

State	State Plan	Who is in Charge	Priority Sites of Immunization
Alabama	https://www.alabamapublichealth.gov/covid19/assets/adp-h-covid19-vaccination-plan.pdf	ADPH is the primary state health agency for the state of Alabama. Alabama law designates the State Board of Health, as an advisory board to the state in all medical matters, matters of sanitation, and public health. ADPH consists of 6 districts, which includes 65 out of 67 county health departments. Jefferson and Mobile Counties are semi-autonomous, but still are under the authority of SHO. The SHO designated the BCDD to lead the COVID-19 Vaccination Plan.	There are four primary provider types that will be utilized to reach critical population groups: Local Health Departments; Hospitals/Health Care Organizations; Long Term Care Facilities that serve our most vulnerable citizens; and Pharmacies.
Alaska	http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AlaskaCOVID-19VaccinationDraftPlan.pdf	Within the State of Alaska, the responsibility for COVID-19 vaccination planning falls primarily to DHSS as the lead entity. The Division of Public Health within DHSS is further tasked with standing up a task force and creating an organizational structure to direct these efforts. The Alaska COVID-19 Vaccination Program Task Force was assembled to plan and coordinate our jurisdiction’s COVID-19 vaccination effort. The Alaska COVID-19 Vaccination Program Task Force is jointly led by a State of Alaska Nurse Consultant and an ANTHC Nurse Immunization Coordinator and two deputy co-leads.	The provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups will be determined based on the ACIP recommendations.
Arizona	https://www.azdhs.gov/documents/prepare/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf	ADHS partners closely with 15 county health departments and 21 federally recognized tribes, which are responsible for administering local immunization programs in their respective jurisdictions. ADHS has developed an organizational structure based on the Public Health Incident Management System (PHIMS). The purpose of the PHIMS structure is to establish reporting relationships for public health emergency management and address staffing needs for the Department’s Health Emergency Operations Center (HEOC).	Decisions regarding provider types and settings will be made once the priority groups are defined by ACIP and further prioritized by Vaccine and Antiviral Prioritization Advisory Committee and ADHS leadership. Additionally, the extreme shipping and storage requirements for the first anticipated vaccine (Scenario A) will drive decision making when determining provider types and settings.
Arkansas	https://www.scribd.com/document/480388110/Arkansas-Interim-Draft-COVID-19-Vaccination-Plan	The ADH is a unified or centralized health department. the ADH has formed an agency internal working group called the Pandemic Vaccination Planning Group (PVPG) as well as a formal group of internal and external stakeholders specific to the pandemic called the COVID-19 Prevention Workgroup. Each group meets weekly to discuss the latest issues related to vaccine planning and rollout needs.	The ADH will be responsible for the allocation of COVID-19 vaccines to approved providers. The ADH will establish an internal workgroup to review provider profiles and match to Arkansas Vaccine Medical Advisory Committee recommendations, subject to review and approval by the Secretary of Health.
California	https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-	Each of California’s 58 counties and 3 cities have Public Health Departments. California Department of Public Health is leading much of the state’s COVID-19 responses activities. California established the California Governor’s COVID-19 Vaccine Task Force and also a multi-agency COVID-19 Vaccine Task Force Working Group. This team is	During Phase 1, settings may include public health, occupational health settings, temporary/off site vaccination clinics, mobile clinics reaching critical populations, and closed POD clinics, commercial pharmacies partners reaching people at higher risk of severe COVID-19 illness such as long-term care facilities, and hospital clinics. During Phase 2 and beyond, settings may include: Commercial and private sector partners (pharmacies, doctors’ offices, clinics);

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	19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf	responsible for planning and coordinating COVID-19 response activities, with CHHS input. An organizational chart is included in the plan.	Public health sites (mobile clinics, Federally Qualified Health Centers, RHCs, public health clinics, temporary/off-site clinics); Traditional and non-traditional immunization partners, such as: Large settings such as hospitals open PODs, Colleges and universities, Occupational health settings, Correctional facilities
Colorado	Update – link appears to have been taken down.	A multiagency Colorado Joint COVID Vaccine Planning Team was created. The Colorado Joint COVID-19 Vaccination Planning Team includes representation from more than 20 agencies across the state, and is divided into 5 Lines of Effort (Immunization and Distribution/Data Management; Critical Populations, Consequence Management, Health Equity, Public Information and Messaging) with oversight from a Steering Committee.	For Phase 1: Vaccination providers/settings may include: large hospitals and health systems, occupational health settings for large employers, critical access hospitals, rural health centers, community health centers, and LPHAs. For Phase 2 and 3, vaccination providers/settings may include: doctors’ offices and other outpatient healthcare facilities, pharmacies, LPHAs, occupational health settings, organizations serving those at higher risk for severe illness from COVID-19, congregate settings (including correctional facilities), homeless shelters, colleges/universities, senior centers, FQHCs, RHCs and school-based health centers.
Connecticut	https://bloximages.newyork1.vip.townnews.com/wfsb.com/content/tncms/assets/v3/editorial/f/35/f35204f4-0fdd-11eb-be6c-77f67546d59f/5f89e776dec45.pdf.pdf	The Connecticut DPH is the lead agency in the COVID-19 response for the state of Connecticut. To plan for and manage the mass vaccination initiative, the DPH OPHPR has established a working group consisting of representatives of the DPH Commissioner’s Office, Legal, Epidemiology, Public Information, Preparedness, Hospital Preparedness, Healthcare Acquired Infections, Healthcare Facility Licensing, and Emergency Medical Services (EMS). The State Emergency Operations Center (SEOC) may be opened to engage and coordinate with other state agencies.	Providers that will likely play a role in Phase 1 are being prioritized for enrollment in the CoVP include hospitals, local health departments and districts, pharmacies and clinics that can achieve high throughput. To further expand vaccination capacity for adults who will be vaccinated in both Phases 1 and 2, additional Connecticut providers are also being targeted for recruitment, including: hospitals, pharmacies, private medical practices (urgent care, family medicine, other specialties), LTCF, occupational health clinics, LHDDs, VNAs, corrections, military clinics, FQHCs, school based health centers, tribal nations, dialysis centers, colleges/universities, homeless shelters, group homes, hospice.
