

Michigan Interim COVID-19 Vaccination Strategy

March 30, 2021



WHAT'S THE DIFFERENCE BETWEEN THE VACCINES?

All available COVID-19 vaccines have been shown to be highly effective at preventing serious impacts of the virus including hospitalizations and deaths. Their differences are primarily the dosage schedule and how they can be transported and stored, as shown below.

	PFIZER-BIONTECH	MODERNA	JOHNSON & JOHNSON
TYPE	mRNA	mRNA	Viral vector
DOSES	2	2	1
PEAK EFFECTIVENESS*	7 days after the second dose *	14 days after the second dose *	28 days after the single dose *

*All three vaccines begin to protect you soon after being administered, including with the first dose.

Source: [Publichealthcollaborative.org](https://publichealthcollaborative.org)

HOW EFFECTIVE IS EACH VACCINE?

Based on each vaccine manufacturer's reported data as of February 2021, all three vaccines are highly effective at preventing COVID-19-related severe infections and deaths.

	PFIZER-BIONTECH	MODERNA	JOHNSON & JOHNSON
AGAINST DEATH	100% Effective	100% Effective	100% Effective
AGAINST SEVERE INFECTIONS	75% Effective	100% Effective	85% Effective
AGAINST ALL INFECTIONS	95% Effective	94.5% Effective	66% Effective

All percentages are calculated based on a relatively small number of events and should be viewed as estimates.

Note: The trials were done under different circumstances and can not be compared directly. For example, Johnson and Johnson was conducted later in the year with broader spread and with more easily transmitted variants.



GUIDING PRINCIPLES

- + All Michiganders have equitable access to vaccines.
- + Vaccine planning and distribution is inclusive.
 - Actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations.
- + Communications are transparent, accurate, and frequent to build public trust.
- + Data is used to promote equity, track progress and guide decision-making.
- + Resource stewardship, efficiency, and continuous quality improvement drive strategic implementation.

70%

of Michiganders age 16 and up vaccinated as quickly as possible.

90%

of doses received are administered within 7 days of arrival.

95%

of people receiving the two-dose vaccines get their second dose within the expected time frame.



Zero Disparity

There is no disparity in vaccination rates across racial and ethnic groups or by social vulnerability index.

20-minute

No Michigander should have to drive more than 20 minutes to reach a vaccination site.



