

Medical Countermeasure Best Practice Resource Guide



About this Guide

Information sharing and medical countermeasure (MCM) dispensing and administration by local health departments (LHDs) played a critical role in responding to the COVID-19 pandemic. To create this guide, NACCHO's MCM workgroup gathered best practices and lessons learned from those involved in information sharing and MCM dispensing and administration during COVID-19.

Definitions & Functions

Information Sharing

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

Function(s):

- Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs
 - Function Definition: Identify intra- and inter-jurisdictional stakeholders to participate in information exchange and determine and periodically reassess stakeholders' needs for bi-directional information sharing
- Function 2: Identify and develop guidance, standards, and systems for information exchange
 - Function Definition: Define procedures and establish systems for information governance, management, and sharing
- Function 3: Exchange information to determine a common operating picture
 - Function Definition: Share information across public health agencies and intra- and inter-jurisdictional stakeholders using available national standards, such as data vocabulary, storage, transport, security, and accessibility standards



Medical Countermeasure Dispensing and Administration

Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.

- Function 1: Determine medical countermeasure dispensing/administration strategies
 - Function Definition: Coordinate with partners to formulate jurisdiction-specific strategies for the timely provision of medical countermeasures based on incident needs



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- Function 2: Receive medical countermeasures to be dispensed/administered
 - Function Definition: Request and receive medical countermeasures at the jurisdictional level and ensure receipt of medical countermeasures at dispensing/administration sites based on incident characteristics
- Function 3: Activate medical countermeasure dispensing/administration operations
 - Function Definition: Coordinate with partners and stakeholders to ensure resources, including personnel, equipment, technology, and physical space, are activated to dispense/administer medical countermeasures
- Function 4: Dispense/administer medical countermeasures to targeted population(s)
 - Function Definition: Provide medical countermeasures to the target population in accordance with public health guidelines and recommendations appropriate to the incident
- Function 5: Report adverse events
 - Function Definition: Monitor and report or facilitate the reporting of adverse events associated with a medical countermeasure

Highlighted Best Practices

Below are the seven best practices selected to be highlighted in this resource guide.

Building Public Health Data and Analytics Infrastructure

Agency Name: El Paso County Public Health

State: Colorado

Population: 730,395

Function/Other: 3 (Information Sharing)

Summary of Practice: In the early stages of COVID-19 response, the Public Health Data and Analytics (PHDA) Office launched an innovative COVID-19 data dashboard to show disease incidence and prevalence within the community. The dashboard greatly expanded access to data for public and community partners and became a critical component of our agency's response to the pandemic. Data visualizations and information with interactive features made it easier for users to visualize and break down complex data to better understand disease spread within the community and inform mitigation efforts.

Amid a constantly shifting landscape, the PHDA COVID-19 dashboard served as a resource for the public, serving as a place to find reliable, trustworthy, and immediate information. It also quickly solidified the agency as the leading local data expert with the purpose of establishing a central repository to provide transparent, accurate, and timely information. Information from the data dashboard was presented and explained through multiple information sharing platforms to include public forums, the agency's website, county commissioner meetings, city council meetings, and in the media. In 2021, the COVID-19 data dashboard reached 971,000 pageviews lending itself as the leading community resource for local COVID-19 data.

As the COVID-19 response developed and emergency use authorized vaccines became available, the PHDA Office launched the COVID-19 vaccine dashboard with breakdowns by vaccine type, demographics, and rates to monitor vaccination progress within the community. Working closely with partners and key stakeholders, the PHDA Office established trust and credibility which paved the way to address unforeseen challenges. For example, due to federal reporting restrictions, data exchange with the military regarding vaccination numbers was not available to the local jurisdiction. However, significant efforts were made by El Paso County Public Health and key stakeholders to leverage an already established civilian-military partnership that could support the exchange of aggregate data without violating federal restrictions. This partnership and information exchange provided a more comprehensive picture of vaccination activity inclusive of military members and veterans who comprise a large segment of the local population.

Practice Contact: Janel McNair, janelmcnair@elpasoco.com, 719-238-3442

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Mental Health Support for LPHA staff

Agency Name: Boulder County Public Health

State: Colorado

Population: 330,758

Function/Other: 3 (MCM Dispensing and Administration)

Summary of Practice: During a period of significant stress and high staff turn-over, Boulder County Public Health (BCPH) provided various resources to support staff mental health and address staff burn-out. These included granting administrative leave, use of respite schedules, regular optional debriefs facilitated by a mental health professional, and mindfulness and Tai Chi resources. Additionally, leadership modeled practices such as taking time off and helped normalize conversations about burn-out and mental health.

