

PIMA COUNTY, ARIZONA COVID-19 ACCELERATED IMMUNIZATION PLAN

Ensuring that early doses have maximum impact

January 11, 2021

**Prepared by the
Pima County, Arizona
Health Department**



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PIMA COUNTY HEALTH DEPARTMENT COVID-19 IMMUNIZATION ACCELERATION PLAN

I. PIMA COUNTY OVERVIEW

With a slow rollout of COVID-19 vaccine distribution throughout Arizona, the Pima County Health Department has developed an aggressive immunization acceleration plan including opening additional inoculation sites. Locations that are being prepared as vaccination sites include the Tucson Convention Center (City of Tucson), the Kino Sports Complex (Banner), and the University of Arizona. Rillito racetrack is also being prepared as a site.

Although Pima County is one of the current leaders in the state in the number of vaccinations per capita, we are compelled to increase our vaccination rate given the current crisis. We update our [COVID-19 Information & Resources website](#) daily with the latest information.

Over 25,000 health-care workers have been vaccinated since the county launched the first phase of distribution on December 17, 2020. Residents and workers of long-term-care facilities, many of which experienced a significant outbreak of the virus at the start of the pandemic, have been prioritized through federal contracts with commercial pharmacies and are currently being vaccinated. The County will soon enter Priority 1B, which includes priority for those who are 75 and older, as well as educators and protective service workers.

Current Targets, which are entirely dependent on vaccine availability from the Federal Government and through the State allocation process, are the following:

- The County will stand up 4 collaborative Points of Dispensing (PODs) -- in addition to the existing Tucson Medical Center (TMC) and Banner North PODs -- in the Tucson area within four weeks. The timing of the fourth POD is dependent on throughput and coverage of existing PODs and the availability of vaccine.
- A semi-urban and rural vaccination strategy will be implemented during January 2021 again assuming vaccine availability
- The County has established a *minimum goal* of 300,000 immunizations by March 31, 2021, if sufficient vaccine is available
 - If the present vaccination structure runs smoothly, an *expected goal* of 344,680 immunizations will be administered
 - If vaccine supply is not an issue and staffing and related resources can be procured, our model can scale up to a *maximum* of 775,030 immunizations in that same time frame

A. Pima County Facts and Figures

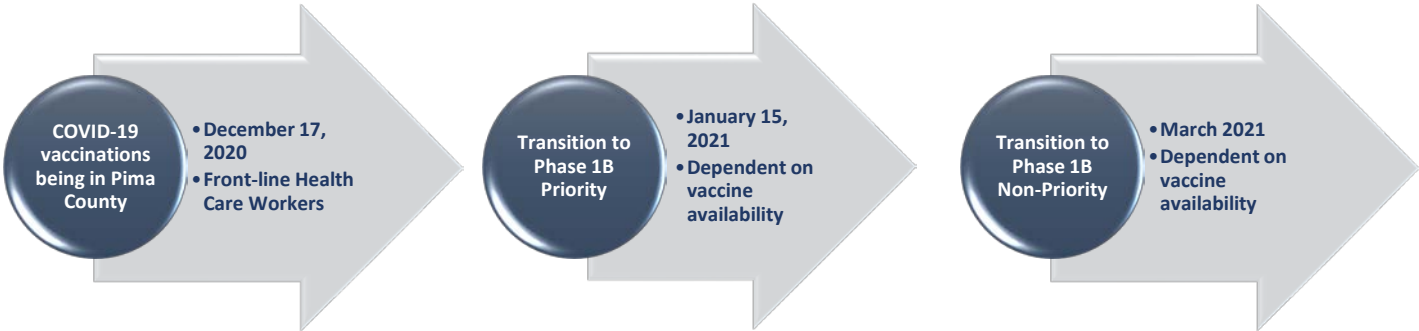
- Pima County Population: ~ 1.1 Million Residents
 - Population under 16 and currently ineligible for vaccination ~ 200,000
 - Estimated population resistant/waiting/refusing to vaccinate ~ 160,000 of eligible adults (20%)
- Current population required to vaccinate ~ 740,000