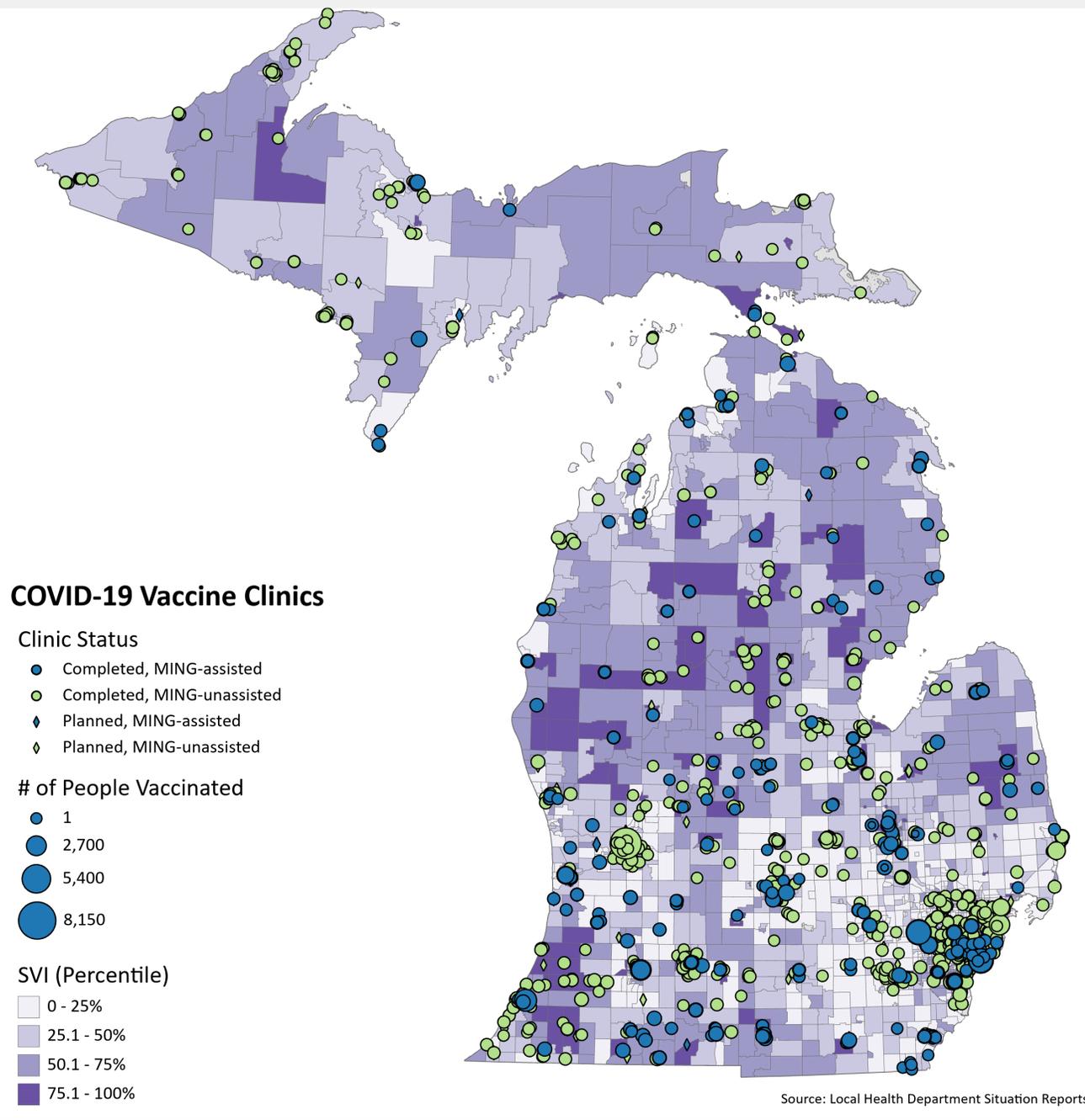
CDC SOCIAL VULNERABILITY INDEX

- + Ranks communities on 15 social factors.
 - **Socioeconomic status**
(below poverty, unemployed, income, no high school diploma)
 - **Household composition & disability**
(aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households)
 - **Minority status & language**
(minority, speak English “less than well”)
 - **Housing type & transportation**
(multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

- + The status in Michigan communities correlates with the communities hardest hit by COVID-19 this spring and areas of with high rates of risk factors for severe COVID-19 outcomes.

Completed and Planned Vaccination Clinics

Local Health Department Completed and Planned Clinics (Cumulative as of 3/25/2021)



