

COVID-19 Vaccination Plan

PUERTO RICO

Immunization Program/Puerto Rico Department of Health
OCTOBER 16, 2020 | VERSION 1.0

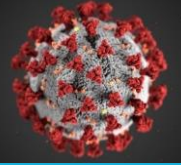
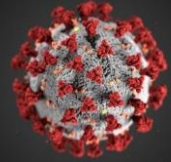


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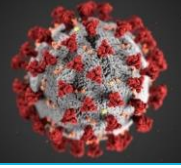
Approval and Implementation

The Puerto Rico Department of Health (PRDoH) COVID-19 Vaccination Plan is an Annex of Puerto Rico Pandemic Preparedness Plan. The primary purpose of this plan is to establish the strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The responsibility has been delegated to the Under-Secretary of Health and the Immunization Program Director to establish the organization and operational procedures for a rapid and organized response of the components of the vaccination system in Puerto Rico.

This Plan requires the participation of all PRDoH officials, employees and contractors and fully comply with the duties and responsibilities assigned here and make available human, financial, technical and professional resources necessary for the effective and functional development and implementation of this Plan. It is also required to develop and maintain coordination with private organizations, non-profit organizations, the community, industry and commerce, municipalities, state and federal agencies in the management of immunization operations during the COVID-19 pandemic.

The direction and control of this plan is provided by PRDoH. This document is compatible with the doctrines, concepts, principles, terminology and organizational processes required by the *National Response Framework and the National Incident Management System*.

Lorenzo González Feliciano, MD, MBA, DHA
Secretary of Health



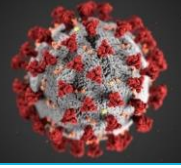
Section 1: COVID-9 Vaccination Preparedness Planning

Pandemic influenza planning and preparedness activities have been priorities for PRDoH's Immunization Program and the Office for Public Health Preparedness and Response (OPHPR). Certainly, the 2009 H1N1 vaccination campaign after action report pointed a few gaps in preparedness which have been systematically addressed by both parties. Areas such as emergency management training, vaccine safeguard and coordination of mass vaccination events between jurisdictions have been at the top of the list.

Improvement Planning

In 2010, PRDoH developed the first-ever Pandemic Influenza Operations Plan, detailing the methods and procedures to follow during pandemic emergency operations, as well as the organization and define health department's roles and responsibilities. This Plan is revised and exercised annually by the Immunization Program, the Office for Public Health Preparedness and Response (OPHPR) and Puerto Rico Department of Health Senior Leadership. The trainings and exercises usually take place at the beginning of each influenza season. These are essential to ensure emergency procedures are in place and the roles and responsibilities are well understood. An after-action review is completed for every exercise indicating lessons learned. Additionally, PRDoH executes a media and educational campaign every year to promote seasonal influenza vaccination. During the last couple of years, the PR Immunization Program has mainly focused on the following preparedness domains:

- **Resiliency**
 - Strengthened utilities and communications systems at all 8 regional offices and central office with energy and water back-up systems, radio and satellite communications network
- **Incident Management**
 - Trained 80% of the PR Immunization Program personnel in FEMA ICS 100, 200, 700 and 800, and at least 5 members completed the ICS 300 and 400.
 - Conducted 8 workshops in 2019 and evaluated 200 plus VFC provider's emergency contingency plans to maintain the cold chain.
 - Completed a major revision to its Emergency Operations Plan
 - Conducts at least one program-wide exercise per year
 - Activated in support of hurricanes and most recent earthquakes mass vaccinations
 - Plan at least 1 mass vaccination event per year with the Immunization Coalition and other stakeholders
- **Information Management**
 - Currently transitioning to a new IIS software architecture with advanced technological features and improved performance



- **Countermeasures and Mitigation**

- Established a Regional Vaccine Storage network
- Liaised with NGOs enabling more than 200 providers to receive new cold chain equipment
- Increased vaccine transportation & relocation by prepositioning 20 mobile battery-operated refrigerators
- Provided 50% of VFC providers with mobile coolers

In summary, both, PRDoH and vaccine providers have increased their capability to a surge in vaccines, cold medications and other biologics during emergencies or disaster. In addition, this reduces loss of vaccines, cold medications, and biologics during emergencies, therefore better positioning the recovery of Puerto Rico’s public health system.

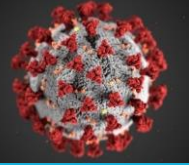
COVID-19 Vaccination Program Planning

Prior to the development of this plan, PRDoH Senior Leadership undertook several actions to make informed decisions and commitment to maintain stakeholders informed on the progress prior to the arrival of COVID-19 vaccines. The Under-Secretary of Health has taken on the initiative to reach 100% of stakeholders and has conducted several seminars directed to state agencies key officials and health organizations. At the same time, the PR Immunization Program Director is currently tasked to establish the organization and operational procedures for a rapid and organized response of the components of the vaccination system.

Upon approval of this plan, PR health officials will apply lessons learned from previous incidents and exercises and develop activities at all levels as part of PRDoH’s preparedness prior to COVID-19 vaccine availability but not limited to:

Table 1: PRDoH Projected COVID-19 Vaccination Program Exercise Preparedness

	Exercise Type	Date	Description
Discussion-based	Workshop	TBD	Internal Immunization Program discussion on COVID-19 vaccination operations
	Tabletop exercise	TBD	FEMA COVID-19 with participation of PRDoH Senior leaders and the Planning Team
	Workshop	28 Oct 2020	PRDoH Senior leaders Senior leaders COVID-19
	TTX		
Operation-based	Full-scale exercise	23 Oct 2020	Annual Pandemic Influenza training and exercise between Immunization Program and OPHPR
	Real world event	Oct-Dec 2020	10 drive thru mass influenza vaccination events throughout PR in coordination with ESF-8 partners, Puerto Rico Emergency Management Bureau, National Guard and NGO’s such as Immunization Coalition



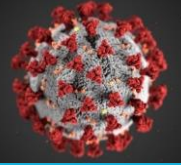
Section 2: COVID-19 Organizational Structure and Partner Involvement

PRDoH, the ESF-8 lead agency in pandemic vaccination planning is closely collaborating with the Department’s Under-Secretariats, external agencies, and community partners ensuring readiness at all levels. The Under Secretary of Health has been appointed to lead the internal and external pre-vaccine arrival planning coordination.

Planning and Coordination Team (Internal)

Early in September 2020, the Under Secretary of Health conformed PRDoH’s internal COVID-19 Vaccination Planning Team from a wide array of expertise represented among essential programs. The Vaccination Planning Team is composed of Subject Matter Experts (SME) on issues related to the preparedness and response activities described in this plan. They collaborate in the development of the plan and must be available as SME is their subject in case of activation.

Table 2: PRDoH internal COVID-19 Vaccination Planning Team Composition		
Program	Member(s)	Expertise/Capabilities
Under Secretary of Health	Iris Cardona, MD	Strategic leadership & clinical expertise
Immunization Program	Dr. Angel Rivera, Director Milton Martinez, DrPH, CDC PHA Nuria Soto, MPA, Program Coord Zaira Kianes, DrPH, Epidemiologist	IIS, vaccine ordering & distribution, VAERS, cold chain management, VFC network
Office of Public Health Preparedness and Response (OPHPR)	Jessica J. Cabrera-Márquez, Director Igor Uriz, Risk Comm Analyst Monica Castellano, Planning Analyst Miriam Rosado, MCM Analyst Nanette Lanausse, Senior Manager/ Safety and Health & Information Management	Incident Management Emergency Operation Coordination Risk Communication Planning/Functional and Access Needs Populations Countermeasure and Mitigation Safety and Health/Information Management
Under Secretariat for Family Services	Migdalia Lugo, MHSA	special needs populations
PRDoH Legal Division	Miguel Verdialer, Esq Alana Montilla, Esq	legal affairs/advise
PRDoH Communications Office	Ms. Michelle de la Cruz	media/public affairs crisis and emergency risk communication
Epidemiology Division	Encijar Hassan Rios, MS, DrPH	disease surveillance



The Under Secretary of Health has delineated clear guidance, defined roles and responsibilities of the Internal Planning Team in the implementation of the following activities:

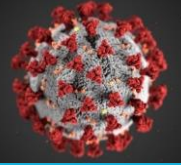
- ❖ Identify all target groups represented within PR jurisdiction
- ❖ Conduct a jurisdiction critical workforce vaccine response assessment
- ❖ Lay the framework for developing a critical workforce vaccine plan
- ❖ Recruit potential pandemic vaccine providers outside of Vaccines for Children network and points of dispensing
- ❖ Maintain up-to-date points of contact for critical workforce groups
- ❖ Estimate the population for each critical workforce and population sub-groups
- ❖ Plan for rapid communication with points of contact of critical workforce groups
- ❖ Plan for second dose reminders of pandemic vaccine
- ❖ Ensure plans are in place for vaccination administration data to be submitted to the PR immunization information system (IIS)
- ❖ Evaluate and test pandemic readiness through drills and exercises
- ❖ Disseminate information to all departments within PRDoH (and other stakeholders)

COVID-19 Vaccination Program Implementation Committee (Internal and External)

Under the leadership of the Under Secretary of Health, and if warranted, a broader committee of key internal leaders and external partners will be assembled to assist with implementing the vaccination program, reaching out to critical populations, and developing crisis and risk communication messaging. The Under Secretary of Health has established direct communications and collaboration with these internal/external entities and community partners. Many of these partners have received detailed information about planning assumptions, vaccine recipient priority groups, logistics and expected vaccine supply availability and provided expected outcomes.

The Vaccination Program Implementation Committee is composed but not limited to the following organizations:

- State agencies
- Puerto Rico National Guard
- Puerto Rico College of Physicians
- PR Primary Healthcare Association
- Independent Physician Association
- PR Pharmacy College
- Business & Religious organizations
- PR Immunization Coalition
- Hospitals
- Emergency Management
- Healthcare Coalitions
- PR Public Health Trust
- Education agencies
- VFC/VFA providers
- Correctional facilities
- Ombudsman
- Organizations serving people with disabilities
- Community representatives
- Professional Nursing College
- Community Pharmacy Association



State-Municipality Coordination

PR governance structure is decentralized, composed of the state government and 78 independent municipalities, PRDoH has 7 Regions whereas PR Emergency Management Bureau has 11 Zones. All the aforementioned have an Emergency Operations Center and interagency emergency coordinators, ensuring best way of communication and coordination. It is expected that State and local authorities combine and coordinate response efforts and share information and resources.

Incident Command Structure

PRDoH is the lead Agency for ESF # 8. The Office for Public Health Preparedness and Response (OPHPR) oversees coordinating the response of the public health and medical care system to an emergency or disaster caused by a pandemic. To this end, tasks will be previously assigned to the PRDoH's operational units, offices, programs, divisions, and departments as well as the Healthcare Coalitions and the ESF # 8 support agencies.

The command structure will be activated at the state level by the Governor of Puerto Rico, the Secretary of Health, or an authorized representative. Currently, PRDoH is activated in and coordinating island-wide COVID-19 contact tracing and clinical response.

PRDoH will augment its ICS structure either full or partial for COVID-19 Vaccination Program implementation, all response efforts will be directed from PRDoH Department Operation Center (DOC). Stakeholders, federal and state agencies and municipalities are expected to have an activated ICS. The PR Immunization Program manages the CDC Immunization and Vaccines for Children Cooperative Agreement on behalf of PRDoH, as such will assume the Operational Lead department wide under PRDOH Incident Command Structure (see diagram 1 below).

Due to the complexity of the COVID-19 Vaccination Program Implementation, most likely, an Area Command will be established to manage it. The Area Command will oversee the ICS structures established at PRDoH Regions. A Unified Command will be the structure located at PRDoH Regions (see diagram 2).

Internally, the PR Immunizations Program will activate its Incident Command Center in support of COVID-19 Vaccination Program Implementation. The Immunization Program Incident Management Team will be a combination of current employees (operational level) and the hiring of 8-12 dedicated personnel (tactical level) with specific roles and responsibilities. Strategic oversight (command) will be rotated with Program staff with previous experience in incident management such as Program Director, the CDC PHA, Program Coordinator, Vaccine Manager, VFC Coordinator and IQIP Coordinator (see diagram 3).

