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HEARING ON

“No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States”
Subcommittee on Oversight and Investigations
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Since the emergence of COVID-19 just over a year ago the world has eagerly awaited a vaccine that could help to end this unprecedented pandemic. Now, with two safe and effective vaccines approved for Emergency Use Authorization and additional vaccines on the horizon, Michigan is working to distribute the vaccine quickly, efficiently, and equitably to the nearly 10 million residents across the state. Like many other states, Michigan’s single biggest challenge with the vaccine rollout has been the limited supply of vaccine available week to week and the lack of a national federal strategy until now. Despite this, Michigan has made significant strides in implementing our vaccination strategy.

The arrival of new and concerning variants of SARS-COV2 means that there is even more urgency in expediting vaccinations. As of January 30, Michigan has identified 22 cases of B.1.1.7 variant in Michigan, and we assume that there are possibly additional cases, and additional variants of concern, that have not yet been identified. The U.S. Centers for Disease Control and Prevention’s (CDC) modeling indicates that the B.1.1.7 variant will become the predominant strain in the U.S. by March, in part because it is more efficiently transmitted.¹ Getting vaccines out quickly has become more important than ever, and we believe we can focus on this vaccination effort expeditiously without compromising equity.

Michigan’s Vaccine Rollout

On December 14, 2020, the first COVID-19 vaccines were administered in Michigan. As of January 29, Michigan has administered 909,038 first and second doses of the Pfizer and Moderna vaccines. Michigan has prioritized operational efficiency and equity in our vaccination efforts, and we are working closely with our vaccine partners to build out mass vaccination sites and innovative, neighborhood-based vaccination strategies that reach marginalized communities such as the homebound, communities of color, homeless, and those who lack access to transportation. Michigan has outlined a comprehensive vaccination strategy² and has set out five ambitious but achievable goals:

- 70% of Michiganders age 16 and up vaccinated as quickly as possible,
- 90% of received vaccines are administered within 7 days,

¹ Galloway SE, Paul P, MacCannell DR, et al. Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:95–99. DOI: <http://dx.doi.org/10.15585/mmwr.mm7003e2>

² Michigan’s Interim Vaccination Strategy. Accessed on January 30, 2021. Available from: [Michigan’s Interim Vaccination Strategy. Accessed on January 30, 2021. Available from: \[Michigan’s Interim Vaccination Strategy. Accessed on January 30, 2021. 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- 95% of people get their second dose of vaccine within the expected time frame,
- No disparity exists in vaccination rates across racial and ethnic groups or by social vulnerability index, and
- No one has to drive more than 20 minutes to reach a vaccination site.

To achieve these goals, Michigan has engaged a robust coalition of stakeholders to make sure our operational capacity is maximized, the voices and needs of marginalized groups are heard, and a robust communications effort is made to assure people have access to accurate and timely information.

Hospitals, health systems and local health departments were the first to receive the vaccine, prioritizing front line healthcare workers. Michigan was one of the first states to move forward with vaccinating its 1B populations on January 11, and we are currently vaccinating individuals over the age of 65 and some essential front line workers such as child care and K12 teachers and staff; staff in prisons, jails, and other congregate settings; and first responders. Because of this effort Michigan has jumped more than 20 places in the past few weeks as it relates to the proportion of our population vaccinated. We remain one of the top ten states when it comes to percent of allocated vaccine that is distributed. Every vaccine that the State of Michigan has control of is accounted for as either administered or scheduled to be administered. There are no vaccines sitting in freezers and unaccounted for. We have built out an operational ability to vaccinate at least 50,000 people a day and only need more vaccine to be able to fully utilize this capacity. We have found that having ambitious but concrete goals for our partners, providing frequent communications and technical assistance, and intentionally broadening eligibility groups has allowed Michigan to improve the efficiency of its vaccination efforts.