Clinics That Have Provided Vaccine

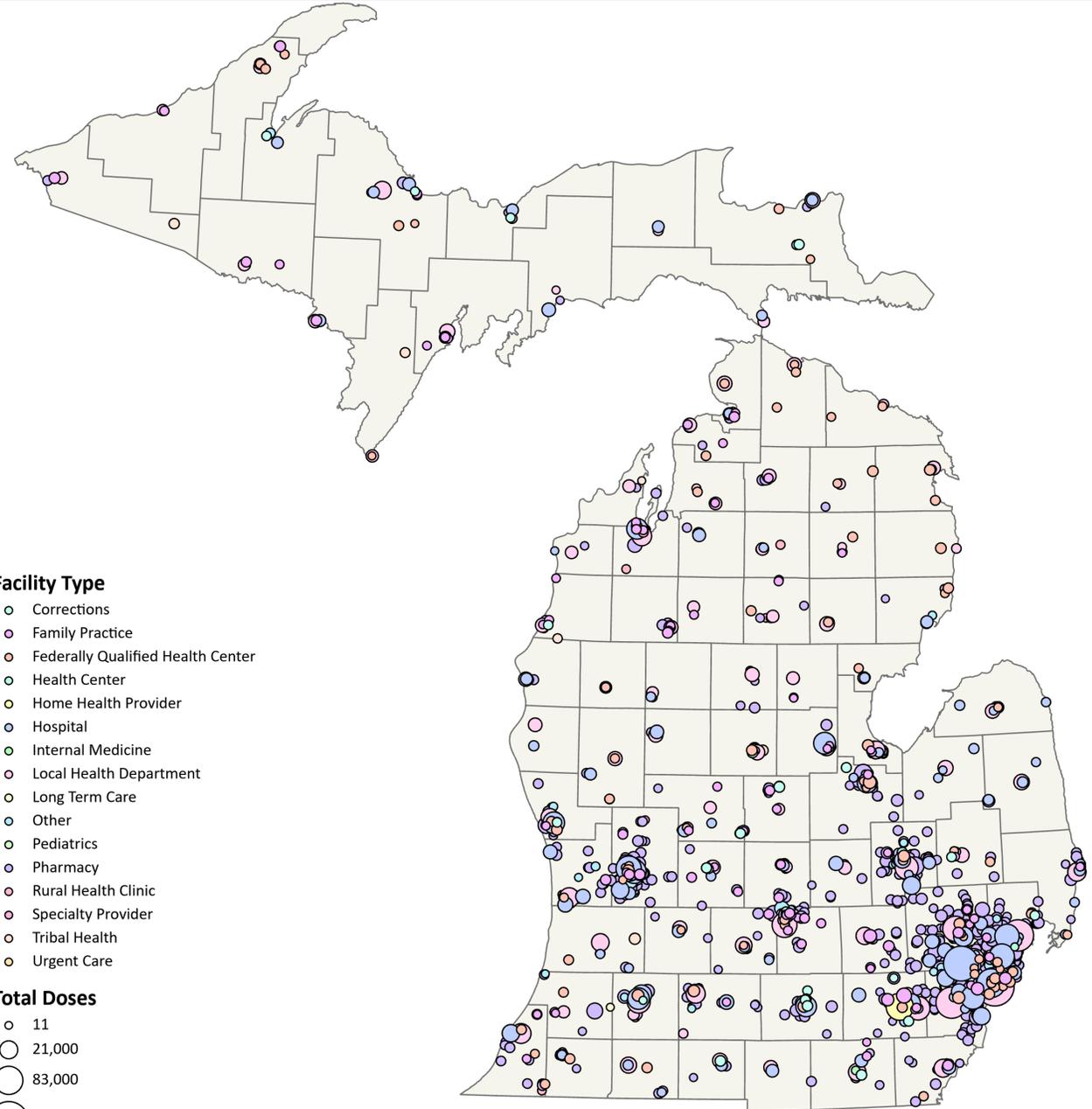
Vaccine Providers (Total doses as of 3/28/2021)

Facility Type

- Corrections
- Family Practice
- Federally Qualified Health Center
- Health Center
- Home Health Provider
- Hospital
- Internal Medicine
- Local Health Department
- Long Term Care
- Other
- Pediatrics
- Pharmacy
- Rural Health Clinic
- Specialty Provider
- Tribal Health
- Urgent Care