Delaware	https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/11/COVID-19-Vaccination-Playbook-DE-V7-102620-102920_webready.pdf	DPH serves as the public health entity for both state and local activities. The Office of the Medical Director (OMD) is taking lead, with the Immunizations Program and Emergency Medical Services and Preparedness Section (EMSPS) supporting the required processes and reporting up to OMD through the structure.	To recruit interested providers, an online survey link was sent through the Medical Society of Delaware newsletter, Delaware Health Alert Network (DHAN), the email addresses of long-term care (LTC) contacts, and kidney/dialysis centers in Delaware. The survey responses are used to determine interest and capacity to administer COVID-19 vaccine to patients and staff. DPH has established Closed POD agreements with hospitals, health care systems and 1st responder agencies
New - District of Columbia	https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachment	The DC Department of Health (DC Health) is the lead agency, and is part of a multi-agency response through the Emergency Operations Center (EOC). The Director of DC Health, LaQuandra Nesbitt, MD, MPH, is also the chief public health advisor and strategies to the EOC and the Mayor Muriel Bowser.	Provider enrollment and recruitment is focused on Tier 1 sites, especially acute care facilities, that are equipped to receive, store and handle vaccines, and where the greatest number of frontline health care workers are located. These sites will be virtually the only sites enrolled for Phase 1 of distribution.

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	ments/DC_COVID-19%20Vaccination%20Plan%2011.27.pdf		
<p>Florida</p>	http://www11.doh.state.fl.us/comm/partners/covid19_report_archive/vaccination_plan/latest.pdf	<p>A modified Incident Command Structure has been established for the Department’s COVID-19 vaccination initiative that includes representatives and subject matter experts from the immunizations program, public health preparedness, epidemiology, public health nursing, emergency medical services (EMS), emergency management, hospital and long-term care associations, public information officers and legal counsel. The Department is a fully integrated health department with a centralized public health system. The Department has taken several steps to ensure coordination between these various authorities.</p>	<p>Targeted outreach to hospitals has begun. Other providers will also be permitted to complete their COVID-19 enrollment; however, initial emphasis will be placed on hospitals. Long-term care facilities, pharmacies and EMS providers will also be prioritized as they are also target groups in Phase 1. Once additional federal guidance is received, further prioritization decisions will be made. For Phase 2, some vaccine administration methods from Phase 1 will be continued and new administration sites will be added to include: state managed vaccination sites, established vaccines for children and/or vaccines for adult providers, hospital open PODs such as urgent care centers, public mass vaccination clinics.</p>
<p>Georgia</p>	<p>Updated link – https://dph.georgia.gov/covid-vaccine</p>	<p>DPH has established a COVID-19 Vaccine Core Planning and Coordination Team. This team will be responsible for the annual review of state plans, updating plans during an active response, and distributing updated plans to partners and stakeholders. Public Health Districts have developed plans to utilize Points of Distribution for Medical Countermeasures and Administration and Medical Material Management and Distribution. Public Health districts are to utilize Points of Distribution (PODs) as Mass Vaccination Clinics (MVCs) for the SARS-CoV2 (COVID-19) mass vaccination campaigns.</p>	<p>DPH defined Tier 1 criteria. Vaccine administration will occur through closed POD sites, including, but not limited to, public health clinics, hospitals, long term care facilities (LTCs), emergency medical services (EMS), etc. Phase 2 providers may include healthcare settings (physician offices, clinics, etc.), retail pharmacies, public health community clinics, mobile clinics, FQHCs, and other community settings.</p>
<p>Hawaii</p>	<p>https://hawaii.covid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan-Initial-Draft-101620.pdf</p>	<p>The Hawaii Department of Health (HDOH), as the lead state health agency and lead state agency for State Emergency Support Function 8 (SESF #8) Public Health and Medical Services, formed a Core Planning Team with representatives from local, state, and federal levels as well as private sector partners under the leadership of the Disease Outbreak Control Division (DOCD) Immunization Branch (IMB) to develop the state’s COVID-19 Vaccination Plan.</p>	<p>Phase 1 – large hospitals and satellite, temporary, or off-site settings such as mobile or drive-thru clinics.</p> <p>Phase 2 – public health sites (mobile clinics, FQHCs, RHCs, public health clinics, commercial and private sector partners)</p>
<p>Idaho</p>	<p>https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Idaho_COVID-19-Interim-Vaccination-Plan-V2-10-19-2020.pdf</p>	<p>The two organizations leading the vaccination planning and implementation are the Idaho Department of Health and Welfare (DHW) and the Idaho Office of Emergency (IOEM). The public health governance structure in Idaho is both centralized and decentralized. Much of the legal authority in public health matters is held at the state level in DHW. There are, however, several authorities and responsibilities that are delegated to local public health districts.</p>	<p>Phase 1 – Public Health Districts; Hospitals/Critical Care; FQHC/CHC; Pharmacies; Tribal Health; Occupational Health; Large Healthcare Systems</p> <p>Phase 2 – Pharmacies; Correctional Facilities; Urgent Care Clinics; Internal Medicine; Family Medicine</p> <p>Phase 3 – Pediatric Providers; Interested Vaccinators</p>

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Illinois	http://www.dh.illinois.gov/sites/default/files/COVID19/10.16.20%20Mass%20Vaccination%20Planning.pdf	The Guide is a product of the COVID-19 Mass Vaccination Planning Work Group. The COVID19 Mass Vaccination Planning Work Group is composed of representatives of the various state stakeholder agencies with roles in public health emergency responses and those that serve organizations and individuals in the priority groups targeted for COVID-19 vaccine administration. See page 25 for a list of state and local agencies and organizations involved on the COVID-19 Mass Vaccination Planning Work Group.	Public health departments should coordinate with their health care coalition, emergency management, and other response partners to develop a list of entities serving the priority groups, determine their capabilities to serve as sites for vaccine administration, i.e. closed PODs, or develop plans for the local health department to service these groups at a general POD designed for these groups.
Indiana	https://www.coronavirus.in.gov/files/Indiana%20COVID-19%20Vaccination%20Plan_%20Interim%20Draft.pdf	To implement an effective, equitable, and representative COVID-19 vaccine strategy, IDOH has leveraged existing partnerships within the agency, state and local governments, healthcare, minority groups, private industry, and higher education. These partners are represented within the internal and external implementation committees. The State of Indiana, in conjunction with multiple agencies, has created Homeland Security and Public Health Preparedness Districts. The district organization and planning concept is comprised of multiple jurisdictions, disciplines, and agencies.	Indiana has a robust pool of vaccinators including primary care physicians, pharmacists, and local health departments. Currently, 743 providers are enrolled in the Indiana Vaccines for Children (VFC) Program who are actively vaccinating and recording vaccination administration data in CHIRP. This includes private providers, local health, pharmacies, and healthcare/hospital locations. The IDOH will work with providers who have a history of vaccinating a large percentage of vulnerable populations to ensure that these providers to continue to provide services and build upon existing relationships.