B. Transition Between Phases

- The County has made the strategic decision to remain in Phase 1A as we accelerate our vaccination rate. **We tentatively anticipate transitioning to Phase 1B.1 Priority around January 15, 2021.**

Our thoughts:

- Since December 17, 2020, the vast majority of our current vaccination appointments were for healthcare workers (HCWs)
- Over 1400 reminders were sent to HCWs organizations during the week of December 28, 2020, with vaccine registration information to increase enrollment at the two operating Points of Dispensing (PODS) – TMC and UMC Banner North
- As of January 6, 2021, over 800 of these organizations had been made available for the registration system. These HCWs began receiving the vaccines during the same week.



C. COVID-19 Vaccination Strategy

The following COVID-19 Vaccination targets include the second vaccination shot. Our goal would be to meet maximum 1,480,000 total vaccinations (assuming that complete vaccination would require a two-vaccination series)

1) Minimum Vaccination Targets (predicted near completion - September 2021)

Q1 & Q2 <i>Minimum</i> Vaccination Targets Predicted Near Completion – September 2021	
Estimated <i>minimum</i> vaccinations by March 31	344,680
Estimated <i>minimum</i> vaccinations from April 1-June 30	599,730
Estimated <i>minimum</i> vaccinations by June 30	944,410

2) Maximum Vaccination Targets (predicted near completion - June 2021)

Q1 & Q2 <i>Maximum</i> Vaccination Targets Predicted Near Completion – June 2021	
Estimated <i>maximum</i> vaccinations by March 31	775,030
Estimated <i>maximum</i> vaccinations from April 1-June 30	1,005,080
Estimated <i>maximum</i> vaccinations by June 30	1,780,110

3) Quarter 1 Scenario Inoculation Estimates

The tables below present two possible case scenario inoculation estimates, with the assumptions that:

- a) **All new sites open on schedule, with adequate vaccine and staffing**
- b) **All sites meet best performance numbers based on minimum or maximum capacity being available**
- c) **Sufficient vaccine is allotted to Pima County from the Arizona Department of Health Services (AzDHS) on a routine and predictable schedule**
- d) **Sufficient vaccine is available to meet the minimum or maximum estimates**

4) Preliminary Estimate of *Minimum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021

The tables below display the *minimum* number of COVID-19 vaccine inoculations projected to be supported in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

<i>Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)</i>								
Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/inoculations per day	Jan inoculations	# days/ inoculations per day	Feb inoculations	# days/ inoculations per day	March inoculations	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 15/1,500	27,500	23/1,500	34,500	25/1,500	37,500	99,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	25/700	17,500	49,700
Banner South/ Kino Stadium	1/13/21	14/800	11,200	23/800	18,400	25/800	20,000	49,600
Tucson Convention Center	1/15/21	14/700	9,800	23/700	16,100	25/700	17,500	43,400
Univ. of Arizona	1/19/21	10/700	7,000	23/700	16,100	25/700	17,500	40,600
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q1 2021 POD Totals			71,600		101,200		110,000	282,800
<hr/>								
Long Term Care Facilities (LTC)/ALF - retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Semi-urban and Rural Locations		10/500	5,000	23/750	17,250	25/750	18,750	41,000
136.290			83,270		125,120		136,290	344,680

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Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)

Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ inoculations per day	Apr inoculations	# days/ inoculations per day	May inoculations	# days/ inoculations per day	June inoculations	
Tucson Medical Center (TMC)	12/14/20	24/1,500	36,000	25/1,500	37,500	24/1,500	36,000	109,500
Banner-North (UMC)	12/14/20	24/700	16,800	25/700	17,500	24/700	16,800	51,100
Banner South/ Kino Stadium	1/13/21	24/2,000	48,000	26/2,000	50,000	24/2,000	48,000	146,000
Tucson Convention Center	1/15/21	24/2,000	48,000	25/2,000	50,000	24/2,000	48,000	146,000
Univ. of Arizona	1/19/21	24/1,000	24,000	25/1,000	25,000	24/1,000	24,000	73,000
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q2 2021 POD Totals			172,800		180,000		172,800	525,600
Long Term Care Facilities (LTC)/ ALF- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Semi-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	17,250	51,750
Q2 2021 Minimum Grand Totals			196,720		203,920		199,090	599,730