Total Doses

- 11
- 21,000
- 83,000
- 186,829



INTERIM VACCINATION SCHEDULE

Estimated schedule for first doses administered

Phase	People covered	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
1A	Healthcare workers	[Green bar]													
	Long term care residents and staff	[Green bar]	[Green bar]												
1B	75 years+ not covered above	[Green bar]	[Green bar]												
	Prioritized frontline responders	[Green bar]	[Green bar]												
	School and child care staff	[Green bar]	[Green bar]												
	Corrections staff and detained individuals	[Green bar]	[Green bar]												
	Agriculture/food processing workers	[Green bar]	[Green bar]	[Green bar]	March 1st	[Green bar]									
	Other essential frontline workers	[Green bar]	[Green bar]												
1C	65-74 years old	[Green bar]	[Green bar]												
	50-64 with disabilities/pre-existing conditions	[Green bar]	[Green bar]	[Green bar]	March 8th	[Green bar]									
	Caregivers of children with special health care needs	[Green bar]	[Green bar]	[Green bar]	March 8th	[Green bar]									
	16-49 with disabilities/pre-existing conditions	[Green bar]	[Green bar]	[Green bar]	[Green bar]	March 22nd	[Green bar]								
	Remaining essential workers	[Green bar]	[Green bar]												
2	50 to 64 years not covered above	[Green bar]	[Green bar]	[Green bar]	[Green bar]	March 22nd	[Green bar]								
	16 to 49 years not covered above	[Green bar]	April 5th	[Green bar]											

PRIORITY GUIDANCE AS OF 3/12/2021

By March 1, 2021, all areas of the state may, as vaccine supplies are available, implement vaccination of people who are frontline essential workers in the food processing and agricultural industries.

By March 8, 2021, all areas of the state may, as vaccine supplies are available, implement vaccination of people who are aged 50 and up with medical conditions and/or disabilities, as well as caregiver family members and guardians age 16 and older of children who have special health care needs (part of Phase 1C Groups B and C).

By March 22, 2021, all areas of the state may, as vaccine supplies are available, implement vaccination of people who are aged 50 and up (part of Phase 2), as well as vaccination of people are 16 and up who have disabilities and/or medical conditions, as well as their caregiver family members and guardians.

By April 5, 2021, all areas of the state may, as vaccine supplies are available, implement vaccination of all people aged 16 and up who were not previously eligible.

VACCINATION DATA

- + 2,697,468 first doses
- + 4,207,102 doses administered to date

- + 33.1% over age 15 have first dose
- + 19.6% fully vaccinated
- + 66.4% over age 65 have first dose

COVID Vaccine Coverage

Dashboard Updated: March 29, 2021. "Completion" is the percentage of Michigan residents receiving 2 doses of Pfizer or Moderna or 1 dose of J&J. "Initiation" is the percentage who have received either 1 or more doses of ANY vaccine. See the "Learn More" page to learn

Data as of :
3/29/21

COVID Vaccine Coverage by Sex

Sex	Initiation	Completion
F	36.8%	22.9%
M	29.2%	16.0%

Cumulative Coverage

Date	Initiation	Completion
12/19/20	0.3%	0.0%
12/26/20	0.9%	0.0%
1/2/21	1.8%	0.0%
1/9/21	3.2%	0.3%
1/16/21	5.3%	0.9%
1/23/21	7.6%	1.5%
1/30/21	9.9%	2.5%
2/6/21	11.9%	4.3%
2/13/21	13.9%	6.3%
2/20/21	15.4%	8.4%
2/27/21	17.9%	10.3%
3/6/21	21.0%	11.8%
3/13/21	24.7%	13.9%
3/20/21	28.7%	16.4%
3/27/21	32.4%	19.3%
3/29/21	33.1%	19.6%

Preparedness Region:

Local Health Dept. Jurisdiction:

County:

Week Ending Date:

COVID Vaccine Coverage by Age Group

Age Group	Initiation	Completion
16-19 years	4.5%	1.3%
20-29 years	12.5%	7.2%
30-39 years	19.7%	11.5%
40-49 years	22.7%	13.3%
50-64 years	39.6%	15.4%
65-74 years	66.2%	48.0%
75+ years	66.5%	50.8%

NOTE: All data as of 3/29/21

COVID Vaccination - State Level Race Metrics

Dashboard Updated: March 29, 2021. "Completion" is the percentage of Michigan residents receiving 2 doses of Pfizer or Moderna or 1 dose of J&J. "Initiation" is the percentage who have received either 1 or more doses of ANY vaccine. See the "Learn More" page to learn how percentages are calculated.

