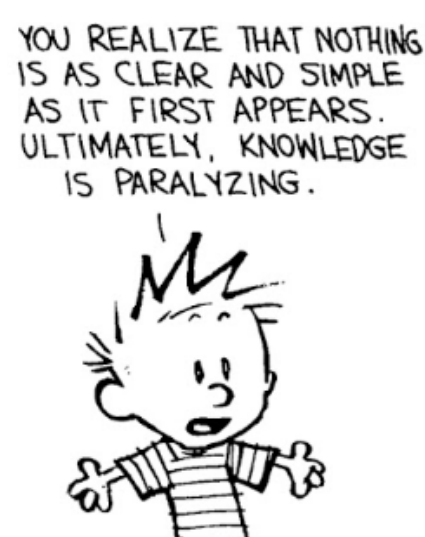


# An effective COVID-19 immunization strategy addresses each component of vaccine adoption.

## Key activities of vaccine adoption

Available	Administrable	Accessible	Acceptable	Affordable	Accountable
<i>Vaccine is approved and in sufficient supply to reach the population.</i>	<i>Appropriate individuals can receive vaccination at convenient locations.</i>	<i>Vaccine is distributed and stored for use.</i>	<i>Consumers have accurate information they trust, and they choose to be vaccinated.</i>	<i>Costs of vaccine and administration are amenable to both payers (public/ government and private) and consumers.</i>	<i>Patients receive full course of treatment and monitoring is in place on post-launch outcomes.</i>
Technology portfolio and access	Population segmentation	Ordering	Public communications, messaging, and education	Funding	IT infrastructure and interoperability
Tech transfer and drug substance manufacturing	Vaccination dispensing strategy	Logistics, transport, and warehousing	Healthcare workforce education	Reimbursement strategy	Ongoing monitoring and reporting
Upstream/downstream sourcing and manufacturing					
Public policy planning					

Strategic considerations associated with uncertainty  
Capability and implementation planning



# Information sharing

- NATIONAL:
    - CDC, National AAP
  - STATE:
    - VA-AAP
    - VDH
    - School nurses
  - LOCAL:
    - CHKD: HICS, CMG weekly meetings
    - School nurses, admins, school boards
  - Social media
  - Mainstream media
- 
- *Suggestions for improvement?*
  - *What did you find effective?*

# Lessons learned: communication

- Trust/distrust
- Messaging/social psychology
- Peer educators
- Politicization of science
- Vaccination record access



A call to protest by the Anti-Mask League in The San Francisco Chronicle, on Jan. 25, 1919. UC Berkley

# Lessons learned

- Keep it simple
  - QR codes; centralized info and access points
- Burn out
  - Staffing
- Access
  - Walk-in for everyone
  - Time off work
  - Schools as vaccinators

# Future COVID vaccine distribution?

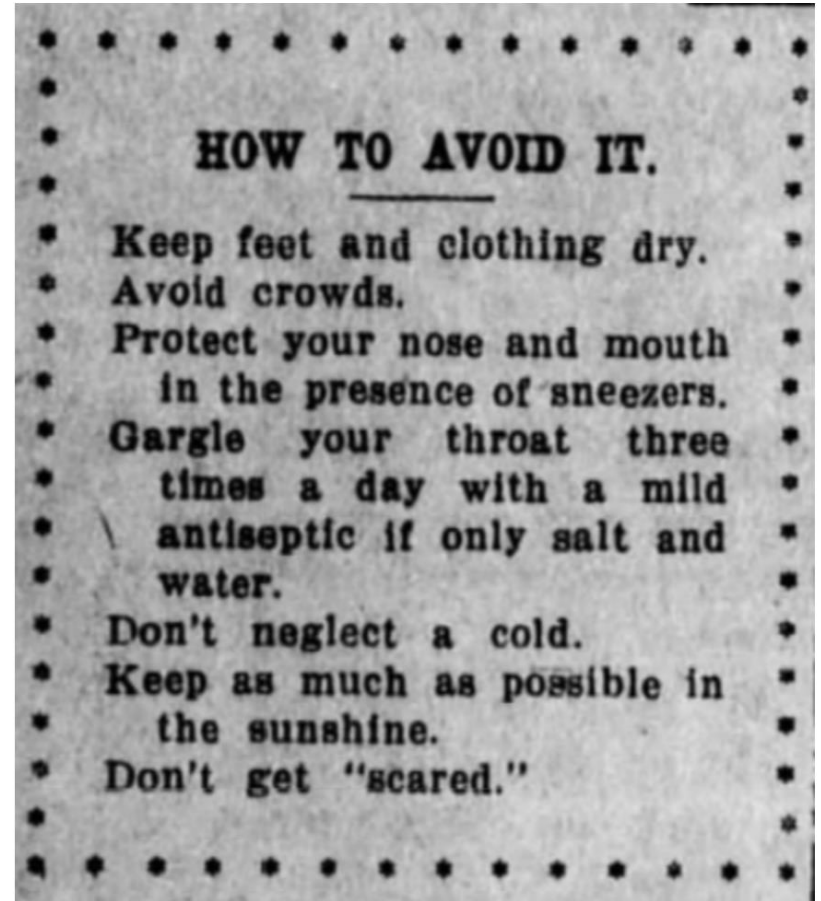
- Commercial
- VVFC



# Future Pandemics?

*“Those that fail to learn from history are doomed to repeat it.”*

*-Winston Churchill*



From the *Enid Daily Eagle*, September 25,

1918

## Addressing gaps in vaccine willingness can maximize access in vulnerable communities.

### Focus area

### Example interventions



#### Understanding

- Ensure stakeholders are aware of different levels of trust in some vulnerable communities.
- Reconcile current consumer concerns about a forthcoming COVID-19 vaccine.



#### Access

- Work with leaders of communities most in need to ensure that vaccine distribution is perceived to be fair, collaborative, and equitable.
- Simplify process (documentation, waiting times) and criteria to receive vaccine.
- Provide community-based administration setting.
- Provide small incentives for timely compliance.
- Offer free or cost-reduced transportation.



#### Communication

- Use understanding of perceptions and attitudes on a microsegment level to set expectations and build trustworthiness with vulnerable communities.
- Enlist trusted validators and influencers (e.g., minority physicians, religious leaders, community leaders, influencers) to become active allies and advocates.
- Develop target-language campaigns and resources as needed and share messaging in person and across channels.