

Guidelines for Expanding Immunization Delivery During COVID-19

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Metro Denver Partnership for Health



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Metro Denver Partnership for Health



About the Metro Denver Partnership for Health

The Metro Denver Partnership for Health (MDPH) is a partnership of key stakeholders committed to improving health in metro Denver through regional collaboration and action.

MDPH is currently governed by the six local public health agencies serving the seven-county Denver metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH is a partnership between public health, health systems, Regional Accountable Entities (RAEs), human services, and regional health alliances. MDPH works alongside regional leaders in behavioral health, environment, philanthropy, local government, education, and other areas to achieve its goals of promoting health and well-being across the region. MDPH's work impacts nearly 3 million Coloradans — 60% of the state's population — who live in this region.

In order to anticipate what happens next with COVID-19, MDPH began coordinating workgroups in March 2020 to address how interested jurisdictions can prepare for their communities' public health needs when stay-at-home orders are lifted. The goal of these workgroups is to identify and inform strategies and action plans for how to mitigate increased spread of disease. Workgroups consist of local and statewide public health and health care stakeholders. Throughout the planning and development of these proposals, we ensured alignment with the governor's office and Colorado Department of Public Health and Environment (CDPHE) by having representatives from those agencies on our workgroups.

You are welcome to use this guide however you find useful, and we hope it helps promote consistent messages and guidance across Colorado.

For more information on the collaborative, visit: www.coloradohealthinstitute.org/research/metro-denver-partnership-health or contact Nicole Steffens at steffensn@coloradohealthinstitute.org.

Funding Acknowledgements

The coronavirus pandemic has changed life as we know it. The impact will be deep, long-lasting, and cyclical. In addition to responding to the immediate needs of vulnerable people and communities, The Denver Foundation is committed to supporting systems-level solutions to this crisis and others to come. *The Guidelines for Expanding Immunization Delivery During Covid-19* will reshape what life looks like when it returns to “normal”—and, we hope, render it more equitable than it was before the pandemic laid plain the stark disparities that pervade our society.



The Denver Foundation

Introduction

Immunizations are a public health success story, protecting millions of children and adults globally from serious, often deadly, diseases. Yet Colorado has struggled to keep up with national immunization rates, leading to disease outbreaks, such as measles in 2019.

The onset of the coronavirus pandemic has yielded a secondary public health crisis: falling immunization rates. Compared with rates in mid-March 2020, average weekly immunizations in Colorado in June 2020 decreased by 40%.¹ This puts the metro Denver community at risk of vaccine-preventable diseases such as measles, pertussis, and influenza. In the COVID-19 era, it is key that we avoid hospitalization surges and keep our health care systems under capacity. To do this, we need an intentional focus on childhood vaccination rates and influenza vaccination rates in adults.

Colorado's public health leaders need a coordinated effort to prevent potential outbreaks of these diseases, especially among those lacking resources and the most physically vulnerable. They need communications strategies that are available in multiple languages, culturally tailored, and shared across multiple sectors.

They need action plans that identify roles and responsibilities of key partners, with an intentional focus on reaching and engaging those experiencing health disparities. Alignment across stakeholders — such as schools, public health, health care systems, and human service organizations — is necessary to ensure that all community members are hearing the same message about the importance of vaccines.

This effort is critical to fighting the disparities amplified by the coronavirus pandemic — and ultimately to end the outbreak. We aim to lay the foundation for a trusted, equitable approach to disseminating a COVID-19 vaccine when it becomes available. The racial inequities of COVID-19 are well documented locally and nationally. Preparing for a COVID-19 vaccine requires addressing the policy and programmatic barriers that exclude people of color.

This document is written for local public health departments, health care providers, and other organizations partnering to offer community-based immunizations. Its goal is to help local public health departments think through how Colorado's [Off-Site Vaccination Clinic Operational Playbook](#) can be adapted to different circumstances to increase vaccination rates. It also addresses targeted populations,



Strategy

To accomplish the goal of increased immunizations for community members, we propose the following:

- 1. Support health care delivery partners** in expanding access to vaccines through alternative settings such as drive-through/mobile clinics or expanded hours.
- 2. Support delivery by partnering with community organizations** (businesses, nonprofits, educational institutions, faith communities, etc.) that are willing and able to promote vaccines on site is key to increasing rates. Logistical and staffing support coordinated through local public health agencies (LPHAs) and health system partners may significantly impact the success of these efforts.
- 3. Support or conduct population vaccine delivery** by establishing vaccination sites that target priority populations in settings such as congregate shelters or school-based vaccination clinics.

key partnerships, and guidelines for expanding vaccination services, including communication tips and guidance on specific delivery scenarios. The final section of this manual illustrates how these components may be combined in different ways to reach various communities. The appendix walks local public health departments through planning for a variety of populations and provides specific tools that might be useful in these scenarios.

We believe in the importance of continuous medical care from primary care physicians (PCPs). Parents and patients value the trusted relationship they have built with these systems and individuals. It is important to continue promoting well-child checks and annual exams with patients' PCPs as much as possible and to encourage families to go to their doctor for their vaccines. This manual is meant to promote expanded access to vaccines and not meant to replace the relationships patients have with their doctors.

As much as possible, we encourage you to connect with others who have tried different models, and we recommend piloting different approaches to your work. A companion document, available soon, can be shared with community-based organizations seeking to make immunizations available in their communities.