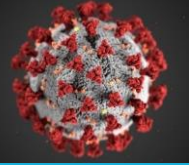
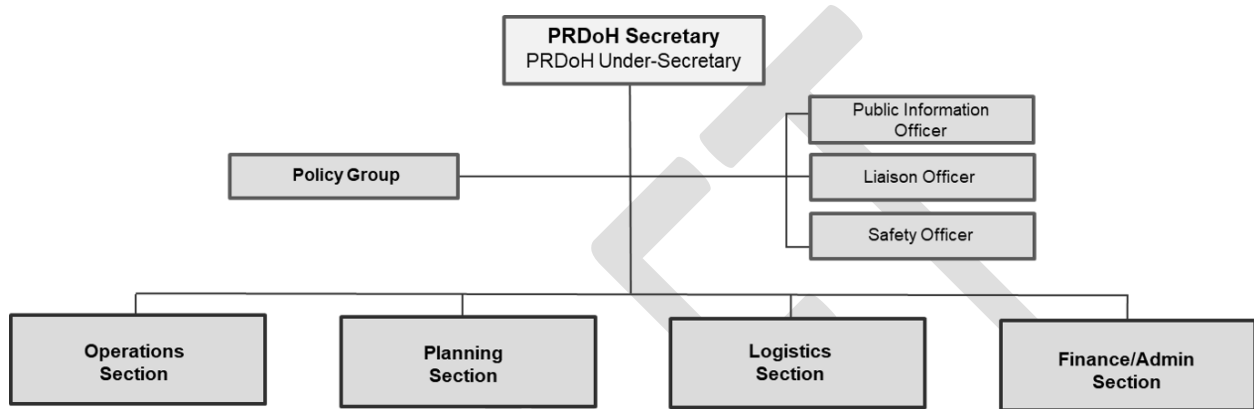


Diagram 1: PRDoH ICS Organizational Chart

Obtained from: PRDoH Pandemic Influenza Plan, 2019-2020



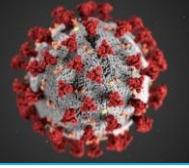
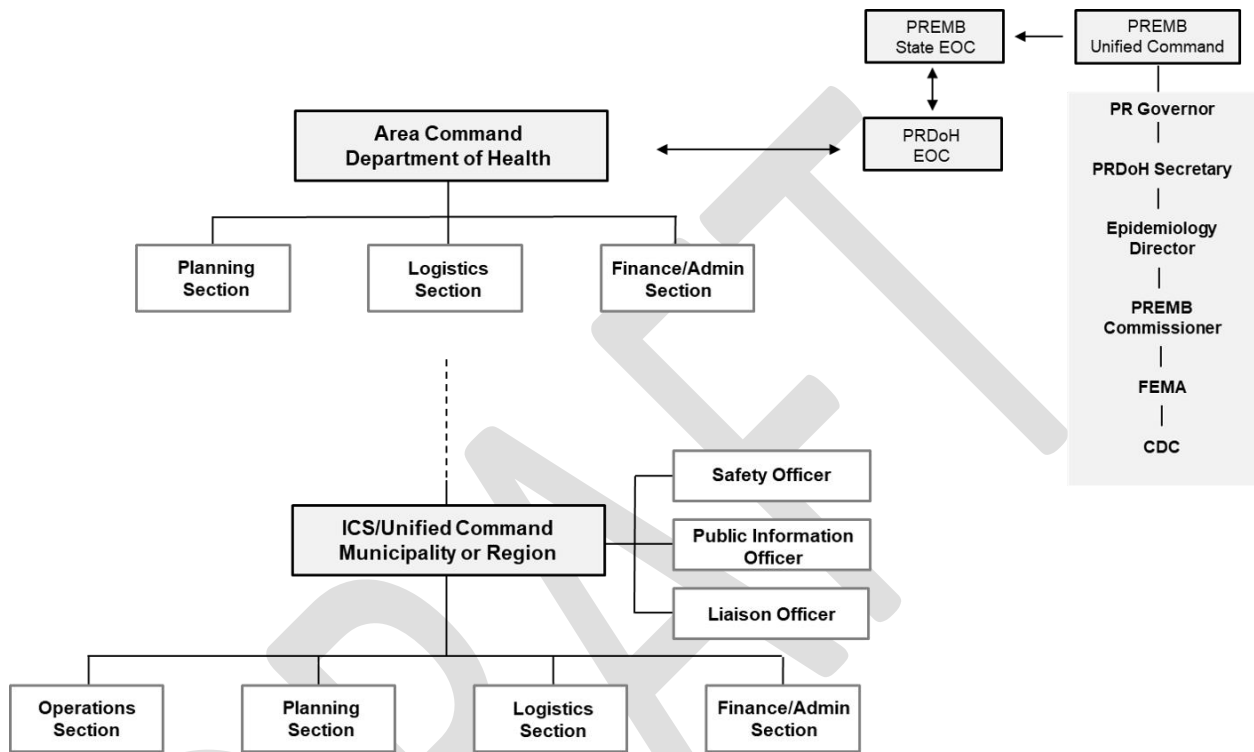


Diagram 2: PRDoH Incident Management Organization



Obtained from: PRDoH Pandemic Influenza Plan, 2019-2020

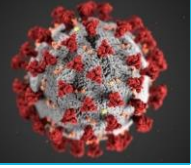
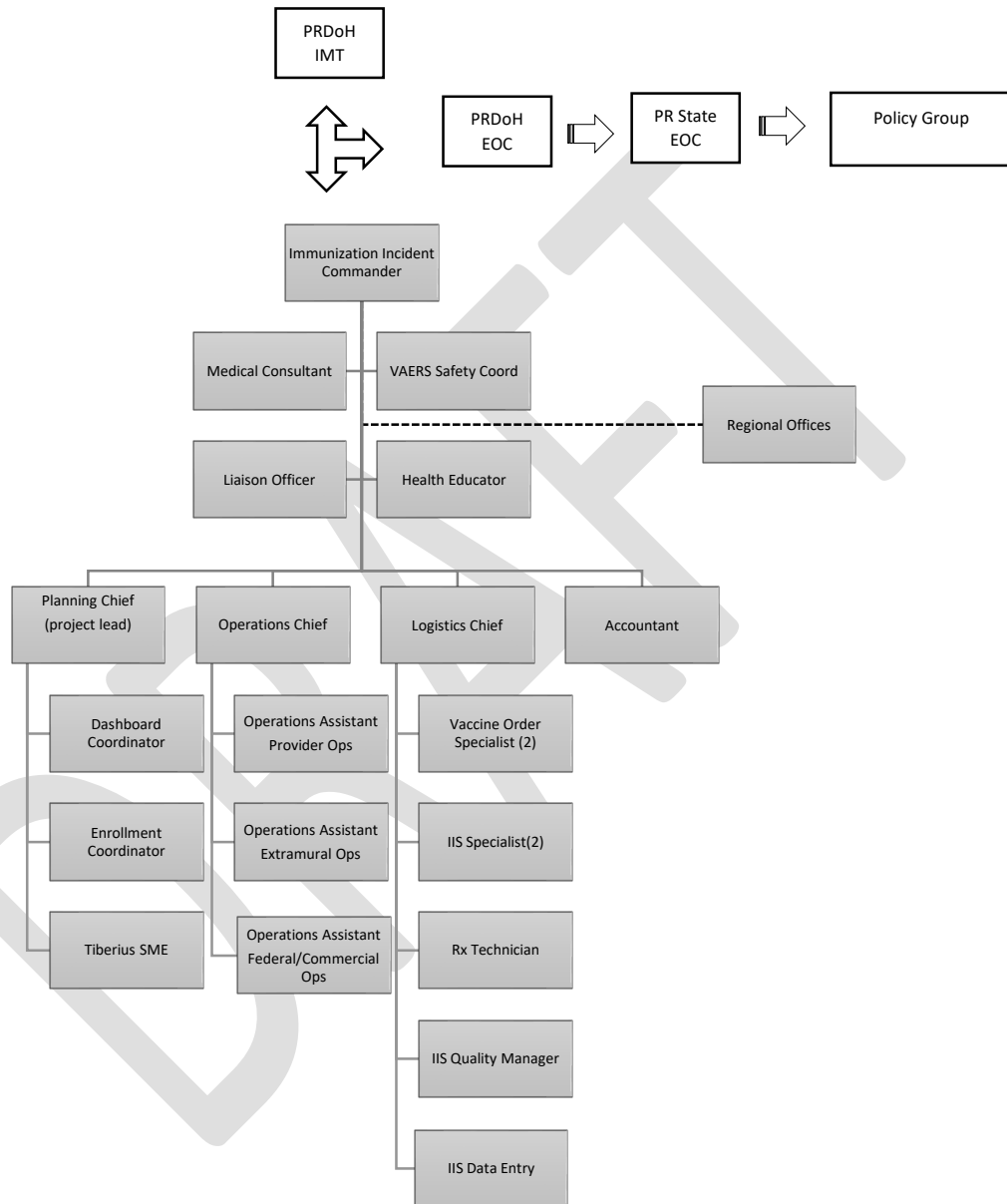
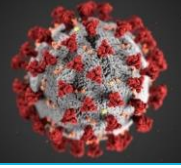


Diagram 3: Proposed PR Immunization Program
Incident Command System



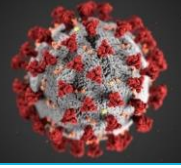


Information Collection, Analysis and Dissemination

The collection, analysis and dissemination of information related to the pandemic and response actions will be directed from the PRDoH Department Operation Center (DOC). The information will be published through the Incident Action Plan (IAP) and Situation Reports (SitRep) disseminated during the operational periods established for the emergency.

Public communications will be carried out as established in the PRDoH Communications Plan. They will be directed by the PRDoH Director of the Communications Office. For the purpose of initial planning, we will consider as planning assumptions: 1) PRDoH has interoperability communications capability with federal, state, and local agencies; 2) PRDoH has an operational communications network between all regional offices, state regional EOCs and PRDoH EOC

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Section 3: Phased Approach to COVID-19 Vaccination

It is expected changes or shortages will occur in vaccine supply levels at any given time during the COVID-19 Vaccination Program. PRDoH and the Planning Team understands the implications and consequences and will adapt planning efforts to be as flexible as possible considering a variety of likely scenarios.

All COVID-19 MOUs, signed with dispensing sites such as health service facilities, PODs, pharmacies, industries and elsewhere, have a procedure that identifies the person or persons authorized to receive, sign and dispense vaccines and medicines. The credentials of the designated persons were also required at the time of signing the MOU. The plan will explain in detail the proper procedure for keeping the cold chain and keeping vaccines to be administered in optimal condition.

Deciding who the priority groups are will be made following the recommendations provided by CDC's Advisory Committee on Immunization Practices (ACIP) including specific target populations and priorities for circumstances of limited or phased vaccine supply.

Planning assumptions:

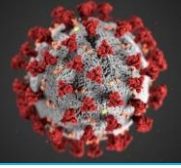
- vaccine supply will be limited at the beginning of the program
- vaccine supply is projected to increase quickly over the proceeding months
- recommendations on the various population groups to receive initial doses of vaccine could change after vaccine is available
- vaccine supply and disease epidemiology may be affected by local community and other emergencies (i.e. hurricane season)

Phase 1: Potentially Limited Doses Available

In the initial phase (Phase 1) of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. PRDoH will plan for high-demand and low-demand scenarios.

PRDoH Phase 1 initial intervention planning and strategies targeted to each priority group (Phase 1A and 1B) include a combination of, on site immunization for hospital personnel (also is the preferred method for other organizations), and vaccination via private sector vaccinators, mobile vaccination providers and public health sponsored clinics. Agreements (MOU/MOA) will be enabled to allow maximum throughput of vaccinated individuals while maintaining social distancing and other infection control procedures.

The initial phase concept of operations incorporates the following activities as a general guideline, each mode of intervention presented is not exclusive to a particular Phase and overlapping of settings and Phases will occur. Additional strategies may be incorporated to satisfy offer/demand requirements:



Large hospitals and health systems (Phase 1A, possible Phase 1B and Phase 2)

- The proposal is that each hospital (see Appendix 1) and healthcare systems in PR known as CDTs (see Appendix 2) will be able to vaccinate their personnel on site through the infection control or employee vaccination clinic. Each Hospital will sign an agreement to be a COVID-19 vaccinator for their staff
- It is expected that 50% of hospitals will provide immunization services to the public

This is the priority group to receive vaccines when limited availability. The Immunization Program Incident Commander and the hospitals infection control officers will coordinate with hospitals the dispatch of the vaccines necessary for them to vaccinate their staff who will provide direct service to patients. Once hospital workers have received the vaccine, the Immunization Program Incident Commander shall establish written and telephone communication with next phase group such as first responders, hospitals and other health professionals that give direct care to patients and public health personnel agencies that will be involved in the distribution and administration of the vaccine and the persons responsible for their safety (interim first priority group) during this phase.

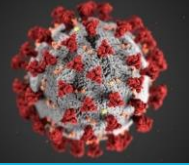
Private Sector (Phase 1B)

- Government and business partners will be able to vaccinate their personnel on site through their occupational health clinics
- Walgreens is pending the CDC National Pharmacy Partnership Contract and may serve LTCF; if contract is not awarded, they will still provide similar support to the state
- Community pharmacies that serve as immunization providers, are willing to participate and able to vaccinate their personnel, selected first responders and critical workforce vaccination on site
- Immunization Coalition VOCES, National Guard and other private and NGOs are available to engage and possibly be tasked to LTCF and selected first responders and critical workforce

Mobile vaccination providers (Phase 1B, Phase 2)

- Selected organizations in Puerto Rico already communicated interest in participating as vaccination providers to reach critical population and underserved areas, they will be enrolled as providers for COVID-19 vaccine after complete assessment of their capabilities to receive, store and administer vaccine maintaining adequate cold chain.

As an example, the State Agency for Emergency Management is dividing in eleven (11) zones; each zone has an Emergency Operations Center. Several strategies to consider are (1 or more as applicable or a combination); activate the PR National Guard, contract private provider(s) or an NGO with mobile capability reach out to each zone and vaccinate all the first responders that are convened in that zone. These priority groups should present themselves at the designated vaccination POD with their professional ID to be used to identify them. The credentials of volunteers, PR DOH staff and first responders will be verified. It will also be check what kind of work they do regularly or day by day.



