

COVID-19 Vaccination Plan

FLORIDA

Florida Department of Health
OCTOBER 16, 2020

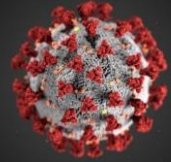
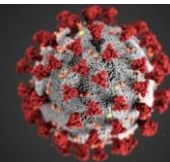


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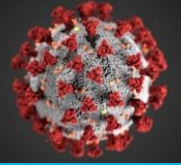
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COVID-19 Vaccination Plan Template Overview

The COVID-19 Vaccination Plan template was provided by the Centers for Disease Control and Prevention (CDC) to assist with the development of a jurisdiction's COVID-19 vaccination plan.

The template is divided into 15 main planning sections, with brief instructions to assist with content development. While these instructions may help guide plan development, they are not comprehensive, and jurisdictions are reminded to carefully review the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations* as well as other CDC guidance and resources when developing their plans. Jurisdictions are encouraged to routinely monitor local and federal COVID-19 vaccination updates for any changes in guidance, including any updates to the *CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.



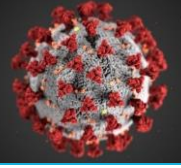
Section 1: COVID-19 Vaccination Preparedness Planning

A. The Florida Department of Health (Department) is approaching COVID-19 vaccination planning using an integrated planning structure based on lessons learned from the H1N1 pandemic, seasonal influenza vaccination activities and the recent Hepatitis A vaccination program. Existing plans from those vaccination campaigns and after-action reports from these historical responses were reviewed and key lessons learned are serving as the framework to start the planning process for this response.

Key lessons learned and improvements include:

1. Simplifying and streamlining the enrollment processes into the state vaccine administration system to expedite and expand vaccine providers.
2. Expanding existing Closed Point of Dispensing Plans for Mass Prophylaxis to better support vaccination activities.
3. Increasing the inclusion of community partners to provide vaccinators.
4. Expediting timelines of reporting vaccine administration data.
5. Including individuals and partners with various areas of expertise to ensure a coordinated planning effort across the Department.

B. The Department is using seasonal influenza vaccination activities to test plans for administration of the COVID-19 vaccine. Florida's 67 county health departments (CHDs) will conduct a vaccine administration exercise by December 1, 2020. The exercises will focus on increasing daily vaccinations, implementing social distancing and COVID-19 mitigation measures into logistical planning for mass vaccination clinics, and expand use of personal protective equipment. Each CHD will report to the Department's State Health Office using a standardized after-action reporting template to identify successes and areas for improvement.



Section 2: COVID-19 Organizational Structure and Partner Involvement

A. 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. This workgroup has an action plan of key tasks to complete in preparation of vaccination activities and has established operational sub-groups assigned to focused planning for vaccine administration within the specific areas of:

1. Hospitals
2. Long-term care facilities
3. First responders
4. Critical infrastructure personnel
5. CHD Mass Vaccination Clinics
6. State Mass Vaccination Clinics
7. Expanded traditional vaccine providers and retail providers

The planning team has also focused on expanding the Department's immunization program to address key tasks related to:

1. Enrollment of new vaccine providers
2. Expansion of Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs
3. Readiness of Florida's Immunization Information System (IIS), Florida SHOTS

The organizational chart for the state-level planning team is shown on the following page.

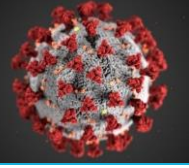
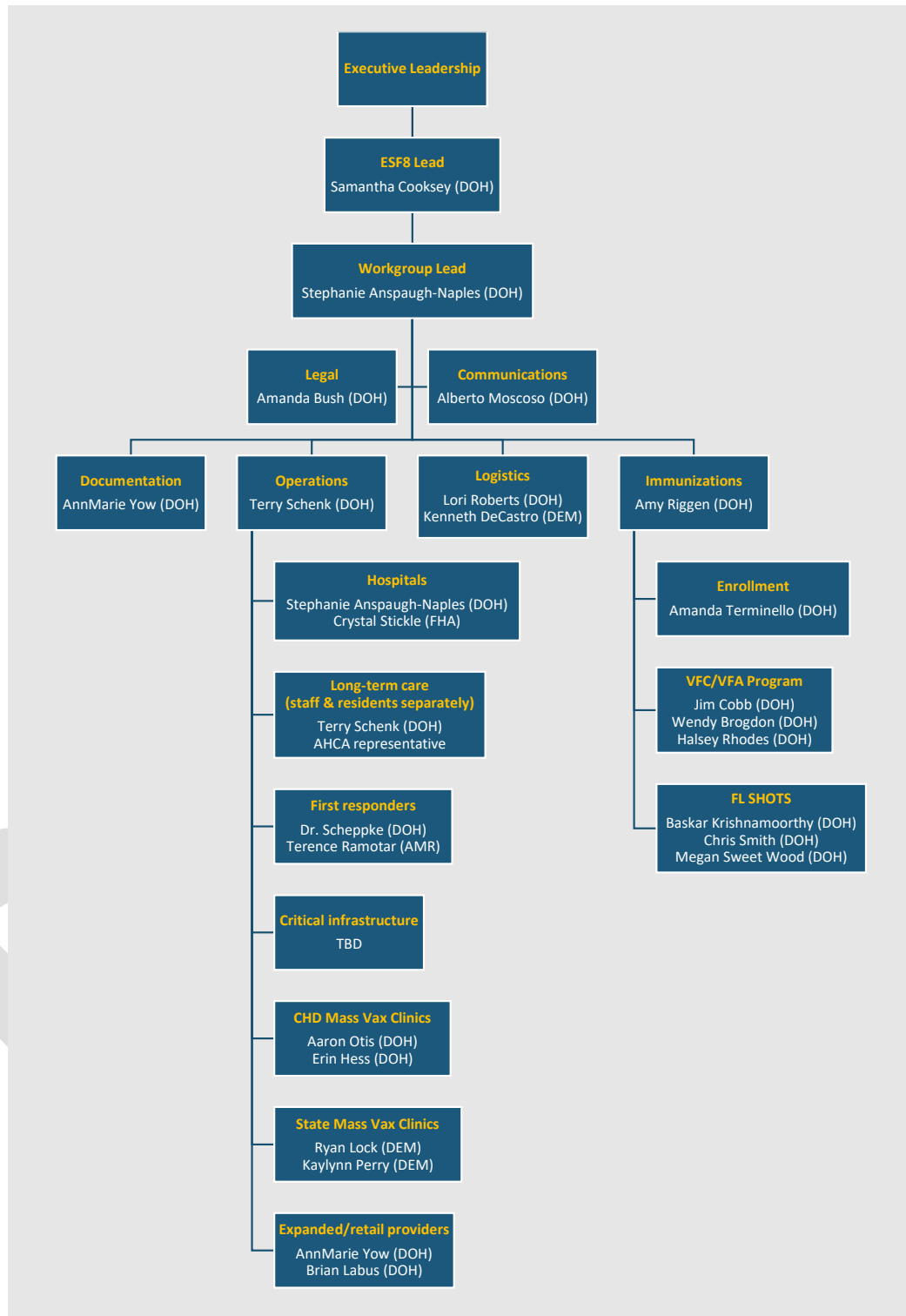
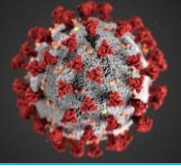


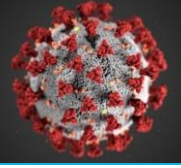
Figure 1. COVID-19 Vaccination Planning Workgroup Structure





The organizational structure detailed on the previous page is the COVID-19 vaccination program planning and operational element for Florida. Leaders and personnel serving on this workgroup have been selected for their expertise in a number of health and medical disciplines, including medical countermeasures, medicine, immunizations, epidemiology, medical surge, EMS, incident management, communications, legal, regulation of health care facilities and county health department (CHD) operations and management.