Iowa	https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/V1_2%20Iowa%20COVID-19%20Vaccination%20Strategy%20Draft%20with%20Appendices%2010_16_20.pdf	The Iowa Department of Public Health (IDPH) is the lead state department in developing the strategy for COVID-19 vaccination distribution. IDPH is composed of the Director’s Office plus five divisions, four boards, and the Office of the State Medical Examiner. IDPH has convened an internal COVID-19 Vaccine Planning team.	For Phase 1, local public health agencies will be responsible for the allocation of COVID-19 vaccine to local healthcare providers and other organizations such as pharmacies. Local public health agencies are preparing for the following types of vaccination clinics in Phase 2: Appointment clinics; Direct collaboration with pharmacies; Community clinics; Corrections (jails, prisons or other transitional correctional facilities); Drive through settings as used annually for influenza vaccine; Home visits; Mass clinics; Private/Closed clinics by employers
Kansas	https://www.coronavirus.kdheks.gov/Documentation/VIEW/1533/DRAFT-COVID-19-Vaccination-Plan-for-Kansas-Version11-10162020	The Kansas Department of Health and Environment (KDHE) has an internal COVID-19 Vaccine Planning Committee that consists of multiple stakeholders from within and outside the Agency. In Kansas, the public health system is decentralized and KDHE serves all 105 counties of the state. The local health departments report to their local Board of Health, which is typically the local Board of County Commissions. There must be collaboration, cooperation, and coordination of both KDHE and the local health departments in the development and implementation of the COVID-19 Vaccine Plan for Kansas. As such, local health departments are represented on the internal COVID-19 vaccine planning committee.	During Phase 1, COVID-19 vaccine provider recruitment and enrollment efforts will be targeted at hospitals and local health departments across the state, including those that are in rural areas. Enrollment of hospitals and local health departments will be prioritized based on those that can provide a significant number of vaccinations to the target populations that have been identified. During Phase 2, enrollment of traditional and non-traditional partners will be the focus. Safety net providers (i.e., Federally Qualified Health Centers, Rural Health Clinics, etc.), pharmacies, long term facilities, and other local healthcare providers will be targeted. Enrollment will be prioritized based on those that can provide a significant number of vaccinations to the target populations identified for this phase. During Phase 3, all other healthcare providers that would like to enroll and can meet the requirements will be added as requested. Enrollment of these providers will occur on a first come first served basis.

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Kentucky	Updated link – https://chfs.ky.gov/agencies/dph/covid19/DraftKentuckyVaccinationPlan.pdf	Kentucky’s vaccination planning is a combined state and local responsibility that requires close collaboration between KDPH, Local Health Departments (LHDs) external agencies, and community partners. Kentucky public health has a “shared governance” health structure within which both KDPH and LHDs will play a key role ensuring a successful COVID-19 vaccination campaign. KDPH also stood up a COVID-19 Vaccination Planning Team.	The vaccine will be distributed and administered via multiple pathways such as hospitals, medical offices, clinics, local health departments, pharmacies, and other locations. KDPH currently anticipates that independent and community pharmacies will be a major partner in providing vaccine to those targeted underserved areas.
Louisiana	https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/Louisiana_COVID-19_Vaccination_Playbook_V1_10_16_20.pdf	The Louisiana Department of Health (LDH) Office of Public Health (OPH) Pandemic Influenza and Severe Respiratory Pathogen Plan was finalized on March 1, 2020. Details of the organizational structure are in that overarching plan. LDH OPH is the lead agency for pandemic influenza and severe respiratory pathogen response within Louisiana. The State Health Officer (SHO) holds the ultimate health authority in Louisiana to declare and cease a Public Health Emergency. The SHO will also control any subsequent actions, restrictions, re-openings, or guidance based on additional guidance from the CDC at the time of the event.	During Phase 1, first available COVID-19 vaccine will be prioritized for distribution to large provider settings with high numbers of Tier 1a personnel, and provider recruitment and enrollment activities will primarily focus on vaccination providers currently practicing at healthcare facilities, such as hospitals, and congregate care setting facilities, such as nursing homes. If the initial supply of vaccine is inadequate to cover all hospitals, it is proposed that the vaccine be distributed to various hospitals based on their COVID-19 hospital census.
Maine	https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/covid-19-vaccination-plan-maine-interim-draft.pdf	The Maine Center for Disease Control and Prevention (Maine CDC) serves as the State's public health agency. Its work on a COVID-19 vaccine plan and implementation is being supported by the Maine Department of Health and Human Services (DHHS) and other key Departments such as Education and Corrections. Governor Mills and her leadership team will make key policy and operational decisions.	Maine anticipates enrolling all 37 Maine hospitals as COVID-19 Vaccine Provider sites as a priority for Phase 1. Long-term care facilities will also be prioritized for Phase 1 vaccination efforts. Pharmacy sites will be used as a mechanism to reach long-term care facilities unable to meet the COVID-19 enrollment requirements during Phase 1 and the general public for subsequent phases. Vaccination settings in Phase 1 will likely include closed PODs in the healthcare settings for highest priority healthcare workers, closed PODs and/or strike teams at long term care facilities and closed PODs/ strike teams for highest priority critical infrastructure. Occupational health settings for large employers and FQHCs are planned for Phase 2. Urgent Care Clinics are also planned for enrollment.
Maryland	https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_COVID-19_Vaccination_Plan_CDCwm.pdf	The MDH Center for Immunization (CFI) will lead the operational aspects of the plan implementation and the MDH Office of Preparedness and Response (OP&R) will assume planning and coordination and logistical responsibilities, with other MDH programs and agencies, including MEMA, MIEMSS, MSP and others, taking on roles and responsibilities as the operational needs evolve.	MDH is currently recruiting and enrolling healthcare providers (HCPs), local health departments (LHDs), employee occupational health and pharmacists in Maryland’s Vaccine Program Immunization Information System (ImmuNet) to ensure that there will be sufficient vaccinators throughout the state. Providers in rural areas, hospital settings, occupational health for essential employees, and those who provide care for seniors will be heavily recruited in order to serve those respective populations.