Population Identification

The community-based focus in this manual is especially geared toward reaching priority populations that have historically had low vaccination rates (e.g. flu, MMR) or populations that are at high-risk for COVID-19.

Influenza vaccination rates are overall lower than our goals, and significant disparities exist. In the 2018-2019 flu season, Black (39%), Hispanic/Latinx (37%), Asian (44%), and American Indian/Alaska Native Americans (38%) had lower flu vaccination rates than non-Hispanic whites (49%).² Annual flu vaccination prevents influenza illnesses, medical visits, and hospitalizations. It is important that all patients receive their vaccines to prevent greater disparities in health outcomes. It will be even more important to address these disparities during the current COVID-19 pandemic. In the United States, BIPOC (Black, Indigenous, and People of Color) individuals are more likely to contract, be hospitalized, and die from COVID-19 than non-Hispanic/Latinx white individuals.³



There are also differences in childhood immunization rates; about 68% of Hispanic/Latinx, 70% of non-Hispanic/Latinx, and 72% of Asian 2-year-olds are fully vaccinated compared with about 64% of Black and 61% of Native American children. It is important to acknowledge the multiple social and systemic causes of vaccine-related disparities that contribute to these differences. Poverty, insurance, and mistrust of health care interventions associated with systemic racism impact access to immunizations.⁴

A “one-size-fits all” approach to vaccine-preventable diseases and infectious disease outbreak management, including for COVID-19, does not work. Populations need tailored strategies to prevent outbreaks and to address the disproportionate impacts disease is having on them. MDPH recommends that any vaccination clinic operations ensure equitable and targeted strategies that address disparities.

We suggest and enumerate target populations who have historically had lower vaccination rates for a variety of reasons, as well as those that align with [MDPH's COVID-19 priority populations](#), including:

- **People who are unhoused.**
- **People who are detained or incarcerated (jails, prisons, and detention facilities).**
- **People in long-term care, assisted living facilities, and supportive living environments such as group homes.**
- **Young children and families with young children.**
- **Medically vulnerable (people over age 65, isolated seniors, people with intellectual and physical disabilities requiring support with activities of daily living, people with chronic conditions and immunocompromised health status, and people with complex behavioral health needs).**
- **New Americans (immigrants, refugees, migrant agricultural workers, and people without documentation).**

- **Colorado tribes and tribal organizations (including Coloradans from all tribes).**
- **People who work in essential industries who may have dangerous job conditions and low wages and lack adequate protections and supports such as personal protective equipment (PPE) and sick leave. For an overview of who the Economic Policy Institute recognizes as essential workers, [see here](#).**
- **Black communities and communities of color. People of color experience toxic stress from social, economic, and environmental factors of racism that can affect health outcomes. In addition, these communities have been disproportionately negatively impacted by COVID-19.**

As you begin to develop your expanded immunization delivery plans, we urge you to consider your messaging and strategies for targeting these populations. The historical and current mistrust, fear, confusion, and misinformation around vaccines requires strong and clear partnerships with those trusted by and engaged with the community. For more information, see the “Leveraging Partnerships” and “Communications Guidance” sections of this guidebook and connect with local- and state-level community engagement representatives.



Leveraging Partnerships and Developing/ Strengthening Relationships



The following are channels for communication and outreach to groups that may help implement targeted outreach vaccination of identified key populations. Strong partnerships can also help promote the importance of vaccines through their networks. Consider providing partners with resources that are included in the CDPHE [Immunization Resources during COVID-19](#) webpage and see the “Communications Guidance” section for additional detail. Each LPHA should include any relevant health equity representatives in identifying response strategies, including engagement with potential vaccination sites, to ensure adequate and culturally responsive communication.

Example partnerships and communications include:

- **Community-based organization (CBO) partnerships, including faith-based organizations and promotoras.**
- **[Business partnerships](#), including with chambers of commerce, restaurant associations, grocery stores, and other essential services.**
- **Mass media messaging through regional and state leadership, including messaging from trusted community leaders.**
- **[CDPHE listing](#) of available immunizations locations statewide or through Boston Children's Hospital's <https://vaccinefinder.org/>.**
- **Community leaders.**
- **Health system outreach, e.g., through Federally Qualified Health Centers (FQHC), providers, and Regional Accountable Entities (RAEs).**
- **Schools and school leadership, including school-based health centers and school nurses.**

We encourage people to follow [the CDPHE guidelines](#) for a public health response inclusive of populations with limited English proficiency. We suggest that public health professionals use information and resources that:

- **Assure that vaccination events are equitable and inclusive, and results are shared in a manner that patients understand.**
- **Include all populations in disease control measures.**
- **Represent all populations in data collection, which is used for programmatic and policy development and decision-making.**
- **Provide unified and consistent educational messaging across organizations.**



Guidelines for Expanding Immunization Delivery

CDPHE has put together an [Off-Site Vaccination Clinic Operational Playbook](#).

The Playbook outlines site logistics, staff roles, clinical guidance, storage and handling of vaccines, and multiple resources. A broad overview can be found below, but please see the Playbook for detailed instructions on setting up a site.

Additionally, Immunize Colorado created an on-demand training on [best practices and recommendations for conducting socially distanced vaccine clinics](#). This timely webinar reviews how to modify large-scale vaccination clinics to host them safely.

Off-Site Vaccination Playbook Overview

CDPHE's Playbook outlines team roles that may be applicable to immunization delivery scenarios as well as supplies and recommended materials in addition to vaccine stock. Having adequate stock of supplies for off-site clinics, whether they be drive-through or at site-specific locations like schools, is necessary to help patient flow in and

out of the clinic environment and for most effective vaccine outreach. Please refer to the Playbook for additional information on staffing and supplies.