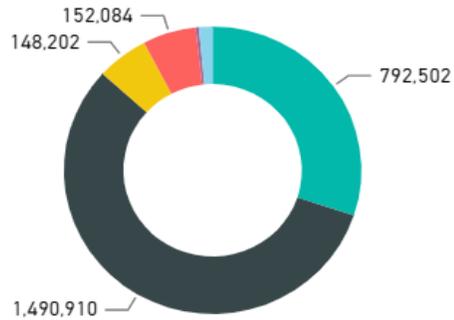
Michigan

Data as of:
3/29/21



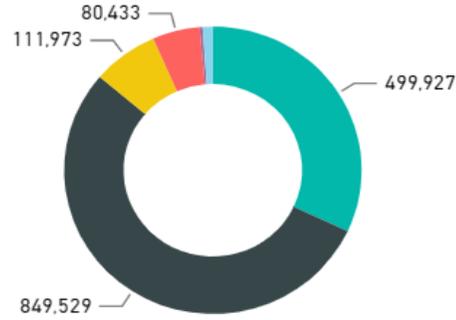
Dose Initiation by Ethnicity - Race

Unknown NH White NH Other ... NH Black



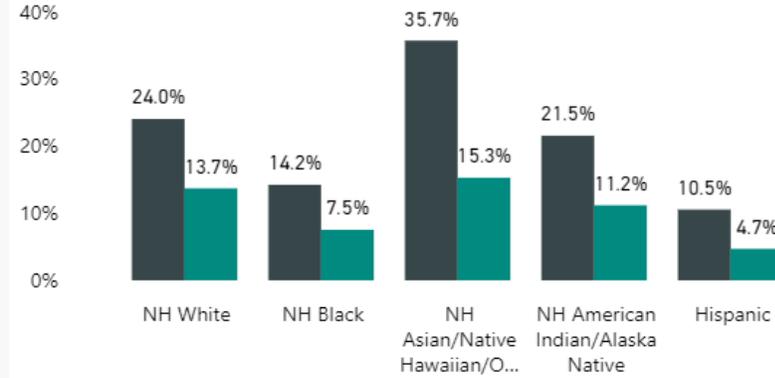
Dose Completion by Ethnicity - Race

Unknown NH White NH Other ... NH Black



Coverage by Race - State Level

Initiation Completion



Week Ending Date



Sex

- F
- M

Race

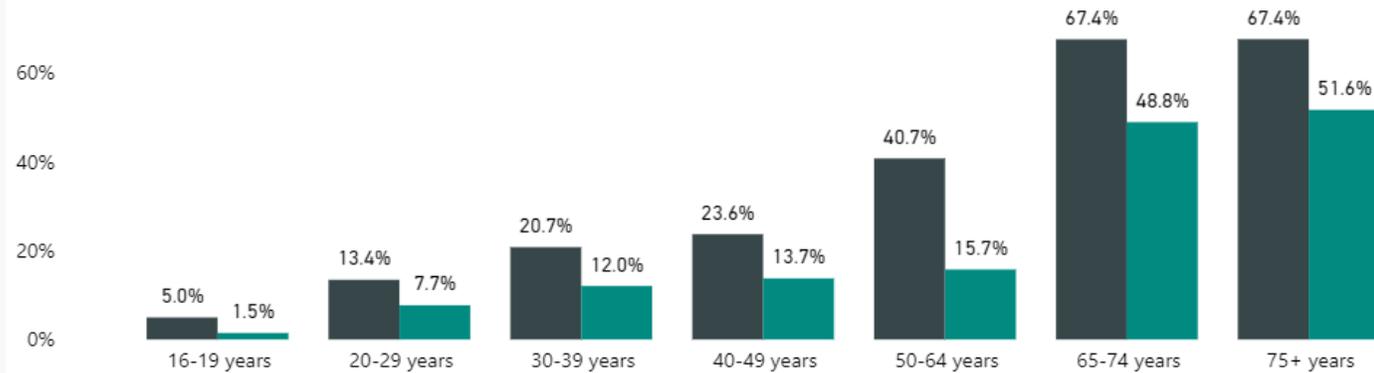
All

Age Group

- Select all
- 16-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-64 years
- 65-74 years
- 75+ years

Coverage by Age Group

Initiation Completion



Coverage by Sex

Initiation Completion



STRATEGY 1: Get more people vaccinated

Objective

Expand capacity as much as possible, prioritizing those most vulnerable to severe disease and exposure and ensuring equity throughout process.