Massachusetts	https://www.mass.gov/doc/interim-draft-plan/download	Massachusetts has a decentralized public health system, with each of its 351 cities and towns having its own governing body and health board with authority to provide public health services to its residents. The Bureau of Infectious Disease and Laboratory Sciences (BIDLS) Immunization Division is the lead for COVID-19 vaccination planning, distribution, and implementation efforts hereinafter referred to as Massachusetts COVID-19 Vaccination Program (MCPV). A COVID-19 Vaccine Advisory Group has	The first available doses will be made available to hospitals, long-term care (LTC), Community Health Centers (CHC), and adult primary care provider sites. MDPH is developing engagement strategies with key partners in support of the vaccination strategy for critical populations. Key partners include, but are not limited to: Community-based organizations; Community health centers; Correctional facilities; Councils on Aging; Shelters serving vulnerable populations; Local education authorities; 24/7 congregate care settings; Higher

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		also been established comprised of medical professionals, public health experts, elected officials, community leaders and infectious disease specialists.	education institutions; Long term care facilities; Acute Care Hospitals; Meals programs; Pharmacies; Substance use disorder treatment programs; Mental and Behavioral Health treatment programs; Urgent care clinics
Michigan	https://www.michigan.gov/documents/coronavirus/COVID-19_Vaccination_Plan_for_Michigan_Interim_Draft10162020_705598_7.pdf	The Division of Immunization is one of 4 Divisions within the Bureau of Infection Disease Prevention but temporarily reporting to the State Epidemiologist within the Bureau of Epidemiology and Population Health. Each of these Bureaus report to the Chief Deputy for Health/State Chief Medical Executive. The Immunization Division works closely with the Communicable Disease Division and partner on outbreak control activities. The Division of Immunization has two sections: The Outreach and Education Section and the Assessment and Local Support Section.	Phase 1 Provider COVID Registration will be tiered across several weeks and broader than those who will be part of Phase 1 Vaccine Distribution. Registration announcements have been sent to Local Health Departments, Hospitals including Michigan’s State Hospitals. This will be followed with outreach to Long Term Care Facilities, and then Pharmacies. Remaining Provider COVID Registration (Phase 2 and Phase 3) - Following the registration of Phase 1 providers, recruitment for remaining providers will be made via the MDHHS Health Alert Network, through provider associations MDHHS Health Alert Network and through provider associations (example: Michigan State Medical Society, Michigan Pharmacy Association, Long Term Care Facility organizations, others) and to existing registered MCIR providers including VFC providers. Non-traditional vaccine providers and clinic sites will be assessed to determine vaccine administration capacity. This may include COVID-19 testing sites, school-based health centers (some health centers remain open even though the school is doing virtual learning), urgent cares, etc.
Minnesota	Executive Summary Draft released https://www.health.state.mn.us/diseases/coronavirus/vaxplansumm.pdf	Not detailed.	Minnesota Department of Health website houses a survey that providers can complete to indicate their interest in enrolling in the COVID-19 vaccine program. Data from the survey will be used to prioritize which providers to engage first. Minnesota will use layered mapping techniques to ensure that there is a good geographic match between priority populations and enrolled providers receiving initial doses of vaccine.
Mississippi	http://www.msdsd.state.ms.us/msdhsite/index.cfm/14,11290,71,975.pdf/COVID-19_Vaccination_plan.pdf	MSDH is a centralized public health agency with health department clinics in 81 of the 82 counties. The state is divided into three public health regions each having a Regional Health Officer, a Regional Administrator, a Chief Nurse, and other regional program staff who direct activities in all of the local health departments in the counties within the Regions. MSDH has developed an Incident Command Vaccination Structure for Vaccine Planning and Response to provide the additional levels of support and responsibilities.	MSDH is and will continue to reach out to pharmacies to enroll in the MSDH effort in Phase I. During Phase I, MSDH will focus on closed point-of-dispensing (CPOD) settings that allow for the maximum number of people to be vaccinated while maintaining social distancing and other infection control procedures (e.g., large hospitals and satellite, temporary, or off-site settings). MSDH will adapt to the increase in COVID-19 vaccine supply levels by administering vaccine through public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health departments, temporary/off-site clinics).
Missouri	https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/mo-covid-19-vax-plan.pdf	The Missouri Department of Health and Senior Services (DHSS) charged Bureau of Immunizations Chief Jennifer VanBooven, MPH, MA, to develop a statewide vaccination plan. DHSS established the Missouri Interagency COVID-19 Vaccination Planning Team. The majority of the efforts have been transitioned from initial planning to implementation. The State Implementation Team (SIT). SIT is responsible for overseeing and implementing the effective deployment of Missouri’s COVID-19 vaccination plan and providing critical services, such as IT support, vaccine	Once the details of initial vaccine receipt are known (vaccine type, potential arrival date, number of doses, etc.), the SIT will use the population sequencing tiers in Section 4 and the notification details to determine initial delivery sites. For Phase 1, Missouri plans to collaborate with healthcare systems, pharmacies, and community partners to vaccinate long-term care facility staff and other healthcare workers. During Phase 3, the intention is federally qualified health centers, rural health clinics, private providers, and pharmacies take on the majority of the vaccination effort for most adults in their areas.

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		distribution planning, and sharing of best practices between Regional Implementation Teams (RIT).	
Montana	https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/MontanaCOVID-19VaccinationPlanInterimDRIFT.pdf	The State of Montana’s plan recognizes the importance of this collaborative response and is establishing two key advisory groups that will guide the effective vaccination effort. The operational hub of this effort will be located in DPHHS’s Immunization Section in the Communicable Disease Control and Prevention Bureau (CDCPB), which has historically been the operational center of other major immunization and communicable disease responses in the state.	The Immunization Program is obtaining primary contacts and emails for all potential Phase 1 COVID19 vaccine providers identified as having the ability to reach Phase 1 critical populations. The Immunization Program will prioritize processing Phase 1 enrollments initially and progress to providers in other phases as the vaccination effort develops.
Nebraska	Updated – http://dhhs.ne.gov/Documents/COVID-19-Vaccination-Plan.pdf	NDHHS is headed by a Chief Executive Officer (CEO) who is appointed by and reports to the Governor. The CEO supervises the Directors of each of the five divisions within NDHHS: Public Health, Children and Family Services, Behavioral Health, Medicaid and Long Term Care, and Developmental Disabilities, as well as Operations and Incident Command. The Incident Commander oversees the Preparedness section, and is acting as the Point of Contact for the Nebraska COVID-19 response.	Phase 1 – Current Vaccine for Children (VFC) partners already connected to NESIIS for ordering vaccine and reporting data, and those able to administer vaccine in closed setting specific to Phase 1: Local Health Departments; FQHCs, Community Based Clinics, Tribal Healthcare o Hospitals - closed settings. Phase 2 – NDHHS and local health departments will adjust to an increase in COVID-19 vaccine supply and expand provider networks, increasing to partner with: Pharmacies, doctor's offices, Urgent Care clinics; Public health sites such as mobile clinics, public health clinics, temporary /off-site clinics.