Practice Contact: Chris Campbell, Emergency Management Coordinator, Boulder County Public Health; ccampbell@bouldercounty.org, 303-746-9105

Volunteer Services

Agency Name: Boulder County Public Health

State: Colorado

Population: 330,758

Function/Other: 3 (MCM Dispensing and Administration)

Summary of Practice: Boulder County Public Health (BCPH) utilized volunteer services at a large scale during the COVID-19 response, with 350+ volunteers together serving over 7,900 hours. Without these volunteers, the BCPH pandemic response would have unfolded very differently and been at a significantly smaller scale in key areas such as vaccination clinics and testing.

Most volunteers were members of the Medical Reserve Corps of Boulder County (MRCBC); others worked with partnering organizations, and still others were county employees whose work would not normally involve responding to a pandemic, but who put some of their own work on hold to volunteer. Volunteers served in both clinical and nonclinical roles, including in vaccine administration, post-vaccination observation, registration and traffic control at clinics and at testing sites, wellness checks, and case investigations. Volunteers also helped at a local hospital during a surge.

BCPH dedicated a full-time staff person for volunteer coordination. The state of Colorado screens and verifies credentials of Medical Reserve Corps of Boulder County volunteers, helping make this group an incredible and readily available resource that helped save lives.

Practice Contact: Kari Middleton, kmiddleton@bouldercounty.org, 303-918-996

Coordination with Local Nonprofits, Community Groups

Agency Name: Benton-Franklin Health District

State: Washington

Population: 283,000

Function/Other: 1 (Information Sharing)

Summary of Practice: Benton-Franklin Health District connected with local nonprofits, community activists such as Senior groups, meals on wheels, 211, and Greater Columbia Accountable Community of Health. These groups were instrumental in steering resources as well as identifying barriers these special populations faced.

Practice Contact: Sierra Knutson, sierrak@bfhd.wa.gov



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Vulnerable Populations Questionnaire

Agency Name: Trumbull Health Department

State: Connecticut

Population: 36,827

Function/Other: 1 (MCM Dispensing and Administration)

Summary of Practice: Trumbull Health Department worked with its senior center and first responders to develop a vulnerable populations questionnaire. This questionnaire was completed by homebound residents. Information was entered into the dispatch system, allowing the department to be able to quickly identify residents needs in an emergency.

The department partnered with its local EMS to provide homebound vaccinations to residents. Two teams were implemented consisting of a public health nurse and an EMT. Teams went out to provide vaccinations and education to homebound residents.

Practice Contact: Sue Jacozzi, sjacozzi@trumbull-ct.gov

Vaccine Inventory Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 2, 4 (MCM Dispensing and Administration)

Summary of Practice: When multiple products were used at once in clinic location (including both COVID-19 and flu vaccines), immunizations staff leveraged a color-coding system (stickers, tablecloths) to distinguish between products being offered at each vaccination station. This reduced medical errors and was also a visual cue to vaccination clients to identify the correct station.

Practice Contact: Sarah Koeller, skoeller@chesco.org



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Mobile Vaccination Strategy		
Agency Name: El Paso County Public Health	State: Colorado	Population: 730,395
Function/Other: 3 (MCM Dispensing and Administration)		
<p>Summary of Practice: Equitable access to the COVID-19 vaccine was interwoven throughout the entire El Paso County (Colorado) vaccine administration strategy. To support this effort, El Paso County Public Health (EPCPH) had to develop innovative strategies to reduce barriers and increase access to vaccines. As a result, the mobile vaccination strategy was implemented as an intentional effort to reduce barriers and expand access to vaccines across El Paso County, with the command team objective of ‘bringing vaccine to the people’ and ‘meeting people where they live, work, recreate, and attend school.’</p> <p>The integration of the mobile vaccination strategy has been highlighted in COVID-19 after action reports as a highly successful strategy in reducing barriers and reaching vulnerable populations throughout the county. Many of the people vaccinated through the mobile resource may not have otherwise gotten vaccinated due to various barriers (such as transportation, people experiencing homelessness, access, and functional needs). The agency also collaborated with partners to pair vaccines with existing and highly-trafficked community events such as First Friday Downtown, Colorado Springs Switchbacks games, NAMI Walks Your Way event, food drives with Pikes Peak United Way, and more. Pairing vaccines and clinical services with well-known and established events, helped increase convenience and maximize success by meeting people where they are through mobile outreach.</p> <p>Another example of how this strategy improved the agency’s ability to respond is through coordination with schools to vaccinate eligible children. On May 10, 2021, the FDA expanded the emergency use authorization (EUA) for the Pfizer COVID-19 vaccine for adolescents ages 12-15. This announcement was timely in that it coincided with the launch of the EPC mobile vaccination resources. Many schools were eager to quickly schedule mobile vaccination events prior to the end of the school year. From April to June 2021, 3457 vaccinations were administered at 41 different school vaccination events across EPC.</p> <p>Due to the success of the mobile strategy and the forethought that a mobile resource could be used to support other future public health responses, in 2021, the agency took steps to move forward with purchasing its own mobile resource. The EPCPH mobile vaccination van, which is branded in English and Spanish, offered mobile COVID-19 and flu vaccination clinics at a variety of community organizations, churches, schools, rural areas, and numerous events.</p> <p>The mobile vaccination strategy strengths and challenges were captured in the COVID-19 AARs and integrated into the improvement plan where necessary. Additionally, a mobile vaccination plan was developed as part of the quality improvement process and is now an attachment to the EPCPH MCM plan which is an annex to the EPCPH Public Emergency Operations Plan.</p>		
Practice Contact: Janel McNair, janelmcnair@elpasoco.com, 719-238-3442		