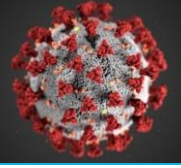
1. Florida's state-level COVID-19 Vaccination Planning Workgroup was assembled through coordination of staff from the Department's Bureau of Preparedness and Response and the Immunization Section. Other staff were added to the group based on their subject matter expertise. Florida also has a CHD COVID-19 Vaccination Workgroup composed of CHD health officers, directors of nursing and preparedness staff from counties throughout the state, both urban and rural.
 2. Each CHD has an incident management team focused on local implementation of statewide vaccine strategies.
- B.** This goal has been accomplished through the development and use of the "organizational team." Department leaders are participating through the Executive Group and in "Command" and "General" staff leadership positions. Hospital associations, long-term care associations, personnel who work in everyday vaccination programs, Florida Agency for Health Care Administration personnel, medical directors, state emergency management personnel, the Department's Office of Communications personnel and a number of others representing various organizations are helping to formulate the strategy and are receiving updated information and key documents about the COVID-19 vaccination initiative.
- C.** The members of the Department's vaccination planning workgroup include:
- **Scott Rivkees, MD** – State Surgeon General
 - **Shamarial Roberson, DrPH, MPH** – Deputy Secretary for Health
 - **Carina Blackmore, DVM, PhD, Dipl. ACVPM** – State Epidemiologist, Director, Division of Disease Control and Health Protection
 - **Samantha Cooksey** – State ESF8 Emergency Coordination Officer
 - **Stephanie Anspaugh-Naples, MPH** – State Medical Countermeasure Coordinator
 - **Amanda Bush** – Chief Legal Counsel, Administrative Practice Group
 - **Alberto Moscoso, MA** – Communications Director
 - **AnnMarie Yow** – Special Projects Coordinator
 - **Terry Schenk, MS, CEM** – Medical Surge Response & Operations Coordination
 - **Lori Roberts** – Logistics and Systems Manager
 - **Amy Rigen, BSN, RN** – Immunizations Section Administrator
 - **CDR Aaron Otis, MPH** – Public Health Advisor
 - **Erin Hess, MNM** – Operations Consultant
 - **Kenneth Schepcke, MD, FAEMS** – State EMS Medical Director
 - **Terence Ramotar** – Director of Government Affairs, American Medical Response



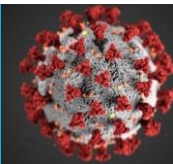
- **Pete Gianas, MD** – Rural EMS Specialist
- **Lochlin Sturrock, MS, HSM** – Region IV Regional Medical Countermeasure Advisor, U.S. Department of Health and Human Services
- **Jeanne Eckes-Roper, RN, MBA** – Nurse Consultant/Region IV Regional Emergency Coordinator, U. S. Department of Health & Human Services
- **Ashley Davis, FPEM, CEM** – Operations, Florida Division of Emergency Management
- **Ryan Lock** – Planning, Florida Division of Emergency Management
- **Kenneth DeCastro** – Logistics, Florida Division of Emergency Management
- **Amanda Terminello, MPH, CPH** – Immunizations Enrollment Specialist
- **Jim Cobb** – Vaccines for Children Manager
- **Halsey Rhodes** – Senior Public Health Advisor
- **Wendy Brogdon** – Vaccines for Children Coordinator
- **Baskar Krishnamoorthy** – Florida SHOTS team
- **Chris Smith** – Florida SHOTS team
- **Megan Sweet Wood** – Florida SHOTS team
- **Nai Chen, PharmD** – Preparedness Pharmacist
- **Crystal Stickle, MS** – Florida Hospital Association
- **Brian Labus, JD** – Medical Quality Assurance
- **MAJ Melissa DeLeon** – Florida National Guard
- **Laura Rutledge, BSN, RN** – Nurse Consultant
- **Rita Smith, DNP, APRN, NP-C** – Statewide Nursing Director
- **Toby Philpot, JD** – Florida Healthcare Association
- **Molly McKinstry** – Agency for Health Care Administration
- **Laura MacLafferty** – Agency for Health Care Administration
- **Charlie Coyle, EMT-P** – Palm Beach County Fire/Rescue - EMS
- **Kimberly Smoak, MSH, QIDP** – Agency for Health Care Administration
- **Gail Matillo, MPA** – Florida Senior Living Association
- **Steve Bahmer** – Leading Age Florida
- **Veronica Catoe, LPN** – Florida Assisted Living Association
- **Melanie Motiska** – Florida Healthcare Association

D. The Department is a fully integrated health department with a centralized public health system. As established in section 20.43, Florida Statutes, the Department plans and administers its public health programs through its CHDs in each of the Florida's 67 counties. The Department's approach to COVID-19 vaccine planning focuses on a statewide strategy with local implementation. To implement this approach, the Department has taken several steps to ensure coordination between these various authorities.

- 1) Bi-weekly planning conference calls are held with the organizational team. These calls include representatives from local, state and federal agencies.

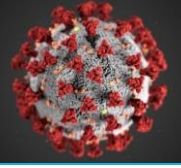


- 2) Sub-groups in the organizational structure hold separate calls to deal with their areas of responsibility. As these calls have progressed, additional participants from various public and private agencies have been invited to participate and to provide input.
 - 3) The workgroup briefs the CHD leadership to include the health officers, epidemiologists, directors of nursing, preparedness staff and immunization staff weekly during the CHD COVID-19 coordination call.
 - 4) Members of the workgroup participate in appropriate medical association and CDC calls to gain additional information about the vaccination process and to provide input for decision making.
 - 5) Another method being used is the deployment of surveys that are distributed to various organizations, such as hospitals, pharmacies, CHDs, and EMS organizations. Information gathered in the surveys will facilitate planning efforts.
- E.** Tribal communities are being integrated into planning through the Operations Section of the workgroup, in coordination with the Department's Office of Minority Health and Health Equity and other partners. The workgroup will engage the tribal communities on vaccine planning efforts.
- F.** The Department is engaging with a variety of internal and external partners regarding COVID-19 vaccine planning through both established public health partnerships and the State Emergency Operations Center, which is currently activated at a Level 1 in response to the COVID-19 pandemic. Activities related to specific target groups include:
- **Pharmacies:** The Department is coordinating with pharmacies and pharmacists through multiple platforms. Statewide retail pharmacy partners are being engaged as potential vaccine administration partners through corporate infrastructure. Additionally, the state plans to support the federal initiative with pharmacies, that will, among other goals, establish clinics at long-term care facilities for vaccination delivery. Additionally, pharmacies will play a key role in the vaccination delivery to the general population in similar fashion to the way they provide annual flu vaccinations. The Department also issued Emergency Order 20-014, which allows pharmacists to vaccinate those in the pediatric age range and for U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccines during the time that a state of emergency is declared by the Governor of Florida.
 - **Correctional and detention facilities:** There are several different types of correctional and detention facility entities in the state including the Florida Department of Corrections, private prisons and county jails. The Department will



engage with these entities as well as the Florida Department of Juvenile Justice in vaccine planning efforts.