Public health sponsored vaccination clinics (Phase 1B, Phase 2)

Vaccine for Children Program (VFC) and Vaccine for Adult Program (VFA) providers: Since the 1994 Puerto Rico Health Reform the immunization services for VFC eligible children (0-18) are provided through VFC providers that are in 8 health regions. Those VFC providers will be required to vaccinate patients in targeted groups daily for a defined period. We have initiated agreements with community vaccinators to conduct clinic and complete an enrollment agreement between providers and public health authority (COVID-19 Vaccine Provider Agreement).

In addition, collaborative agreements will be established with other agencies and municipalities to share medical personnel resources, especially nursing staff with capability to administer vaccine to their own personnel. Examples of this may include the Department of Education and the Department of Correction.

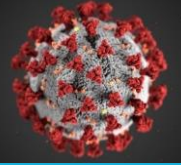
The Immunization Program Health Educator in coordination with the Risk Communications Coordinator at the Office of Preparation and Coordination of Response in Public Health, will be in charge of developing educational materials on the importance of vaccination, to be distributed among the priority groups. They will also design presentations that can be offered by Health Professionals, Health Educators in agencies or organizations representing priority groups.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

During this Phase, PRDoH will reassess the activities established in Phase 1 and either continuity or modification is granted for Phase 2: on site immunization for hospital personnel (also is the preferred method for other organizations), and vaccination via private sector vaccinators, mobile vaccination providers and public health sponsored clinics. The start of Phase 2 also makes the planning team to start planning performing current operations assessments (populations who were not yet vaccinated) and future operations planning (new subgroups to be vaccinated) concurrent. Once again, additional strategies may be incorporated to meet operational requirements. The number of open PODs that could be activated during the emergency will depend on the target region and population as the availability of an adequate location.

PRDoH is responsible for providing mass vaccination against any threat that may cause a public health emergency (PHE). This responsibility is shared through collaboration and coordination with local agencies, such as municipal governments and community organizations.

If there is a surge in health professionals, additional volunteers will be recruited and trained through the Puerto Rico Health Volunteer Corps (MRC-PR), municipal governments and community organizations, such as the International Rotary Club and the American Red Cross. The Plan also includes a Memorandum of Understanding (MOU) with all municipalities in Puerto Rico in which each municipality is asked to provide a minimum of volunteers. Some of these volunteers are nurses, paramedics, and other health professionals. MRC-PR is the primary recruiter for volunteers to work on a PHE. We may also expect to have nurses, doctors and administrative staff from other programs of the Department of Health and other government agencies (National Guard, Volunteer Corps of the Department of Health of Puerto Rico, Head Start, Department of Education, WIC Program, Mothers and Children Program, among others).



In PR, the only health professionals authorized to administer vaccines to persons 21 and older are physicians (MD), registered nurses (RNs) and pharmacists provided they have their qualifications and are up to date with their licenses. Only doctors (MD) and registered nurses are approved to vaccinate people under the age of 12. PR will allow pharmacists to vaccinate children older than 3 years old under the federal preemption in the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19.

Phase 3: Likely Sufficient Supply, Slowing Demand

PRDoH will remain focused on ensuring equitable vaccination access across the entire population with constant monitoring of vaccine uptake and coverage; reassessing strategies to increase uptake in populations or communities with low coverage.

Planning Assumptions for Phase 3:

- Likely sufficient COVID-19 vaccine supply where supply might exceed demand
- Broad vaccine administration network for increased access

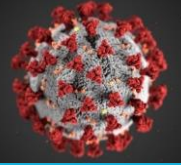
Phase 3 planning strategies will need to focus on the demobilization and downsizing of the PRDoH and PR Immunization Program Incident Command and transition into routine vaccination programs, run by both public and private partners. According to Organic Law 81, the Secretary of Health may establish the rules and priorities for the distribution and use of vaccines in PR.

This is also the time for the ICS to start compiling information for the After-Action Report.

As a transition to regular vaccination is expected to occur, before a clinic can be implemented, standing orders will be obtained from the public health authority, usually a state health officer to provide authorization for administration of the COVID-19 vaccine. Standing orders are also needed for responding to medical emergencies that occur during vaccination clinics, ranging from minor injuries and illness to anaphylactic shock.

The PR Immunization Program upon ICS deactivation, will plan the following strategies:

- a. Continue to focus on equitable vaccination access to vaccination services
- b. Monitor COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- c. Increase the number of VFC providers by partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- d. Monitor supply and repositioning refrigerated vaccine products to minimize vaccine wastage
- e. Others as applicable



Section 4: Critical Populations

Identifying and Estimating Critical Populations

PRDoH Senior leadership first planning priority is to identify and estimate the critical populations within the jurisdiction, as well as identify the organizations that can provide the information. The Under Secretary of Health tasked PRDoH's internal COVID-19 Vaccination Planning Team to estimate critical populations. The task has been distributed throughout specific PRDoH departments, programs and divisions that provide direct service to the target populations. In addition, the Under Secretary of Health initiated a few webinars with external state and local agencies that provide services to these populations and started planning with potential agencies and organizations that will provide vaccination services. The purpose of this tool is for PRDoH to have a good understanding prior to vaccine arrival of COVID-19 of population demographics. Recent estimates of adult population target in Phase 1 and 2 combined may exceed 1.5 million residents, this data needs to be confirmed.

It is expected the information will be completed within 30-45 days (*refer to Table 3 for a macro level sample on Who the information will be collected from, for illustration purposes only*). Detailed demographics will be developed for each priority group. It is especially important to mention, that the organization providing the information, may not necessarily administer the vaccines. The initial essential information to be gathered are is:

- Who: who is/are the organizations and type, & POC
- What: what population the organization serve
- Where: where is/are the locations service will be provided, where the population resides
- When: when the organization be ready to provide the service
- Why: why the organization wants to participate
- How many: how many people the organization serve

There are many advantages in Identifying and estimating critical populations. Once the information is compiled, it will be very useful for the COVID-19 Vaccination Planning Team and/or PR Immunization ICS structure to plan interventions, build allocation strategies/COAs and delivering reports throughout the vaccine management planning, deployment and execution phases.

The Immunization Program ICS structure will appoint a dedicated administrative support with specific responsibilities for provider enrollment and population coverage assessments.

PUERTO RICO COVID-19 VACCINATION PLAN

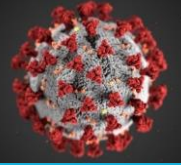


Table 3: Sample PR COVID-19 Initial Population Group Worksheet

	Population Sub group	Organization Type	Agency/Organization
Phase 1A	Health Care Workers in HC settings	Public Hospitals Private Hospitals	ASEM Comprehensive Cancer Center PR Hospital Association
	Long Term Care Facilities Residents	State agency	PR Department of Family Services ASSMCA PR Department of Housing
Phase 1B	People 65 years of age and older		
	Other Healthcare Essential Workers	Public Health	PRDoH Municipalities
		Pharmacies	College of Pharmacy Walgreens Association of Community Pharmacies
		Laboratories	
		CDTs	
		FQHCs	
		Non-traditional providers	
		Home health	
	First Responders	Law enforcement	
		Emergency Management	PREMB
		Firefighters	
		EMS	
	Critical Infrastructure workforce	Utilities	
Communications			
Government employees			
Transportation		PR Department of Transportation	
Waste disposal			

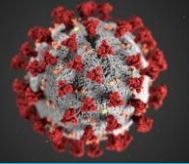
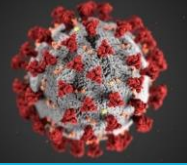


Table 3: Sample PR Initial COVID-19 Population Group Worksheet (cont'd)

Phase 2	People with underlying medical conditions <ul style="list-style-type: none"> • <i>Cancer</i> • <i>Chronic kidney disease</i> • <i>COPD (chronic obstructive pulmonary disease)</i> • <i>Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies</i> • <i>Immunocompromised state (weakened immune system) from solid organ transplant</i> • <i>Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)</i> • <i>Severe Obesity (BMI ≥ 40 kg/m²)</i> • <i>Sickle cell disease</i> • <i>Smoking</i> • <i>Type 2 diabetes mellitus</i> 		
	People who are incarcerated/detained in correctional facilities	State agency	PR Department of Corrections
		Federal Agency	Federal Bureau of Prisons
	People experiencing homelessness/living in shelters		
	People attending college or universities	Public Universities	
		Private Universities	
		Community Colleges	
	People living and working in other congregate settings	Community based organizations	
	People with disabilities		
	People who are under- or uninsured	Health Insurance	



The Puerto Rico Department of Health will also use the first responder database as the estimate to make our planning projections. The first responders in Puerto Rico already receive every year the seasonal influenza vaccine. The strategy that is going to be used for COVID-19 vaccination purposefully is remarkably similar to the process they already know and use seasonal flu vaccination.

The information regarding number and location of the health service professionals and public health personnel will be obtained from their respective colleges; physicians, nursing, medical technologists, pharmacy, etc) and through the Office of Regulation and Certification of Health Professionals and the Medical Licensing and Discipline Board. All these professions must pass their respective review boards and enroll to obtain their professional license and be able to legally practice in PR.

Elderly homes are mandated to have a license to operate and the agency or program (Family Department or The Addiction and Mental Health Services Administration) that issue this license regulate and supervise them. Either program will have the census of the elderly people on their licensed homes.

The Department of Correction will have the information pertaining to the correctional population and their employees. The PR Electric Power Authority and Aqueducts and Sewer Authority are government agencies that will submit the demographic information about their employees.

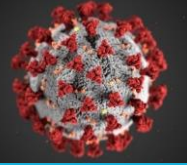
The Division of Services for Adults with Intellectual Disabilities of the PR DOH, particularly their Quality and Organizational Development Unit is responsible for the evaluation, monitoring and follow-up of the services offered by the Division, Transitional Service Centers, Private Institutions, Community Homes and Substitutes. This unit has access to the information of the clients that receive any of the services offered. The unit will also have the contact information to the several associations and NGO that organize, give support and assistance to people with handicaps or disabilities.

Describing and Locating Critical Populations

Prior to vaccine arrival, PRDoH's internal COVID-19 Vaccination Planning Team expects to have at least an 80% an accurate description and location of the critical populations. The Under Secretary of Health is currently conducting planning webinars with external state and local agencies that provide services to these populations. The Immunization Program director, together with the Regional Immunization Coordinators, also established communications with the registered vaccine providers and potential providers island wide.

Furthermore, through the Influenza Pandemic Plan of PR a directory list was compiled with the contact person information from all agencies and organization involved in the response.

PR Immunization Program will employ the HHS Tiberius Analytic Support software to track critical population locations. We expect to utilize the SME provided by HHS and embedded in the ICS structure to support with population mapping. All COVID-19 demographics will be tracked daily by the PR Immunization ICS Planning Section Chief and Logistics Section Chief, respectively, and information reported/shared thru PRDoH DOC for situational awareness.



Section 5: COVID-19 Provider Recruitment and Enrollment

Vaccination Provider Recruitment

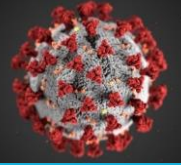
During the initial phase, the PR Immunization Program delegated the VFC Coordinator (early October) with the task to disseminate COVID-19 Vaccination Provider Recruitment and Enrollment form throughout the 8 regions via the Regional Coordinators. The purpose is to enroll and onboard Phase 1 providers as quickly as possible with a target date of October 31, 2020. The Regional Coordinators will be contacting directly the providers and will follow-up the enrollment process and serve as the primary contact the hospitals in their area of coverage. The VFC Coordinator will receive signed agreements on a weekly basis.

Once the ICS structure is in place, PR Immunization Program will hire a dedicated enrollment coordinator reporting to the Planning Section Chief. At this time, Phase 1 provider onboarding process will be manual by sending the agreement by email to selected Phase 1 providers. Providers will be reached directly by the corresponding Immunization Regional Office personnel to complete the process. Once enrollment is received, it will be uploaded into IIS once account is created. Reports every two weeks.

For healthcare providers who are interested in or are encouraged to become vaccine providers, the Immunization Program will develop and implement a vaccine provider outreach and training plan, focusing first on the immunization providers that can serve remaining critical populations.

The PR DOH Immunization Program has identified a total of 66 hospitals and CDTs with emergency treatment capability to administer the first available COVID-19 vaccine doses specifically for Phase 1. Identification of providers for other groups (Phase 1B, 2 and 3), a partial list has been developed (see Table 3). We will follow a systematic approach in identifying all possible organizations that provide services, and firstly initiate contact through associations, coalitions, colleges and others to reach a large number in the les possible time thus maximizing efficiency. The PR Immunization Program currently has a large group of public (VFC/VFA) and private vaccine (204 VFC; 300+ private).

Puerto Rico has over 70 community pharmacies that are authorized and certified to be able to administer vaccines by their pharmacists inside and outside these facilities (Extramural License). The Community Pharmacy Association and its president, the COVID-19 vaccines agreement will be sent to these pharmacies to be completed and returned to the Immunization Program offices. These agreements will be entered into the IIS and VTrck System in order to request and receive the COVID-19 vaccines. All vaccines administered at Community Pharmacies will be reported through the IIS System daily, as requested by the CDC.