Additional Best Practices

Below are additional best practices shared with the MCM workgroup from those involved in information sharing and MCM dispensing and administration during the COVID-19 pandemic.

Building Public Health Data and Analytics (PHDA) Infrastructure		
Agency Name: Ledge Light Health District	State: Connecticut	Population: 152,919
Function/Other: 1 (Information Sharing)		
<p>Summary of Practice: Worked with nonprofit agencies to provide COVID-19 information to their clients and notify them of vaccination clinics. Ledge Light Health District worked with the agencies to find convenient locations for their clients and assisted with transportation if that was an issue (bus/cab fare).</p>		
Practice Contact: Kris Magnussen, kmagnussen@llhd.org		

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Response Leads Contact List

Agency Name: Linn County Public Health

State: Iowa

Population: 230,299

Function/Other: 1 (Information Sharing)

Summary of Practice: An IP item in the 2015 Ebola response was to create a list of disease response leads in the community and a few others. The list contains hospital infection prevention staff, public health clinical, public health preparedness, EMS transport service staff, state field epi, state preparedness, EMA, and a few others. Quarterly since 2015 the list is emailed to all on the list. Each quarter there has been an update which solidifies the need to update. This list was used by many during the COVID-19 response.

Practice Contact: Julie Stephens, Julie.stephens@linncountyiowa.gov

Meeting with Stakeholders

Agency Name: Grundy County Public Health

State: Iowa

Population: 12,329

Function/Other: 1 (Information Sharing)

Summary of Practice: Established stakeholder meetings and email listservs to disseminate important information. These communication processes will continue in the future.

Practice Contact: Katie Thornton-Lang, katie.lang@grundycountyiowa.gov

Communications and Collaboration

Agency Name: Grundy County Public Health

State: Iowa

Population: 12,329

Function/Other: 3 (Information Sharing)

Summary of Practice: Established collaborations via email and phone services to determine guidance and vaccination needs, as they arose, with surrounding public health agencies. These communication processes will continue in the future.

Practice Contact: Katie Thornton-Lang, katie.lang@grundycountyiowa.gov

Establish Credibility

Agency Name: Kanabec County Community Health and Benton County Public Health

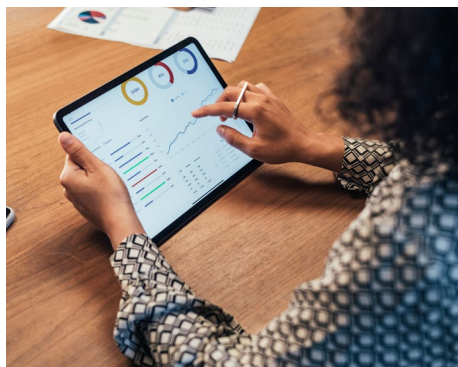
State: Minnesota

Population: 16,032 (Kanabec County)
41,379 (Benton County)

Function/Other: 1, 2 (Information Sharing)

Summary of Practice: The agencies utilized trusted local voices to support local public health and health care efforts. These trusted voices can include local medical community (not part of the government), business or social leaders, and faith-based leaders. It is recommended to have template language for messaging to easily distribute to locals to quickly develop a media campaign.

Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us



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Homebound Vaccination Policies

Agency Name: Public Health – Seattle & King County **State:** Washington **Population:** 2,269,675

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: To follow are practices that Public Health – Seattle & King County followed to deliver in-home vaccination to people who are homebound. Allow self-report or caregiver report of mobility challenges instead of requiring medical verification of a disability. Provide both telephone and internet options for in-home requests, to ensure access. Offer vaccination to anyone who is in the home and eligible, to help build community immunity around the homebound person. Offer in-home vaccination to individuals even if this results in vaccine dose wastage, when supply allows, and doses are only available in multi-dose vials that can't be transported. While the department did not experience any wastage when serving adults, this was a model it transitioned to when serving homebound children aged 5-11. [Additional materials.](#)

Practice Contact: Caren Goldenberg, cgoldenber@kingcounty.gov

Community Health Worker Tool Kit to Increase the Success of MCM Uptake

Agency Name: Benton-Franklin Health District **State:** Washington **Population:** 283,000

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: This is a self-led training that is geared toward providing education on best practices with regards to COVID-19 outreach for CHW's.