*each site may be able to increase an additional 1,000 vaccines/day

Q1 2021 Minimum Grand Totals	Jan	83,270	Feb	125,120	Mar	136,290	344,680
Q2 2021 Minimum Grand Totals	Apr	196,720	May	203,920	Jun	199,090	599,730
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals							944,410

5) Preliminary Estimate of *Maximum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021

The tables below display the *maximum* number of COVID-19 vaccine inoculations expected to be performed in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)

Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/ inoculations per day	Jan inoculations	# days/ inoculations per day	Feb inoculations	Per Day	# days/ inoculations per day	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 18/1,500	32,000	23/1,500	34,500	26/1,500	39,000	105,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	26/700	18,200	50,400
Banner South/ Kino Stadium	1/13/21	16/2,000	32,000	23/2,000	46,000	26/2,000	52,000	130,000
Tucson Convention Center	1/15/21	14/2,000	28,000	23/3,000	69,000	26/3000	78,000	175,000
Univ. of Arizona	1/19/21	10/1,000	10,000	23/2,000	46,000	26/2,000	52,000	108,000
Rillito Racetrack	2/5/21	0	0	18/3,000	54,000	26/3,000	78,000	132,000
Q1 2021 Totals			118,100		265,600		317,200	700,900
Long Term Care Facilities (LTC)/ALF - retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Semi-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	18,750	51,750
Q1 2021 Minimum COVID-19 Vaccine Inoculation Grand Totals			142,020		289,520		343,490	775,030

*assumes this site is able to increase an additional 1,000 vaccines/day starting in February

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Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)

Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ inoculations per day	Apr inoculations	# days/ inoculations per day	May inoculations	# days/ inoculations per day	June inoculations	
Tucson Medical Center (TMC)	12/14/20	25/1,500	37,500	26/1,500	39,000	25/1,500	37,500	114,000
Banner-North (UMC)	12/14/20	25/700	17,500	26/700	18,200	25/700	17,500	53,200
Banner South/ Kino Stadium	1/13/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Tucson Convention Center	1/15/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Univ. of Arizona	1/19/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Rillito Racetrack	2/5/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Q2 2021 Totals			305,000		317,200		305,000	927,200
Long Term Care Facilities (LTC)/ALF-- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Semi-urban and Rural Locations		25/750	18,750	26/750	19,500	25/850	18,750	57,000
Q2 2021 Maximum Grand Totals			330,420		343,370		331,290	1,005,080
*assumes this site is able to increase an additional 1,000 vaccines/day								
Q1 2021 Maximum Grand Totals		Jan	142,020	Feb	289,520	Mar	343,490	775,030
Q2 2021 Maximum Grand Totals		Apr	330,420	May	343,370	Jun	331,290	1,005,080
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals								1,780,110

6) Summary of Total Q1 & 2 Minimum and Maximum COVID-19 Vaccine Inoculations for Pima County

The table below displays a summary, by month, of the projected minimum and maximum COVID-19 vaccine inoculation estimates for Q1 and Q2 FY2020.

Q1 & Q2 Inoculations at all Pima County Locations		Jan	Feb	March	April	May	June	Total
Jan 1 - June 30, 2021	Minimum	83,270	125,120	136,290	196,720	203,920	199,090	944,410
	Maximum	142,020	289,520	343,490	330,420	343,370	331,290	1,780,110

7) Expenses

Current Expenses -- County Partnerships

Current expenses have been borne by the Pima County as well as our partners (TMC, and Banner). Additional small, closed distribution points and partnerships have been developed with other hospitals (St. Mary's Hospital, St. Joseph's Hospital, Northwest Medical Center, and Oro Valley Hospital), Federally Qualified Community Health Centers (El Rio, Marana, United, and Desert Senita), and clinical groups (Arizona Community Physicians).

