Key points

There are currently two authorized COVID-19 vaccines: Moderna and Pfizer. We have confidence in both as safe and effective.

Connecticut is currently in Phase 1a of roll-out. Eligible individuals in Phase 1a include healthcare personnel, long-term care facility residents, and medical first responders.

Connecticut’s vaccine distribution is quickly scaling up:

- Roughly 16,000 doses have been administered across the State as of Tuesday evening.
- 35 different on-site clinics have been completed at nursing homes; at least 120 more will be completed by Dec 31.

We do not expect to have a widely available vaccine until the Summer or Fall; public health measures (distancing, masks) remain as important as ever.

- For Phase 1a-eligible individuals, we expect to be able to offer first doses by the end of January or early February - we are working to expand access as rapidly as possible, but are supply constrained.

No final decisions about Phase 1b have yet been made.
## Expanding our COVID Vaccine access network

<table>
<thead>
<tr>
<th>Monday – Thursday of last week</th>
<th>Friday &amp; this past weekend</th>
<th>This week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24 different hospital-based clinic sites:</strong></td>
<td><strong>Ongoing hospital-based clinics</strong></td>
<td><strong>Ongoing hospital-based clinics</strong></td>
</tr>
<tr>
<td>• 9 “hub” hospitals with ultracold capacity took direct shipment of doses on Monday, Tuesday or Wednesday</td>
<td>First on-site clinics at LTCFs</td>
<td>Scaled-up nursing-home based clinics</td>
</tr>
<tr>
<td>• 3 additional hospital systems took redistribution from the hubs</td>
<td>• First ~5 sites on Friday from CVS and Walgreens</td>
<td>… and more than 40 different clinic sites at Federally Qualified Health Centers and Local Health Departments (nearly all shipments arriving today!)</td>
</tr>
<tr>
<td>• 12 additional clinics stood up through intra-system distribution (e.g., 6 different locations at each of YNNH, HHC)</td>
<td>• Further clinics throughout the weekend</td>
<td></td>
</tr>
</tbody>
</table>
## Vaccine access

### Hospitals
- Charlotte Hungerford Hospital
- Hartford Hospital
- Midstate Medical Center
- St Vincent’s Medical Center
- The Hospital Of Central Ct/Main Hospital
- William W. Backus Hospital
- Windham Community Hospital
- Mhs Primary Care Shoreline Clinic/Westbrook
- Middlesex Hospital
- Danbury Hospital
- New Milford Hospital
- Norwalk Hospital
- Sharon Hospital
- Manchester Memorial Hospital
- Johnson Memorial Hospital
- St Francis Hospital & Medical Center
- St Mary’s Hospital
- Bridgeport Hospital Milford Campus
- Bridgeport Hospital/Main Hospital
- Greenwich Hospital
- Lawrence + Memorial Hospital
- Yale New Haven Hospital
- Yale New Haven/St Raphael Campus
- Bristol Hospital
- Connecticut Hospice
- Ct Children’s Medical Center
- Day Kimball Employee Health
- Gaylord Hospital
- Griffin Hospital
- Hospital For Special Care
- Silver Hill Hospital
- Stamford Hospital
- Tully Health Center
- Uconn Health Center/John Dempsey/Main Hospital
- Waterbury Hospital/Main Hospital

### FQHCs & clinics
- Charter Oak
- Community Health Center Inc.
- Cornell Scott Hill Health Center
- Fair Haven Community Clinic
- Generations Family Health Center
- InterCommunity, Inc.
- Optimus Healthcare
- Southwest Community Health Center
- Staywell Health Center
- United Community & Family Services Wheeler Clinic

### Local health departments
- Bristol-Burlington
- CT River Area (CRAHD)
- Danbury
- East Shore District (ESDHD)
- Eastern Highlands
- Fairfield
- Farmington Valley
- Meriden
- Milford
- New Haven
- North Central District
- Northeast District
- Norwalk
- Pequot
- Pomperaug Health District
- Stamford
- Stratford Health Dept
- Torrington Area (TAHD)
- Trumbull
- West Hartford (WHBHD)
- Windsor
## State of CT Dec. & Jan. supply planning

**CURRENT ESTIMATES | DO NOT SHARE | LIKELY TO CHANGE**

### Number of first doses (potential to begin vaccination)

<table>
<thead>
<tr>
<th>Week</th>
<th>Number of first doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-Dec</td>
<td>31,200</td>
</tr>
<tr>
<td>21-Dec</td>
<td>87,675</td>
</tr>
<tr>
<td>28-Dec</td>
<td>50,175</td>
</tr>
<tr>
<td>4-Jan</td>
<td>75,575</td>
</tr>
<tr>
<td>11-Jan</td>
<td>244,625</td>
</tr>
<tr>
<td>18-Jan</td>
<td>313,375</td>
</tr>
<tr>
<td>25-Jan</td>
<td>449,325</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer &amp; Moderna first week doses based on numbers reported to CT in Tiberius planning tool. Following week doses are based on projections of total US capacity offered by OWS.</td>
<td></td>
</tr>
</tbody>
</table>