- **Homeless shelters:** CHDs across the state are engaged with homeless shelters in their communities and will facilitate vaccine delivery to this population. The Department will work with various partners to engage this population.
- **Community-based organizations:** Much of the vaccination delivery strategy centers on the use of CHDs to coordinate community vaccination activities. This approach is facilitated through good working relationships with the various community-based organizations in their jurisdictional area. Multiple options are being considered including CHD clinics, EMS delivery and walk-up/drive thru stations.
- **Long-term care facilities:** As mentioned previously in the “Pharmacies” portion of this plan, a federal strategy will, most likely, be used for vaccination delivery to long-term care facility residents, which includes various types (assisted living facilities, skilled nursing facilities, independent living facilities, home health care, disability centers, etc.), both large and small, in both urban and rural areas. Delivery of vaccinations to long-term care facility staff may be accomplished through local CHD initiatives, which may include delivery through EMS agencies, walk-up/drive thru stations CHD clinics, or other delivery methods.
- **Public safety agencies:** Public safety personnel for COVID-19 vaccination. As such, plans are being developed to use EMS personnel for vaccination delivery. Another strategy is using drive-thru vaccination stations similar to those established for COVID-19 testing. As a critical provider group, most public safety personnel may receive vaccinations through such initiatives, which will be established locally.
- **Hospitals:** Hospital staff and resident vaccination may be handled at hospital facilities, utilizing personnel from the enrolled hospital. In smaller and/or more rural hospitals, the local CHD will work with partners on vaccination delivery options in their community. Another option being considered for smaller or rural hospitals is the use of a larger hospital serving as a hub that can then assist them in vaccine storage and vaccination delivery. Hospitals that can provide ultra-cold (-60 to -80°C) storage will also be identified.

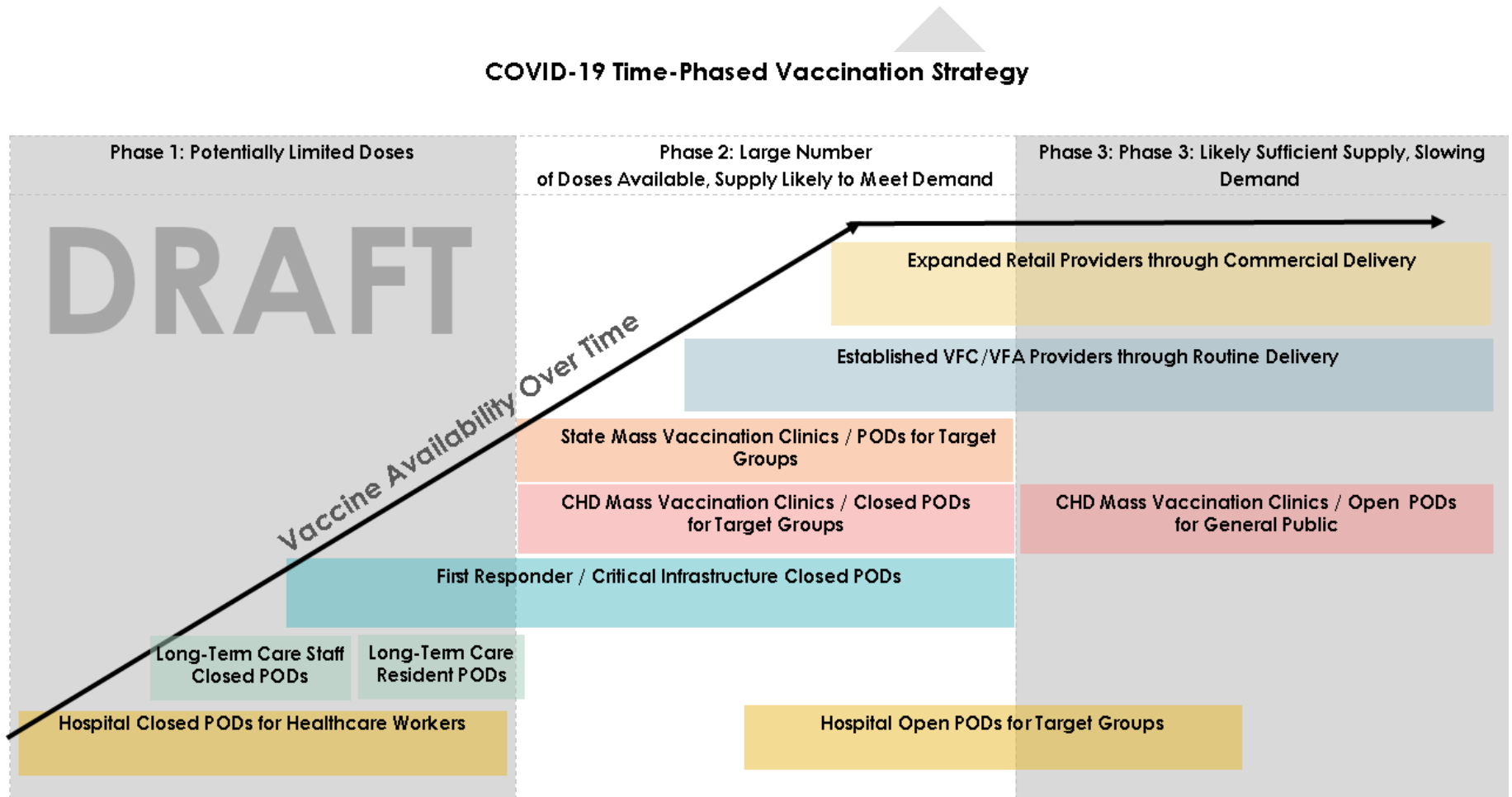


Section 3: Phased Approach to COVID-19 Vaccination

- A.** The goal of the Florida COVID-19 Vaccination Plan is to develop and update, as needed, a plan for vaccinations as guidance is provided by the CDC. Prioritization of vaccine recipients is not yet determined by the CDC. Priority groups may vary based on the vaccine that is ultimately approved, vaccine availability and the groups it is authorized for. Based upon current federal guidance, it is expected that initial priority groups will include:
- a. Health care personnel
 - b. Essential workers
 - c. Persons with medical conditions that place them at high-risk for COVID-19 complications.
 - d. Older adults (≥ 65 years of age)
- B.** Achieving this goal will require partnerships between the Department, health care providers, health systems and other partners. The Department will work with partners to coordinate vaccination efforts in Florida.
- C.** Florida will implement a phased vaccine administration strategy over the various phases outlined by the CDC's *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*. Initially, vaccine may be provided through a closed point of dispensing (POD)¹ model targeting priority groups. Pro-rata allocations will be made to vaccine administration sites that can adequately store, manage and administer the vaccine. The sites will be responsible for vaccinating individuals within the established priority groups as instructed by the CDC.
- D.** The following graphic depicts a time-phased vaccination strategy.