Health Equity and Vaccine Allocation

It is a tragedy that communities of color across the country have been disproportionately hard hit by the COVID-19 pandemic. This disparity is directly related to structural inequities and historical racism that has caused communities of color to have less access to the resources needed to achieve optimal health. Michigan was one of the first states to highlight this issue by releasing race and ethnicity data on COVID-19 cases and deaths. Through the work of our Coronavirus Task Force on Racial and Ethnic Disparities, Michigan has been able to essentially eliminate the disparity between African Americans and whites when it comes to COVID-19 cases and deaths. We did this specifically by engaging trusted community members, using data to target testing sites and bringing testing into neighborhoods, and developing and targeting messaging in collaboration with communities of color.³

Equity and fighting disparities has been woven into every part of Michigan's pandemic response, and we are building upon that work in our vaccination efforts. Many of the communities hardest hit by COVID-19 reside in areas with high rates of risk factors for severe COVID-19 outcomes. Michigan is utilizing this information, along with the CDC's Social Vulnerability Index (SVI), and the data on vaccination rates by race, to ensure we are deploying strategies that guarantee an equitable distribution of the COVID-19 vaccine. We are tracking race and ethnicity data on COVID-19 vaccinations but are challenged by significant gaps in the data being reported by our vaccinator partners. Michigan is implementing a plan to improve data systems and work with our local health department and hospital providers so that our race and ethnicity data is more robust.

As part of our efforts to target vulnerable populations for vaccinations, Michigan is partnering with Federally Qualified Health Centers, mobile clinics, local health departments, school-based health centers, and other community vaccinators. Every person in Michigan who wants to receive a vaccine will be able to. Michigan has no out-of-pocket costs for those wishing to receive a vaccine, nor do we have any

³ Michigan Coronavirus Racial Disparities Task Force. (2020). Michigan Coronavirus Racial Disparities Task Force Interim Report. Lansing: Michigan Department of Health and Human Services.

citizenship requirements. We will also work with our partners to ensure all vaccination efforts meet national Culturally and Linguistically Appropriate Services (CLAS) standards.

To further ensure all Michiganders have equitable access to the vaccines, we will build a robust network of vaccination sites across the state in each emergency preparedness region with assistance from our federal and local partners and the Michigan National Guard. In each region, we will have at least one 24-hour drive through clinic and will leverage existing nontraditional spaces in communities such as barber shops, nail salons, casinos, and syringe service programs. Vaccines will also be available at existing neighborhood testing sites to further eliminate barriers to access. Michigan will leverage vaccinator partners to help reach our homebound populations and target hard to reach populations such as the incarcerated, homeless, those with disabilities, or those living with substance use disorders. Our strategy will utilize ride share programs to address transportation barriers and work to make vaccination sites no more than a 20-minute drive from a person's home, no matter if they live in an urban or rural area. Taken together, these efforts will help prevent disparities in vaccination rates across racial and ethnic groups and in rural and urban populations. We simply need more vaccine to be able to implement these strategies robustly.

Federal Long Term Care Program

Michigan has engaged in the Federal Pharmacy Partnership for Long Term Care (LTC) Program to vaccinate staff and residents in 4,440 facilities across the state. As of January 28, 104,209 doses of vaccine had been administered to LTC staff and residents. Despite challenges related to the speed and data reporting shortcomings with this program, we are proud to say that as of last week all of Michigan's skilled nursing facilities have completed their clinics for first doses of vaccine. We anticipate most of our LTC facilities will have received the first dose of the vaccine no later than February 28, 2021.

While we are thrilled that many in this population have quickly received this life-saving vaccine, the rollout has not been without its challenges. Facilities were not evenly distributed among the federal pharmacy partners, putting the burden of contacting thousands of small residential facilities onto one pharmacy. This resulted in significant challenges, such as identifying a contact who could complete the scheduling process, and general skepticism and concern that these calls were scams. Working closely with the CDC, we brought in an additional federal pharmacy partner, a local entity known to the facilities, to help lessen the load. We have been able to transfer 1,192 facilities to this new partner – with clinics already underway. This innovation will enable LTC facility residents to receive their vaccines sooner, protecting them from this deadly virus.

Our team's diligence also helped us to discover that the number of doses allocated to the federal LTC pharmacy program overestimated the number of residents in each facility, resulting in more vaccines being allocated to the program than necessary. We were able to work with the CDC to reallocate those doses statewide without affecting our LTC residents' ability to receive vaccines. One ongoing challenge is that LTC program data is only updated in the Tiberius system twice weekly. This makes it difficult for us to know what is happening on the ground on any given day. To help overcome this, Michigan has worked closely with the federal pharmacy partners in an attempt to gather data daily. However, we are still having challenges with the accuracy and speed of the data reporting.

Limitations in Vaccine Supply

Michigan is primed and ready to expand our COVID-19 vaccination program, but the limited supply of vaccine allocated to the state on a weekly basis continues to be our largest barrier. We have a short-term goal of administering 50,000 shots per day, but could administer more than 80,000 utilizing nearly 2,000 already enrolled providers across a vast network that reaches both urban and rural areas in the state.