Actions

- + Work closely with local health officers to support FQHCs, mobile clinics, local health departments, school-based health centers and other community vaccinators to specifically target vulnerable populations for vaccinations.
- + Utilize EMS, Mobile Strike Teams, and other vaccinator partner to implement strategies to vaccinate homebound, disabled, migrant or transient workforce, and other marginalized communities.
- + Ensure vaccination efforts meet national Culturally and Linguistically Appropriate Services (CLAS) standards.
- + Explore financial incentive structure for vulnerable population efforts, ideally with 100% federal funding.
- + Ensure no out of pocket costs or citizenship requirements for vaccination.
- + Utilize Social Vulnerability Index in vaccination process.

STRATEGY 2: Build robust network of vaccination sites

Objective

Ensure all Michiganders have equitable access to vaccines.

Actions

- + Create mass vaccination sites in each emergency preparedness region with local partners & Michigan National Guard.
 - At least one 24-hour drive through clinic in each region.
- + Partner with pharmacies and FQHCs to offer vaccines in targeted areas.
 - Target harder to reach rural and urban areas with “hub and spoke” model.
- + Utilize existing neighborhood testing sites to eliminate barriers to access.
- + Target transient/hard to reach populations such as incarcerated, homeless, disabled, or those living with substance use disorders.

STRATEGY 2: Build robust network of vaccination sites

Objective

Ensure all Michiganders have equitable access to vaccines.

Actions

- + Leverage existing nontraditional spaces like casinos, nail salons, barber shop, and syringe service programs.
- + Leverage ride share programs to address transportation barriers.
- + Leverage emergency departments as vaccination locations.
- + Leverage primary care clinics and FQHCs as vaccination hubs.

STRATEGY 3: Promote efficiency in vaccine delivery and administration

Objective

Maximize Michigan's federal allocation of vaccine while driving towards eliminating disparities in vaccine administration and maximizing operational efficiency.

Actions

- + Promote frequent communication, transparency, and clarity of allocation process.
- + Leverage public/private partnerships to enhance logistical support for vaccination efforts.
- + Engage stakeholders in development of allocation and distribution process.
- + Be responsive to address distribution challenges and needs.
- + In times of limited vaccine supply, maximize administration thru-put by allowing demand to exceed supply.
- + Request maximal state allocation from the federal government and optimize distribution channels that prioritize administration to marginalized communities and efficient operational sites.

STRATEGY 4: Mobilize personnel to maximize vaccination efforts

Objective

Leverage human resource capital and partnerships to support vaccination efforts.

Actions

- + Fund additional community vaccinators, expand EMS support and other contractual workers.
- + Utilize MiVolunteer Registry with a targeted campaign to encourage participation.
- + Utilize clinical students to support vaccination efforts.
- + Maximize and expand use of Michigan National Guard.
- + Leverage trusted community members as vaccinators and build upon existing relationships.

STRATEGY 5: Empower people with information to gain confidence to get vaccinated

Objective

Build a communications effort to assure all communities have access to timely, accurate, and understandable information on vaccines.

Actions

- + Build out robust earned and paid media strategy to address vaccine hesitancy.
- + Target communications efforts to those with highest vaccine hesitancy and/or where hesitancy creates great risk (i.e., congregate care staff).
- + Support broad and diverse coalitions to carry vaccine messages, leveraging Protect Michigan Commission.
- + Leverage Community Health Workers to address hesitancy and support vaccination efforts.
- + Leverage and improve technology platforms so people have easy access to information simplify vaccine scheduling process.
- + Target communication strategies to celebrate successes and elevate positive vaccination experiences of trusted community members.
- + Mandate race and ethnicity data reporting for vaccinators and make data readily available to public.