Vaccination Provider Enrollment

The PR Immunization Program designated (early October) the VFC Coordinator to lead COVID-19 enrollment process. In order to ensure a successful enrollment, the following must be completed:

- ✓ Verification of signed & completed COVID-19 Vaccination Program Provider Agreement
- ✓ Verification of documents (i.e. licenses)
- ✓ Create IIS account
- ✓ Provider IIS, vaccine ordering, storage & handling and COVID-19 trainings

At this time, Phase 1 provider enrollment is done manually, sending the agreement by email to selected Phase 1 providers. Providers will be reached directly by the corresponding Immunization Regional Office personnel to start the enrollment process.

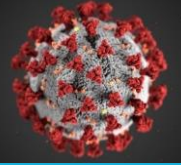
During the COVID-19 provider enrollment process, Immunization personnel will ensure adequate equipment and internet connection. Every COVID-19 vaccination provider will be provisioned account access to the Puerto Rico Electronic Immunization System (PREIS). The PR Immunization Program Incident Command will have at least 2 dedicated staff to provide training and resolve all issues related to IIS.

Enrollment Exceptions (Waivers)

PRDoH may waive specific vaccine provider enrollment requirements in coordination with Office of Regulation and Licensing of Medical Professionals (SARAF in Spanish). For example, providers who vaccinated previously, and are not current doing so, but have appropriate vaccine storage equipment (refrigerator, freezer and thermometers), with licenses not updated may receive a waiver. Another strategy PRDoH Secretary may consider and can be implemented to increase the number of providers and access, if a provider complies with CDC VFC vaccine contract requirements, may receive a state temporary waiver be granted during the pandemic emergency solely to administer COVID-19 vaccines.

Provider Enrollment Data

The PR Immunization Program will hire a dedicated enrollment coordinator and will submit provider enrollment data per CDC requirements. On a weekly basis, he/she will be sending to the central office all the signed vaccine agreements, to be entered in the IIS System (IZDL). This process will be in effect for the entire month of October, until it covers all the island's hospital institutions (Phase 1). Once the registered provider begins to administer vaccines, they must report to the new Puerto Rico IIS.



Provider Credentialing

Each provider interested in having and administering COVID-19 vaccines will be asked for a copy of the following indicating that they are authorized to store and administer vaccines in PR:

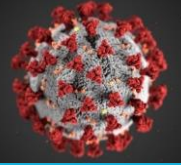
Table 4: Provider Credentialing Requirements

License Type	Hospital	Pharmacy	Medical Provider	Immunization Clinic
Professional license or certifications	yes	yes	yes	yes
Medicine Cabinet license (PR state requirement)	no	no	yes	yes
License of Biologicals (PR state requirement)	no	no	yes	yes
Pharmacy Vaccine Certificate	yes	yes	no	no
Vaccine Administration Certificate	no	yes	no	no
Extramural Certificate	no	yes	no	no

PR Immunization staff will verify if these documents must be up to date and dated. This process is applicable to all types of providers without exception. PR Immunization Program do not generate these documents are obtained from PRDoH and other organizations.

COVID-19 Vaccination Provider Training

PR Immunization Program expect to hire a Health Educator specifically to coordinate training to COVID-19 enrolled providers. As a back, VFC and/or IQIP Coordinators may fulfil this role. The training plan as of today, it to offer by cohorts (i.e. Phase 1, 2, 3) no later than 15 days after enrollment.



The Puerto Rico Immunization Program and the Puerto Rico Department of Health will be offering virtual training to all providers (hospitals, CDTs, independent doctors, vaccination clinics, community pharmacies and organizations that can contribute to the COVID-19 vaccination on the Island), who accepted the COVID-19 vaccine agreement. The training developed will be after a vaccine has been approved and language cleared by CDC.

This training will include the following topics:

- ✓ What is the COVID-19 Pandemic
- ✓ Importance of Vaccination against COVID-19
- ✓ Clinical decision making tools
- ✓ FDA-Approved COVID-19 Vaccines
- ✓ Vaccine ordering procedures
- ✓ Vaccine order quantity
- ✓ Supplies included with the COVID-19 vaccine order
- ✓ Handling and Storage of COVID-19 Vaccines
- ✓ Vaccine patient documentation
- ✓ Administered vaccines reporting
- ✓ Loss or damage of COVID-19 vaccines report
- ✓ VAERS reporting process
- ✓ Inventory Management

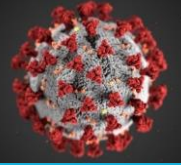
COVID-19 Vaccine Redistribution Policy

PR Immunization Program will identify and approve providers on a case by case basis, who can demonstrate that they have the facilities, permits and equipment to repackage and redistribute the vaccines to other institutions or places for the administration of the COVID-19 vaccine. These providers may redistribute to:

- Vaccination clinics that provide home vaccination services or satellite clinics with a smaller audience. They must present the permits for extramural vaccines.
- Community Pharmacies that vaccinate outside their facilities, at special events, or at home. They must present the extramural vaccination certificate.

These providers must fill out an additional agreement, which is related to the redistribution of the COVID-19 vaccine, to a place other than the one where the vaccine was originally received. This is the COVID-19 Vaccine Redistribution Agreement. PR Immunization Program will allow planned redistribution of COVID-19 to increase vaccine access, prevent vaccine loss or other impending situation.

Each provider will be assigned to an Immunization Region and initial transfer approval will be granted by the Immunization Regional Coordinators ICS structure Logistics Chief. All vaccine transfers will be tracked at the ICS and recorded into the PR IIS and inventory updated in real time. The Immunization Program ICS structure will appoint a dedicated Vaccine Manager (Logistics Section Chief) with specific



responsibilities to track vaccine redistribution. PR Immunization Program will employ the HHS Tiberius Analytic Support software to track real time vaccine redistribution.

COVID-19 Vaccine Equitable Access

The Immunization Program ICS structure will appoint an Operations Officer with responsibility to ensure equitable vaccine access. If need be, IQIP Coordinator or designee will assist in data collection. PR Immunization Program will employ the HHS Tiberius Analytic Support software to track population vaccine distribution and coverage. Needs assessment and population coverage tracking will be implemented to obtain timely and accurate data reports.

PR Immunization Program may implement a few strategies to ensure equitable to COVID-19 Vaccine:

- Expedite provider waiver approval in communities with little or no providers
- Create agreements with commercial or private partners to vaccinate specific groups
- Increase mode of vaccine administration in specific regions (i.e. mobile clinics, drive thru vents)

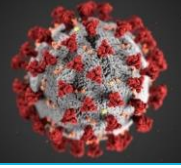
There will be multiple types of sites with a variety of providers enrolled all throughout the island, once the vaccine become available, to ensure accessibility. Examples of the different types are hospitals, clinics, VFC/VFA providers, Open PODS, mobile units directed at elderly housing, closed POD (Correction Facilities), etc.

Commercial and Federal Partners

There is a large number of federal agencies from the executive and judicial branches located in Puerto Rico covering the majority of service sectors. PRDoH will engage with federal partners to understand their capability to vaccinate their employees.

Commercial partners may also receive allocations directly from CDC once larger volumes of vaccine are available. PRDoH is pending CDC guidelines to proceed with commercial partners' engagement. We expect to partner with commercial entities such as Walgreens pending enrollment directly with CDC's national contract. These large drugstore chain, for example, may be particularly helpful in conducting PODs as well as vaccinating LTCF residents and staff.

The Under Secretary of Health or designee, will establish direct communications and collaboration with federal entities prior to vaccine arrival. Detailed information about planning assumptions, vaccine recipient priority groups, logistics and expected vaccine supply availability and provided expected outcomes will be provided. Upon vaccine arrival, all communications and coordination will be made from PRDoH Department Operations Center and the federal EOC.



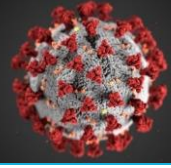
Section 6: COVID-19 Vaccine Administration Capacity

In any given year, PR register in the IIS between 600,000 and 800,000 administered doses combining 500 plus public and private providers. In general, vaccine providers already have a good estimation of their own capacity, since vaccine administration is big part of their regular service. They also have a good understanding of the size and type of the population in the area they provide services, which could also help them and us to have a good approximation of their vaccine needs. PRDoH will also historical capacity lessons learned observed during the Flu pandemic of 2009, hurricanes Irma and Maria and the 10 planned seasonal influenza mass vaccination events and incorporate in the planning process.

The Under Secretary of Health tasked PRDoH's internal COVID-19 Vaccination Planning Team to develop a vaccine administration capacity tool. The purpose of this tool is for PRDoH to have a good understanding prior to vaccine arrival of COVID-19 vaccination provider's administration capacities.

Development of the tool is currently in process expected to have a draft with 30-45 days. The Under Secretary of Health initiated a few seminars with hospitals and provided a general overview of the forthcoming directed survey. The survey will consist of a multidisciplinary point of view to gather specific provider data and develop provider profile. Important elements or variables to consider in estimating vaccination capacity and provider analysis by:

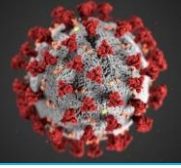
- Target population served
- location(s) (region, municipality)
- vaccine experience (i.e. VFC contract)
- type or specialty
- duration (seasonal, temporary)
- estimated population served (e.g. adults, children)
- current staffing levels
- current immunization programs being conducted simultaneously (i.e. influenza)
- Infection control measures (i.e., scheduling, distancing, donning and doffing personal protective equipment, cleaning/sanitation procedures) that may slow the vaccination process
- duration of COVID-19 vaccination provider participation
- hours of operations
- anticipated closure due to environmental factors (e.g., earthquakes, hurricanes, holidays)
- utilities resiliency (power, water, communications, facilities)
- vaccine storage and handling equipment capacity (make and model)
- temperature monitoring equipment
- social distancing measures
- IIS experience
- Use of EHR



There are many advantages in developing provider vaccine administration capacity. Once the information is compiled, it will be especially useful for the COVID-19 Vaccination Planning Team and/or PR Immunization ICS structure to:

- plan macro and micro vaccine allocations
- execute coordinated vaccine orders, shipments and distribution
- ensure correct allocation to correct provider
- minimize unplanned transfers
- determine potential weekly provider vaccine administration throughput
- estimated expected number of orders generated by the provider
- forecast minimum and maximum order size
- categorize providers by capacity (small, medium, large)
- determine which provider needs storage assistance
- synchronize extramural vaccination events
- estimate number of doses available at any given time (state, region, municipality)
- coordinate seasonal influenza administration

The Immunization Program ICS structure will appoint a dedicated enrollment coordinator. In addition, will appoint a dedicated Vaccine Manager (Logistics Section Chief) with specific responsibilities to track vaccine order and distribution.



Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

It is uncertain when supplies of COVID-19 vaccine will be available. PRDoH understands that early dose distribution will be limited; therefore, phased allocation of early vaccine doses will likely be necessary. Once a COVID-19 vaccine has been approved, PRDoH will be tasked to quickly provide millions of doses to the population and this poses an enormous logistical challenge.

Vaccine Allocation

PRDoH will determine the amount of COVID-19 vaccine allocated to each target group. Current allocation methodology for critical populations will focus on the following strategies:

- Acquire 100% Phase 1 vaccine doses for healthcare workers (including ancillary staff, vaccinators, and staff in LTCFs), other essential workers, and people residents of LTCF.
- Match specific target group with a specific vaccine brand to minimize second dose interruptions
- Phase 1 second dose vaccination activities may occur simultaneously with Phase 2 first dose
 - Phase 1 vaccination may not be 100% completed to initiate vaccination at other Phases granted changes in disease epidemiology and changes in population environmental conditions
- Once supply stabilizes, will proceed targeting additional groups

PR Immunization Program will employ the HHS Tiberius Analytic Support software and expect SME embedded to assist with micro planning activities, building allocation strategies/COAs and delivering reports throughout the vaccine management planning, deployment and execution phases.

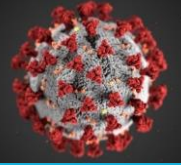
Vaccine Ordering

PR Immunization Program will follow an expedited procedure similar to VFC vaccine ordering. COVID-19 vaccine ordering should be a seamless process as PR Immunization Program staff is very experienced in this process. PR Immunization staff will ensure COVID-19 providers orders vaccines from the same manufacturer for consistency.

All vaccine orders placed in PR IIS will be reviewed firstly by the corresponding PR Immunization Program Regional Office and confirmed by the Vaccine Manager or designee in an effort to reduce over-ordering and reduce the risk of vaccine being sent to an incorrect address. Once the providers are enrolled and subscribed in the PR IIS they are going be able order vaccines and export information to VTrckS for process completion by PR Immunization staff.

To expedite the ordering process, providers should:

- Ensure vaccine doses administered are accurately recorded in PR SIIS
- Ensure that vaccine inventory is up to date,
- Ensure temperatures (including min/max temps) are recorded in PR IIS or alternate system
- Place a new order when reaching at least 20% inventory



Provider allowable ordering frequency will be evaluated (i.e. providers may place an order as frequently as every 30 days). This requirement still to be determined and may be non-applicable like influenza vaccines. Based on supply availability PR Immunization staff will approve order amounts as minimum or maximum based on provider profile.