Contract Expenses

To ensure adequate support for vaccine distribution, Pima County has also awarded two six-month vaccinator contracts. We anticipate that there will continue to be significant costs associated with COVID-19 vaccination.

First Responders – Sharing Financial Costs

First responders have been administering the vaccine at their own expense.

County Financial Assumption of Vaccination Centers in Phase 1B

The County will assume the expense of the vaccination centers as the COVID-19 vaccination process moves to Phase1B.

D. Distribution Site Overview

1) Current Activities

- Two PODS fully functional and supported by Banner North, TMC, volunteers, and County staff.
- Planning to establish and initiate four additional PODs with anticipated start dates
- Agreements to continue current “closed pods” with specific TMC and Banner
- Staffing- reliance on volunteers as well as County, Banner, and TMC staff
- LTC immunization is ongoing under Federal partnership and direction with Walgreens/CVS pharmacies

2) Number of Distribution Sites

- Two large PODS -- UMC Banner North and TMC -- are 100% deployed
- Four additional PODS are in development (Banner South, TCC, University of Arizona, Rillito)
 - Kino Banner - January 15
 - TCC - January 15
 - University of Arizona- January 19
 - Rillito – ~February (details still in development)
- Currently, ten non-POD distribution sites have been deployed using hospital and non-hospital partners. We anticipate that this number will increase over the next few months
 - Over 100 sites have been onboarded in the State Health Services system as potential distribution sites in Pima County

3) Semi-urban and Rural Sites

- A detailed semi-urban and rural plan is in development for the 17% of County that resides in outside of the urban core; this includes:
 - Far Western Pima County (inclusive of Ajo, Lukeville, and Why)
 - Northwestern/North Pima County (inclusive of Marana, Avra Valley, Picture Rocks, Catalina, and Summer Haven)
 - South/Southeastern Pima County (inclusive of Sahuarita, Green Valley, Amado, Arivaca, Vail, Corona de Tucson, Summit and Continental)
- Major planning elements below:
 - Assumes coverage for 20,062 residents over the age of 75+; 685 protective services workers; and 3,700 teachers and childcare workers
 - Relies on existing vaccination partners that
 - a) Already have a clinical footprint in those communities
 - b) Are already qualified by the state to receive and deliver vaccine; and
 - c) Who can quickly mobilize community assets to quickly deliver vaccines
 - Dependent on the quick re-allocation of vaccine stock among partners to ensure timely utilization of stock
 - Anticipates eventual access to vaccine from retail pharmacies contracting directly with the federal government and under the direction of the State

II. PHASES

The County have developed the following tentative vaccination phases.

A. Phase 1A

<i>Phase 1A Subgroup Prioritization for Healthcare Workers</i>			
Phase 1A.1	Phase 1A.2	Phase 1A.3	Phase 1A.4
Healthcare workers and support staff who provide direct patient care in high-risk settings	Healthcare workers and support staff who provide direct patient care in moderate-risk settings	Healthcare workers and support staff who provide direct patient care in lower-risk settings	All other healthcare workers
<i>Descriptions and Examples</i>			
<ul style="list-style-type: none"> • COVID patients are present in workspace • Works inside COVID rooms • Longer exposure times (cumulative of 15 min over 24h period) • Dedicated COVID units, emergency departments, and COVID dedicated respiratory clinics • Urgent Care accepting COVID patients 	<ul style="list-style-type: none"> • COVID patients are present in workspace • HCWs on COVID floor but not in COVID rooms • Lesser exposure times (cumulative of less than 15 min over 24h period) 	<ul style="list-style-type: none"> • Urgent Care not accepting COVID patients • Home health/hospice • Inpatient locations that do not accept COVID inpatients 	

Special prioritizations during Phase 1A

- Healthcare workers “at increased risk of severe illness” as defined by the CDC, including those with underlying health conditions and healthcare workers age 65 and older, will have first priority in each phase.