In addition to staffing and supplies, having appropriate technology during clinics will be necessary to help track patient records and streamline post-clinic data entry. Recommended technology support to consider includes:

- **Access to internet, printers, and laptops/tablets.**
- **Access to electronic medical records (EMR) or other systems to assist with data entry, vaccine cataloging, and patient screening.**
- **Telephones for interpretation services for non-English speaking community members.**

Following PPE guidelines made in the CDPHE Playbook is also recommended. This includes always wearing a face mask, wearing gloves when administering vaccines, and cleaning the delivery environment between patients.

We also recommend that the site coordinator or other team member is designated to learn about the community being vaccinated. Incorporating knowledge of community awareness, attitudes, and behaviors related to immunizations are critical in creating successful vaccination strategies. Partnering with trusted community leaders, (e.g., CBO staff) could create more community trust in the process and the results.



Note on Co-Location of COVID-19 Testing and Immunization Clinics

Co-location of both COVID-19 testing and immunization efforts have been considered as a potential approach during this flu season. The MDPH Immunization Workgroup is not recommending establishing co-location of these two services **unless your agency has a strong plan and communications approach to offer these services.** There are important questions to consider if your agency is planning on co-locating these two services:

- Are you able to separate symptomatic and healthy patients?
- Do you have enough PPE available to offer these two services?
- Do you have enough staff and space for separate stations at the same site?
- Do you have clear communication set up, so patients know where to go and how to navigate these two services?
- Will co-location of COVID-19 testing and immunization clinics in your jurisdiction foster vaccination hesitancy because of concerns of safety and security?

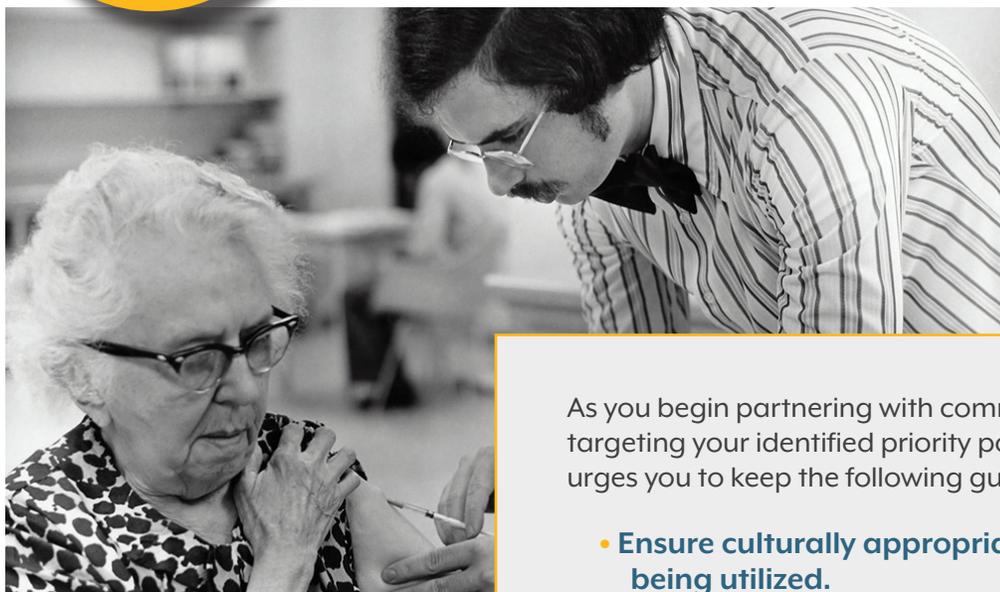
These questions will be important to consider when establishing if your agency has the capacity and planning to be able to offer co-located sites for COVID-19 testing and immunization clinics. [Visit CDC for additional guidance on vaccinating patients with suspected and/or confirmed COVID-19.](#)





Communication Guidance for Vaccination Sites

The following are tips and lessons learned for reaching out to your target audience to advertise your vaccination clinic. Please see the “Vaccine Delivery Scenarios” section for additional communication considerations for each type of vaccination clinic.



As you begin partnering with community brokers and targeting your identified priority populations, MDPH urges you to keep the following guidelines in mind:

- **Ensure culturally appropriate messages are being utilized.**
- **Engage targeted media outlets that have connections to your audience, including neighborhood newspapers, social media platforms, and audio and video news outlets.**
- **Utilize cultural brokers who understand the nuances of various communities and how messaging can be tailored. Ask for feedback on what should be addressed or included in any communications plans and materials before you publicize.**

Vaccine Talking Points

Improving trust in vaccines can be a challenge, but common and consistent messages that promote the safety and efficacy of vaccines is important. There are many key messages you can promote in your communications with patients about your clinic or in any marketing materials:

- CDPHE created a [2020 Flu and MMR immunization media toolkit](#) with co-branded flyers, key messages, and social media posts and graphics (videos will be available soon).
- For childhood vaccines, CDPHE also developed a [Back-to-School toolkit](#), which includes

newsletters, social media text, letters for school officials, and talking points.

- Lastly, the CDC has an [Influenza Communication Resource Center](#), which includes seasonal flu vaccination campaign materials to assist partners in communicating the importance of vaccination.