### Number of total doses (including first and second doses)

<table>
<thead>
<tr>
<th>Week</th>
<th>Number of total doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-Dec</td>
<td>31,200</td>
</tr>
<tr>
<td>21-Dec</td>
<td>24,375</td>
</tr>
<tr>
<td>28-Dec</td>
<td>28,275</td>
</tr>
<tr>
<td>4-Jan</td>
<td>24,375</td>
</tr>
<tr>
<td>11-Jan</td>
<td>313,375</td>
</tr>
<tr>
<td>18-Jan</td>
<td>90,650</td>
</tr>
<tr>
<td>25-Jan</td>
<td>539,975</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer &amp; Moderna first week doses based on numbers reported to CT in Tiberius planning tool. Following week doses are based on projections of total US capacity offered by OWS.</td>
<td></td>
</tr>
</tbody>
</table>

**Take all numbers with a grain of salt! Data is to preliminary and changing frequently**

- Second dose lag time reflects 21-day period for Pfizer and 28-day period for Moderna
- Number of first doses indicates population that can be reached.
- Number of total doses reflects throughput / capacity required

**Sources:**
- Pfizer & Moderna first week doses based on numbers reported to CT in Tiberius planning tool. Following week doses are based on projections of total US capacity offered by OWS.
## Phase 1a of roll-out:
### Healthcare personnel, long-term care, & first responders

The Advisory Committee on Immunization Practices (ACIP) recommends that when a COVID-19 vaccine is authorized by the FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both

1. **Healthcare personnel (HCP):** all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials.

2. **Residents of long-term care facilities (LTCF):** Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently.

The State of Connecticut has further clarified that the following individuals are included in Phase 1a:

3. **First responders at risk of exposure to COVID-19** (e.g., EMTs, Fire, Police who respond to medical 911 calls)

FAQs about Phase 1a eligibility are available today

No final decisions about Phase 1B have yet to be made
Phase 1b & 1c of roll-out:
ACIP has released guidance; no final guidance in CT

<table>
<thead>
<tr>
<th>ACIP guidelines</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1b</strong></td>
<td></td>
</tr>
<tr>
<td>Individuals 75 and older</td>
<td>No final decisions about Phase 1B have yet to be made for Connecticut</td>
</tr>
<tr>
<td>Frontline essential workers</td>
<td></td>
</tr>
</tbody>
</table>

| **Phase 1c**    |             |
| Individuals 65-74   |             |
| Other essential workers |             |
| Persons aged 16-64 years with medical conditions that increase the risk for severe COVID-19 |             |
There are currently four types of COVID-19 vaccine clinics

1. On-site clinics at LTCFs
   - LTCF staff & residents
   - Clinics are administered by pharmacy partners (CVS & Walgreens) through the CDC’s Pharmacy Partnership for Long-Term Care
   - Starting with nursing homes, after which clinics will rapidly proceed in assisted living, CCRs, intermediate care facilities for adults with developmental disabilities, veteran’s homes, and HUD 202 housing
   - Residents and staff will receive more information from their facility leadership as well as directly from CVS/Walgreens about how to prepare
   - Details on program

2. VAMS-scheduled clinics
   - All eligible HCPs & 1st Responders
   - Wide range of clinic types (clinics, local health, hospitals) that any eligible Phase 1a individual can schedule into via VAMS rostering

3. Direct-scheduled clinics
   - A few hospitals that are not participating in VAMS, inc. YNNH and HHC, as well as certain LHDs
   - Employers of Phase 1a eligible can work directly with these hospital systems to roster directly with them

4. “Closed PODs”
   - Eligible employees of vaccinator
   - A few hospitals and LHDs who are only serving their own employee base
   - Some currently closed PODs will soon open to other Phase 1a eligible individuals – we are encouraging all PODs to open through VAMS as quickly as possible!
In Phase 1a (and likely 1b), eligibility & scheduling for most vaccinations will occur through VAMS

Employers

Employers play a critical role in ensuring access and eligibility to receive a vaccine

All employers of Phase 1a eligible population should have a single employer coordinator

That individual will upload a roster of eligible individuals to receive vaccine and help ensure access to vaccine

ct.gov/covidvaccine/employers

Employers must declare under penalty of perjury that each of persons included in roster are eligible to receive vaccine during Phase 1a. Submission of a false statement to the Department of Public Health is subject to the penalties pursuant to Conn. Gen. Stat. § 19a-500 and § 53a-157b.