PR Immunization Program will employ the HHS Tiberius Analytic Support software and expect SME embed to assist with micro planning activities, building allocation strategies/COAs and delivering vaccine ordering reports for you throughout the planning, deployment and execution phases of our COVID-19 response. PR Immunization Program will hire at least 2 dedicated COVID-19 vaccine order specialists and a dedicated Vaccine Manager. PR Immunization Program staff may reduce orders to address over-ordering or based on availability of vaccines.

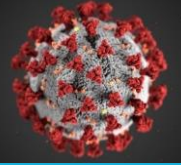
Distribution

The Immunization Program ICS structure will appoint a dedicated Vaccine Manager (Logistics Section Chief) with specific responsibilities to track vaccine distribution. PR Immunization Program will follow a similar process to VFC for tracking shipments and returns.

PR Immunization Program will employ the HHS Tiberius Analytic Support software to track vaccine distribution. We expect to utilize the SME provided by HHS and embedded in the ICS structure to support vaccine distribution tracking activities, daily/weekly/monthly reports delivery throughout the operation. All COVID-19 shipments will be tracked daily by the PR Immunization ICS Logistics Chief, and information reported thru PRDoH EOC for situational awareness.

Inventory Management

PR Immunization Program will closely monitor COVID-19 provider's vaccine inventory. All doses administered and inventory must report in the PR IIS to indicate vaccines currently in stock. Providers should also perform a physical inventory count and ensure it matches the vaccines on hand in the PR IIS. Immunization Program staff will generate reports to estimate how many doses are necessary to support provider's next vaccine administration cycle based on historical use. PR Immunization staff will also evaluate provider prior vaccine dispatch and establish inventory adequate capacity levels. PR Immunization Program staff will evaluate orders by comparing doses administered reports over a period of time, inventory on hand, and doses requested.



Section 8: COVID-19 Vaccine Storage and Handling

Satellite, Temporary, and Off-Site Clinic Storage and Handling Considerations

Cold chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2°C to 8°C) to frozen (-15°C to -25°C) at ultra-cold temperatures (-60°C to -80°C), and ongoing stability testing may affect these requirements. Note: These temperatures are based on information available as of August 26, 2020. Updated information will be provided as it becomes available. Vaccines must be stored properly from the time they are manufactured until they are administered.

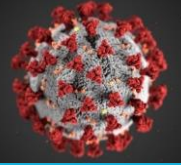
PR Immunization staff will ensure selected COVID-19 providers comply with required cold chain capabilities regardless of provider type, size, facility and duration of vaccine storage. Vaccine storage and handling practices are only as effective as the staff that implements them. Providers must appoint an on-site vaccine coordinator are expected to:

- Develop and maintain clearly written, detailed, and up-to-date storage and handling standard operating procedures (SOPs).
- Train staff in general storage and handling principles and organization-specific storage and handling standard operating procedures (SOPs)
- Set-up temperature monitoring devices checking and recording minimum/maximum temperatures at start of each workday
- Review and analyze temperature data at least weekly for any shifts in temperature trends
- Rotate stock at least weekly so vaccines with the earliest expiration dates are used first
- Respond to temperature excursions (out-of-range temperatures)
- Maintain all documentation, such as inventory and temperature logs
- Organize vaccine-related training and ensuring staff completion of training
- Monitor operation of vaccine storage equipment and systems
- Oversee proper vaccine transport (when necessary) per SOPs
- Oversee emergency preparations per SOPs:
- Track inclement weather conditions
- Ensure appropriate handling of vaccines during disaster or power outage

PR Immunization Program ICS structure will hire a dedicated COVID-19 vaccine management specialist and a dedicated Vaccine Manager with specific responsibility for provider's storage and handling compliance in order to obtain approval to administer vaccines.

Roughly 75% of VFC providers and 50% of private vaccine providers in PR obtained within the last 24 months brand new vaccine storage units (fridges and freezers) meeting CDC recommendations. In addition, 60%-70% of hospitals also received donated equipment. PRDoH do not foresee vaccine storage and handling to be a limitation in the planning and implementation process.

Because PR is a tropical island with warm to hot temperatures all year round the Immunization Program has already made a petition not to be assign the COVID-19 vaccine that has ultra-cold chain requirements. Furthermore, all regular vaccine providers already have, by virtue of the VFC contract, the resources



necessary to maintain the cold chain of the regular vaccines. These providers must maintain temperature records of their refrigerated storage units and report any event where the temperature went over or under the vaccine temperature specification.

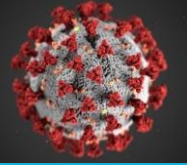
PR Immunization Program will follow a similar process to VFC for any unplanned repositioning (i.e., transfer) of COVID-19 vaccine. Each provider will be assigned to an Immunization Region and initial transfer approval are granted by the Immunization Regional Coordinators. Typically, transfers will occur intra-region, therefore, cumulative inventories become a regional asset. Other types of transfer require prior approval from the Regional Coordinator and the Vaccine Manager. All vaccine transfers will be tracked at the ICS and recorded into the PR IIS and inventory updated in real time.

In case that satellite, temporary, or off-site vaccinations settings represent a challenge to the proper management of the cold chain, the recently developed (through the 2018 Hurricane Maria Crisis Cooperative Agreement Grant) a Regional Vaccine Storage Centers network will provide support and coordination. At present, there are 61 regional storage centers (see Appendix 1), with MOU with PRDoH and received equipment loaners meeting CDC recommendations. Also, each of the 8 immunization regions has prepositioned at least 2 fridge freezers (5,000 doses capability) battery operated refrigerators that can withstand 4 days without electric power. In addition, PR has at least 40 private vaccine providers that can be voluntarily activated to surge regional vaccine storage needs.

The purpose of these storage centers is to safeguard vaccines and improve regional vaccine transportation. They also assist in emergencies, such as problems with the electrical system, natural phenomena or need for space to store a larger amount of vaccines. These centers are distributed throughout the immunization regions proportionally to the number of providers and population.

PR Immunization Program may activate specific(s) storage center to support satellite, temporary, or off-site vaccinations by fulfilling cold chain or other requirements whatever the case might be. In case, the demand exceeds the regional storage centers vaccine handling capabilities, agreements are underway with the PR National Guard to suffice mobile refrigerators.

All COVID-19 occurring vaccination events will be tracked daily by the PR Immunization ICS Operations Chief, and information reported thru PRDoH EOC for situational awareness. The Immunization Program ICS structure will have a dedicated Operations Assistant with specific roles and responsibilities to coordinate extramural vaccine events.



Section 9: COVID-19 Vaccine Administration Documentation and Reporting

Vaccine Administration, Documentation and Reporting

The Puerto Rico Immunizations Program is currently in the process of acquiring STC as the new IIS system. Deployment of the new IIS is expected for February 2021, however STC has agreed to provide the system limited to records administration & reporting, ordering and reminders by November 1, 2020. PR will have IIS capability to record administration of new vaccines.

Immunization (IZ) Gateway

STC, our IIS vendor, has certified that the system is fully integrated with Immunization (IZ) Gateway, therefore, Puerto Rico COVID-19 vaccine administration data will be submitted accordingly.

Provider Readiness

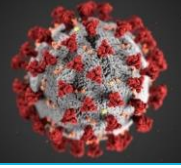
During the COVID-19 provider enrollment process, Immunization personnel will ensure adequate equipment and internet connection. Every COVID-19 vaccination provider will be provisioned account access to the Puerto Rico Electronic Immunization System (PREIS). The PR Immunization Program Incident Command will have at least 2 dedicated staff to provide training and resolve all issues related to IIS.

Real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings

During the planning process for satellite, temporary, and off-site clinic settings, required resources (personnel, equipment, supplies and communications) to ensure vaccination real-time documentation and reporting will be allocated. The PR Immunization Program has 8 mobile hot spots available and will purchase sufficient laptops to deploy to extramural vaccination events.

Quality Assurance

The PR Immunization Program Incident Management Team will hire a dedicated IIS Quality Assurance Specialist with the specific roles and responsibilities to monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements. As an alternative, PR Immunization Program IQIP Coordinator will be activated to assist with data quality and coverage reports reporting. PRDoH will rely on accurate and timely COVID-19 vaccination coverage information to identify geographic areas and target to implement corresponding course of action.



Section 10: COVID-19 Vaccination Second-Dose Reminders

Planning assumptions:

- For most COVID-19 vaccine products, two doses of vaccine, separated by 21 or 28 days, will be needed.
- COVID-19 vaccine products will not be interchangeable, a vaccine recipient's second dose must be from the same manufacturer as their first dose.
- Second-dose reminders for vaccine recipients will be critical to ensure compliance with vaccine dosing intervals and achieve optimal vaccine effectiveness.
- COVID-19 vaccination providers should make every attempt to schedule a patient's second-dose appointment when they get their first dose.

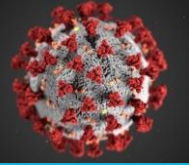
Second Dose Reminder Methods

PRDoH primary method for second dose reminder recall and text message will be thru PR IIS. About 50% of vaccine providers (pharmacies and healthcare systems) in PR have their own systems for patient notifications and reminders, some using functionality within their electronic health record (EHR) systems. Providers with EHR systems will be required data exchange to the PR IIS automatically or delayed (i.e. HL7 file) daily, this will ensure second dose reminder redundancy.

In addition, COVID-19 vaccine providers must Vaccination providers will be highly encouraged to complete COVID-19 vaccination record cards with accurate vaccine information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date). Providers can also request vaccine recipients to use their phone calendars before leaving the premises.

When the person receives the first dose, they will be informed of the need to receive a second dose between 21 to 28 days later. The person will be also informed as to the available locations, other PODS, other providers, pharmacies, clinics, etc., where they can get this second dose.

If the vaccines are administered by a provider on setting such as clinics, hospitals, pharmacies etc., these will be already enrolled in the IIS therefore will have 24 hours to register the vaccines administered and the IIS team at the Immunization Program will be monitoring this. If the vaccine is administered in a closed POD, there will be two options for the data entry into the IIS system. If there is space, equipment and staff (lap-top, wi-fi and data entry technicians) a data entry area will be mounted on the PODs and the data will be entered as vaccines are administered (see Annex II). If space, equipment, and staff are not available, a central data entry location shall be established for the first and second doses of the COVID-19 vaccine. It is expected to be able to enter the data to the PRIR in real time or with a maximum of 24 hours of delay.



Section 11: COVID-19 Requirements for IIS or Other External Systems

All COVID-19 Vaccination Program in Puerto Rico must be enrolled in PR IIS, without exceptions.

IIS System Infrastructure

If warranted the vaccination in temporary or high-volume vaccination settings, the PR Immunization Program will require vetted organizations to primarily use PR IIS to document vaccine administration and will provide corresponding access. PR Immunization Program, thru STC, IIS vendor, has taken the necessary steps to ensure the IIS system’s infrastructure is ready to support the COVID-19 Vaccination Program. PR IIS infrastructure meets COVID-19 response data exchange, storage, and reporting requirements.

Contingency planning:

- Utility outage: selected temporary or high-volume vaccination sites will provide back-up energy capability, if not available, anticipated request will be coordinated thru PRDoH EOC prior to start operations
- Network outage: mobile network access via cellular hot spots will be available at selected temporary or high-volume vaccination sites
- IIS access issues: in case of failure to access live the IIS, as a back-up, vaccine administration will be documented via excel or csv file and then uploaded within 24 hours of the event.

COVID-19 Vaccination Provider Preparation

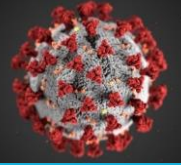
The PR Immunization Program activated (early October) the ICS Planning Section with the task to disseminate COVID-19 Vaccination Provider Recruitment and Enrollment form with the objective to enroll and onboard Phase 1 providers. At this time, Phase 1 provider onboarding process will be manual by sending the agreement by email to selected Phase 1 providers. Providers will be reached directly by the corresponding Immunization Regional Office personnel to complete the process. Once enrollment is received, it will be uploaded into IIS once account is created. Re-distribution providers will also be identified upon further interview.

Providers are expected to receive IIS account provision after November 1, 2020 when IIS is available, continuing with next steps per table below. Once IIS is operational, we expect to transition to an electronic expedited onboarding process for Phases 2 and 3, and afterwards transitioned to routine vaccine program duties.

The following process is being implemented:

Table 5: Phase 1 Provider Onboarding Timeline				
HCF	COVID-19 Agreement	IIS Account set-up	IIS Training	Fully Operational
65*	NLT 31-Oct-20	NLT 15-Nov-20	NLT 30-Nov-20	NLT 1-Dec-20

*30/66 currently have a VFC contract with the PR Immunization Program



Data Management

Effective November 1, 2020, the PR Immunization Program will have the capacity for data exchange and reporting COVID-19 vaccine administration.

PR Immunization IIS will be able to capture and report data to satisfy CDC and jurisdictional reporting requirements. Prior experience indicates that a high number of vaccine providers enter the data directly into the IIS, we see no issues with providers reporting within 24 hours of administration.

Onboarding to the IZ Gateway and required to sign the Data Use Agreement (DUA) with Association of Public Health Laboratories (APHL) to participate in both IZ Gateway Connect and IZ Gateway Share will be performed by IIS vendor (STC) on behalf of PRDoH. PRDoH will also execute the MOU to share data with other jurisdictions through the IZ Gateway. PRDoH will ensure necessary policies are in place prior to data sharing with CDC and other jurisdictions.