Vaccine Communication Best Practices

Project VCTR, a collaboration between The Public Good Projects and the New York State Health Foundation, worked with health communications experts to synthesize best practices for effective vaccine messages.⁵ These include:

- **Keep messages short and simple and avoid scientific jargon. Repeating messages will also help improve your audience's ability to remember them.**
- **Tell the truth and be transparent.**
- **Tailor facts and messaging locally and for your audience. Partner with allies who know their populations' values, attitudes, and beliefs best.**
- **Be positive and careful with repeating vaccine myths. Repeating misinformation can accidentally reinforce those who believe myths or give those who had no concerns a reason to believe them.**
- **Ensure your message is based on CDC's [risk communication](#) techniques.**
- **Use inclusive terms.**
- **Highlight stories and use visuals.**
- **Emphasize the social benefit of vaccines.**
- **Use plain language.**

A list of helpful vaccine-related [Frequently Asked Questions and Answers can be found here](#). Additional talking points and FAQ documents can be found [here](#) or on the [Public Health Communications Collaborative webpage](#).

Framing Vaccination as a Whole

Below are narratives that can help frame the reasoning for a focus on vaccinations and their importance for our communities. These are common themes that can be expounded on through discussions with community ambassadors or partners when you are working to leverage and expand relationships.

- **Good health is much more than just the absence of illness. We must foster health by creating positive conditions.**
- **It is not only individuals who experience health outcomes – entire communities do too. By strengthening support for everyone, we can improve the health of the community as a whole.**
- **We acknowledge that historically, systems and policies in the U.S., have failed communities of color. It was not right and as health care providers and public health staff, we must collectively ensure that all people are provided the best opportunities and care possible.**
- **We want to build trust in our communities by providing transparency on the safety and effectiveness of the vaccines that we are offering.**
- **Vaccine preventable diseases have impacted on our communities of color. It is critical to ensure that all our communities are offered services that support their health and that everyone has access to the flu (and later COVID-19) vaccine.**

Key Messages

Below is a list of talking points you may want to consider as you communicate the importance of vaccines in your promotional materials.

ALL VACCINES

- Immunizations are a safe, easy, and effective way to keep Colorado healthy.
- Many people qualify for low- or no-cost vaccines.
- Community immunity: Vaccination is not just a personal choice.
- Keeping vaccine-preventable diseases out of Colorado is more important than ever.
- Colorado and the U.S. are experiencing high rates and outbreaks of some vaccine-preventable illnesses.

CHILDHOOD VACCINES

See CDPHE's [MMR campaign](#) and [Back-to-School toolkit](#) for specific talking points.

- Vaccinations and well-child checkups are as important as ever.
- Pediatric and family practice offices are open and ready to care for your children.
- Vaccination rates in some areas in Colorado are too low to protect communities from outbreaks of certain preventable diseases, such as measles.
- Measles is a serious illness.
- Measles vaccination is safe, and it works.
- Children need the measles shot to protect themselves and others.
- Community immunity is the key to protecting those who can't protect themselves.
- Young children are especially vulnerable to contracting vaccine-preventable diseases and developing complications.

FLU VACCINE

See CDPHE's [influenza campaign](#) for specific talking points.

- Staying up-to-date on vaccinations, including the annual flu vaccine, is critical during the COVID-19 pandemic.
- By taking action to avoid influenza, we can help reduce the load on our health systems so they can focus on taking care of people who are sick in our communities.
- The symptoms of flu can be similar to symptoms of COVID-19, potentially making it difficult to distinguish the two diseases. Influenza vaccination can reduce the risk of influenza disease at a time when people are also at risk for COVID-19.
- The flu vaccine is safe. Getting the flu vaccine does not give you the flu. It is possible to feel a little sick after getting the flu vaccine.
- The overall effectiveness of the vaccine varies each year averaging about 40-60%. Even though getting the flu vaccine might not protect a person completely from getting the flu, the illness is often much milder and the number of days off work is less.
- There are no differences in side effects with the flu vaccine by race/ethnicity.
- The majority of healthcare workers always get the flu vaccine to protect us all.
- In 2009, we identified a new flu type called H1N1. Within 5 months we had a vaccine and saved many lives as we pushed that vaccine out to our communities. It was done safely and effectively. We can do this again with the upcoming COVID-19 vaccine.
- The flu vaccine goes through a rigorous development process to ensure it is safe and effective for our communities.
- It is critical that we all maintain necessary protective measures used to protect us from COVID-19 including wearing masks, social distancing, and hand hygiene. These measures will also help to protect us from getting influenza and COVID-19.



RELATED COVID-19 VACCINE CONCERNS

- COVID-19 disease is disproportionately affecting our communities of color.
- Help your community, grandparents, and family get through the pandemic by getting your vaccines.
- A vaccine is being developed to protect us all against COVID-19.
- We know there are concerns about the safety related to development of this vaccine. All vaccine development follows specific phases of assessment to ensure safety and effectiveness.
- The COVID-19 vaccine will likely be given first to our healthcare workers who are on the front line of the fight against COVID-19. Essential workers, people with chronic conditions, and communities of color are being considered for prioritization to receive the vaccine when it is distributed since these communities have been negatively impacted by COVID-19.
- It is important to note that these communities are not being targeted in the development of this new vaccine. Instead vaccine studies are working to have a broad representation of people participating in the vaccine study trials to be sure it is safe for all people.
- The COVID-19 vaccine will not be distributed until it is deemed safe for our communities.