Nevada	https://nvhealthresponse.nv.gov/wp-content/uploads/2020/10/COVID-19-Vaccination-Program-Nevadas-Playbook-for-Statewide-Operations.pdf	Nevada’s Chief Medical Officer or designee provides direction for the state’s immunization program. NSIP will order, store, distribute, track, administer operations, and provide guidance for the COVID-19 Vaccination Program in Nevada. NSIP will communicate through established chain-of-command with the internal planning and coordination team. Nevada PHP manages all Point of Dispensing (POD) activities in Nevada’s rural/frontier counties. Carson City Health and Human Services (CCHHS) manages the Quad Counties POD activities (covering Carson City, Storey, Lyon, and Douglas Counties). Washoe County Health District (WCHD) manages POD activities for Washoe County. Southern Nevada Health District (SNHD) manages POD activities for Clark County. State personnel will closely monitor activities at the local level to ensure the COVID-19 Vaccination Program is implemented statewide in adherence with federal guidance and requirements, and that there is equitable access to COVID-19 vaccination across all areas.	COVID-19 Vaccination Program enrollment will begin with the state’s hospitals and other self-prophylactic organizations and progress to community POD organizers, FQHCs, RHCs, individual doctors’ offices and so forth. NSIP partnerships with acute care and critical access hospitals will be key to vaccinating Phase 1 populations in rural/frontier counties.
New Hampshire	https://www.dhhs.nh.gov/dphhs/cdcs/covid19/documents/covid19-vac-plan-draft.pdf	The organizational structure follows the DPHS’ Incident Management Team (IMT) (Appendix 1), with the Vaccine Operations Section coming under the Incident Commander (Appendix 2). The Vaccine Operations Section includes six branches. New Hampshire has a centralized public health structure with disease control authority resting with the DHHS Commissioner. There are two local health departments in the state’s largest cities, Manchester and Nashua. In order to provide local public	A Government/Non-government partnership of distribution will be implemented. Using the state’s two local health departments and 13 Regional Public Health Networks (RPHNs) to disseminate vaccines through closed point of dispensing (POD) agreements. Local health departments and RPHNs will conduct open PODs for vulnerable areas of the population that will have difficulty accessing vaccine through other efforts. Non-government response: Partnerships to deliver vaccine to hospital networks to vaccinate their

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		health response capacity, there are 13 regional Public Health Networks (RPHNs), that plan, train for, and respond to public health emergencies based on CDC’s 15 Preparedness Capabilities.	workforce; Pharmacists and/or other primary vaccination providers to vaccinate vulnerable populations; Medical Homes
New Jersey	https://www.state.nj.us/health/cd/topics/New%20Jersey%20Interim%20COVID-19%20Vaccination%20Plan%20-%2010-26-20%20(1).pdf	NJDOH has three principal branches: Health Systems, Public Health Services, and Integrated Health, and the cross-cutting Office of Population Health and Office of the Chief of Staff. The Vaccination Task Force resides within the NJDOH Public Health Services Branch. Representation from across state agencies and from the Office of the Governor are incorporated into the work group structure for COVID-19 vaccination planning and implementation. Also incorporated formally or consultatively are statewide, regional, county, and local strategic and tactical partners. Advisory entities are also engaged in planning and will be pivotal to implementation.	<p>NJDOH has a robust network of federally funded vaccine providers with over 800 VFC providers and 126 317-Funded Adult Vaccine Program providers. Initially in advance of Phase 1, the DOH is recruiting within the following provider types among those currently enrolled as 317-Funded providers: local health departments; acute care hospitals; community health centers; pharmacies.</p> <p>During Phase 1, PODS will include acute care hospitals, Local Information Network Communications System (LINCS) agencies, Local Health Departments (LHDs), retail pharmacies, Federally Qualified Health Centers (FQHCs), and other safe, familiar, and convenient locations. At scale, this will expand to static and mobile urgent care sites, large primary care clinics, and physician practices.</p>
New Mexico	https://cv.nmhealth.org/wp-content/uploads/2020/10/10_19_20-New-Mexico-Preliminary-COVID-vaccine-plan-ID.pdf	NMDOH is led by a Governor-appointed Cabinet Secretary. NMDOH is a centralized statewide public health system that coordinates the public health response to COVID-19 and is responsible for effectively executing the strategies outlined in this Plan. Two divisions of NMDOH are leading the COVID-19 Vaccine planning effort: 1) NMDOH’s Public Health Division; and 2) The Epidemiology and Response Division is leading surveillance, case investigation, contact tracing, data analytics, research, and reporting efforts.	During Phase 1, vaccines will be primarily distributed in closed “point of dispensing” (POD) settings. These may include large “hub” events to administer hundreds of vaccinations in one day, mobile clinics brought to different locations or targeted clinics in specific settings, such as long-term care facilities. As more vaccine becomes available, NMDOH intends to rely on more vaccinators, including smaller public health and other smaller health centers, medical providers, and some pharmacies that could help conduct closed or semi-closed POD events.
New York	https://www.governor.ny.gov/sites/governor.ny.gov/files/attachments/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf	Management of New York’s vaccination program will require a Vaccine Central Command Center (VC3) to oversee all aspects of vaccine delivery, administration, and other operational aspects of the program. Once New York’s independent Clinical Advisory Task Force has advised that a COVID-19 vaccine is safe and effective, the vaccine will be distributed and administered throughout New York State. To help guide this process, on September 24 the Governor established a Vaccine Distribution and Implementation Task Force to advise the set up and operation of the state’s COVID-19 vaccination program.	Phase 1 will consist of a limited supply of COVID-19 vaccine doses available. Vaccines distribution will be tightly controlled and focused on vaccinating identified priority population(s) such as health care workers in workplace settings such as healthcare facilities. Phase 2 will consist of a growing number of vaccine doses available. Vaccine supply will likely be sufficient to meet demands beyond the initial priority population(s) and will be administered to individuals in broader settings such as doctor’s offices, retail pharmacies, public health clinics, etc. Phase 3 will consist of a sufficient and/or excess supply of vaccine doses for the entire population. Vaccines will be administered in all appropriate settings.