Practice Contact: Sierra Knutson, Sierrak@bfhd.wa.gov

Provider Education Material for Depot

Agency Name: Benton-Franklin Health District **State:** Washington **Population:** 283,000

Function/Other: 3 (Information Sharing)

Summary of Practice: The Benton-Franklin Health District (BFHD) created provider distribution email list to provide timely updates with vaccines. Stickers were applied to vaccine kits that were sent out to providers that gave temperature specific handling instructions. BFHD staff did a lot of one-on-one counseling with providers on best practices for handling of vaccines.

Practice Contact: Sierra Knutson, Sierrak@bfhd.wa.gov

Use of SVI to Focus Efforts – Mobile/Pop-Up Clinic Locations

Agency Name: Benton-Franklin Health District **State:** Washington **Population:** 283,000

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: BFHD used mapping to increase target areas for vaccine outreach and engagement.

Practice Contact: Sierra Knutson, Sierrak@bfhd.wa.gov

Homebound Vaccine Process

Agency Name: Benton-Franklin Health District **State:** Washington **Population:** 283,000

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: BFHD staff provided direct services to medically fragile, homebound individuals who were unable to easily access traditional medical avenues.

Practice Contact: Sierra Knutson, Sierrak@bfhd.wa.gov

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Vaccine Hesitancy Survey and Follow-Up to Guide Efforts		
Agency Name: Benton-Franklin Health District	State: Washington	Population: 283,000
Function/Other: 4 (MCM Dispensing and Administration)		
Summary of Practice: BFHD contracted with Zen City to create a detailed vaccine hesitancy survey to assess beliefs and attitudes about COVID-19 vaccinations.		
Practice Contact: Carla Prock, Carlp@bfhd.wa.gov		

Contracted with Local IMT3+ Pasco Fire District 4		
Agency Name: Benton-Franklin Health District	State: Washington	Population: 283,000
Function/Other: 2 (Information Sharing)		
Summary of Practice: BFHD contracted with IMT3+ Pasco Fire 4 to provide guidance and best practices at the beginning of COVID and then to operate local community testing site as well as Mass Vaccine sites. Pasco Fire + team successfully vaccinated 81,000 people for \$1.8 million at our mass vaccine site. At the height of testing peaks, the team of under 15 were testing 2,000 people a day. BFHD highly recommends partnership with similar entities in future MCM'S distributions.		
Practice Contact: Sierra Knutson, Sierrak@bfhd.wa.gov		

Vaccine Depot		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 2, 3, 4 (MCM Dispensing and Administration)		
Summary of Practice: Function as warehouse for vaccine depot to support smaller scale providers dispensing immunizations to increase availability in the community.		
Practice Contact: Ericka Case, ecase@tpchd.org		

Freezer Purchase		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 2 (MCM Dispensing and Administration)		
Summary of Practice: Used initial funding to purchase equipment (freezers) for TPCHD and community partners to store vaccine. This prepared the department to quickly accept vaccines when it became available.		
Practice Contact: Ericka Case, ecase@tpchd.org		



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Medical Community Coordination

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Tacoma-Pierce County Health Department worked closely with hospital leadership throughout the pandemic to coordinate vaccine and therapeutics services. This ensured widespread accessibility across communities and ensured community services were not duplicated between agencies.

Practice Contact: Ericka Case, ecase@tpchd.org

Service Contracts

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 1, 2, 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Tacoma-Pierce County Health Department contracted (no cost) direct service work with contractors to provide vaccine and testing services to the general public.

Practice Contact: Ericka Case, ecase@tpchd.org

EMS Vaccination Support

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Tacoma-Pierce County Health Department utilized EMS to support vaccination under the PREP Act. They were able to support adult family homes, community clinics, long term care facilities, and correctional facilities in a timely manner upon eligibility.

Practice Contact: Ericka Case, ecase@tpchd.org

Community Medical Education

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 5 (MCM Dispensing and Administration)

Summary of Practice: Tacoma-Pierce County Health Department worked closely with primary care, hospital systems, etc., to support education on adverse events and messaging on how to address adverse events with vaccine. Providers were able to complete their own reporting without LHJ support.

Practice Contact: Edie Jeffers, (253) 649-1536

Community Testing

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Operationalize community testing with county department of emergency management to ensure equitable access.

Practice Contact: Ericka Case, ecase@tpchd.org

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Community Engagement and Data

Agency Name: Tacoma-Pierce County Health Department **State:** Washington **Population:** 921,130

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: Tacoma-Pierce County Health Department worked closely with community engagement and data teams to collect and interpret data about access and uptake of vaccine and testing. It looked for gaps in services across the county and implemented strategies to fill those gaps.