Communication Considerations When Promoting Vaccination Clinics

- With an increase in the Medicaid enrollee population, pay extra attention to promoting sites that offer both the Vaccine for Children (VFC) program and 317 section vaccines. Ensure that these Coloradans know where they can go for vaccines that take their health insurance coverage.
- Direct patients with health insurance to first call their health care provider, visit [CDPHE's vaccine finder site](#), or CDC's <https://vaccinefinder.org/> to schedule an appointment for a vaccine.

Indicate:

- The phone number or website to use to schedule an appointment (if an appointment is required).
- If vaccines are available regardless of immigration and insurance status.
- Communicate measures being taken at the clinic site to protect patients from COVID-19 (e.g. no contact with other patients, disinfecting between patient visits, waiting in car).
- Link or share CDPHE's "[What you need to know for the 2020-21 flu season](#)" fact sheet.
- Utilize the resources in [CDC's 2020-21 flu season digital media toolkit](#).



Vaccination Delivery Scenarios

The following sections describe how components outlined above have been combined for different circumstances, interests, and populations. Again, these scenarios are specific applications of [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#). Vaccine delivery scenarios outline different components an organization should consider when implementing various immunization clinics. Below are the outlined vaccine delivery scenarios with linked resources based on the specific scenario. Additional information is also provided in the case studies highlighted by each scenario, where applicable.

The following vaccine delivery scenarios are outlined in detail:



Drive-Through/Walk-Up Clinics

Mobile Immunization Clinics

Community-Based Partnership Clinics

School-Located Clinics

Essential Services/Business Partnership Clinics

Congregate Shelter Clinics

Immunizations For Unsheltered Individuals

Scenarios include additional information on:

- Planning considerations.
- Staffing.
- Population served.
- Type of vaccine(s) offered.
- Screening, scheduling, and vaccinating considerations.
- Supplies/technology.
- Communication needs.
- Follow-up considerations.
- Case study highlight (if applicable).





Drive-Through/ Walk-Up Immunization Clinics

Planning Considerations

- Consider safety issues with cars, bicycles, pedestrians, and the public. Agencies may want to consider hiring security for events, while also thinking of the impact of law enforcement personnel in certain communities.
- Consider the impact of the clinic in the community, including traffic and noise created by the clinic.
- Create a protocol for inclement weather.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Consider the type and number of staff necessary at the off-site drive-through/walk-up clinic. This includes the availability of immunizers (RNs, MAs, pharmacists, and MDs) as well as technical and administrative staff like clerks and data entry personnel.

Population Served

Primary populations recommended to be served by drive-through immunization clinics are both insured and uninsured adults. This can include adults from varying insurance coverage groups, based on the type of vaccine stock your agency has available.

Type of Vaccine(s) Offered

The primary vaccine recommended for drive-through immunization clinics is influenza vaccine.

Screening, Scheduling, and Vaccinating Considerations

- To help avoid congestion and provide time to review Colorado Immunization Information System (CIIS) or electronic medical records, consider setting up a scheduling system. This is by no means required but should be considered as an option, if available. It also gives you an opportunity to ask about insurance prior to the visit and allocate vaccine appropriately.
 - For walk-in patients, consider steps necessary for effective screening and minimum requirement data entry, especially to prevent COVID-19 transmission.
 - If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. Ensure you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Consider what types of vaccine stock is available and if insurance screening will need to take place. Provide private vaccine to those who are insured and save low-cost/free vaccine for those populations who are uninsured.
- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies/Technology

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- Advertise via mass media through EMR patient portal or patient emails or letters directly.
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.



Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and information regarding primary care clinics or insurance if need be.

Case Study

Because of the COVID-19 pandemic, health officials and systems developed mechanisms and delivery scenarios similar to immunization clinics to deliver COVID-19 drive-through testing sites. The guidelines for COVID-19 drive-through testing has in-depth PPE considerations as well as the logistical information necessary to provide immunizations through a drive-through delivery scenario. More information about the drive-through testing done for COVID-19 can be found in the [COVID-19 Community Testing Guidance Document for Health Systems](#).



Mobile Immunization Clinics

Planning Considerations

- Advanced planning with partners regarding locations of mobile clinics will be one of the main planning considerations.
- Other considerations that could impact efficiency of the mobile clinic is documentation tracking methods.
- Partnering with local public health departments or other community organizations could help with location prioritization as well as reach into priority populations.
- Create a protocol for inclement weather.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Consider the type and number of staff necessary at the mobile clinic. This includes the availability of immunizers (RNs, MAs, pharmacists, and MDs) as well as staff to assist with driving to locations and care management. This could mean partnering with a community paramedic or pharmacist to assist with the mobile clinic.

Population Served

We recommend mobile immunization clinics serve primarily adults as well as prioritized populations such as older adults, Hispanic/Latinx, Native American or American Indian, and Black communities, and undocumented, uninsured, and unsheltered individuals. Specific mobile clinics to target children could be effective in administering some childhood vaccines as well.

Type of Vaccine(s) Offered

The vaccines recommended for mobile immunization clinics are influenza, Hepatitis A, MMR, and Tdap.

Screening, Scheduling, and Vaccinating Considerations

- Since mobile vaccination clinics will most likely be walk-in, consider steps necessary for effective screening and minimum requirement data entry, especially to prevent COVID-19 transmission.
 - If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. This means that you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Consider what types of vaccine stock is available and if insurance screening will need to take place. Provide private vaccine to those who are insured and

save low cost/free vaccine for those populations who are uninsured.

- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies/Technology

- Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to CDPHE's Off-Site [Vaccination Clinic Operational Playbook](#).
- Consider partnering with UC Health's mobile immunization clinic, as supplies and staff will be provided.

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.

- Advertise via mass media or community outlets (newspapers, social media).
- You may also hand out flyers or display messages in high-traffic buildings/areas.
- Target locations or areas that would be challenging to access without transportation options.
- Also consider areas with high concentrations of immigrant or refugee housing complexes.

Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and information regarding primary care clinics or insurance if need be.
- Consider rotating locations and returning to the same communities every 2 to 3 weeks to build relationships and follow up with community members if necessary.

Case Study

Salud operates a [mobile health unit](#) that provides screenings, lab tests, general health education, and immunizations specifically for outreach to migratory and seasonal agricultural workers throughout north central and northeastern Colorado. The unit also provides referral and follow-up to this population to connect them with additional services through their health network.



Community-Based Immunization Clinics

Planning Considerations

- Consider safety issues with cars and the public. Agencies may want to consider hiring security for events, while also thinking of the impact of law enforcement personnel in certain communities.
- Consider the impact of the clinic in the community, including traffic and noise created by the clinic.
- Create a protocol for inclement weather if hosting outside.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Consider the type and number of staff necessary at the clinic. This includes the availability of immunizers (RNs, MAs, pharmacists, and MDs) as well as technical and administrative staff like clerks and data entry personnel. In addition, consider who from the community-based organization is important to have at the clinic site. The presence of the organization's staff may increase trust among community members.

Population Served

Primary populations recommended to be served by community-based organization immunization clinics are adults, children,

those who are uninsured, those who are covered by Medicaid, and those who have been identified as individuals from priority populations (such as refugees, for example).

Type of Vaccine(s) Offered

The primary vaccine recommended for community-based organization immunization clinics is influenza vaccine.

Screening, Scheduling, and Vaccinating Considerations

- To help avoid congestion and provide time to review CIIS or electronic medical records, consider setting up a scheduling system. This is by no means required but should be considered as an option, if available. It also gives you an opportunity to ask about insurance prior to the visit and allocate vaccine appropriately.
 - For walk-in patients, consider steps necessary for effective screening and minimum requirement data entry, especially to prevent COVID-19 transmission.
 - If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. This means that you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Consider what types of vaccine stock is available and if insurance screening will need to take place. Provide private

vaccine to those who are insured and save low cost/free vaccine for those populations who are uninsured.

- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.



- Advertise via mass media or community outlets (newspapers, social media). Consider advertising through newsletters or other means and through the partnered community-based organization as well.

Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and information regarding primary care clinics or insurance if need be.

Case Study

An example of a successful community-based organization immunization clinic is [Shots for Tots and Teens](#), which offers low- and no-cost Saturday vaccination clinics throughout the year in Arvada, Aurora, and Denver. The clinics offer activities and prizes for kids as the priority population.



School- Located Vaccination Clinics

Planning Considerations

- If the classroom session is virtual at the desired school location, consider setting up clinics on school grounds during registration or other optimal times when students will be present.
- Review the Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Consider the type and number of staff necessary at the clinic. This includes the availability of immunizers (RNs, MAs, pharmacists, and MDs) as well as technical and administrative staff like clerks and data entry personnel. Consider the presence or recruitment of school nursing staff or school-based health center staff to help identify, screen, and support students during the clinic. These individuals can also assist with messaging and communication needs for parents or guardians.

Population Served

Primary populations recommended to be served by school-located immunization clinics are children. Consider options for vaccination of families since parents and other children may be present as well.

Type of Vaccine(s) Offered

Provide all vaccines if possible. If this is not possible, consider only vaccines that are required for school.

Screening, Scheduling, and Vaccinating Considerations

- Consider screening methods of the children coming to the clinic. Decide if the children will be screened prior to coming in for the school day or day of the clinic. If yes, no additional screening is needed. If screening will take place on site, this will require additional planning.
 - If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider how to obtain consent from children and families for immunizations, if it be electronic or paper forms, or what to do when parents are not present.
- Obtain the vaccination records for the students participating — paper records, records from the school system, or records from CIIS.
- Bring students to the clinic location only with others from their class to help ensure social distancing and other school policies for safety. Due to COVID-19, schools could be limiting the number of non-school staff allowed into the building. Consider methods for screening for insurance for students and determine if there will be a cost associated with vaccines if they are not eligible for certain vaccine stocks available at the clinic.

Supplies/Technology

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).



Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.
- Advertise at school events, through parental contacts, online campaigns directly on the school district's websites, and have school nursing staff send communications and consent forms to students and their families.

Follow-Up

- Send updated vaccine records to students and their families and include [Vaccine Information Statements](#) (VISs) with the packet.
- Provide a phone number for patients to ask questions or follow-up on needs post-clinic.
- Consider scheduling additional clinics based on the spacing of follow-up on specific vaccines.

Case Study

An example of a successful school-located vaccination program was an effort initiated by [Denver Public Schools](#) (DPS). This program was helpful for students who did not have a primary care provider. DPS offered two clinics at each of the 20 elementary schools and three clinics at each of the seven middle or preschool-to-eighth-grade school during the 2009 – 2010 and 2010 – 2011 school years.