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Phase 1A Subgroup Prioritization for Healthcare Workers and Long-Term Care Residents	
Healthcare Workers	Long-Term Care Residents
Phase 1A.1	
<p>Hospitals: All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics. (Includes, but not limited to nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff, support workers, environmental/maintenance staff and administrative staff, volunteers, students and trainees and faith and spiritual leaders/healers at high risk for exposure.)</p> <p>LTCF (skilled nursing facilities and nursing homes): All personnel working in these facilities.</p> <p>Emergency Medical Services Personnel: People providing direct patient care as part of the EMS system. This includes air ambulance pilots, ground ambulance drivers, physicians, physician assistants, nurses, and those personnel certified or registered by the EMSRB, including paramedics, advanced emergency medical technicians, emergency medical technicians, and emergency medical responders.</p> <p>COVID testers: Personnel providing testing at mobile and static testing centers and support staff at these sites.</p> <p>COVID community vaccinators: Public health vaccinators and those administering COVID-19 vaccine in Phase 1A.</p>	<p>Residents living in skilled nursing facilities and nursing homes (including veterans' homes).</p>
Phase 1A.2	
<p>Hospitals: All personnel providing direct patient services or handling infectious materials and not included in the first priority group.</p> <p>LTCF (assisted living facilities/housing with services with an arranged Home Care Provider): All personnel working in these facilities.</p> <p>Urgent care settings: All personnel providing direct patient services or handling infectious materials and not included in first priority group.</p> <p>Dialysis centers: All personnel providing direct patient services or handling infectious materials.</p>	<p>Residents living in housing with services with an arranged home care provider, otherwise known as assisted living (including veterans' homes).</p>
Phase 1A.3	
<p>All remaining health care personnel (HCP) not included in the first and second priority groups that are unable to telework. This includes but is not limited to: HCP that work in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, LTCF, dental offices, pharmacies, public health clinics, mental/behavioral health settings, correctional settings, and group homes.</p>	<p>Adult residents living in Intermediate Care Facilities for people with intellectual disabilities and other adult residents living in residential care facilities licensed in AZ primarily serving at-risk people including older adults, people with intellectual and physical disabilities, in settings such as community residential settings and adult foster care.</p>
Phase 1A.4	
<p>Other HCP working in an inpatient, ambulatory, or outpatient setting who are in a high-risk category due to personal health conditions or age.</p> <p>HCP <u>"at increased risk of severe illness"</u> as defined by the CDC, including those with underlying health conditions and age 65 and older.</p>	

B. Phase 1B

PHASE 1B PRIORITIZATION		
	PHASE	DESCRIPTION
Phase 1B.1	PHASE 1B.1.a People aged 75 years and older	<ul style="list-style-type: none"> • People aged 75 years and older due to the high risk of hospitalization, illness, and death from COVID-19
	PHASE 1B.1.b Protective Service Organizations	<ul style="list-style-type: none"> • Protective service occupations (law enforcement, corrections, firefighters, and other emergency response staff, 911 call center staff and trainees in high-risk settings)
	PHASE 1B.1.c Teachers and Childcare Providers	<ul style="list-style-type: none"> • Education and childcare providers (K12 and higher education teachers and staff, student teachers)
Phase 1B.2	PHASE 1B.2 Essential Workers (based on CISA and EO 2020-12 definitions)	<ul style="list-style-type: none"> • Power and utility workers • Food and agriculture related occupations (packaging and distribution workers, grocery, farmworkers, and restaurant workers) • Transportation and material moving occupations (public transportation providers, airlines, gas stations, auto shop workers, and other transportation network providers) • State and local government workers that provide critical services for continuity of government, such as food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector not in the prioritized essential worker category • Other essential workers (e.g., business and financial services, supply chain for critical goods, funeral services, critical trades, etc.) • Veterinarians and veterinary staff
	Phase 1B.2 Adults in Congregate Settings	<ul style="list-style-type: none"> • Adults with high-risk medical conditions living in shelters or other congregate living settings

C. Phase 1C

The County is awaiting confirmation, but the following groups are expected to be included in Phase 1C:

- Remaining 1A and 1B populations
- Adults 65 and older
- Adults of any age with high-risk medical conditions

D. Phases 2 and 3: General Population

1) POD Planning Assumptions

As the supply of available vaccines increase, distribution will expand, increasing access to vaccination services for a larger population.