Practice Contact: Nigel Turner, (253) 649-1692

Care-a-Van

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Washington State Department of Health (DOH) offers a state-wide mobile COVID-19 vaccination service called "Care-a-Van." DOH works closely with community partners and local health jurisdictions to increase access to vaccines for priority populations. Care-a-Van is designed to support community events, and primarily serves those disproportionately impacted by COVID-19.

Practice Contact: Rebecca Baron, rebecca.baron@doh.wa.gov

Power of Provider (POP)

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1 (MCM Dispensing and Administration)

Summary of Practice: The Power of Providers Initiative has more than 70,800 Washington health care providers who are committed to educating and empowering their patients to vaccinate against COVID-19, helping to protect the health and wellbeing of their communities. The POP Initiative asks providers to commit to the "SAVE" principles: SEEK, ASK/EDUCATE, VACCINATE, EMPOWER.

Practice Contact: Alexa Halling, alexa.halling@doh.wa.gov

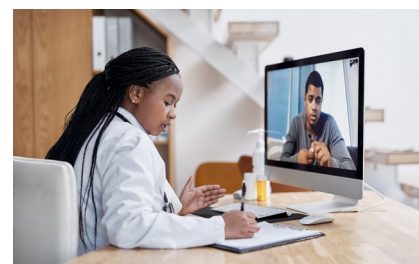
Partnerships

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1, 3, 4 (MCM Dispensing and Administration)

Summary of Practice: DOH partners with many different groups including other state agencies, local health jurisdictions and public health districts, health care providers, and community-based organizations to support the statewide effort to educate, inform, and provide COVID-19 vaccinations. During its mass vaccination campaigns in winter/spring 2021, DOH partnered with the National Guard for clinical and non-clinical roles. The most recent partnership for mass vaccination included FEMA and local health jurisdictions for clinical and non-clinical roles.

Practice Contact: Rebecca Baron, rebecca.baron@doh.wa.gov



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Vaccine Campaigns

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1 (Information Sharing)

Summary of Practice: DOH provides health promotion activities through various programs and uses communication strategies to disseminate important information on COVID-19 through brochures, fact sheets, and success stories. DOH has been critical to informing the public about the importance of vaccines through a variety of channels, from social media to news releases to media briefings to paid advertisement campaigns. DOH has worked to deliver information about the vaccines in 37 languages, from Amharic to Vietnamese.

Practice Contact: Greg Endler, greg.endler@doh.wa.gov

Mobile Nurse Teams

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1, 3, 4 (MCM Dispensing and Administration)

Summary of Practice: Mobile nurse teams consist of registered nurses and other vaccinators who work across the state to vaccinate hard to reach populations, such as residents of adult family homes and individuals who are homebound or have disabilities. Staff include state employees and state contracted employees from multiple agencies.

Practice Contact: Kathy Bay, kathy.bay@doh.wa.gov

Use of Platforms

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1 (MCM Dispensing and Administration)

Summary of Practice: DOH utilized several different platforms throughout the vaccine distribution including:

- [Vaccine Locator](#) scheduling tool, 1-833-VAX-HELP for appointments, text ZIP code for nearby vaccine locations.
- [PrepMod](#): State web-based scheduling tool for mass vaccination and pop-up efforts.
- A digital COVID-19 verification record from [WAVerify.org](#), which includes a QR code that can be scanned by a SMART Health Card reader
- A certificate of COVID-19 vaccination from [MyIR Mobile](#).

Practice Contact: Jeff Chorath, jeff.chorath@doh.wa.gov

COVID-19 Vaccine Implementation Collaborative

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1, 4 (MCM Dispensing and Administration)

Summary of Practice: The COVID-19 Vaccine Implementation Collaborative, launched in February 2021, helps implement effective and equitable vaccine access strategies that centers the voices of people and communities most impacted by COVID-19. DOH made an intentional choice to create a structure that allows all interested partners the option to participate on an on-going basis. This structure is based on the concept of collaboration, where a group of people work together around a shared project or mission. The Collaborative ensures an equity and social justice lens is incorporated in DOH's vaccine planning and implementation efforts.

Practice Contact: Fathiya Abdi, fathiya.abdi@doh.wa.gov

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Vaccine Equity Strategies

Agency Name: Washington State Department of Health **State:** Washington **Population:** 7,887,965

Function/Other: 1, 4 (MCM Dispensing and Administration)

Summary of Practice: DOH has committed to make COVID-19 vaccines available and accessible to all individuals no matter where they live or who they are, with a particular focus on addressing any equity gaps that may be present. Eight specific strategies were developed around equity. [DOH Equity Strategies](#)

Practice Contact: Bethany Laird, bethany.laird@doh.wa.gov

Operation House Call

Agency Name: El Paso County Public Health **State:** Colorado **Population:** 730,395

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: An innovative partnership between El Paso County Public Health (Colorado), Colorado Springs Fire Department and Matthews-Vu Medical Group, this model program delivered COVID-19 and flu vaccines to homebound individuals who were not able to travel to get vaccines. During 2021, Operation House Call vaccinated more than 170 individuals with COVID-19 and/or flu vaccine.