¹ The term POD and mass vaccination clinics are synonymous for purposes of this plan. Closed PODs are sites where vaccinations will be delivered to a specific target group within that organization or facility. Open PODs are sites where vaccinations are available to everyone.

Figure 2. COVID-19 Time-Phased Vaccination Strategy



Phase 1: Potentially Limited Dose Availability

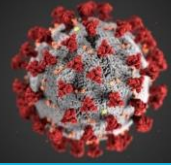
In Phase 1, a projected limited supply of vaccine would require the state to provide vaccine in a prioritized manner and ensure that doses allocated to Florida be distributed to facilities that meet storage and data entry requirements. As additional vaccine becomes available, administration will expand to other priority groups in closed point of dispensing (POD) settings as directed by the CDC. During this phase, vaccine will be administered in the following settings:

- a. Hospital Closed PODs:** The Department will implement strategies to provide vaccines to hospitals based on guidance from the CDC to ensure efficiency in an effort to prevent vaccine waste. A survey is being conducted amongst Florida's hospitals to determine capacity as it relates to potential COVID-19 vaccine efforts. This potential setting will be provided vaccines based on guidance from the CDC. Prioritization of populations related to hospitals will be based on guidance from federal partners.
- b. Long-Term Care Staff and Resident PODs:** In this group employees of long-term care facilities including nursing homes, assisted living facilities and intermediate care facilities for the developmentally disabled may be vaccinated based on guidance. This may be accomplished through a multiple vaccine delivery approach which includes 1) partnership in federal initiatives to utilize retail pharmacies to vaccinate long-term care facilities, 2) CHD closed PODs for long-term care facilities and 3) distribution of vaccine to nursing homes and assisted living facilities capable of performing vaccinations of their employees. Staff and residents may be vaccinated at different times based on any applicable age restrictions of approved vaccines.
- c. First Responder and Critical Infrastructure Closed PODs:** PODs may be designed to vaccinate first responders, law enforcement officers and essential employees. These PODs can be conducted in a variety of methods including using EMS to assist in administration of first responder communities, CHDs administering vaccine to targeted groups and closed POD partners vaccinating their employees and staff using their resources.

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

As more vaccine becomes available, traditional VFC and VFA providers, including pediatricians, primary care providers and pharmacies will receive doses. It is likely that in this phase, the CHDs will open Public Mass Vaccination Clinics, and the Department and/or Florida's Division of Emergency Management might open such clinics to ensure there is equitable distribution of the vaccine, in the same way COVID-19 testing was made available.

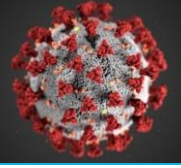
Some vaccine administration methods from Phase 1 will be continued and new administration sites will be added to include:



- a. **State Managed Vaccination Sites:** These sites could operate similarly to local mass vaccination sites to supplement vaccination efforts and to increase capacity in community-based settings.
- b. **Established Vaccines for Children and/or Vaccines for Adult Providers:** Under this method, vaccine will be delivered in routine health care delivery settings. This type of administration will be contingent upon smaller dosed vials that allows clinics to vaccinate in routine patient care settings. Additional VFC and VFA providers will be actively recruited for expanded capability, including Florida's Federally Qualified Health Centers (FQHCs).
- c. **Hospital Open PODs:** In this group, select hospital partners willing and able to serve as broader vaccine partners will begin expansion of vaccine to both in-patients and out-patients who seek care in their emergency departments, urgent care centers and out-patient settings.
- d. **CHD Public Mass Vaccination Clinics:** These will be community-based vaccination sites lead by the local CHDs to vaccinate in large scale volume. CHDs will screen people who seek vaccination and limit administration to established priority groups at that time. Since COVID-19 has had a disproportional impact on minority groups, minority populations will also be a focus of these efforts.

Phase 3: Likely Sufficient Supply, Slowing Demand

Once the vaccine is widely available and demand for the vaccine stabilizes, the state will transition to providing the vaccine through routine health care delivery systems, including commercial pharmacies. CHDs will continue to offer vaccine clinics that are open to all members of the public as needed to meet vaccination goals.



Section 4: Critical Populations

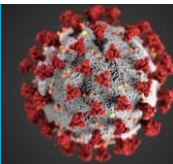
- A.** Florida has a well-integrated public health and emergency management system that allows the state to identify at-risk populations and personnel across multiple disciplines, provide robust geographic information system (GIS) mapping capabilities and communicate with persons from various disciplines through an integrated emergency management structure. This structure includes public health, health care, first responders, law enforcement, essential businesses, critical infrastructure and more. The Department will leverage partner agencies to assist in the identification, messaging and coordination among these different groups.

Additionally, the Department has a robust data management system for mapping and quantifying populations through FLHealthCHARTS. This data system allows the Department to determine numbers of persons by age, race, health conditions, social vulnerability and other demographics at the county level. These data assist in the targeting of messaging and outreach activities to specific targeted groups.

Methods for identifying, estimating and locating specific critical populations are as follows:

- 1) Health care personnel:** Florida has multiple methods of identifying, estimating and locating numbers of health care professionals in Florida.
 - i. The Department licenses health care professionals in Florida and has direct access to quantities, contact information and locations of licensed health care providers in Florida through the licensure database. This database is routinely used to communicate messages to health care providers and will be used to communicate vaccine information to health care providers. This database can be found at: <https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders>.
 - ii. Florida's Agency for Health Care Administration maintains the Emergency Status System (ESS) database to collect various data points related to emergency situations. Vaccine data points will be integrated into the system as needed to collect data. Hospital facilities are required to report into this system. It can be used to report real-time numbers of employees in both direct patient care and support roles at any time.
 - iii. The Department has conducted a survey of hospitals and hospital systems in Florida to determine the number of health care providers within their hospital systems to estimate the number of employees who they expect to be vaccinated.
 - iv. The Florida Hospital Association produces a Hospital Economic Impact report that reports numbers of health care workers employed by Florida

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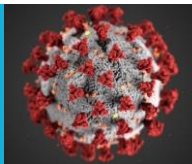
hospitals. The data in this report provide estimates of direct patient care employees and support staff within each county of Florida.

- v. Through the Department's Division of Medical Quality Assurance, the state can identify all licensed health care providers in the state, as well.