Clinics

Clinics providing COVID vaccine will onboard onto VAMS and publish slots that are available for scheduling and appointment

Multiple dispensing points will soon be available - including hospitals, local health departments, FQHCs and others

Individuals

Healthcare personnel (Phase 1a) will be able to schedule an appointment - look out for an email from VAMS once you are eligible and enrolled
Local Health Departments play multiple roles in COVID-19 Vaccine Administration

Please continue to work with CT DPH to clarify any aspects of your role

<table>
<thead>
<tr>
<th>Role &amp; description</th>
<th>Which local health departments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Outreach:</strong> Provide information, conduct outreach, and ensure access to vulnerable communities</td>
<td>ALL!</td>
</tr>
<tr>
<td><strong>2 Employee coordinator:</strong> Register eligible department (or sometimes municipal) employees in VAMS in line with each phase of roll-out</td>
<td>ALL!</td>
</tr>
<tr>
<td><strong>3 Vaccinator:</strong> Staff and run vaccine clinics</td>
<td>Some</td>
</tr>
</tbody>
</table>
COVID-19 Vaccine Biweekly Update – Thursday, Dec 17

Doses administered — Preliminary Data

<table>
<thead>
<tr>
<th></th>
<th>Doses administered previous 24 hours</th>
<th>Number of doses administered in last 3 days</th>
<th>Total cumulative doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Wednesday)</td>
<td>(Mon, Tue, Wed)</td>
<td>Since program start</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1,636</td>
<td>1,982</td>
<td>1,982</td>
</tr>
<tr>
<td>LTCFs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1,636</td>
<td>1,982</td>
<td>1,982</td>
</tr>
</tbody>
</table>

**All data preliminary and may change as reporting systems are further developed.

Shipments received & forecast

<table>
<thead>
<tr>
<th></th>
<th>Doses received this week</th>
<th>Doses expected next week</th>
<th>Total cumulative received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Dec 14-20)</td>
<td>(Dec 21-28)</td>
<td>(Dec 14-20)</td>
</tr>
<tr>
<td>Pfizer</td>
<td>31,200</td>
<td>22,425</td>
<td>31,200</td>
</tr>
<tr>
<td>Moderna</td>
<td>0</td>
<td>63,300</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>31,200</td>
<td>85,725</td>
<td>31,200</td>
</tr>
</tbody>
</table>

Key messages & updates

- **Connecticut’s first vaccine was administered on Monday morning** at Hartford Hospital to Dr. Ajay Kumar, Hartford HealthCare’s chief clinical officer, and Keith Grant, APRN, Hartford HealthCare’s Senior Director of Infectious Disease. Both Dr. Kumar and Mr. Grant remarked that they experienced no side effects aside from some soreness at the injection site and both were feeling great.
- **As of Wednesday night, 1982 doses of vaccine were administered.** These vaccine clinics were offered across 17 different hospitals.
- **Connecticut is currently in Phase 1a of vaccine roll-out.** During Phase 1a, eligible individuals include healthcare personnel (persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials) as well as residents of long-term care facilities. More information about eligibility is here.
- **We do not expect to have enough vaccine to offer a first dose of vaccine to all Phase 1a-eligible individuals until January or early February** – we appreciate everyone’s patience as we roll out the COVID-19 Vaccine and will be providing more information about how Phase 1a-eligible individuals can access vaccine in the next several days.
COVID-19 Vaccinations in Connecticut

Connecticut has prepared for the authorization and distribution of COVID-19 vaccines and is currently in Phase 1a. Our goal is for all residents of Connecticut to have access to the vaccination, although this will likely not occur until late Spring or early Summer 2021.

Connecticut is currently working with a broad range of healthcare institutions to serve as vaccine providers, and to evaluate several factors like storage capacity. We are also communicating with community partners and considering guidance from the federal government in finalizing our distribution plan.

New and up-to-date information about the vaccine in the state can be found on this website.

The State’s efforts are supported by recommendations locally by the Governor’s COVID-19 Vaccine Advisory Group that meets regularly.

Connecticut is currently in Phase 1a. Those eligible for vaccine are:

**Healthcare Personnel:** All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients of infectious materials.

**Long Term Care Facility Residents:** Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently.

**First Responders at risk of exposure to COVID-19:** Through their response to medical emergencies such as Emergency Medical Technicians, Police, and Fire.

**Phase 1a does not include healthcare personnel that do not have the potential for direct or indirect exposure to patients or infectious materials. For example, if you are providing telehealth services and do not currently work in a healthcare setting providing in-person care, you are not eligible for vaccine in phase 1a.**
We all should be ready to address vaccine hesitancy

- Let us know if you have questions or need support

- **Trust is critical:** Information and dialogue with trusted individuals is important

- **Assertively correct misconceptions:** Clarify and reaffirm correct beliefs about immunization and modify misconceptions.

- **Provide strong, personal endorsement:** Share why you think it’s important to receive a COVID-19 vaccine.

- **Discuss benefits and unknowns openly:** Be open about what is known and what is not known. Provide information and personalize based on cultural beliefs, vaccine concerns, and literacy level

- **Be positive:** Stress the potential for lives saved rather than focusing on deaths from not immunizing