Practice Contact: Janel McNair, janelmcnair@elpasoco.com, 719-238-3442

Information Entry

Agency Name: Kanabec County Community Health and Benton County Public Health **State:** Minnesota **Population:** 16,032 (Kanabec County)
41,379 (Benton County)

Function/Other: 2 (Information Sharing)

Summary of Practice: Have a dedicated person to enter all immunization records for clinics to ensure information is entered in a timely fashion (MN imposed a 24-hour rule for information entry).

Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us

Vaccine Inventory Management

Agency Name: Chester County Health Department **State:** Pennsylvania **Population:** 534,413

Function/Other: 1, 4 (MCM Dispensing and Administration)

Summary of Practice: Health Department Immunizations staff ensured that first dose and second dose inventories always had sufficient stock when compared to open/booked clinic appointments. This ensured that no appointments had to be canceled in the event there were issues with inventory ordering.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Inventory Management

Agency Name: Chester County Health Department **State:** Pennsylvania **Population:** 534,413

Function/Other: 1 (MCM Dispensing and Administration)

Summary of Practice: Vaccination appointments were not made available unless there was confirmation that the ordered vaccine allocation would arrive in time for the appointments.

Practice Contact: Sarah Koeller, skoeller@chesco.org

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Vaccine Inventory Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 1, 3 (MCM Dispensing and Administration)

Summary of Practice: When Pfizer vaccine became available, the Health Department contracted with a pharmacy company to have a pharmacist and a pharmacy tech on site at clinics offering Pfizer in order to manage and draw up the vaccine.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Inventory Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 1, 3 (MCM Dispensing and Administration)

Summary of Practice: The Pfizer 5-11 approval came during the fall flu clinic season. The vaccine team pivoted quickly and offered the product at previously scheduled clinics within the week. At those first few of clinics, vaccinators gave ONLY the Pfizer 5-11 product at color-coded designated tables that were physically distant (across the gym) from tables giving other vaccine products. Those tables had a dedicated pharmacist who prepared only that Pfizer product.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Inventory Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 2 (MCM Dispensing and Administration)

Summary of Practice: At clinics offering multiple COVID-19 vaccine products/age groups, the inventory is controlled by Med Ops and Charge Nurses who dispensed the correct product/dose after verifying the age, product and color coding. No vaccine was kept at the vaccination tables.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Site Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 3 (MCM Dispensing and Administration)

Summary of Practice: Site selection criteria included: long-term site availability, cost, accessibility, and geographic distribution. Sites that were most accommodating were those that were not able host their regular activities during COVID-19, such as YMCA's and Senior Centers. Due to these being low-throughput sites, the County also entered into agreements for a drive-thru site and a large indoor retail space. These agreements for larger throughput sites will be critical to have in advance of the next testing or vaccination response.

Practice Contact: Sarah Koeller, skoeller@chesco.org



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Vaccine Site Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 3 (MCM Dispensing and Administration)

Summary of Practice: The vaccination sites selected and finalized had staggered site openings. This allowed for set-up time at new sites and staff reallocation as needed. Additionally, opening additional sites allowed for the County to expand first dose availability and not do 2nd doses exclusively when they were due.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Operations

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 4 (MCM Dispensing and Administration)

Summary of Practice: The County's previous work on annual flu planning and flu clinics as Point of Dispensing (POD) exercises provided applicable mass vaccination plans and policies which were then adapted for COVID-19.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Staffing/Workforce Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 1, 3 (MCM Dispensing and Administration)

Summary of Practice: Experienced Immunizations staff fulfilled crucial leadership roles at all vaccination sites, including vaccinator training, screening, and supervision over vaccination in order to prevent medical errors. Clinical contract staff, Medical Reserve Corp (MRC) volunteers, and outside vendors provided critical surge capacity for vaccination sites.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Vaccine Inventory Management

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 2 (MCM Dispensing and Administration)

Summary of Practice: The vaccination planning team developed and implemented a comprehensive equity plan to provide vaccination services to those who may have access challenges. The plan included site selection considerations, technology literacy and support from partners for vaccination registration (e.g., Call Center, Dept of Aging), and additional outreaches for hard-to-reach populations.

Practice Contact: Sarah Koeller, skoeller@chesco.org



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Improvements and Solutions

The following section highlights improvements and lessons learned shared to the MCM workgroup from those involved in information sharing and MCM dispensing and administration during the COVID-19 pandemic.

