This project has received funding from the European Union's Horizon 2020 programme, under grant agreement no. 786670

Main lessons identified in the "COVID-19 Vaccination" Webinar

The webinar took place on January 7th 2021

A. Background:
- As many countries initiated their COVID-19 vaccination campaign, the webinar was organized in order to listen to preliminary lessons observed from the early days of the campaign, in order to improve this huge activity.

B. The recording of public parts of the webinar can be found at - https://youtu.be/Smn-a14wJlI
Webinar slides – attached.

C. Main issues observed:
- Logistics:
  1. The vaccination is a major logistics operation; storage, distribution, vaccination sites, organization of appointments.
  2. Health personnel are in most cases not used to this type of operations, thus should ensure the support from the right operations and logistics profiles.
  3. The necessary assets (e.g. refrigeration tracks, temperature controlled refrigerators, generators, large vaccination sites) have to be secured.
  4. Planning has to look into all assets needed, starting from syringes and alcohol swabs to the medical personnel on standby (in case of adverse reactions) – e.g. shift from ambulance on each site (availability challenge) to having a kit with EPIPEN on site and calling the EMS if needed.
  5. Detailed planning is key to the operation. Differences between expected quantities to actual quantities created a challenge.
  6. Different vaccines offer different levels of flexibility. This flexibility should be concerned also in planning for different communities in different settings.
  7. Door-to-Door vaccination for people with limited mobility remain an unsolved problem.

- Who gets the vaccine:
  1. All countries have clear policies with on "eligibility for vaccination" (though differ one from the other, e.g. on vaccination of front health care workers as a priority group for vaccination). One of the challenges is the use of "left overs" – doses that will be thrown away if not used that day. Different agencies, have different policies (from sticking to the roles, with the cost of throwing away doses, to bringing in "first responders" on duty to be vaccinated).
     Defining who "first responders" are is another challenge, as in many services, fire fighters and law enforcement are dispatched to EMS calls, as "first responders".
  2. All organizations identified "special groups" that can be vaccinated only with special precautions (especially persons with history of allergies or severe side effects to vaccines). Usually those will be vaccinated in Hospitals.
  3. Due to the logistics challenges, hospitals use as "vaccination hubs" for first responders.

- Who the actual personnel vaccinating are?
  1. Great variety showed a. From a physician conducting the "pre vaccination interview" and a nurse delivering the vaccine, to a nurse supervising the processes

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and EMT delivering the vaccine. In some countries, the military is called in to support.

- One of the major challenges discussed is that the clinical personnel used to vaccinate, is the same dealing with the COVID response (sampling, clinical care and public health), thus in acute shortage (see below about the challenge of vaccination in the midst of an outbreak).

2. Some agencies allowed EMT to vaccinate, under the supervision of the EMS medical director, after a specific training (virtual for the theoretical part followed by a practical component).
3. In context that is it allowed, partnerships with "external providers", as pharmacy chains proved helpful.

- Ensuring that vaccination sites meets the "COVID-19 safety precautions" is a priority and a must, while offering a welcoming environment.

- Vaccination guidelines:
  1. Following the changes in guidelines is a challenge (e.g. the change in indications for vaccination of pregnant women).
  2. Ensuring proper follow of two (or 3) different vaccination processes will be a great challenge in terms of patient safety.

- Acceptance of the vaccine:
  1. Acceptance of the vaccine is one of the major challenges that has to be endorsed to ensure the long-term success of the campaign.
  2. One of the key issues is around **trust** in many different levels. This could be around the trust of the community with the authorities, and in many cases, the personal trust people have with the person communicating with them. This is directly associated with the personal example set by the key figures.
  3. Personnel found a portal as insufficient, and wanted an address they can refer to with their concerns on the vaccine.
  4. Understanding the key sources of trust and miss trust, building on past relationships must be used as pivot for any vaccination campaign, and lead any action (e.g. isolated communities who don't want strangers to come into their community). Having a transparent dialogue with communities, in order to have "community vaccination planning" proved key.

- Management of the outbreak (especially with the rise in cases seen in Europe, USA, Canada and Israel) in parallel with the vaccination campaign in the biggest challenge now. Public perception is that the vaccine is the "magic solution" so compliance with pandemic precautions (social distancing, facemasks and hygiene) might diminish, resulting in increase in the number of new cases, undermining the vaccination efforts. This is also true for health care workers and the need to ensure they are following IPC procedures, after they are vaccinated.

- Informed consent – different approached identified. Some require a signed form, while for others the fact that a legal adult walks in stuffy. Having an "informed consent" at long-term care facilities is a must, and a challenge that delays the operation.

- While the actual delivery of the vaccine is rather very fast, the whole processes might be slower – interview, registration, preparation of the vaccine and the mandatory 15

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min (or 45 min) stay after the delivery of the vaccine. The whole processes has to be discussed, so it is effective, and still maintains the social distancing roles.

- IT issues:
  1. Ensuring transfer of data between different agencies, while protecting privacy is a challenge (as the vaccine has to be reflected in the personal medical file, central registry, while the agency delivering the vaccine is not necessarily the "normal primary health care provider").
  2. Having in place the system for the 2nd appointment and follow up (including the exclusion who were confirmed as positive after the 1st vaccination) is challenging.
  3. Having a good IT system to collect information on side effects on real time and share that data.

- Most of the countries will most probably not opt for "mandatory COVID 19 vaccinations", though benefits for those vaccinated are discussed (e.g. free access to public events). Some organizations are discussing the implications of having front line health care workers who are not vaccinated, ranging from removing them from their positions to having them formally accept the risks associated.

- Door to door distribution for those who cannot accesses vaccination centers is still a challenge (needs approval from the pharmaceutical companies), and highly needed in order to cover the most vulnerable population.