Table 1. Health Care Professionals in Florida by License Type, Fiscal Year 2019-2020, All License Statuses

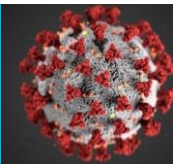
Profession	TOTAL
Acupuncture - Acupuncturist	2,779
Athletic Training - Athletic Trainer	3,459
Certified Social Workers - Certified Master Social Worker	7
Chiropractic Medicine - Certified Chiropractic Physician's Assistant	319
Chiropractic Medicine - Chiropractic Faculty Certificate	17
Chiropractic Medicine - Chiropractic Physician	7,189
Chiropractic Medicine - Registered Chiropractic Assistant	2,852
Clinical Laboratory Personnel - Clinical Laboratory Personnel	19,446
Clinical Laboratory Personnel - Clinical Laboratory Trainee	471
Clinical Laboratory Personnel - Clinical Laboratory Training Program	50
Clinical Social Work - Licensed Clinical Social Worker	13,180
Clinical Social Work - Provisional Clinical Social Worker Licensee	52
Clinical Social Work - Registered Clinical Social Worker Intern	5,729
Dentistry - Dental Expert Witness Certificate	50
Dentistry - Dental Hygienist	15,978
Dentistry - Dental Radiographer	29,784
Dentistry - Dental Residency Permits	400
Dentistry - Dental Teaching Permits	209
Dentistry - Dental Temporary Certificate	54
Dentistry - Dental-Health Access Dental	60
Dentistry - Dentist	16,287
Dietetics & Nutrition Practice Council - Dietetics/Nutritionist	5,915
Dietetics & Nutrition Practice Council - Nutrition Counselor	99
Electrolysis Council - Electrologist	2,080
Emergency Medical Services - Emergency Allergy Treatment Licensee	55
Emergency Medical Services - Emergency Medical Technician	52,858
Emergency Medical Services - Paramedic	38,041
Hearing Aid Specialists - Hearing Aid Specialist	1,254
Hearing Aid Specialists - Hearing Aid Specialist Trainee	156
Marriage and Family Therapy - Licensed Marriage and Family Therapist	2,592
Marriage and Family Therapy - Provisional Marriage and Family Therapist Licensee	5
Marriage and Family Therapy - Registered Marriage and Family Therapist Intern	1,311
Massage Therapy - Approved Massage School	176
Massage Therapy - Massage Therapist	43,785
Massage Therapy - Massage Therapy Apprentice	96
Medical Physicist - Diagnostic Radiological Physicist	127

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Medical Physicist - Medical Health Physicist	43
Medical Physicist - Medical Nuclear Radiological Physicist	74
Medical Physicist - Medical Physicist in Training	58
Medical Physicist - Therapeutic Radiological Physicist	499
Medicine - Anesthesiologist Assistants	513
Medicine - House Physician	347
Medicine - Limited License Medical Doctor	166
Medicine - Medical Doctor	82,622
Medicine - Medical Doctor Expert Witness Certificate	1,930
Medicine - Medical Doctor Limited to Mayo Clinic	1
Medicine - Medical Doctor Public Health Certificate	2
Medicine - Medical Doctor Visiting Faculty Certificate	3
Medicine - Medical Faculty Certificate	51
Medicine - Physician Assistant (PA)	11,061
Medicine - Resident Registration	8,053
Medicine - Temporary Area of Critical Need- Med. Doctor	949
Mental Health Counseling - Licensed Mental Health Counselor	14,305
Mental Health Counseling - Provisional Mental health Counselor Licensee	89
Mental Health Counseling - Registered Mental Health Counselor Intern	6,404
Midwifery - Midwife	249
Nursing - Advanced Practice Registered Nurse (APRN)	39,753
Nursing - CNA Programs	201
Nursing - Certified Nursing Assistant	193,407
Nursing - Licensed Practical Nurse	75,921
Nursing - Nursing Education Program- PN	166
Nursing - Nursing Education Program- RN	252
Nursing - Registered Nurse (RN)	364,820
Nursing Home Administrators - Nursing Home Administrator	2,036
Occupational Therapy Practice - Occupational Therapist	11,284
Occupational Therapy Practice - Occupational Therapy Assistant	7,208
Opticianry - Apprentice Optician	1,103
Opticianry - Optician	4,319
Optometry - Optometric Faculty Certificate	25
Optometry - Optometrist	3,895
Orthotists & Prosthetists - Orthotic Fitter	132
Orthotists & Prosthetists - Orthotic Fitter Assistant	74
Orthotists & Prosthetists - Orthotic Resident	24
Orthotists & Prosthetists - Orthotist	159
Orthotists & Prosthetists - Pedorthist	113
Orthotists & Prosthetists - Prosthetic Residents	33
Orthotists & Prosthetists - Prosthetist	91
Orthotists & Prosthetists - Prosthetist-Orthotist	292
Osteopathic Medicine - Osteopathic Limited License	3
Osteopathic Medicine - Osteopathic Physician	9,544

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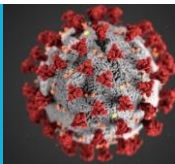


Osteopathic Medicine - Osteopathic Physician Expert Witness Certificate	30
Osteopathic Medicine - Osteopathic Resident Registration	1,852
Pharmacy - Consultant Pharmacist	3,568
Pharmacy - Nuclear Pharmacist	225
Pharmacy - Pharmacist	35,824
Pharmacy - Pharmacist Intern	13,011
Pharmacy - Registered Pharmacy Technician	56,233
Physical Therapy Practice - Physical Therapist	19,356
Physical Therapy Practice - Physical Therapist Assistant	12,064
Podiatric Medicine - Certified Pod X-Ray Assistant	740
Podiatric Medicine - Podiatric Physician	2,074
Podiatric Medicine - Podiatric Resident Registration	146
Psychology - Limited License Psychologist	15
Psychology - Provisional Psychologist	38
Psychology - Psychologist	6,547
Radiologic Technology - Radiologic Technology	50,531
Radiologic Technology - Radiologist Assistant	65
Respiratory Care - Certified Respiratory Therapist	3,147
Respiratory Care - Registered Respiratory Therapist	11,715
Respiratory Care - Respiratory Care Practitioner Critical Care	33
Respiratory Care - Respiratory Care Practitioner Non-Critical Care	8
School Psychology - School Psychologist	978
Speech-Language Pathology & Audiology - Audiologist	1,395
Speech-Language Pathology & Audiology - Audiology Assistant	194
Speech-Language Pathology & Audiology - Provisional Audiologist	31
Speech-Language Pathology & Audiology - Provisional Speech-Language Pathologist	658
Speech-Language Pathology & Audiology - Speech-Language Pathologist	11,917
Speech-Language Pathology & Audiology – Speech-Language Pathology Assistant	1,928
Telehealth Provider - Out of State	1,898
Totals	1,345,417

(Source: Florida Department of Health, Medical Quality Assurance database)

- 2) Other essential workers:** The Department is leveraging the members of the State Emergency Response Team to identify other essential workers within essential services using the respective emergency support functions to identify, estimate and locate essential workers within various sectors.

In Executive Order Number 20-91, Governor DeSantis adopted the Cybersecurity & Infrastructure Security Agency's list of essential workers and essential services and this document will be used as guidance in the development of vaccination strategies. (The Executive Order can be found at https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-91-compressed.pdf).



The Florida Department of Economic Opportunity's Bureau of Workforce Statistics and Economic Research administers the Quarterly Census of Employment and Wages (QCEW) program for the state. The QCEW program produces detailed employment counts by industry and geography. The QCEW program count covers about 98 percent of all U.S. jobs. Detailed quarterly and annual employment levels and wages by industry sector can be found at: [http://www.floridajobs.org/economic-data/quarterly-census-of-employment-and-wages-\(qcew\)/data-search](http://www.floridajobs.org/economic-data/quarterly-census-of-employment-and-wages-(qcew)/data-search)

Additionally, CHDs are identifying these critical populations within their local jurisdictions.