Logistics		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 1, 2, 3, 4 (MCM Dispensing and Administration)		
Summary of Practice: TPCHD saw a need for extensive warehouse space for test kits, PPE due to increased volume of need. The health department did not have ability to store and distribute because it isn't SME on logistics nor space. Recommend better coordination with department of emergency management (DEM) (at local and state level), as they have logistics function with inventory tracking systems and expertise. Health department supports prioritization of supply and gets reports from DEM for future decision making.		
Practice Contact: Ingrid Payne, ipayne@tpchd.org		
Area Command		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 3, 4 (MCM Dispensing and Administration)		
Summary of Practice: Implementing area command is challenging as each health care system is very different, with differing geographical footprints making tracking of offered services difficult. It was difficult to move forward collectively with decisions due to differing political climate related to public health authorities across counties.		
Practice Contact: Nigel Turner, (253) 649-1692		
Community Coordination		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 1 (MCM Dispensing and Administration)		
Summary of Practice: Incentivize partners (law enforcement, emergency management, fire, hospital systems) to participate in preparedness/planning with public health for future incidents to ensure MCM distribution to first responders/receivers.		
Practice Contact: Ericka Case, ecase@tpchd.org		
Community Outreach		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 4 (MCM Dispensing and Administration)		
Summary of Practice: Conduct outreach to hesitancy groups on therapeutics, vaccine, etc., in advance.		
Practice Contact: Ericka Case, ecase@tpchd.org		
Messaging		
Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 4 (MCM Dispensing and Administration)		
Summary of Practice: Public health guidance changed as more was learned. Recommend ensuring public health messaging includes contingent language and recognizes areas of uncertainty.		
Practice Contact: Edie Jeffers, (253) 649-1536		

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Contractor Services

Agency Name: Tacoma-Pierce County Health Department	State: Washington	Population: 921,130
Function/Other: 1, 3, 4 (MCM Dispensing and Administration)		
Summary of Practice: Public Health and Healthcare partners lacked the capacity to provide scale of testing and vaccination services needed. Recommend developing and implement contractor services with payor of last resort model to offer vaccine and testing services to general public.		
Practice Contact: Ericka Case, ecase@tpchd.org		

Federal Agencies/Services Coordination

Agency Name: Washington State Department of Health	State: Washington	Population: 7,887,965
Function/Other: 1, 2, 3, 4 (MCM Dispensing and Administration)		
Summary of Practice: There is a need for federal coordination to support institutions locally. These agencies need federal support to offer vaccine, PPE, vaccines, and testing.		
Practice Contact: Washington State Department of Health		

Fostering New Partnerships

Agency Name: Kanabec County Community Health and Benton County Public Health	State: Minnesota	Population: 16,032 (Kanabec County) 41,379 (Benton County)
Function/Other: 1 (MCM Dispensing and Administration)		
Summary of Practice: Memorandums of Agreement or Understanding were not always held as valid due to the politicized nature of COVID; new partnerships were born out of these challenges to offer new dispensing site opportunities; including but not limited to utilization of space for vaccination clinics, publicizing vaccination clinics held elsewhere in the community, or any information regarding covid to be sent home to families. Also, the departments utilized kid-friendly spaces for youth immunization clinics. These spaces can include schools, youth activity centers, or church Sunday school rooms.		
Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us		

Medical Error Risk

Agency Name: Kanabec County Community Health and Benton County Public Health	State: Minnesota	Population: 16,032 (Kanabec County) 41,379 (Benton County)
Function/Other: 1 (MCM Dispensing and Administration)		
Summary of Practice: High potential for medical errors when going quickly to dispense various products, concentrations, and varying age populations (no medical errors were experienced, but with multiple products and multiple vials, it is possible).		
Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us		



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Technology Improvements

Agency Name: Chester County Health Department

State: Pennsylvania

Population: 534,413

Function/Other: 3 (MCM Dispensing and Administration)

Summary of Practice: The state immunization registry is very outdated and required manual data entry if not using a system like VaxCare. The updating of this system is crucial for future mass data entry and reporting to be conducted, particularly if reporting is required in real time.

Practice Contact: Sarah Koeller, skoeller@chesco.org

Lack of Operational Vaccine Administration Plans Pre-COVID

Agency Name: Washington State Department of Health

State: Washington

Population: 7,887,965

Function/Other: 1, 2, 3, 4, 5 (MCM Dispensing and Administration)

Summary of Practice: DOH did not have any operational plans for state run mass vaccination sites or mobile vaccine operations. This is because the capacity to run mass vaccination sites and/or mobile vaccinations has been at the local health jurisdiction level.

Practice Contact: Rebecca Baron, rebecca.baron@doh.wa.gov

Information Sharing

Agency Name: Washington State Department of Health

State: Washington

Population: 7,887,965

Function/Other: 1 (Information Sharing)

Summary of Practice: Information sharing and communications with federal partners was often challenging. Information was not received prior to it being sent out either to media or other health providers.

Practice Contact: SheAnne Allen, sheanne.allen@doh.wa.gov

QI on the Fly

Agency Name: Benton-Franklin Health District

State: Washington

Population: 283,000

Function/Other: 1 (MCM Dispensing and Administration)

Summary of Practice: It took DOH weeks to respond to ground level issues/barriers. BFHD had the ability to respond within hours/days to address issues with mass vaccine site, and the vaccine allocation roll out.