Essential Services/ Business Partnership Clinics

Planning Considerations

- See [CDPHE's Influenza Business Toolkit](#) for helpful resources on hosting a flu shot clinic, business resources, employee resources and links to businesses that offer onsite flu clinics.
- Review [outbreak data](#) produced by CDPHE to assess what businesses or industries may be at risk for COVID-19, influenza, or other vaccine-preventable diseases.
- When planning outreach, reach out to your chambers of commerce, restaurant associations, Good Business Colorado, Energize Colorado, or other workforce centers to help promote the importance of vaccines with all their members. Consider this in your communication plan as well.

- Partner with health department/organizations that responded to the previous Hepatitis A outbreak in Denver. These organizations know who had been interested and invested in addressing this disease.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Consider the type and number of staff necessary to either go to the business to provide vaccines or to promote clinic visits. This includes the availability of immunizers (RNs, MAs, pharmacists, and MDs) as well as technical and administrative staff like clerks and data entry personnel. In addition, consider who from the business is important to have at the clinic site. The presence of the organization's staff may increase trust among employees.

Retail pharmacies (e.g. Walgreens, King Soopers and Safeway) may also be able to partner in administering and billing for vaccines. See [CDPHE's Business Toolkit](#) for a flyers of providers who can partner to provide vaccines.



Population Served

Primary populations recommended to be served include essential workers who may be uninsured, who may have no medical home, and workers who may have difficulty seeing their doctor for vaccines during normal business hours.

Type of Vaccine(s) Offered

The primary vaccines recommended for essential workers include influenza and Hepatitis A for food workers.

Screening, Scheduling, and Vaccinating Considerations

- To help avoid congestion and provide time to review CIIS or electronic medical records, consider setting up a scheduling system. This is by no means required but should be considered as an option if available. It also gives you an opportunity to ask about insurance prior to the visit and allocate vaccine appropriately.
 - For walk-in patients, consider steps necessary for effective screening and minimum requirement data entry, especially to prevent COVID-19 transmission.
 - If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. This means that you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Consider what type of vaccine stock is available and if insurance screening will need to take place. Provide private vaccine to those

who are insured and save low-cost/free vaccine for those populations who are uninsured.

- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.
 - Ensure your business partners promote the importance of vaccines for coming back to work and feeling safe. Getting chambers



Essential Services/ Business Partnership Clinics Cont.

of commerce, unions and the restaurant association on board will help promote consistency in messaging. We also recommend advertising in the Denver Business Journal or other outlets that are publications targeted to business leaders. Utilize these platforms to emphasize the importance of vaccines for keeping the economy open and workers working.

- Encourage remote workers to go to a clinic to get their vaccines (and bring their family).

Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and information regarding primary care clinics or insurance if need be.

Case Study

An example of a successful business vaccine clinic is Tri-County’s Business Reopening Task Force (BRTF) – Healthy Staffing Project. This four-phase project funded by CARES grants employees five people on the BRTF.

Denver Public Health (DPH) also conducts workplace vaccination clinics.

Upon receiving a workplace clinic request, a Health Programs Specialist coordinates directly with a business, tailoring to their specific needs and number of employees. A Memorandum of Collaboration is created between the Immunization and Travel Clinic and the contact at the organization requesting the service, outlining expectations throughout the process. The Health Programs Specialist works with the Clinic Administrator and Nurse Program Manager to adequately staff the clinic based on the number of employees expected.

The business can either ask for an estimate for how long the clinic should take, given the number of employees expected, or request a specific window of time to accommodate their employees’ schedules. The Immunization Program can either bill the business’ insurance company or the business can pay directly for the number of vaccines given. Other than paying directly if the business so chooses, it is currently not responsible for covering additional operating costs. DPH brings all necessary administrative equipment such as laptops, forms, office supplies, and a Wi-Fi hotspot, so as to not rely on the customer’s network. After the clinic, vaccines given are documented in the electronic health record, records are sent to the point of contact at the business and/or employees vaccinated as requested. For additional information see [DPH’s outreach webpage](#).





Congregate Shelter Clinics

Planning Considerations

- Partner with health department/ organizations that responded to the previous Hepatitis A outbreak in Denver. These organizations know who had been interested and invested in addressing this disease.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

Congregate shelter staff are trusted by those who are housing unstable, so their presence at the clinic is important. Consider the utilization of [Vaccine Strike Teams](#) as a mode for vaccine delivery.

Population Served

Primary populations recommended to be served by congregated shelter clinics are those who are housing unstable, which could include adults and children.

Type of Vaccine(s) Offered

The vaccines recommended for congregated shelter immunization clinics are influenza, Hepatitis A, and meningococcal.

Screening, Scheduling, and Vaccinating Considerations

- Consider partnering with mobile clinics and setting up a scheduling system to

provide adequate time to review CIIS or EMR records prior to administration of vaccines.

- If a patient screens or comes in sick, partner with local clinics to refer the patient to.
- Consider the technology needed to access CIIS or other EMR records for mobile use when teams are on foot or at shelter or provider locations. This is not required but should be considered as an option if available.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. This means that you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Ensure you have low cost/free vaccine available.
- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).



Congregate Shelter Clinics Cont.

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.
 - Advertise through trusted channels, including community partners,

and display flyers or other printed materials at locations that are frequented by those who experience housing instability.

Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and information regarding primary care clinics or insurance if need be.
- It may be necessary to schedule a follow-up clinic as those who are housing unstable are transient and can change over time.