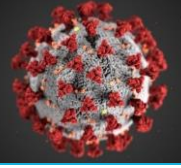
- 3) Long-term care facility residents and staff:** Florida's Agency for Health Care Administration maintains the ESS database to collect various data points related to emergency situations. Vaccine data points will be integrated into the system as needed to collect data. Long-term care facilities are required to report into this system.

The table below shows long-term care facility residents and staff data, as of September 2020. These reports can be updated at any time for planning estimates. These data are integrated into a GIS mapping system for geographic display of data.

Table 2. Long-Term Care Facilities Residents and Staff, September 2020

Provider Type	Total Number of Licensed Facilities in ESS Event	Licensed Beds	Resident Census	Total Employees
AFCH	300	1,386	890	487
ALF	3,107	110,278	75,614	79,657
CSU	51	1,225	915	8,137
HOSPICE	61	1,045	473	3,900
HSS	1	10	8	17
ICF	99	2,782	2,384	6,983
NH	695	84,784	62,944	115,618
RTC	30	635	469	1,438
RTF	118	2,422	1,636	5,306
STRTF	4	95	55	128
TLF	14	316	175	870
Grand Total	4,480	204,978	145,563	222,541

(Key: AFCH = Adult family care center; ALF = Assisted living facility; CSU = Crisis stabilization unit ; HSS = Homes for special services; ICF = Intermediate care facility for the developmentally disabled; NH = Nursing home; RTC = Residential treatment center for children and adolescents; RTF = Residential treatment facility; STRTF = Short-term residential treatment facility; TLF = Transitional living facility.)



- 4) **People with underlying medical conditions who are at-risk of severe COVID-19 illness:** The Department will utilize the health care licensure databases maintained within the Department to communicate directly with physicians, nurse practitioners and physician extenders regarding information and resources to vaccinate patients with underlying medical conditions for COVID-19. Additionally, the Department has existing programs for chronic disease prevention through the Division of Community Health Promotion and Office of Minority Health and Health Equity, which maintain relationships with national and statewide associations for persons with underlying health conditions and data regarding heart disease, diabetes and other health conditions. These data are mapped in FLHealthCHARTS (<http://www.flhealthcharts.com/charts/default.aspx>), and at-risk populations can be identified.
- 5) **People 65 years of age and older:** The Department works closely with the Florida Department of Elder Affairs to identify and communicate on issues that affect Florida's older adult population. The Florida Department of Elder Affairs has a robust data system, the Elder Needs Index (ENI) Tool (http://elderaffairs.org/doea/eni_home.php), to assist with planning for issues that affect the aging population. The ENI includes a five-map package, each scaled at the census tract, presenting population data to include:
- i. **ENI Map:** Depicts the percentage of the older adult population in each census tract who are in one of four risk groups: age 85 and older, minority, disability or poverty.
 - ii. **Age Factor Map:** Depicts the percentage of the age 60 and older population who are age 85 and older.
 - iii. **Minority Factor Map:** Depicts the percentage of the age 55 and older population who are members of racial or ethnic minority groups.
 - iv. **Disability Factor Map:** Depicts the percentage of the age 65 and older population with one or more disability.
 - v. **Poverty Factor Map:** Depicts the percentage of the age 55 and older population living below 125 percent of the Federal Poverty Level.

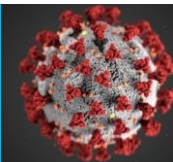


Table 3. Percent of Population by Age Group and Sex, Florida, 2019

Percent of Population By Age Group and Sex, Florida, 2019					
Age Group	Total Population	Female Population	Male Population	Female (%)	Male (%)
<5	1,142,497	557,983	584,514	2.62%	2.75%
5-9	1,156,349	565,917	590,432	2.66%	2.78%
10-14	1,204,599	590,585	614,014	2.78%	2.89%
15-19	1,205,135	588,355	616,780	2.77%	2.90%
20-24	1,269,574	620,093	649,481	2.92%	3.05%
25-29	1,436,535	703,679	732,856	3.31%	3.45%
30-34	1,351,733	667,126	684,607	3.14%	3.22%
35-39	1,318,005	660,720	657,285	3.11%	3.09%
40-44	1,249,657	633,565	616,092	2.98%	2.90%
45-49	1,350,926	685,193	665,733	3.22%	3.13%
50-54	1,393,090	713,129	679,961	3.35%	3.20%
55-59	1,468,052	763,515	704,537	3.59%	3.31%
60-64	1,380,786	737,287	643,499	3.47%	3.03%
65-69	1,267,986	684,049	583,937	3.22%	2.75%
70-74	1,121,634	602,091	519,543	2.83%	2.44%
75-79	829,643	449,322	380,321	2.11%	1.79%
80-84	553,300	306,217	247,083	1.44%	1.16%
85+	569,052	342,951	226,101	1.61%	1.06%

(Source: U.S. Census Bureau, State Population Characteristics: 2010-2019, <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>)

- 6) People from racial and ethnic minority groups:** The Department’s Office of Minority Health and Health Equity has been engaged in vaccination planning and existing networks and data will be utilized to inform these efforts. Social vulnerability indexes are available in GIS platforms and communities with health disparities have been identified. There are testing sites for COVID-19 in neighborhoods with predominantly minority populations in many areas of the state that can be leveraged for vaccine administration and messaging. Additionally, the Department will leverage community partners, community health workers and health educators to identify, estimate and provide outreach to ensure health equity efforts.

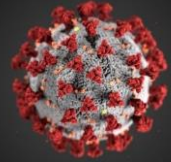
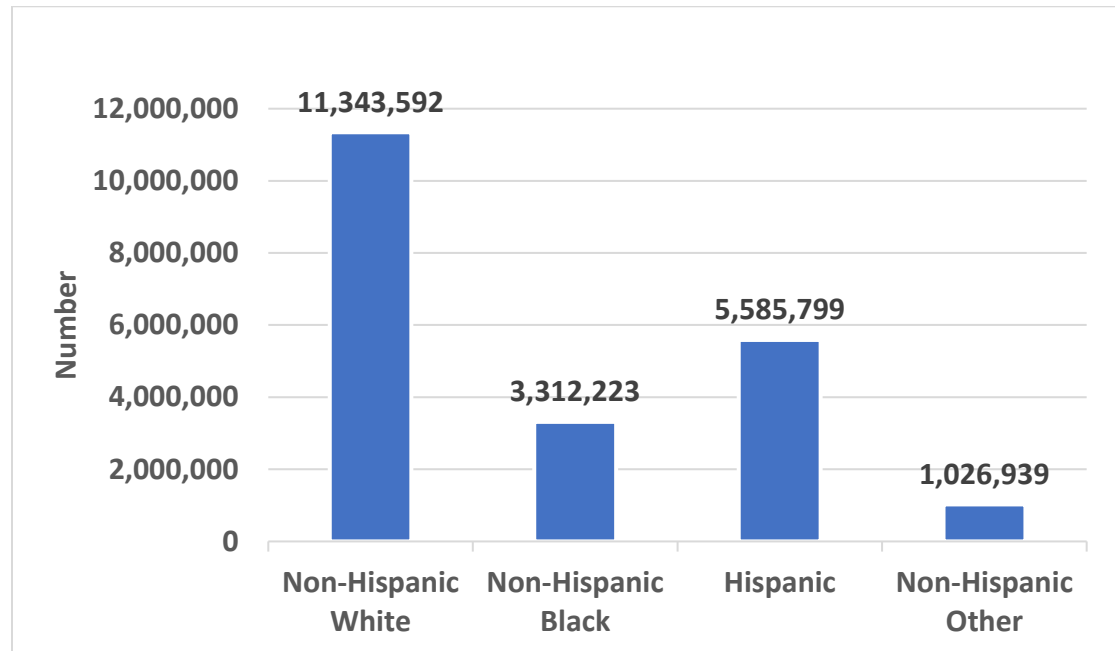