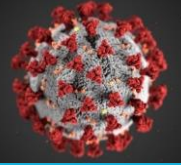
PR Immunization Program will employ the HHS Tiberius Analytic Support software and expect an SME embedded in the ICS structure to support IIS with IIS data management. In addition, Immunization Program will hire a dedicated IIS Data Quality Manager to monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique. IIS Data Quality Manger and the dedicated Medical Consultant will be tasked to update PRDoH Clinical Decision Support (CDS) systems when CDC CDSi (Clinical Decision Support for immunizations) resources are updated.

IIS Ordering and Inventory

Effective November 1, 2020, it is expected that the Puerto Rico Immunization Program will have the IIS in place with the capability for managing and tracking COVID-19 vaccine ordering. IIS will be integrated with CDC's Vaccine Tracking System (VTrckS), therefore, orders can be processed by either system.

In addition, Immunization Program Incident Command will appoint two personnel dedicated to vaccine orders reporting directly to the Logistics Section Chief (Vaccine Manager).

The provisioned IIS will track inventory management only for vaccine ordered through the IIS. Existing provider inventories will not be tracked unless entered manually, or a full transfer is expected by February 2021, when the extended release was originally planned as per the DA federal contract awarded in 2019. As an alternative, we will explore the possibility of tracking provider's inventory through the Tiberius software.



Section 12: COVID-19 Vaccination Program Communication

COVID-19 Vaccination Communication Objectives

The PR Immunization Program in coordination with Office of Public Health Preparedness and Response and the PRDoH Communication Office, will have overall responsibilities to oversee the development, implementation and evaluation of the communications plan. All communications will be coordinated through PRDoH Department Operations Center in coordination with the Public Information Officer.

The PR COVID-19 Vaccination Program Communication's Plan main purpose is to educate and promote de vaccination as a prevention measure to avoid the virus and avoid additional outbreaks.

The main message of the communication plan is that vaccination is a safe prevention key against COVID-19; still reinforcing the messages that use of masks, washing hands and the physical distancing, are also required to keep the virus away. The communication team will develop a plan to massify the message in an effective way to reach the different audiences.

Key Audiences

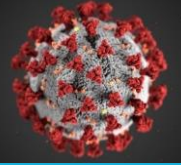
The key audiences for the communication plan are:

- Healthcare providers
- Media
- Government agencies
- Non profit organizations
- Puerto Rico Residents and Special Population
- Stakeholders and additional partners

Broad Communication Planning Phases

Phase 1: The Immunization Program Health educator in coordination with the Area of Communications at Risk of the Office of Preparation and Coordination of Response in Public Health, will oversee the development of educational pieces on the importance of vaccination, to be distributed among the priority groups. They will also design presentations that can be offered by Health Professionals, Health Educators in agencies or organizations representing priority groups. The Immunization Program director shall establish written and telephone communication with first responders, health professionals and public health personnel agencies that will be involved in the distribution and administration of the vaccine and the persons responsible for their safety (first priority group) during the alert phase.

During Phases 2 and 3 the Department of Health will provide information to health care providers, local and state government officials, and the media such regarding topics such as the rationale behind priorities and the list of priority groups, vaccination phases, when and where vaccines will be available and if interest in vaccination has declined, emphasize the importance of vaccination due to the likelihood of subsequent waves of the pandemic. Multiples modalities of mass communication will be used such as radio, press, TV and social media platforms.



Communication Activities

The plan includes the non-profit organizations as allies of the vaccination information dissemination program and the implementation of the vaccination media tour to reach all the population. The media will also be key for the communication plan, which will require trainings in the vaccination plan and the key words, in order to make them part of the process.

As part of the strategies, will focus on:

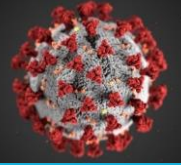
- Educate the general population through the press, radio, social networks, among other means, on COVID-19 symptoms, hand hygiene, vaccination and other prevention measures.
- Keep media contacts updated of the vaccination program
- Implement and maintain resources for the community and health professionals such as phone lines and internet pages where questions can be answered.
- Prepare situational updates for the media in coordination with the CDC.
- Provide information to healthcare providers, municipal and state government officials and the media on:
 - priority groups and the reason.
 - vaccination phases after processing the priority groups.
 - where and when the vaccinations will take place.
- Emphasize the importance of vaccination given the possibility of additional outbreaks.
- Make public announcements for all health professionals who may qualify to be vaccine administrators.
- Reinforce education for the general population with public education campaigns, through the various means available, on pandemic influenza symptoms; hand hygiene; the respiratory tag; and other prevention measures.

Messaging Considerations

The plan will be held following the guidelines of the American with Disabilities Act, The Rehabilitation Act, The Patient Protection and Affordable Care Act, The Plain Language Act and other applicable disability rights laws for accessibility. As part of the strategy we will monitor the effectiveness of the communication plan and update it based on results.

One of the most important components for public health communications during the pandemic is the provision of information on the pandemic vaccine. It is necessary to work with federal partners to disseminate accurate, useful and consistent public health messages and to provide information according to local needs.

Communication and educational materials on the registration of COVID-19 vaccination providers, the order for COVID-19 vaccines, the storage of COVID-19 vaccines, management, administration (i.e. reconstitution, use of adjuvants and administration techniques), etc. will be available in a variety of formats.



Communication Channels

The media channels that are proposed for the communication plan are:

- TV spots,
- TV media tour interviews with the selected spokespersons
- website information
- social media posts
- webinars, radio spots
- radio media tour interviews
- press releases and press ads in national and regional newspapers
- digital media techniques postings.

We will also work in the development of educational resources such as fact sheets, pamphlets and informative e-mails reports to keep health providers and general population updated of the vaccination calendar and reach. The plan considers the establishment of a call center to attend population general questions; that can be done in collaboration with municipalities and government agencies. We will also work in the education of health professionals on the importance of the vaccination program, as well as the vaccine administrators.

Partners and Trusted Sources

The plan includes the non-profit organizations as allies of the vaccination information dissemination program and the implementation of the vaccination media tour to reach all the population. The media will also be key for the communication plan, which will require trainings in the vaccination plan and the key words, in order to make them part of the process.

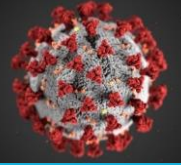
As part of the communication strategies, the preparation and training of spokespersons will be key to offer accurate information to the population. The selection of the spokespersons will consider their health knowledge, as well as the population recognition factor. In the other hand, community leaders, athletes, artists, journalists and TV personalities will also be consider part of the communications campaign.

Crisis and Risk Communication

The Immunization Program Director, Program Coordinator, Health Educator or designee in coordination with the Area of Communications at Risk of the Office of Preparation and Coordination of Response in Public Health will develop crisis and risk communication plan.

Communication and educational materials on the registration of COVID-19 vaccination providers, the order for COVID-19 vaccines, the storage of COVID-19 vaccines, management, administration (i.e. reconstitution, use of adjuvants and administration techniques), etc. will be available in a variety of formats.

The main messages will include, but not be limited to the known and unknown about the COVID-19 vaccine, the status of the outbreak, the vaccine availability, the effectiveness of prevention measures and the next steps to follow.



Section 13: Regulatory Considerations for COVID-19 Vaccination

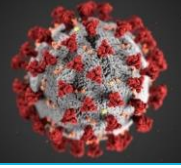
Emergency Use Authorization Fact Sheets

The PR Immunization Program will follow similar procedures as VFC to ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.

Upon provider enrollment, training will be provided on the subject. The Immunization Program Health Educator, Medical Consultant or designee will be available to provide support to all providers. Also, messages thru the IIS or education material developed will be shared with providers. Any new information regarding the vaccine in use either changes in the EUA or VIS will be translated to Spanish and made available immediately in the form previously established.

Vaccine Information Statements

Providing a VIS to client every time a dose of a vaccine is administered is considered a standard procedure for vaccine providers. The PR Immunization Program Quality Manager or designee will conduct random sampling to ensure COVID-19 vaccination providers are providing Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.



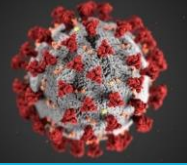
Section 14: COVID-19 Vaccine Safety Monitoring

Vaccine Adverse Event Reporting System

The Immunization Program has an appointed and experienced VAERS coordinator, and provides annual trainings to the 500 plus current and new private and public (VFC/VFA) vaccine providers regarding responsibilities on reporting electronic in VAERS adverse events following a vaccination and/or reporting clinically important adverse events even if they are not sure if the vaccination caused the event. A system is also in place to receive non electronic reports. In addition, since 2019, VFC providers are required use of IIS and report to VAERS and the Immunization Program for the Prevention of Perinatal Hepatitis B infections.

The Immunization Program is currently developing a virtual presentation explaining new providers what VAERS is and how to use the system as well as making sure that there will be additional personnel to complete alternatively an emailed VAERS form or a telephone report into the system at the central office.

The Immunization Program Incident Command structure will have a dedicated VAERS Safety coordinator and an alternate identified under direct supervision of the Incident Commander. He/she will implement COVID-19 vaccine reporting requirements, prepare status reports, maintain situational awareness and keep leadership informed on possible safety problems.



Section 15: COVID-19 Vaccination Program Monitoring

The PR Immunization Program Evaluator will assist the Immunization Incident Commander, Area Commanders and coordinate with Department Operations Center Plans Section in developing procedures for monitoring various critical program planning and implementation elements, including performance targets, resources, staffing, and activities.

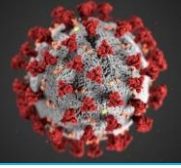
PRDoH Dashboards

PRDoH leadership will provide situational awareness for stakeholders and the general public throughout the COVID-19 vaccination response. PRDoH Department Operations Center has dashboard capability. The Immunization Program ICS structure will appoint a Planning Section Chief with responsibility to plan the use of situational awareness tools including a dashboard. The PR Immunization Program will employ the HHS Tiberius Analytic Support software to produce vaccination reports and generate a dashboard capability if applicable. At this stage in the planning process, it is uncertain which dashboard will be used, regardless of platform used, PRDoH will have this capability enabled. The purpose of the dashboard is to facilitate data sharing and readily available information in the decision making process. The PR COVID-19 Dashboard will include information but not limited to:

- estimates of critical population categories
- number and attributes of healthcare providers and facilities
- geo-location of target population and providers
- number of enrolled COVID-19 vaccination providers
- vaccine supply and distribution
- vaccine administration data per locations and region
- vaccine administration data by group, locations and cumulative, 1st and 2nd doses
- approved re-distribution centers approved and locations
- total number of adverse events
- order allocation and shipment tracking
- extramural events

Information from each of the variables planned to be monitored in the dashboard originates in another software (i.e. VTrckS, IIS) and will be integrated into Tiberius. These software will be used individually as back-up for redundancy. The PR Immunization Program anticipates that the COVID-19 Vaccination Response Dashboard will be implemented in stages, and pending the arrival of the Tiberius software SME. Tiberius account access privileges for internal and external organizations will be commensurate with specific role and use of the system. The frequency of the dashboard reports most likely will be on a weekly basis, however individual category reports will be adjusted to meet operational demands.

In the initial implementation phase and prior to vaccine arrivals, the PR Immunization Program concentrate all efforts in provider enrollment activities. The Immunization Program Director or designee will obtain data on a weekly basis and keep count of number of providers enrolled per region and plan new objectives and strategies accordingly.



Another key element sought by the PR Immunization Program is to guarantee access to COVID-19 vaccination services by population in all phases of implementation. For example, the Vaccine Manager or designee will generate comparative reports between the amount of vaccine order (through VTrckS) and the number of vaccines administered by provider. Another report or mapping that can be generated will be doses administered by municipality or suburb compared to location of target groups.

IIS system performance monitoring is another essential component designated system performance. Designated IIS Manager will ensure system uptime, provider's compliance and data reporting to CDC, including file generation and data exchange to IZ Gateway. Provider-level data reporting will monitored remotely through IIS through data entry staff, frequency to be determined.

Vaccine ordering and distribution will be monitored through a report that each provider has to fill. This report, tracked by Vaccine Manager, include the amount of requisite vaccine and the amount they actually received. All the doses administered must be registered in the IIS regardless the type of facility or provider. The second dose reminder will be particularly traced through the IIS, EHR and, if funds available, we may outsource a 24/7 call center.

Resources Monitoring

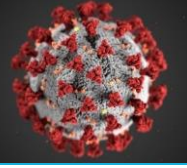
PRDoH and delegated divisions and programs will regularly monitor their resources to avoid unexpected mishaps to the progress of their COVID-19 Vaccination Programs. The PR Immunization Program Director, Immunization Incident Commander or designee will ensure the following are adequately sourced and available:

- staffing: trained with identified back-up personnel to provide continuity of operations
- equipment: fully functional and assigned
- supplies: timely replenishments
- facilities: dedicated safe work space
- budget: accounts assigned and quarterly reports
- communications equipment: computer, internet and radio communications

Messaging

PRDoH and its divisions and programs will provide timely messaging throughout the COVID-19 vaccination response. PRDoH Communications Office will have primary responsibility with SME inputs from PR Immunization Program, Epidemiology and other as required to generate directed messaging. Message deployment will be coordinated thru EOC Public Information Officers at all levels. Most likely, a Joint Information Center will be established to synchronize messaging across all jurisdictions and agencies to avoid confusion. Stakeholders and general public should routinely monitor both PRDoH and State level messaging to inform their communications efforts. Messaging must be clear, current, and received as intended by the audience. Monitoring social media can be helpful in assessing message delivery and reception and dispelling inaccurate information.