North Carolina	https://files.nc.gov/covid/documents/NC-COVID-19-Vaccine-Plan-with-Executive-Summary.pdf	The North Carolina DHHS Vaccination Planning Team is responsible for the development of this plan and annexes.	North Carolina will prioritize early outreach, recruitment and enrollment of key providers and agencies who serve populations with high risk of clinical severity and high risk of exposure. The Advisory Committee will help to identify and engage those providers. Enrollment is already underway with local health departments, hospitals and health systems. Relevant stakeholders include hospitals, SNFs, adult care homes, assisted living, group homes, intermediate care facilities, primary and specialty care providers, urgent care clinics, travel clinics, etc. List on page 20.

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North Dakota	https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/Covid-19%20Mass%20Vaccination%20Plan.pdf	COVID-19 vaccination planning falls under the planning section of the Unified Command. After approved, most aspects of this plan fall under the Operations Section, within the Disease Control Branch in the Mass Immunization Group. Molly Howell, immunization director for the North Dakota Department of Health (NDDoH), is the lead for the Mass Immunization Group. The state warehouse falls under Logistics. The Joint Information System will be responsible for all communications. See Appendix B for the ND Unified Command Organizational Chart.	Potential providers to recruit for vaccination include: Hospitals; Clinics, including rural health clinic and federally qualified health centers; LPH departments; Pharmacies; LTCs; Correctional facilities; Group Homes; University health centers; Occupational health; Emergency Medical Services; Mass vaccinators; Dialysis Centers; Indian Health Services (IHS) and/or tribal health.
Ohio	https://www.scribd.com/document/480862525/Ohio-COVID-19-Vaccination-Draft-Plan-Final-DRAFT#from_embed	Governor DeWine assembled a Pandemic Response and Recovery Leadership Team led by Adjutant General John C. Harris and Interim Director of the Department of Health, Lance Himes who, in turn, report to the Governor’s Office. Within this Pandemic Response Leadership Team, there is a dedicated organizational structure for vaccine readiness activities.	Provider types are predetermined per federal guidance. Providers and settings will be determined and enrolled based on their eligibility and ability to safely and effectively administer the COVID-19 vaccine. This approach will take provider characteristics into account as they relate to location, throughput, storage and handling capabilities, and access to vulnerable populations.
Oklahoma	https://coronavirus.health.ok.gov/sites/g/files/gmc786/f/strategy_of_oklahoma_covid-19_vaccination_plan.pdf	In Oklahoma, the Commissioner of Health reports directly to the Governor and his cabinet secretary. The Commissioner is the leader of a centralized public health agency which covers 75 of the 77 counties in Oklahoma. The Commissioner is responsible for ensuring Oklahoma has a plan for receiving and administering COVID-19 vaccine in collaboration with tribal partners, independent/urban public health departments, federal entities and private providers across the state. In addition, a Core Planning Team was established in early September.	Over 515 pandemic providers including LHDs, RHCs, FQHCs, hospitals and others enrolled with Immunization Service before CDC released its provider enrollment forms. For phase 1, Oklahoma will be using local County Health Departments to administer state allocated vaccine to LTC and public health staff through closed PODs and will work with partners to coordinate vaccine to tribally ran LTC and public health programs. Later, Oklahoma will reach out to large hospitals to administer vaccine to their Health Care workers providing direct in patient care to COVID patients.
Oregon	https://www.oregon.gov/oha/covid19/Documents/COVID-19-Vaccination-Plan-Oregon.pdf	The Oregon Immunization Program, the Health Security Preparedness and Response program, and Acute and Communicable Disease Prevention programs comprise much of the Vaccine Planning Unit Functional Organization chart. The Oregon Immunization Program (OIP), part of the OHA Public Health Division’s Center for Public Health Practice (CPHP), works to reduce the incidence of vaccine-preventable disease in Oregon. The COVID-19 Response and Recovery Unit (CRRU) is a temporary division combining the expertise of two state agencies – the health knowledge of the Oregon Health Authority (OHA) and the social service delivery of the Oregon Department of Human Services (ODHS). The Health Security, Preparedness and Response program (HSPR) is working in conjunction with the Vaccine Planning Unit by providing subject matter expertise in the areas of medical countermeasures, preparedness exercises, response, medical surge, and risk communications.	The Oregon Immunization Program in the process of developing an online enrollment system that will capture the data defined in the CDC COVID-19 Provider Agreement forms. Providers will enroll with OR ALERT IIS first, then enroll to become a COVID-19 vaccine provider. Each application will be reviewed and prioritized for enrollment according to the provider’s ability to reach target populations.
Pennsylvania	https://www.health.pa.gov/to	DOH is the health department in the 61 counties without a county health department. The Pennsylvania Emergency Management Agency (PEMA)	COVID-19 provider recruitment during phase one is currently under way. Facility types targeted by phase one recruitment efforts consist of hospitals,

State	State Plan	Who is in Charge	Priority Sites of Immunization
	pics/Document s/Diseases%20 and%20Condi tions/PA%20CO VID- 19%20Interim %20Vaccinatio n%20Plan%20v 2.0.pdf	coordinates state level responses to emergencies. DOH is responsible for ESF 8, Public Health and Medical Services, and activated its Operations Center (DOC) for COVID-19 on February 1, 2020.	<p>Federally Qualified Health Centers (FQHCs), CMHDs, State Health Centers, and pharmacies, urgent care centers.</p> <p>Phase two and three recruitment efforts will be expanded to Vaccine for Children (VFC) and non-VFC providers and pharmacies throughout Pennsylvania. During phases two and three the DOH estimates an additional 1,500 VFC and non-VFC facilities and 2,000 pharmacies will be enrolled in the COVID-19 Vaccination Program.</p>
Rhode Island	https://www.wpri.com/wp-content/uploads/sites/23/2020/10/RI-COVID-19-Vaccination-Plan-Interim-Draft.10.16.2020.pdf	Rhode Island is currently engaged in a whole-of-government response to COVID-19 in the state. Response elements are organized by function, and coordination is largely managed by the Rhode Island Governor’s Office, in close partnership with the Rhode Island Department of Health and Rhode Island National Guard.	All licensed healthcare providers authorized to administer vaccine are eligible for enrollment in Rhode Island’s State-Supplied Vaccine (SSV) program to access both child and adult routine vaccines, with the exception of shingles vaccine. RIDOH’s Immunization Program is currently working to enroll additional providers, particularly those who serve critical population groups (e.g., primary and specialty care providers whose patients are over the age of 65).