Figure 3. Florida, Race and Ethnicity Distribution, 2019

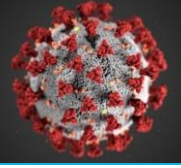


(Source: Florida Department of Health, FLHealthCHARTS Population Query System. www.flhealthcharts.com)

(County level data on racial and ethnic minority groups are available at : <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=PopAtlas.PopulationAtlasDASHBOARD&rdRequestForwarding=Form>)

7) People from tribal communities: Florida is home to two federally recognized tribes: the Seminole Tribe of Florida (Seminole Tribe) and Miccosukee Tribe of Indians of Florida (Miccosukee Tribe). There are multiple health centers on Seminole reservation lands and two of those facilities are enrolled VFC and VFA providers. The Department will contact the Seminole Tribe regarding enrollment for the COVID-19 vaccination effort and will coordinate with the Miccosukee Tribe for COVID-19 vaccine planning efforts. There are also American Indians from other non-federally recognized tribes who live in Florida. The Department will work with the South East American Indian Council on COVID-19 planning efforts as it relates to non-federally recognized tribal communities in Florida. The CHDs will engage with tribal communities for local planning efforts. Please also see Table 13. Tribal Engagement Tool in the Appendix.

8) People housed in correctional and detention facilities: The Department will work with the Florida Department of Corrections and other partners to identify



populations and locations of people who are housed in correctional and detention facilities. The Department has existing partnerships with these entities as it relates to COVID-19 testing and epidemiological investigations.

Additionally, the Department has worked closely with local jails during the previous 18 months as a part of the Department’s hepatitis A vaccination effort. Most local jails in Florida are enrolled as vaccine providers. CHDs will continue to work with local jails as it relates to vaccine planning efforts.

Table 4. Summary of Florida State Correctional Facilities, 2018-2019 Annual Report

Facility	Total	Male	Female	Population on June 30, 2019	Percentage of Population
Correctional Institutions	50	46	4	56,572	59.2%
Private Correctional Facilities	7	6	1	9,782	10.2%
Prison Annexes	17	16	1	14,058	14.7%
Re-Entry Centers	3	3	0	1,171	1.2%
Work Camps	34	33	1	10,163	10.6%
State-Run Community Release Centers	12	9	3	1,356	1.4%
Private Community Release Centers	18	15	3	2,066	2.2%
Road Prisons, Forestry, Basic Training Unit	4	4	0	458	0.5%
Total Facilities	145	132	13		
Population Total				95,626	100%

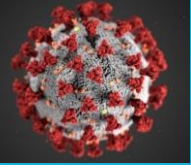
(Source: Florida Department of Corrections, Annual Report 2018-19, http://www.dc.state.fl.us/pub/annual/1819/FDC_AR2018-19.pdf)

- 9) **People attending colleges/universities:** The Florida Board of Governors has an established planning body for COVID-19 that is being utilized to identify, estimate and locate university populations. Additional partnerships will continue as it relates to other colleges and universities for vaccine planning.

Table 5. State University System of Florida Headcount, Fall 2018

Name	Headcount
Florida A&M University	9,582
Florida Atlantic University	28,104
Florida Gulf Coast University	13,909

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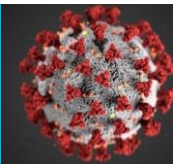
Florida International University	48,080
Florida Polytechnic University	1,372
Florida State University	39,004
New College of Florida	837
University of Central Florida	67,372
University of Florida	51,556
University of North Florida	16,411
University of South Florida	48,360
University of West Florida	12,057
TOTAL	336,644

(Source: Florida Board of Governors, State University System of Florida, Data & Analytics, https://flbog.ondemand.sas.com/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2Fbd9d4373-6bba-49b2-bc80-6032259eeaa4&page=vi110&sso_guest=true)

Table 6. Florida College System Headcount, 2015-2016

College	Students Served
Broward College	67,242
Chipola College	3,125
College of Central Florida	11,734
Daytona State College	27,685
Eastern Florida State College	23,724
Florida Gateway College	4,636
Florida SouthWestern State College	21,644
Florida State College at Jacksonville	50,891
Gulf Coast State College	12,345
Hillsborough Community College	43,932
Indian River State College	28,920
Lake-Sumter State College	8,170
Miami Dade College	140,057
North Florida College	1,936
Northwest Florida State College	10,820
Palm Beach State College	46,790
Pasco-Hernando State College	16,933
Pensacola State College	17,288
Polk State College	16,033
Santa Fe College	22,477
Seminole State College of Florida	29,243
South Florida State College	5,877
St. Johns River State College	11,007
St. Petersburg College	51,993

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State College of Florida, Manatee-Sarasota	19,290
Tallahassee Community College	38,631
The College of the Florida Keys	1,885
Valencia College	66,715
TOTAL	801,023

(Source: Florida Department of Education, Florida College System, 2017 Factbook, <http://www.fldoe.org/core/fileparse.php/15267/urlt/FACTBOOK2017.xls>)

10) People with disabilities: The Department will work with its Disability and Health Program and other state agencies, such as the Agency for Persons with Disabilities, and community partners to be inclusive of persons with disabilities as it relates to COVID-19 vaccination planning efforts. Florida maintains a Statewide Special Needs Registry that allows residents to self-register regarding disabilities and needs during times of emergencies. These data can be utilized to identify persons with disabilities locally. Additionally, the Department has established relationships with Centers for Independent Living that will be utilized to identify this population within local communities. Please see Table 14 in the Appendix for a county-by-county breakdown.

Table 7. Prevalence of People with and without Disabilities for Florida, 2018

Population	Total Number, Estimated	Disability		No Disability	
		Total Number, Estimated	Percentage, Estimated	Total Number, Estimated	Percentage, Estimated
Civilian Noninstitutionalized Population	20,288,268	2,720,957	13.4%	17,567,311	86.6%

(Source: Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC), Annual Disability Statistics Compendium, 2018 State Report for County-Level Data: Prevalence, <https://disabilitycompendium.org/compendium/2018-state-report-for-county-level-data-prevalence/FL>)

11) People who are underinsured or uninsured: The Department's Immunization Section currently has 113 FQHCs enrolled as VFA providers and 174 enrolled as VFC providers. Under these programs, the Immunization Section provides childhood and adult vaccines to these facilities to vaccinate the uninsured and the underinsured. These partners, along with our CHDs, provide capacity in this space. These facilities will have the ability to offer COVID-19 vaccination at the appropriate phase of the response. The Immunization Section will seek the assistance of the Florida Association of Community Health Centers with the recruitment of additional vaccine providers. Please see Table 15 in the Appendix for a county-by-county breakdown.