In case of media campaign and announcements, message delivery will be monitored through a media report generated by the media agency contracted. This report will include the delivery of the educational and promotional messages disseminated throughout specified media platforms available in PR and will be



audited for contract adherence prior to payments made. Reception of communication messages and materials among target audiences throughout jurisdiction will be analyzed against increment in population vaccinated. COVID-19 Vaccination Program metrics will be displayed on the PRDoH homepage and updated on a daily basis. Please find below the metrics identified to be shared with the general population.

- Number and percentage of COVID-19 vaccine providers (total and by type and region)
- Number of COVID-19 vaccine doses administered to individuals (total and by region)
- Number and percentage of individuals administered with COVID-19 vaccine first dose (total and by region, age, sex and health insurance)
- Number and percentage of individuals administered with COVID-19 vaccine second dose (total and by region, age, sex and health insurance)
- Percentage of adult and general population fully-vaccinated against COVID-19

Situational Awareness

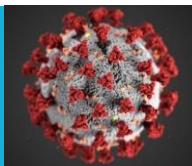
COVID-19 Vaccination Program staff will collaborate closely with offices/divisions/programs inside the PRDoH, governmental agencies and private external partners to execute program strategies and activities and monitor its progress, achievement and impact. PRDoH Emergency Operations Center will facilitate stakeholders' integration and communication. Under the planning section, the situation unit will be responsible for collecting, processing, organizing and disseminating ongoing and up-to-date situational awareness information and operations status to all stakeholders through summaries, maps and graphics. The activation of the ICS structure, by PRDoH will facilitate the implementation of the concept Management by Objectives including the following:

- Establishing specific, measurable objectives
- Identifying strategies, tactics, tasks, and activities to achieve the objectives
- Developing and issuing assignments, plans, procedures, and protocols for various incident management functional elements to accomplish the identified tasks
- Documenting results against the objectives to measure performance, facilitate corrective actions, and inform development of incident objectives for the subsequent operational period

Internally, COVID-19 Vaccination Program staff will receive input from enrolled providers and immunization program staff (i.e. regional coordinators). Inside the PRDoH, a close collaboration and direct communication has already been established with the Office of Epidemiology and Research, Office of Preparedness and Coordination of Public Health Response, and Division of Children with Medical Special Needs, among others. These internal partners are already leading and executing activities related to COVID-19 testing, contact tracing and surveillance system.

Partnerships with government agencies such as the Police and Fire Departments and the Bureau of Emergency and Disaster Management will facilitate local situational awareness input since they have offices and staff in all 78 municipalities. Also, COVID-19 Vaccination Program staff will establish collaboration with private external partners, such as the PR Immunization Coalition, PR Community Pharmacies Association and PR Primary Care Association, to share/receive local situational awareness input through their members.

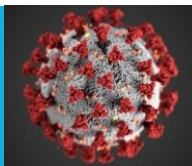
PUERTO RICO COVID-19 VACCINATION PLAN



Appendix 1: Puerto Rico Hospitals Directory, October 2020

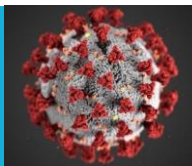
Municipality	Hospital Name	Staff	POC	Telephone	Email
Arecibo	Hospital Pavía Arecibo	555	Eleen Soberal, Epidemióloga	787-650-7272 Ext. 1231	Esoberal@hospitalpaviaarecibo.com
Arecibo	Hospital Metropolitano Dr. Susoni Pavía	443	Nayda Castillo, Recursos Humanos	787-650-1030 Ext. 2900-2901	Ncastillo@hospitaldoctorsusoni.com
Lares	Hospital General Castañer	192	Elma Leticia	787-829-5010 Ext, 1223, 1227	Pending
Manatí	Doctors Centers, Manatí	940	Sra. Sastre, Recursos Humanos, Sra. Yolanda Santiago	787-854-3322 Ext, 1011 4343 (YS)	jsastre@dchpr.com / ysantiago@dchpr.com
Manatí	Manatí Medical Center Dr. Otero López	1,216	Nilda Paravisini, Recursos Humanos, Yajaira Caballero, Secretaria	787-621-3700 Ext, 1210, 1211	ycaballero@mmcaol.com / nparavisini@mmcaol.com
Manatí	Encopass Healthsouth Rehabilitation Hospital Of Manati	130	Evelyn Santiago, Infectóloga	787-621-3800/ 787-908-9227	Evelyn.santiago@encompasshealth.com
Utua	Hospital Metropolitano de la Montaña Utua Pavía	128	Solmarie Alicea, Recursos Humanos/Tomás López, Epidemiólogo	787-933-1100 Ext,2245	Tlopez@hospitalmetroutuado.com
Bayamón	Dosctors Center Hospital	422	Janitza Ríos	787-622-5420 Ext 5155	Pending
Bayamón	Hospital HIMA San Pablo Bayamón	1,259	Sra. Reyna Melecio	787-620-4747 Ext, 7729	romelecio@himapr.com
Bayamón	Hospital Medical Center	502	María Merced	787-620-8181	mmerced@prwch.com
Bayamón	Hospital Universitario Dr. Ramón Ruíz Arnau	575	Sra. Josefina Rivera Coreano	787-504-3720	Pending

PUERTO RICO COVID-19 VACCINATION PLAN



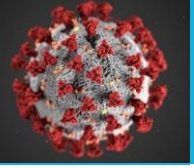
Bayamón	Puerto Rico Childrens Hospital, INC	171	Marla Berrios, Sub Directora	787-474-8282	mberrios@bayamon-medical.com
Bayamón	Centro Médico Correccional de Bayamón	410	Sra. Nilsa Rivera	939-225-2400, Ext 1015	nriveraephysiciancoreccional.com
Vega Baja	Instituto Médico del Norte (Centro Médico Wilma N, Vázquez	500	José Meléndez, Epidemiólogo	787-858-1580 Ext, 3300	jmelendez@wilmamed.com
Aibonito	Hospital General Menonita de Aibonito	800	Sra. Colón	787-954-8001	tcolon@mgpr.com
Caguas	Hospital HIMA San Pablo Caguas	1,509	Yaira Cintrón Meléndez	787-653-2208.	yaicintron@himapr.com
Caguas	Hospital Menonita de Caguas	850	Sra. María Silva	787-653-0550	msilva@mgpr.org
Cayey	Centro Médico de Cayey	1,300	Maricely Rodríguez Control de Infecciones	787-535-1001 Ext, 5442	mardrz@mgpr.org
Cidra	First Medical Panamericano	500	Ramonita Franco, Enfermera Epidemiologa	787-739-5555 Ext. 416	Pending
Humacao	Hospital HIMA San Pablo Humacao	196	Sra. Bersys Delgado	787-656-2424	bmdelgado@himapr.com
Humacao	Hospital Oriente INC, (Dr. Domínguez)	390	Sr. Juan Soto	787-852-0505 Ext, 3221	jsoto06@mgpr.com
Humacao	Hospital Ryder Memorial	200	Sra. María Figueroa	787-852-0768 Ext, 4414	recursoshumanos@hryder.org
Fajardo	HIMA San Pablo Fajardo	250	Yaira Cintrón Meléndez	787-653-2208	yaicintron@himapr.com
Fajardo	Caribbean Medical Center	200	Sra. Yahaira	787-801-0181 Ext, 248, 271	recursoshumanos@caribbeanmedicalcenter.com
Guayama	Hospital Menonita San Lucas Guayama	450	Waleska Rodríguez, Recursos Humanos	787-864-4300 Ext, 1910, 1909 / 787-235-7649	Wrodriguez04@mgpr.org

PUERTO RICO COVID-19 VACCINATION PLAN



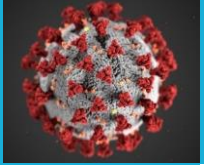
Ponce	Hospital Damas	700	Ivette Rodríguez Ortíz	787-840-8686 Ext, 583	irodriguez@hospitaldamas.com
Ponce	Hospital Episcopal San Lucas II	1,100	Wanda Lledó, Epidemióloga	787-844-2080 Ext, 6224, 6225	Wanda.lledo@fsepr.org
Ponce	Hospital Metropolitano Dr. Manuel de la Pila Iglesias, Pavía	356	María Ramos, Recursos Humanos/Ms. Morales, Control Infecciones	787-848-5600 Ext, 3181,3114	wmorales@hmdrpila.com
Ponce	Hospital Psiquiatría Forense	175	Janice García	787-844-0210	Pending
Ponce	Hospital San Cristobal	380	Candy Rodríguez Cruz, Recursos Humanos/ Juliane León, Epidemióloga	787-848-2100 Ext, 4109,2015	epidemiologa@hsc-pr.com
Yauco	Hospital Pavía Yauco	186	Miriam Figueroa, Epidemióloga	787-856-1000 Ext, 2613	Mfigueroa@hospitalpaviayauco.com
Aguadilla	Hospital Comunitario Buen Samaritano, INC	370	Stephanie González, Recursos Humanos/ Rosa Miranda, Epidemióloga	787-658-0000 Ext, 1024	sgonzalez@hbspr.org / rmiranda@hbspr.org
Cabo Rojo	Hospital Metropolitano Psiquiátrico de Cabo Rojo	163	Wilda Rodríguez, Control de Infecciones	787-851-2025	Wrodriguez@hospitalmetrocaborojo.com
Mayagüez	Hospital Bella Vista	570	Lic. Marielyss Guerra, Administradora	787-834-6000 Ext, 3004	mguerra@bvhp.org
Mayagüez	Hospital Perea-Pavía	450	Rose Toro, Epidemióloga	787-834-0101 Ext 1035	rosetoro@hospitalperea.com
Mayagüez	Hospital San Antonio	139	Milagros González	787-834-0050	hr@hsaipr.com
Mayagüez	Hospital Dr. Ramón E. Betances. Mayagüez Medical Center	771	Annette Farocho, Directora Departamento Calidad	787-652-9200 Ext, 2119, 2073	Annette.arocho@mayaguezmedical.com
Moca	Hospital San Carlos Borromeo	295	Migdalia Ortíz, Wanda Soto, Enfermera Control Infecciones	787-877-8000 Ext, 1013	Wsoto@hscbpr.org

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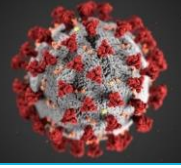
San Germán	Hospital de la Concepción	700	Polaris Acevedo Caban, Especialista Salud Ocupacional	787-892-1860 Ext, 1500	Pacevedo@hospitalconcepcion.org
San Germán	Hospital Metropolitano de San Germán	265	Karla Cintrón, Epidemióloga/Astrid Piñeiro	787-892-5300 Ext, 5263, 4205/787-892-8300	Kcintron@hospitalmetrosangerman.com / Grivera@hospitalmetrosangerman.com
Carolina	Doctors Centers San Fernando de la Carolina	932	Yolanda Santiago	787-621-3322 Ext, 1060	ysantiago@dchrpr.com
Carolina	Hospital de la Universidad de Puerto Rico Dr. Federico Trilla	541	Ana I. Martínez Aguilar	787-757-1800 Ext, 595	amartinez@hospitalUPR.org
Guaynabo	Professional Hospital	260	Sr. Gian Carlos Valentín	787-708-6560 Ext, 1542	Giancarlovalentin@professionalhospital.com / Gmercasoprofessionalhospital.com
San Juan	ASEM Administración de Servicios Médicos de Puerto Rico	Pending	Pending	787-777-3535	Pending
San Juan	Ashford Presbyterian Community Hospital	700	Keyshla Rivera, Irma Carrillo, Recursos Humanos	787-721-2160 Ext, 6500	icarrillo@presbypr.com / krivera@presbypr.com
San Juan	Centro Cardiovascular de PR y del Caribe Dr. Ramón M. Suárez	565	Lucesita Soler, Enfermera Ocupacional	787-754-8500 Ext, 1242/	Pending
San Juan	Doctor Center Hospital San Juan	340	Lilliam Zavala, Claudin Bueno, Enfermera Ocupacional	787-999-7620 Ext, 7681	cbueno@dchpr.com
San Juan	Health South Rehabilitatio Hospital of San Juan	130	Ivelisse Fred	787-274-5100 Ext, 1808	wanda.fred@encompasshealth.com
San Juan	HIMA San Pablo Cupey	155	Sra. Saldaña	787-761-8383 Ext, 160, 401	smsaldama@himapr.com