South Carolina	https://scdhec.gov/covid19/covid-19-vaccination	South Carolina has established a Unified Command Group (UCG) to coordinate and unify response functions (Planning, Operations, Logistics, and Finance). The Unified Command Group will consist of the following: <ul style="list-style-type: none"> • Director, SC Department of Health and Environmental Control (DHEC) • Director, SC Emergency Management Division (SCEMD) • The Adjutant General • The SC State Epidemiologist 	South Carolina is looking at recruiting the following entities to become an enrolled COVID-19 Vaccine Provider: In-patient healthcare facilities; Outpatient healthcare facilities (bases on new guidance); Long Term Care Facilities (LTCFs) to include nursing homes, assisted living, independent living, and skilled nursing facilities; Critical infrastructure employers. Recently, South Carolina surveyed statewide healthcare providers to engage interest in providing COVID-19 vaccines. Of the 387 providers responding to the survey, 310 providers (or 80.1%) indicated an interest in participating in the vaccination program. These providers represent: Commercial vaccination service provider; Correction/detention health services; Community Health Centers (non-federally qualified health center, non-rural health clinic); Hospitals; LTCF: Community Residential Care (CRC); LTCF: Nursing Care Facility/Nursing Home (NCF); Medical Practices including family medicine, OB/GYN, pediatrics, and specialty; Pharmacies including chain and independent; Public Health Providers including federally qualified health centers and public health clinics; Occupational Health Centers; Student Health Centers; Urgent Care Centers.
South Dakota	https://doh.sd.gov/document s/COVID19/SD_COVID- 19VaccinationPlan.pdf	South Dakota has a centralized public health system and the South Dakota Department of Health (SDDOH) serves as the state’s public health agency. In June, the SDDOH transitioned from a full Emergency Operations Center, and has adopted a modified incident command structure (ICS) to help manage ongoing efforts during the COVID-19 pandemic.	Systems will provide vaccination throughout Phase 1 and Phase 2. SDDOH created an electronic provider enrollment form and provided training and distribution in October. Avera, Sanford, and Monument Health have received the provider agreement for all associated clinics and will complete the provider redistribution agreement prior to vaccine allocation. Each of the system’s affiliated clinics will complete the provider profile information. SDDOH community health offices, under DOH management, the SD Pharmacy Association, and the SD Board of Pharmacy will complete provider enrollment forms during Phase 1.

State	State Plan	Who is in Charge	Priority Sites of Immunization
			<p>In Phase 2, providers with an account in the SD immunization registry will be contacted for enrollment and recruitment of vaccinators.</p> <p>During phase 3 SDDOH will enroll primary care providers not enrolled in phases 1 and 2.</p>
Tennessee	https://www.tn.gov/content/dam/tn/health/documents/ce/dep/novel-coronavirus/COVID-19_Vaccination_Plan.pdf	<p>The Tennessee Department of Health is led by Dr. Lisa Piercey, Commissioner of Health, who reports directly to Governor Bill Lee. The TDH Executive Leadership Team consists of the Chief of Staff, the State Chief Medical Officer, Deputy Commissioner for Population Health, and the Deputy Commissioner for Operations.</p>	<p>VPDIP’s first priority is to enroll hospitals with emergency departments and intensive care units that would see the highest acuity patients. Enrollment will then expand to include all hospitals in the state, so that they may provide vaccine to qualifying staff. Our next priority is to ensure all health departments have completed the PA and are ready to receive vaccines, and then we will focus on pharmacies, especially those in rural areas that do not have hospitals or other opportunities to access vaccines outside of the health departments. Once hospitals and pharmacies are onboarded, we will begin focusing on large employers, urgent care clinics, and community providers that will be able to reach additional individuals within these priority populations.</p>
Texas	https://www.kxan.com/wp-content/uploads/sites/40/2020/10/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf	<p>The Texas Department of State Health Services (DSHS) will utilize an internal COVID-19 vaccine planning and coordination team gathered from across the agency, including the Immunization Program. This team will be composed of executive staff, existing immunizations staff, other DSHS staff temporarily assigned to immunizations, and temporary/contract employees. Please see Appendix 1 for COVID-19 Organizational Chart.</p>	<p>Texas will prioritize enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to vulnerable and frontline populations of focus for Phase 1, and considering those who live in remote, rural areas and who may have difficulty accessing vaccination services. Allocations will be equitable among geography and facility types. Simultaneously, Texas will develop operational procedures for any temporary or mobile clinics planned for Phase 2. During Phase 2, Texas expects to administer vaccine through: Commercial and private sector partners (pharmacies, doctors’ offices, clinics); Public health sites (mobile clinics, Federally Qualified Health Centers [FQHCs], RHCs, public health clinics, temporary/off-site clinics); Specialized vaccine teams to target areas with limited access in coordination with local and regional leadership.</p>
Utah	https://coronavirus-download.utah.gov/Health/COVID-19_Vaccination_Plan.pdf	<p>The Utah Immunization Program (UIP) is within the Bureau of Epidemiology (BOE). The BOE is within the Division of Disease Control and Prevention (DCP). The Director of Immunizations reports to the Director of Epidemiology. The Division Director reports to the Executive Director for the Utah Department of Health (UDOH). In addition, Utah has organized an internal and external prioritization workgroup (PW). The Utah PW will consider recommendations from the CDC and Advisory Committee on Immunization Practices (ACIP) before making the final recommendations for Utah public health and healthcare providers to initially target the highest prioritized groups for vaccination on a state and local level. The UIP will coordinate the ordering and distributions for the initial allocation of COVID vaccine provided to Utah through CDC.</p>	<p>The UIP is working with the PW to identify what providers will likely administer COVID-19 vaccine. Providers will be enrolled into USIIS and manage vaccine orders through that system. As we enroll providers for Phase 2 and Phase 3, we will work with the PW and local associations to identify and enroll providers through an online enrollment process.</p> <p>Phase 1: A survey will be sent to identified hospitals to receive the vaccine as identified by the PW. Also included will be Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHC), public health clinics, ED’s, urgent care, primary care settings.</p> <p>Phase 2: Smaller pharmacies, doctors’ offices, and clinics will be allowed to enroll.</p>
Vermont	https://www.healthvermont.gov/sites/default	<p>The VDH is a centralized public health organization that operates as the only governmental public health organization in the State of Vermont. The leaders for each of the 12 Local Health Offices participate in monthly</p>	<p>Vermont will prioritize enrollment in the following order to reach the critical population groups first: Hospitals; Vermont Department of Health; Pharmacies;</p>

State COVID-19 Vaccination Plans