2) Key Considerations and Assumptions

- The COVID-19 vaccine supply will likely be sufficient to meet the general public
- The receipt of additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
- A surge in COVID-19 vaccine demand is possible; if so, a broad vaccine administration network for surge capacity will be necessary
- Low COVID-19 vaccine demand is also a possibility, so County should monitor the existing supply and adjust strategies to minimize waste
- Long-term care facilities will sign up for on-site clinics from CVS or Walgreens (opt-in) or pharmacies (opt-out)

3) Objectives

County will employ the following strategies when larger quantities of vaccine become available during Phase 2 and Phase 3:

- Provide equitable access to the COVID-19 vaccine to achieve high vaccination coverage in Phase 2 and 3 populations
- Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19 exposure





4) Accommodation for Increased Supply Levels

County will adapt to the increase in COVID-19 vaccine supply levels by:

- Expanding vaccination efforts beyond initial population groups in Phase 1 with an emphasis on equitable access for all populations
- Administering vaccine through a broad provider network, to include the following:
 - Commercial and private sector partners, such as pharmacies, doctors' offices, and clinics
 - Public health sites, such as mobile clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), public health clinics, and temporary/off-site clinics

E. Special Prioritizations During All Phases

The populations listed in the table below are at increased risk for acquiring or transmitting COVID-19 per the [CDC Social Vulnerability Index](#) and will be considered for sub-prioritization throughout all phases. These categories will be used to inform targeted strategies to improve access among underserved populations within each of the phased priority groups and will not be applied on a discriminatory basis.

POPULATIONS AT INCREASED RISK FOR ACQUIRING OR TRANSMITTING COVID-19	
	Healthcare system factors. Uninsured, under-insured adults, and adults with Medicaid (AHCCCS)
	Resource-constrained and disabled adults. Adults with disabilities or living in rural communities
	Housing type and transportation disadvantages. Adults in correctional facilities/incarcerated, experiencing homelessness/living in shelters, attending colleges/universities, or living and working in other congregate settings. Essential workers who rely solely on public transit to get to work.
	Minority status and language. Adults from racial and ethnic minority groups, tribal communities, and non-English speaking adults

III. RISK ASSESSMENT

A. Purpose

The purpose this section is to establish a risk management framework within the County COVID-19 vaccine program for evaluating and monitoring risk management activities and to enable team leads to make risk-informed decisions.

B. Risk Response Planning

Each major risk (those falling in the red and yellow zones) will be assigned to a program team member for monitoring purposes to ensure that the risk will not go unaddressed.

For each major risk, one of the following approaches will be selected to address it:

- **Avoid** – Eliminate the threat by removing the cause
- **Mitigate** – Identify ways to reduce the probability or the impact of the risk
- **Accept** – Make no action because the degree of risk is low
- **Transfer** – Make another party responsible for the risk

For each risk that will be mitigated, a designated individual or team will identify ways to prevent the risk from occurring or reduce its impact or probability of occurring. For each major risk that is to be mitigated, a course of action will be outlined for the event that the risk does materialize.

C. Risk Log

RISK	LIKELIHOOD	IMPACT	PUBLIC HEALTH IMPACT	MITIGATION
Inadequate Vaccine in first quarter	High	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Inadequate Vaccine in second quarter	Moderate	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Delayed POD opening	Moderate	Decreased vaccination delivery	Decreased ability to minimize transmission	Work with planning, logistics and partners
Lack of staffing	Minimal	Unable to sustain PODS	Decreased ability to minimize transmission	Enhance volunteer strategy; hire contracted personnel
Vaccine Adverse Reactions	Minimal	Individual impact; increased vaccine hesitancy	Decreased number of people immunized	Increase communications; follow adverse reaction protocols