Practice Contact: Sierra Knutson, sierrak@bfhd.wa.gov

Messaging from DOH in a timely manner

Agency Name: Benton-Franklin Health District

State: Washington

Population: 283,000

Function/Other: 1 (Information Sharing)

Summary of Practice: Local health jurisdictions consistently received vaccine/mass vaccine information with less than 24-hour notice. This made it impossible to implement countermeasures in an equitable and appropriate fashion. The department stopped planning more than 72-hours in advance due to DOH continually changing directions. Pro-rate allocations were also moved from the local authority and back to DOH which led to lots of confusion and poor understanding of ground level issues with providers. One provider sat on 2,000 doses of vaccine early in the vaccine roll out that could have been moved to other providers who had higher throughput.

Practice Contact: Sierra Knutson, sierrak@bfhd.wa.gov

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Mass Vaccine Site + Post Vaccine Hand Outs

Agency Name: Benton-Franklin Health District	State: Washington	Population: 283,000
Function/Other: 3 (Information Sharing)		
Summary of Practice: BFHD had to create post vaccine handouts. Most of the information was provided weeks after the vaccine roll out began.		
Practice Contact: Sierra Knutson, sierrak@bfhd.wa.gov		

Primary Point of Contact

Agency Name: Benton-Franklin Health District	State: Washington	Population: 283,000
Function/Other: 1 (Information Sharing)		
Summary of Practice: Within the first three months of the vaccine roll out it was nearly impossible to get consistent information from DOH on guidance, expectations, and requirements. One person would provide guidance and then another new person would send out an email contradicting the previous guidance. Requests for information often went unanswered for weeks, and by the time information was provided, the logistics of the operation had already changed. BFHD repeatedly asked for one main point person, instead of having 10 different contacts who all had differing information to offer.		
Practice Contact: Sierra Knutson, sierrak@bfhd.wa.gov		

Policy Communication

Agency Name: Kanabec County Community Health and Benton County Public Health	State: Minnesota	Population: 16,032 (Kanabec County) 41,379 (Benton County)
Function/Other: 3 (Information Sharing)		
Summary of Practice: Having consistent messaging at all levels of government regarding testing, vaccine safety and development, vaccine eligibility, and isolation/quarantine.		
Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us		

Chain of Information

Agency Name: Kanabec County Community Health and Benton County Public Health	State: Minnesota	Population: 16,032 (Kanabec County) 41,379 (Benton County)
Function/Other: 2 (Information Sharing)		
Summary of Practice: Have guidance available to LHDs prior to making an announcement in change of practice. This was evident in changes to isolation/quarantine qualification and duration, and guidance for the public vs healthcare workers.		
Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us		



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Data Dashboards

Agency Name: Kanabec County Community Health and Benton County Public Health	State: Minnesota	Population: 16,032 (Kanabec County) 41,379 (Benton County)
Function/Other: 2, 3 (Information Sharing)		
Summary of Practice: Minnesota Department of Health published a publicly facing dashboard with information based on zip code information that was not reflective of reality in the county and caused a lot of confusion, rumors, and challenges locally for establishing and maintaining trust with the local community.		
Practice Contact: Kate Mestnik, kate.mestnik@co.kanabec.mn.us		

Vaccine Communications

Agency Name: Chester County Health Department	State: Pennsylvania	Population: 534,413
Function/Other: 2 (Information Sharing)		
Summary of Practice: There was continued public confusion regarding the vaccination priority groups, particularly when states/ local jurisdictions were moving on to or changing priority group definitions. Consistent communications regarding priority groups and eligibility, across all levels of government, will be crucial in future MCM responses.		
Practice Contact: Sarah Koeller, skoeller@chesco.org		

Crisis Communications

Agency Name: Henry County Health Department	State: Ohio	Population: 27,662
Function/Other: 2 (Information Sharing)		
Summary of Practice: Crisis communication principles should be followed including ensuring information on why it must be done. When it comes to something like masking that prevents the spread of disease to others, it was vital for the department to tie it back to those in the community and related to them (i.e., help protect your grandchild who can't get vaccinated, a neighbor with cancer, etc.).		
Practice Contact: Brenda Sullivan, bsullivan@henrycohd.org		

Better Communication

Agency Name: Henry County Health Department	State: Ohio	Population: 27,662
Function/Other: 2 (Information Sharing)		
Summary of Practice: It was very difficult for messaging and distribution management when the department heard the plans via press conferences to the public. We would then have to pivot messaging, and distribution plans in a moment's notice while the public was responding by calling to schedule, etc. Communication from the state level could have been better planned.		
Practice Contact: Brenda Sullivan, bsullivan@henrycohd.org		



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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