Case Study

DPH's immunization efforts for Hepatitis A are an example of outreach to housing unstable populations. The teams utilized small coolers with all needed supplies for easy availability and carried iPads with CIIS and consent forms available on them. Providing incentives, such as gift cards, food, drink, or other items, was helpful with outreach and when contacting individuals. Teams asked individuals for their name and date of birth and used this

information to look them up in CIIS to see if they were eligible for the vaccine while other teammates prepped vaccine for delivery. They simplified the paperwork so that a person's verbal consent, rather than a signature, was required.

Reducing administrative work, such as not asking for proof of identification, was helpful in making vaccine delivery in this scenario a success.





Immunizations for Unsheltered Individuals

Planning Considerations

- Partner with local public health department/organizations that responded to the previous Hepatitis A outbreak in Denver. These organizations know who had been interested and invested in addressing this disease.
- Review the [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) guidelines created by the National Adult and Influenza Immunization Summit.

Staffing

The presence of the trusted community partners that do outreach and provide other services to the housing unstable population will be important to establish connections for immunizations. Consider the utilization of [Vaccine Strike Teams](#) as a mode for vaccine delivery.

Population Served

Primary populations recommended to be served include adults who experience unstable housing, are uninsured, and have difficulty accessing medical care in primary care settings.

Type of Vaccine(s) Offered

The primary vaccines recommended for unsheltered individuals include Influenza, Hepatitis A, and Meningococcal.

Screening, Scheduling, and Vaccinating Considerations

- Consider partnering with mobile clinics and setting up a scheduling system to provide adequate time to review CIIS or EMR records prior to administration of vaccines.
 - If a patient screens or presents sick, partner with local clinics to refer the patient to.
- Consider the technology needed to access CIIS or other EMR records for mobile use when teams are on foot or at shelter or provider locations. This is not required but should be considered as an option if available.
- Consider your agency's ability to co-locate COVID-19 testing and flu immunization sites. This means that you have the adequate amount of supplies, PPE, and that you have a strong communication and administration plan for providing both services. Please refer to the "Note on Co-Location of COVID-19 Testing and Immunization Clinics" section on page 9 for more information.
- Ensure you have low-cost/free vaccine available.
- Make sure to allocate time for CIIS entry at the end of the day if your record does not upload to the system automatically.

Supplies

Make sure you have adequate supplies for the clinic. This includes adequate stock of PPE, vaccine and ancillary supplies, office supplies, and storage supplies for vaccines, including portable refrigerators and freezers. For additional supplies for your agency's consideration, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).



Immunizations for Unsheltered Individuals Cont.

Technology

The clinic will need adequate technology support to help input data to record administered vaccines. This includes access to the internet and laptops or tablets. For additional information on technology needed for your clinic, refer to [CDPHE's Off-Site Vaccination Clinic Operational Playbook](#).

Communication Needs

- Consider the key messages you want to advertise to your community (see page 10 for additional information).
- It is important to consider vaccine hesitancy in your community, especially if you are considering co-locating COVID-19 testing and vaccination efforts. Partner with trusted community leaders to help facilitate trust through communication initiatives, especially for priority populations.
 - Advertise through trusted channels, including community partners, and display flyers or other printed materials at locations that are frequented by those who experience housing instability.

Follow-Up

- Make sure to offer all patients their [Vaccine Information Statements](#) (VISs) in their respective language.
- Consider providing a phone number for patients to ask questions or follow-up on needs post-clinic.
- Provide additional resource materials and

information regarding primary care clinics or insurance if need be.

- It may be necessary to schedule a follow up clinic as those who are housing unstable are transient and can change over time.

Case Study

DPH's immunization efforts for Hepatitis A are an example of outreach to housing unstable populations. The teams utilized small coolers with all needed supplies for easy availability and carried iPads with CIIS and consent forms available on them. Providing incentives, such as gift cards, food, drink, or other items, was helpful with outreach and when contacting individuals. Teams asked individuals for their name and date of birth and used this information to look them up in CIIS to see if they were eligible for the vaccine while other teammates prepped vaccine for delivery. They simplified the paperwork so that a person's verbal consent, rather than a signature, was required.

For safety, teams scanned sites and were observant of any conflicts that were taking place. Sometimes they avoided crowds that they didn't believe would be safe to encounter. When teams walked the streets, they had a vehicle parked nearby that had a Vericor cooler and extra supplies. The vehicle had permission to park anywhere in designated spaces without having to pay any fees. Team members checked in with their colleagues utilizing radios so teammates were accounted for. On some outings, teams set up tables with a tent outside or inside a shelter or service provider as a home base of operations. They were able to vaccinate people under the outdoor tent or indoors and to send out additional staff on foot for additional outreach to the surrounding area.

Reducing administrative work, such as not asking for proof of identification, was helpful in making vaccine delivery in this scenario a success.

Endnotes

¹Colorado Department of Public Health and Environment. (2020). Colorado Immunization Information System [June].

²Centers of Disease Control and Prevention. (2019). Flu Vaccination Coverage, United States, 2018–19 Influenza Season. <https://www.cdc.gov/flu/fluview/coverage-1819estimates.htm>

³Immunize Colorado. (2020, September). Racial and Ethnic Disparities in Vaccination in the U.S. and Colorado. Special Data Request. Received September 2, 2020.

⁴Immunize Colorado. (2020, September). Racial and Ethnic Disparities in Vaccination in the U.S. and Colorado. Special Data Request. Received September 2, 2020.

⁵Project VCTR. (2020). 13 Best Practices in Vaccine Communication. Special Data Request. Received September 2, 2020.



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