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COVID-19 Vaccination in Local Health Entities

1 message

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Wed, Feb 24, 2021 at 9:37 AM

Good afternoon,

DSHS is currently working with CDC on obtaining additional funding for COVID-19 vaccination activities. Based on this additional funding, DSHS is requesting proposals based on your current needs for activities outlined below. DSHS will issue new contracts that will be effective upon execution through June 30, 2024 with the expectation of approximately 70% of the funding be expended by June 30, 2022.

The funding is available for three (3) different COVID-19 Vaccination Projects.

Project 1. Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations

- a. Increase the number of vaccine provider sites, including through the use of pharmacies. This can be done through a competitive application process, through enrollment of specific providers into such a program, or through other means
- b. Enroll/train vaccine providers, including complementary providers, to build capacity to vaccinate pediatric and adult populations in accordance with ACIP recommendations.
- c. Enlist/educate adult providers, including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators
- d. Fund local health departments to expand their operations (e.g., providing vaccinations during evenings, overnight, and on weekends) and to increase their throughput
- e. Support public health workforce recruitment and training including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability. (CDC's Social Vulnerability Index (SVI))
- f. Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities

Project 2. Ensure high-quality and safe administration of COVID-19 vaccines

- a. Implement site visits to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.
- b. Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products
- c. Provide supplies (including personal protective equipment (PPE)), equipment, and training to providers and partners for:
 - i. Vaccine storage and handling, including monitoring temperature of vaccines

- ii. Vaccine transport, including any vaccine-specific considerations, for temporary mass vaccination clinics.
- iii. Vaccine administration
- d. Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis
- e. Support provider training and reporting of vaccine adverse events to VAERS

Project 3. Ensure equitable distribution and administration of COVID-19 vaccines

- a. Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage
- b. Monitor and improve access to vaccinations in communities of high social vulnerability. (CDC's Social Vulnerability Index (SVI))
- c. Continue and expand on the work of Vaccine Equity Committees (or similar committees) to ensure transparency and engagement with the community
- d. Have a written plan to address high-risk and specific populations (including older adults) and how to reach each group, including congregate settings (e.g. correctional facilities), homeless populations, essential workers, and others.
- e. Partner, plan, and implement vaccination activities with critical organizations. These organizations could include but are not limited to:
 - i. Colleges and Universities
 - ii. Occupational health settings for large employers
 - iii. Churches or religious institutions
 - iv. Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - v. Pharmacies
 - vi. Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
 - vii. Organizations and businesses that employ critical workforce
 - viii. First responder organizations
 - ix. Non-traditional providers and locations that serve high-risk populations
 - x. Other partners that serve underserved populations
- f. Plan and implement vaccination activities with organizations and business that employ frontline essential workers

Note: "ACIP used CISA guidance to define frontline essential workers as the subset of essential workers likely at highest risk for work-related exposure to SARS-CoV-2, the virus that causes COVID-19, because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers. ACIP has classified the following non-health care essential workers as frontline workers: first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers."

(The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR ([cdc.gov](https://www.cdc.gov/mmwr)))

If interested in this funding please apply for these projects, and complete the following forms:

- Form A: Face Page;
- Form B: LHE_WORKPLAN_PERFORMANCE MEASURES Supplement **for each project outlined above** and include a list of the applicant's current inventory of current cold storage units, purchase date and manufacture date;
- Form C: Cold Chain Equipment for Vaccine Storage (**Complete only if requesting funding for Immunization Cold Chain Needs Project**) Include the type of equipment and applicable specs the applicant is seeking reimbursement and submit with application. Ensure vaccine storage equipment meets specifications outlined in **2020 TVFC & ASN Operations Manual for Responsible Entities.** Please note if awarded you may be directed to submit a new Equipment for Vaccine Storage Form if the equipment cost exceeds 10 percent of the original estimate submitted in application; and
- Budget Template: *Submit **for each project** and please see link for examples of allowable costs:*
<https://www.cdc.gov/ncezid/dpei/pdf/elc-enhancing-detection-expansion-crosswalk-feb2021-508.pdf>

Deadline for submission is **March 10, 2021**. Submit request for funding application packets to: Holly.Zoerner@dshs.texas.gov with a copy to ImmunizationContractsCOVID3@dshs.texas.gov. For any questions concerning these instructions and documents, please email Holly.Zoerner@dshs.texas.gov for assistance.

Thank you,

Holly Zoerner, CTCM

Contract Management Section (CMS)

Department of State Health Services

Phone: (512) 776-3742

I am currently working remotely – Please reach me via Email or Skype.