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San Juan	Auxilio Mutuo	1,984	Sra. Lidiana	787-758-2000 Ext 5130	mndevega@auviliomutuo.com
San Juan	Hospital Psiquiatría Dr. Ramón Fernández Marina	Pending	Pending	787-766-4646	<u>Pending</u>
San Juan	Hospital del Maestro	600	Dr. Orlando Santiago	787-764-7640	recursos humanos@hrydr.org
San Juan	Hospital Industrial	406	Irma I. Rivera Flores	787-362-6747	irivera3@fondopr.com
San Juan	Hospital Metropolitano de San Juan	410	Sra. Ebony Walters	787-782-9999 Ext, 511	ewalters@hospitalmetropolitanopr.com
San Juan	Hospital Municipal de San Juan Dr. Rafael López Nussa	Pending	Pending	787-480-2700	<u>Pending</u>
San Juan	Hospital Oncológico Dr. Isaac González Martínez	205	Sra. Wilma Jiménez	787-763-4149 Ext, 1007, 1004	omaldonado@oncologicopr.com
San Juan	Hospital Pavía Hato Rey	355	Sra. Sory Cepeda	787-641-2323	sorycepeda@hospitalpaviapr.com
San Juan	Hospital Pavía Santurce	370	Vivian Diaz, Recursos Humanos	787-641-1616	recursos.humanos@hospitalpaviapr.com
San Juan	Hospital Universitario Pediátrico Dr. Antonio Ortíz	890	Raquel Lacen	787-474-0334	rlacenhopu.pr.gov
San Juan	Hospital Psiquiatría Forense	Pending	Pending	787-625-2900	<u>Pending</u>
San Juan	Hospital San Francisco	Pending	Sra. Desiré	787-620-5100	icastro@hospitalsanfranciscopr.com
San Juan	Hospital Universitario de Adultos	530	Lisandra Dávila	787-754-0101 Ext, 5210	<u>Pending</u>
San Juan	San Jorge Childrens Hospital	373	Odett Burgos	787-727-1000	<u>Pending</u>
San Juan	Hospital San Juan Capestrano	Pending	Pending	855-900-6272	<u>Pending</u>

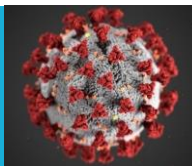
PUERTO RICO COVID-19 VACCINATION PLAN



San Juan	San Juan Veterans Administration Medical Center	4,000	Sra. Wanda Burgos	787-641-7582 Ext, 99919	Pending
Total		34454			

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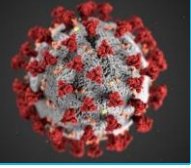
PUERTO RICO COVID-19 VACCINATION PLAN



Appendix 2: Puerto Rico CDTs Directory, October 2020

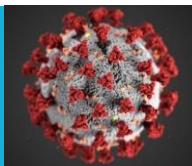
Municipio	Nombre	Staff	Persona Contacto	Teléfono	Email
Arecibo	CDT Dr. José A. Marrero Nieves	Pending	Ana García	787-878-5534	Mensaje de texto
Arecibo	CDT. De Villa de los Santos	Pending		787-879-1585	
Arecibo	CDT Doctors Centers Arecibo	Pending		787-878-0000	No contestan
Arecibo	CDT Policlínica Familiar Factor	45	Dra. Miriam Nieves, Directora	787-371-5559	adm.cdtfactor@gmail.com
Arecibo	Metro Pavía Clinic Arecibo	1216	Vivian Pacheco, Directora	787-650-0020 Ext, 235/ 787-464-8088	vpacheco@metropaviaclicin.com
Barceloneta	CDT Atlantic Medical Group	Pending		787-846-4412	No contestan
Barceloneta	CDT TMG Medical Group	Pending		787-846-6890	No contestan
Camuy	Camuy Health Service	Pending		787-262-1045	No contestan se dejó mensaje
Ciales	Clínicas de Cuidados Médicos	11	Jesenia Delgado, Recursos Humanos	787-871-1098	clinicaciales017@hotmail.com
Florida	Policlinica Familiar Florida CDT	Pending		787-822-3446	
Lares	Lares Medical Center CDT	Pending		787-897-1444	
Manatí	CDT Dr. César R. Rosa Febles	Pending		787-854-2292	
Manatí	CDT Policlínica Dr. Meléndez	Pending		787-854-6999	
Quebradillas	CDT Policlínica Shalom	Pending		787-895-0914	
Quebradillas	Quebradillas Medical Center	Pending		787-895-6315	
Utua	Centro Diagnóstico y Tratamiento Dr. Juan Caparrós, INC	Pending		787-894-2288	

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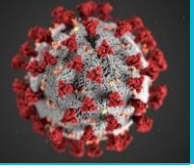
Vega Baja	Vega Baja Medical CDT	153	Ángeles Cardona Negrón, Directora Enfermería	787-424-5454 Ext 221	acardona@prymed.org
Salinas	Sur-Med Medical	70	María Santos, Marangely Zayas, Angelica Santiago Enfermeras	787-824-1100 ext, 35	doralopez@surmed.net
Santa Isabel	Santa Isabel Medical	21	Miguel Roche, Enfermero	787-845-4040/787-845-5750	
Santa Isabel	CDT Centro San Cristobal	11	Yonaura Plaza, Enfermera	787-971-0040	gflores@centrosancristobal.com
Villalba	Centro San Cristobal	50	Betty Bonilla, Enfermera	787-847-3000	b.bonilla32@yahoo.com
Aguadilla	Aguada Medical Center	Pending		787-589-4000	
Aguadilla	Aguadilla Medical Center	Pending		787-882-7555	
Aguadilla	Ramey Medical Group CSP	30	Silmarie De Jesús, Doctora	787-658-6502 787-615-8027	rameymedicalgroup@gmail.com
Aguadilla	Metro Pavía Clinic Aguadilla	Pending			
Añasco	Centro de Disgnóstico y Tratamiento	Pending		787-229-1141	
Cabo Rojo	CDT Metropolitano de Cabo Rojo	120	Marangel Luciano	787-851-2025 Ext, 228	
Hormigueros	CDT Hormigueros Preventive Medicine	Pending		787-935-7103	
Isabela	CDT Policlinica del Atlantico	25	Kerlyn Rodríguez, Gerente Operacional	787-546-0795	policlinicadelatlantico@gmail.com
Isabela	Centro Isabelino Medicina Avanzada	Pending		787-830-2747	
Lajas	Centro de Salud Familiar de Lajas	Pending		787-899-4242	

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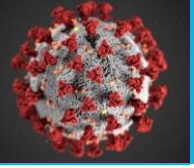
	Servicios Médicos Valle de Lajas				
Las Marías	CDT Las Marías Medical Center	Pending		787-827-4488	corporacionsaludmariena@gmail.com
Maricao	CDT Maricao Medical Center	Pending	Migdalia Lorenzo	787-838-3733	mlorenzocdt@gmail.com
Mayaguez	Policlinica Bella Vista	561	Isabel Rivera, Leticia Estrada, Epidemiologa	787-834-6160 787-834-6000	risabel@bvhpr.org / lestrada@bvhpr.org
Mayaguez	Asociación de Maestros de PR	11	Sra. Andino, Administradora/ Alicia Ramírez, Recursos Humanos	787-641-4106/ 787-767-2020	Javier.barreto@ampr.net.org
Mayaguez	Clínica Yaguez	110	Deborah Rivera, Enfermera	787-832-8444/ 787-613-3694	yaguezcompras@gmail.com
Mayaguez	Universidad de PR Recinto Mayaguez	Pending		787-832-4040	-
Sabana Grande	Policlinica Bernice Guerra	Pending		787-873-1755	-
San Sebastian	Centro Dagnóstico y Tratamiento	Pending		787-896-1850	-
San Sebastian	Pepino Health Group	Pending		787-896-2185	-
Bayamón	Bayamón Health Center Dr. José Ramón Selva	Pending	Gisela González	787-995-1900	-
Bayamón	CDT Grupo Médico San Pablo INC	113		787-787-6804	-
Bayamón	Metro Pavía Clinic, Bayamón	Pending		787-780-6267 787-780-6536	-
Bayamón	Bella Vista Health Center	Pending		787-637-2295	-
Bayamón	Centro de Servicios Médicos Integrados	Pending		787-778-2100	-
Cataño	CDT Eulalia Kuilan	Pending		787-993-6976	-
Cataño	Sala de Emergencias CSF	Pending		787-788-0448	-

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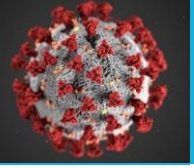
Comerio	Centro de Salud Familiar Menonita	Pending		787-520-7151	-
Corozal	CDT Plaza del Carmen Medical Services	Pending		787-859-1901	-
Dorado	Dorado Community Health	Pending		787-270-3330	-
Dorado	CDT Dorado Medical Complex	Pending		787-278-1062	-
Toa Alta	CDT Toa Alta Cura	Pending		787-230-7190	-
Toa Alta	CDT Toa Alta Bo. Piñas	Pending		787-279-1278	-
Toa Baja	Toa Baja Health Center	Pending		787-875-3136	-
Toa Baja	Metro Pavía Clinic	Pending		787-784-1782	-
Vega Alta	Vega Alta Community Health	Pending		787-875-3136	-
Aguas Buenas	Centro de Salud Familiar	Pending		787-739-6600	-
Caguas	CDT Atención Inmediata	Pending		787-286-6060	-
Caguas	Centro Ambulatorio Hima San Pabo	39		787-704-3434 Ext, 1954	info@himapr.com
Caguas	Health Care Ambulatory Services Caguas	Pending		787-286-6060	mnavarro@himapr.com
Cayey	CDT Centro de Salud Mariano Rivera Ramos	Pending		787-738-3011	-
Cidra	Centro de Medicina Especializada	Pending		787-739-5525	-
Cidra	Centro de Salud Familiar	Pending		787-739-5525	-
Humacao	CDT Dr. Jorge Franceschi	51	Milda Lozada, Recursos Humanos	787-852-0665	lozadanin19@gmail.com
Juncos	Hospital Municipal Dr. Cesar Augusto Collazo	Pending		787-734-0491	-
Las Piedras	CDT Centro Médico Las Piedras	Pending		787-733-5063	-

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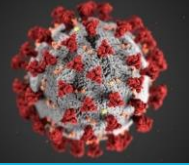


Maunabo	Centro de Salud Familiar Maunabo	Pending		787-861-4385	-
Naguabo	Naguabo Medical Mall	Pending		787-874-3125	-
Yabucoa	CDT Municipal Yabucoa	Pending	Yaribel Pizarro	787-953-0120	-
Luquillo	CDT Luquillo	35		787-500-7755	luquillomedicalservicellc@gmail.com
Rio Grande	CDT Rio Grande	Pending		787-809-1020	-
Vieques	Centro de Salud Familiar Susana Centeno	Pending		805-536-4824	-
Canovanas	CDT Canovanas	Pending		787-957-1404	-
Carolina	Metro Pavía Clinic	Pending	Sanai Robles, Recursos Humanos	787-710-9860	eaquino@metropavia.com
Carolina	Policlínica Dr. Salvador Ribot Ruíz	Pending		787-752-9375	-
Carolina	CDT Doctores Villalobos	Pending		787-767-8758	-
Guaynabo	CDT Hato Nuevo	Pending		787-287-5680	-
Guaynabo	Guaynabo Medical Mall	Pending		787-789-2101	-
San Juan	San Juan Health Center	50	Frances Hernández, Recursos Humanos	787-977-7575	franceshernandez@gmail.com
San Juan	Servicios Médicos UPR	Pending		787-764-0000	-
San Juan	CDT Asociación de Maestros	Pending		787-763-5560	-
San Juan	Caribbean Medical Testing	Pending	Luz M. Rivera Soto	787-754-6868	-
San Juan	CDT Programa Sida de San Juan	403	Luz M. Rivera Soto	787-480-3067	lriviera15@sanjuancuidadpatria.com
San Juan	Centro de Planificación Familiar Celeste Zalduondo	Pending		787-765-7373	-

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San Juan	Centro Latinoamericano de Enfermedades de Transmisión Sexual	Pending		787-754-8118	-
San Juan	Clínicas Externas Administración de Servicios Médicos	Pending		787-777-3535	-
San Juan	Centro Salud Sabana Llana Dr. A Oliveras Guerra	Pending		787-480-5100	-
San Juan	CDT Dr. Arnaldo J. García	Pending		787-728-2840	-
Sa Juan	CDT. Enrique Koppish	Pending		787-480-3573	-
San Juan	CDT Gualberto Rabell-Hoare	Pending		787-480-3700	-
San Juan	CDT Municipal Dr. Javier Antón	Pending		787-480-3876	-
San Juan	CDT Jose López Antongiorgi	Pending		787-793-8989	-
San Juan	CDT MAS Salud Dr. José S. Belaval	Pending		787- 480-5042	-
San Juan	CDT Manuel Quevedo Puerta de Tierra	Pending		787-480-3876	-
San Juan	HOFFA Medical Center	Pending		787-725-1533	-
San Juan	Metro Pavía Clinic Cupey	Pending		787-305-5100	-
	Jocar Red HIMA San Pablo	183	Yaira Cintrón Meléndez	787-653-2208	ycintron@himapr.com
	NOVA Red HIMA San Pablo	78	Yaira Cintrón Meléndez	787-653-2208	ycintron@himapr.com
	HOST Red HIMA San Pablo	111	Yaira Cintrón Meléndez	787-653-2208	ycintron@himapr.com
	CMT Red HIMA San Pablo	341	Yaira Cintrón Meléndez	787-653-2208	ycintron@himapr.com
Total	99	3838			



Appendix 4: Puerto Rico Immunization Program Regional Vaccine Storage Network Map