We were pleased to hear last week that our state allocation would be increasing by 16% and that states would have three weeks of visibility into vaccine allocations, to support planning efforts. We were also glad to hear that the Biden Administration has agreed to purchase an additional 200 million doses; increasing vaccine supply by 50%.⁴ We support President Biden's recent actions to invoke the Defense Production Act to shore up needed supplies, including personal protective equipment (PPE), as protecting the supply chain is crucial to supporting the pandemic response and vaccine rollout.⁵ Michigan is excited to support the Biden Administration's goal of vaccinating 100 million people in 100 days and has built the infrastructure to be able to support that goal.

Consistent and Transparent Communication

A challenge from the first days of the pandemic has been a lack of consistent and science-based messaging and transparency around decision-making from the federal government, with the vaccine being no exception. For example, on January 12, 2021, the Trump Administration announced it would be releasing Pfizer and Moderna vaccines that had been held in reserve,⁶ only for reports to surface days later that no such reserve of vaccine existed, and states would not be receiving any additional doses.⁷

Communication failures, last minute changes, and conflicting messages have significantly limited every state's ability to effectively plan and communicate with our residents and vaccination partners. States need consistent and transparent information on our allocations with as much notice as possible to facilitate efficient planning and distribution.

Despite these challenges, we have made every effort to provide the public with transparent, accurate, and timely information to build trust. To this end, Michigan has already launched a robust communications effort to make it easier for the public to see how we're doing, know where to go to get vaccinated and when, and to bolster confidence in the vaccine's efficacy and safety.

Michigan will target communication efforts to communities with vaccine hesitancy and in populations where hesitancy creates the greatest risk, such as congregate care settings. Michigan will support broad and diverse coalitions to carry vaccine messages, including leveraging our Protect Michigan Commission, which was established to "heighten awareness of the safety and effectiveness of an approved COVID-19 vaccine, educate the people of this state, and help protect the health and safety of all Michigan residents."⁸

States need the federal government to amplify the safety and efficacy of the COVID-19 vaccine and restore public trust in our institutions. This includes messaging to historically marginalized communities and populations distrustful of the government, in part based on our country's history of scientific experimentation on vulnerable populations, but also due to the ongoing implicit and explicit bias that exists in the healthcare system.⁹ People must not be shamed or stigmatized for their perspectives, and ample opportunities should exist to engage in robust and honest conversations so that people feel heard and can understand the science and facts about the vaccine development and distribution process. These efforts must be intentional and collaborative, engaging trusted community members and leaders and

⁴ Stanley-Becker, I. McGinley, L. and Rowland, C. Biden administration seeks to buy 200 million more vaccine doses, to be delivered through the summer. *The Washington Post*. January 26, 2021. Accessed on 26 January 2021 from <https://www.washingtonpost.com/health/2021/01/26/vaccine-supply-biden/>.

⁵ Executive Order on a Sustainable Public Health Supply Chain. The White House. Issued January 21, 2021. Accessed on 27 January 2021 from <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-a-sustainable-public-health-supply-chain/>.

⁶ Ebbs, S. Gittleson, B. and Martinez, L. Azar, Trump administration will no longer hold back 2nd shots, recommend 65 and older get COVID vaccine. ABC News. January 12, 2021. Accessed on 26 January 2021 from <https://abcnews.go.com/Politics/azar-trump-administration-longer-hold-back-shots-recommend/story?id=75198254>.

⁷ Isaac Stanley-Becker, I. and Sun, L.H. "Vaccine reserve was exhausted when Trump administration vowed to release it, dashing hopes of expanded access." *The Washington Post* January 15, 2021. Accessed on 26 January 26, 2021 from <https://www.washingtonpost.com/health/2021/01/15/trump-vaccine-reserve-used-up/>.

⁸ Executive Order 2020-193: Protect Michigan Commission https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-547153--,00.html.

⁹ U.S. Public Health Service Syphilis Study at Tuskegee. Centers for Disease Control and Prevention. Accessed on 26 January 2021 from <https://www.cdc.gov/tuskegee/index.html>.

stewards of information. Failure to do this well will only exacerbate the tragedy of the way this terrible virus has disproportionately ravaged communities of color.

