SIDEBAR

North Carolina's Process for Developing Our COVID-19 Vaccine Plan

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The development and production of the COVID-19 vaccines is an historic scientific achievement that will help us defeat the virus, get back in control of our lives, and back to the people and places we love. With limited supplies of vaccine arriving in the state, North Carolina is transitioning to the next phase of its pandemic response, which includes primary COVID-19 prevention with the vaccine.

North Carolina developed its vaccination plan with the goal of immunizing everyone who wants a COVID-19 vaccine and a commitment to guiding principles [1]. These guiding principles are significant because, while operational pieces and requirements may change, how we approach the work remains constant. The principles are:

1) All North Carolinians have equitable access to vaccines.
2) Vaccine planning and distribution is inclusive; actively engages state and local government and public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations.
3) Transparent, accurate, and frequent public communication is essential to building trust.
4) Data are used to promote equity, track progress, and guide decision-making.
5) Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation.

Knowing that initial vaccine supplies will be very limited, North Carolina first created a prioritization framework informed by independent state and federal public health advisory committees, such as the National Academy of Medicine Framework for Equitable Allocation of COVID-19 Vaccine and the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP). The North Carolina Institute of Medicine convened a Vaccine Advisory Committee of more than 65 people representing diverse constituencies across the state [2]. These groups determined that the best way to fight COVID-19 is to first stabilize the health care workforce needed to care for COVID-19 patients and prioritize those at the highest risk of severe illness or dying from COVID-19. The next phases included those at increased risk of exposure and severe illness.

After the interim prioritization framework was developed by North Carolina, ACIP released revised recommendations for a phased prioritization on December 22, 2020 [3]. Then on January 12, 2021, the federal Department of Health and Human Services issued directives for a different prioritization framework. North Carolina, with guidance from the Vaccine Advisory Committee, worked to align with the federal prioritization recommendations. Therefore, in North Carolina's revised prioritization, Group 1 includes direct health care workers, those involved in the vaccine efforts, and all long-term care staff and residents. Group 2 is anyone aged 65 years and older. Group 3 includes frontline essential workers. Group 4 includes people at high risk for exposure, increased risk of severe illness, and other essential workers, and Group 5 is everyone who wants a safe and effective COVID-19 vaccination.

Vaccinations have first been administered through hospitals, health systems, and local health departments to reach prioritized populations. As vaccine supply increases, vaccinations will be offered in a variety of settings, including clinics, pharmacies, and occupational health clinics, as well as at vaccination events across communities—all at no charge to recipients. The North Carolina Department of Health and Human Services (NCDHHS) and all vaccine providers are working together to make sure that as vaccine supplies increase over the next months, the vac-

cine is accessible equitably and to everyone who wants it. NCDHHS has a specific focus on building trust with historically marginalized populations, as longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines.

To support our vaccine effort, North Carolina developed a new data system, the COVID-19 Vaccine Management System (CVMS). The North Carolina-specific system allows for better integration with existing immunization databases used by our medical providers (North Carolina Immunization Registry). CVMS will allow us to meet federal data requirements, have data to inform our response, and ensure that people and providers know when second doses are due. This cloud-based technology allows providers to track inventory and record COVID-19 vaccine data.

As information and plans change rapidly, our goal is to provide early, transparent, consistent, and frequent communication so that people living in North Carolina trust the information they receive from NCDHHS; understand the benefits and risks of COVID-19 vaccinations; make informed decisions about COVID-19 vaccinations; and know how and where to get a COVID-19 vaccine.

Key messages include that:

- Scientists had a head start. The vaccines were built upon years of work in developing vaccines for similar viruses.
- Tested, safe, and effective. More than 70,000 people volunteered in clinical trials for two vaccines (Pfizer and Moderna) to see if they are safe and work to prevent COVID-19 illness. To date, the vaccines were found to help prevent COVID-19 and are effective in preventing hospitalization and death, with no safety concerns noted in the clinical trials.
- You cannot get COVID-19 from the vaccine. You may have temporary reactions like a sore arm, headache, or feeling tired and achy for a day or two after receiving the vaccine.
- A vaccine will be available to all who want it, but supplies will be limited at first.

Up-to-date information and communication resources can be found at YourSpotYourShot.nc.gov.

Throughout our planning and implementation process, we have faced limited and changing information. We continue to make decisions with the information we have and adjust as new information becomes available. As part of that agile design, it is key that we continue to provide proactive, transparent communications with stakeholders about our processes and what information we do or do not have. We remain grateful for all our public and private partners who have been on this journey with us and all who are tirelessly working to vaccinate all of those living in North Carolina who wish to receive the vaccine. NCM

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References

1. North Carolina Department of Health and Human Services. North Carolina Interim COVID-19 Vaccination Plan Executive Summary. Raleigh, NC: NCDHHS; 2020. https://files.nc.gov/covid/documents/NC-COVID-19-Vaccine-Plan-with-Executive-Summary.pdf. Published October 16, 2020. Accessed December 14, 2020.
2. North Carolina Institute of Medicine. North Carolina COVID-19 Vaccine Advisory Committee. NCIOM website. https://nciom.org/north-carolina-covid-19-vaccine-advisory-committee/. Accessed December 14, 2020.
3. Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine – United States, December 2020. MMWR Morb Mortal Wkly Rep. 2021;69(5152):1657-1660. doi: 10.15585/mmwr.mm695152e2

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