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State	State Plan	Who is in Charge	Priority Sites of Immunization
	t/files/documents/pdf/Vermont%20Jurisdictional%20COVID-19%20Vaccination%20Plan%20Draft.10.21.2020.pdf	expanded team meetings and are actively involved in the work of the currently activated Health Operations Center. In addition, the State Emergency Operations Center coordinates all other state level assistance to be provided during this effort including logistical needs such as transport, security, storage, procurement, personnel to support the work of the Health Department, and are a direct link to the Emergency Management Directors in each city/town. Emergency managers in each town will have input into planning. Also, a COVID-19 Vaccine Implementation Advisory Committee is being formed which will include wide representation from the Crisis Standards of Care Group and those who serve populations at greatest risk for COVID-19.	Long Term Care Facilities; Primary Care Practices; VNA and Home Health Agencies; Vermont Department of Corrections (if indicated)
Virginia	https://www.vdh.virginia.gov/content/uploads/sites/11/2020/10/DRAFT-Virginia-COVID-19-Vaccine-Campaign-Plan-Version-1.1.pdf	The Virginia Department of Health consists of 33 local health districts, with each health district supporting one or more local jurisdictions. These local health districts report to the State Health Commissioner through the Deputy Commissioner for Community Health Services. Additionally, there are two health districts (Fairfax and Arlington) that are locally funded and operated, and not part of VDH. Virginia’s local health districts work closely with the localities that they support and include local health departments for those jurisdictions. For preparedness and response purposes, the VDH has further organized the 35 health districts into five regions. Each region has a regional team consisting of an Emergency Coordinator, an Epidemiologist, and a Public Information Officer.	Types of provider groups that will be targeted include, but are not limited to: Large hospitals and health systems; Commercial partners* (e.g., pharmacies); Long Term Care Facilities; Correctional Facilities; Mobile vaccination providers; Occupational health settings for large employers; Community Health Centers (including Federally Qualified Health Centers and Rural Health Centers); Free-Standing Emergency Departments and Walk-in Clinics; Doctor’s Offices; College and University Student Health Clinics; Specialty clinics, including dialysis centers; Emergency Medical Services (EMS) Medical Directors; In-home care providers
Washington	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/WA-COVID-19-Vaccination-Plan.pdf	The Washington State Department of Health has established an internal COVID-19 Vaccine Planning and Coordination Team within the state’s COVID-19 response structure, which is guided by the State Health Officer, Secretary of Health, and Deputy Secretary for COVID-19 Response. This team is under the direction of the Deputy Secretary for COVID-19 Response, and includes representatives from across the agency.	The provider types and settings that will administer first available COVID-19 vaccine will be high-throughput locations where those groups recommended for vaccination can receive the vaccine. This is anticipated to be large health care facilities and/or mass vaccination points of dispensing (PODs) and reach health care workers, first responders, essential workers, and adult residential care facilities for the first available vaccine doses. Using the allocation framework in Section 4, the department is engaging providers through surveys, workgroups, and meetings, including consultation or collaboration with the Washington State Hospital Association (WSHA), health care coalitions, health care worker and employee labor unions, the Washington State Pharmacy Association, the Washington State Medical Association (WSMA), long-term care facilities, Washington State Vaccine Science Advisory Workgroup, the Vaccine Advisory Committee, tribal nations and organizations, and local governments.
West Virginia	https://dhhr.wv.gov/COVID-19/Documents/vaccineplan.pdf	The West Virginia Department of Health and Human Resources (WVDHHR) has developed the West Virginia COVID-19 Vaccination Program plan. In accordance with the WV Public Health All Hazards Threat Response Plan, an incident command system, known as WVDHHR Health Command, has been established for mobilization of the WVDHHR’s COVID-19 response. In addition, several working groups have been established to support the planning of robust COVID-19 Vaccination Program.	Current recruitment efforts are focused on engaging vaccination providers that will be administering the COVID-19 Vaccine during Phase 1. These are the agencies that are best positioned to vaccinate the healthcare and critical workforce rapidly and efficiently and will include: Health systems/Hospitals; Local Health Departments; Long-term care facilities; Free clinics; Federally Qualified Health Centers; Pharmacies.

State	State Plan	Who is in Charge	Priority Sites of Immunization
			<p>If a specific need or location is identified to support the direct immunization of a specific critical population additional sites may be recruited from the list: Pharmacies; Outpatient facilities; Occupational Health Clinics; Long-term care facilities; School based health clinics; Private provider offices; Congregate settings; Colleges and Universities</p>
<p>Wisconsin</p>	<p>https://www.dhs.wisconsin.gov/publications/p02813a.pdf</p>	<p>DHS is within the Executive Branch of the Governor’s Office, and has nine Divisions and Offices. The DHS COVID-19 response is embedded within a state-wide response structure. The response is governed by a Policy Group with representatives from DHS, Department of Administration, Wisconsin Emergency Management, Wisconsin National Guard, and the Governor’s Office.</p>	<p>Health care providers, pharmacies, correctional facilities/vendors, homeless shelters, community-based organizations, Medicaid recipients. Pharmacists are anticipated to be significant players particularly in phase 3.</p>
<p>Wyoming</p>	<p>https://health.wyo.gov/wp-content/uploads/2020/10/Interim-Draft-WDH-COVID-19-Vaccination-Plan10-16-2020.pdf</p>	<p>The WDH has four operating divisions: Aging, Behavioral Health, Health Care Financing, and Public Health. The Public Health Division (PHD) has primary responsibility for coordinating development of the Wyoming COVID-19 Vaccination Plan. The Immunization Unit (Unit), located within the PHD, is responsible for routine distribution of all publicly-purchased vaccines in Wyoming to providers enrolled in the Public Vaccine Programs. In addition, an internal COVID-19 Vaccination Team has been assembled to develop the WDH COVID-19 Vaccination Plan.</p>	<p>Most pharmacies associated or connected to national chains will receive COVID-19 vaccine allocations directly from CDC when vaccine doses increase. CVS and Walgreens have also been contracted through the CDC to provide vaccinations to residents of long-term care and assisted living facilities. Chain pharmacies and independent pharmacies could also be identified as early vaccine providers by PHNOs and CHDs. National chain pharmacies will likely receive shipments directly from nationally contracted vaccine depots or distributors in Phase 2. As vaccine doses increase, pharmacies will be valuable in assisting with vaccination of the general public. During Phase 3 vaccines will be available to all people who are recommended to be vaccinated. Vaccine will be available to all enrolled COVID-19 vaccination providers and ordering will be based on provider capacity and need.</p>