Health Care Workforce

Our health care workforce in Michigan has risen to the unimaginable challenge of battling the COVID-19 pandemic over these long months. In spite of the ongoing hardships, we have had over 2,400 volunteers express an interest in assisting Michigan's COVID-19 vaccination efforts.

Southeast Michigan was hit particularly hard by the virus last spring, when PPE supplies were low to nonexistent and when treatment options were scarce. But our health care workforce met these challenges and provided critical care under unbearable conditions. It has been an honor to serve alongside them in the emergency department and see their dedication up close.

We cannot simply assume that our existing health care workforce – many of whom have been working almost nonstop in the COVID-19 trenches for a year – will be enough for this massive undertaking. That is why the State of Michigan strongly supports President Biden's call for mobilizing and expanding the public health workforce by 100,000. These individuals will assist with vaccine outreach and contact tracing in the near term and will bolster our public health capacity by transitioning into community health roles in the long-term.

The Michigan National Guard has also been a critical partner in our vaccine rollout. The Guard has partnered with local health departments across the state to address communities' needs, including supporting COVID-19 vaccination efforts in the communities in which they live; thereby, leveraging and fortifying existing community ties. The National Guard has maximized the ability of local health departments to administer their weekly vaccine allocation by increasing staff capacity that would not be possible without their support. They also engage in a variety of tasks encompassed within vaccination efforts, such as reconstituting the vaccine, entering vaccine information in Michigan's immunization system, providing patient observation, and as vaccinators. As of January 26, 2021, the Michigan National Guard has administered approximately 34,000 doses. To date, 578 Michigan National Guard-supported vaccination events have been scheduled.

In addition to the Michigan National Guard, we are actively pursuing a variety of avenues to augment our health care workforce in the state, including partnering with Emergency Medical Services, creating strike teams, and utilizing the Michigan Volunteer Registry.

Data and Reporting

Michigan has long been a leader in vaccine registries. The Michigan Care Improvement Registry (MCIR), first implemented in 1998, became Michigan's birth to death registry in 2006 – preparing Michigan to manage vaccine data from the H1N1 pandemic and setting us up for success with the COVID-19 vaccine. The MCIR system is equipped to manage the lifecycle of the vaccine, including vaccine ordering, inventory, and distribution. The system tracks all COVID-19 doses and shares data directly with the CDC to meet reporting requirements. MCIR securely contains more than 11-million-person records and over 160 million shot records.

Michigan has struggled with Operation Warp Speed's Tiberius system, which was originally voluntary, but later became essential to understand vaccine allocation and distribution. The system is very complex and required multiple staff to undergo training in a short period of time to learn how to navigate it effectively. The system also lacks details about vaccines in the pipeline, which hampers our planning.

Michigan has also been challenged by the reporting on the CDC's website. The website has often been significantly delayed or inaccurate, and includes first dose, second dose, and LTC data in a way that is

confusing and does not accurately reflect the work states are doing to efficiently distribute vaccine. Efforts to improve accuracy and simplicity of reporting on the CDC website would be welcome.

Michigan has seen a dramatic drop in our childhood vaccinations due to the pandemic. Our team has had to shift focus to the rollout of the COVID-19 vaccine, leaving fewer individuals to focus on outreach and education related to childhood vaccinations. We strongly encourage the federal government to think through ways to help our children catch up on their missed vaccinations. Forgoing vaccinations will open the door to other viruses taking hold in our communities and increasing the disease burden on our younger population. We will need a strong, coordinated effort to bring our childhood vaccinations rates back to where they were pre-pandemic.

COVID-19 has wrought unimaginable death and destruction throughout the world. In the past 12 months, more than two million people have died from COVID-19¹⁰, including more than 14,600 people in Michigan. But we should also celebrate this historic turning point. Science has prevailed. We have two, safe and effective, COVID-19 vaccines available today with another likely coming in the weeks ahead. While these vaccines were developed in less than a year, they were built upon decades of scientific research. To develop a vaccine, rigorously test it, and bring it to market in less than a year is an incredible feat that should be celebrated. I am proud of the work of our state and local health departments and health care systems who have worked tirelessly to deliver vaccines while also fighting to bring down the curve. We must ensure every person in America that wants a vaccine can quickly and equitably receive one. We can end this pandemic, but it will require cooperation, hard work, transparency, and dedication from each and every one of us.

¹⁰ World Health Organization. WHO Coronavirus Disease (COVID-19) Dashboard. Accessed 27 January 2021 from <https://covid19.who.int/>.