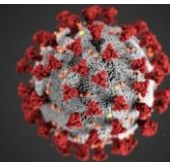
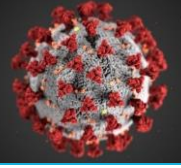


Table 8. Health Insurance Coverage in Florida

Population	Total Number, Estimated	Insured		Uninsured	
		Total Number, Estimated	Percentage, Estimated	Total Number, Estimated	Percentage, Estimated
Civilian noninstitutionalized population	21,156,770	18,372,422	86.8%	2,784,348	13.2%

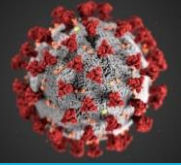
(Source: U.S. Census Bureau, American Community Survey, 2019)

<https://data.census.gov/cedsci/table?q=Health%20Insurance&g=0400000US12&tid=ACSST1Y2019.S2701&moef=false&hidePreview=true>

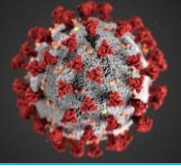


Section 5: COVID-19 Provider Recruitment and Enrollment

- A.** Provider recruitment for the COVID-19 vaccination effort officially began on Monday, October 5, when Florida SHOTS became fully functional for COVID-19 enrollment. 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, according to the most up-to-date guidance documents available. Florida SHOTS allows for providers to be designated into identified tiers so critical partners can be prioritized to receive vaccine, especially while vaccine is scarcely available.
- B.** Each enrollment step validates the provider's medical license information, and there are restrictions on license types built into Florida SHOTS and for VFC to identify vaccinators. Providers are enrolled if they fall into that license category. The Department's Immunizations Section created an enrollment internal process flow chart that details these steps, and this document is included in the Appendix.
- C.** Planning efforts for Phase 1 have focused on the critical populations identified in draft guidance documents as well as locations that can accommodate the time and dosing requirements laid out in the CDC Planning Scenarios. The initial facilities that have been identified as meeting both requirements are hospitals, as most have a large staff and some level of capacity for ultra-cold storage. Once additional federal guidance is received, further prioritization decisions will be made.
- D.** Florida is awaiting direction from CDC, as provider profile information will not be sent to vaccine tracking system (VTrckS) via provider master information. Separate extraction requirements will be needed to send the additional section B information.
- E.** Provider credentialing/license verification is built into the enrollment process in Florida SHOTS through an automated license check (on the back end). The Florida SHOTS help desk team can also click a button in the system to validate. When a provider makes a change, Florida SHOTS automatically checks the license. The validation is done at the provider/enrollee level, not the individual level of the person who administered the vaccine.
- F.** Florida is waiting for additional guidance and/or materials from CDC regarding COVID-19 specific training materials. The Florida SHOTS website provides links to live and recorded webinars on various topics (Florida SHOTS functionality, VFC, data reporting, storage and handling, etc.), which can be tracked by contracted training staff and reports can be provided as requested.

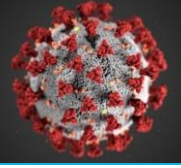


- G.** Redistribution of vaccine may be authorized on a case-by-case basis. Standard policies and processes with regard to redistribution (transfer) of vaccines will be followed throughout the response. Currently, Florida SHOTS has inventory transfer capability, which can be tracked and documented within Florida SHOTS.
- H.** Florida is working on a variety of options to offer vaccines to the population. GIS mapping of provider locations is being used to identify areas where there is a need to enroll additional providers. Florida's FQHCs are already enrolled as vaccine providers and they are key partners in ensuring access for vulnerable populations.
- I.** The Department will engage pharmacies via direct communication. In Florida, the Department licenses all pharmacies and those that are in a renewable license status have been identified and will be surveyed to gauge their interest in participating in the vaccination program. Additionally, the licensed pharmacies are being reviewed for their current enrollment status in Florida SHOTS. An analysis will be completed to see the location of all pharmacies interested in the vaccination program and those already enrolled in Florida SHOTS with the intent to assess gaps in vaccination coverage for all populations. If there are areas uncovered by a pharmacy, the Department will provide direct communication to pharmacies in those uncovered areas to encourage them to enroll. Overall, these pharmacies will be provided direct communication from the Department on how to enroll in the immunization program and how to order vaccine once available.



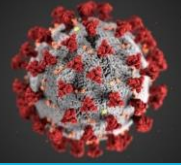
Section 6: COVID-19 Vaccine Administration Capacity

- A.** Vaccine administration capacity is being estimated through targeted surveys sent out to key partners. The first survey was sent to hospitals and asks about their facility's vaccine storage capacity (refrigerated, frozen and ultra-cold), as well as their capacity to vaccinate. Similar surveys are being developed for pharmacies and EMS providers and ask about storage and vaccination capacity. A survey for CHDs is under development to understand their capacities for storage and vaccination.
- B.** The information gathered in the surveys will be used to enhance planning efforts and target specific providers to enroll or complete any other necessary steps. Hospitals with the greatest capacity for both vaccine storage and vaccination will likely be the initial providers to receive vaccine, especially if the first vaccine authorized/approved is ultra-cold and/or a high number of doses per vial that must be used in a short time frame.



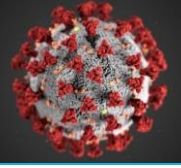
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

- A.** Forthcoming recommendations from the Advisory Committee on Immunization Practices (ACIP) and the CDC will be used to guide decisions on the use of initially available COVID-19 vaccines. Based upon draft guidance currently available, populations for initial COVID-19 vaccination may include: health care personnel likely to be exposed to or treat people with COVID-19; those at higher risk for severe illness from COVID-19, including those with underlying medical conditions; and other essential workers.
- B.** Adherence to cold chain requirements will be required of providers for refrigerated and frozen vaccines. In Phases 2 and 3, providers will be asked to use a continuous data vaccine temperature monitoring system and submit their temperature log data before their requests for vaccine will be approved.
- C.** Florida SHOTS has a built-in allocation process that is used for ordering flu vaccine and it can be adjusted for COVID-19 requirements, once available. As an external information system (ExIS) grantee, Florida has been uploading provider profile information into VTrckS on a daily basis and will continue to use that feature for updating COVID-19 provider information in VTrckS.
- D.** Unplanned repositioning of COVID-19 vaccine will be discouraged. In the event it will need to occur, providers will require approval and decisions to be made on a case-by-case basis. Providers will be required to notify the VFC program prior to any unplanned repositioning of vaccine. Providers will need to verify that protocols are adhered to in terms of physical transport of vaccine, cold chain requirements and valid temperatures at the other location before the repositioning occurs. Providers will confirm that the receiving site has agreed to receiving vaccines and has sufficient storage and handling capacity. Providers will be required to immediately document inventory visibility in Florida SHOTS using the vaccine transfer form. Detailed procedures are included in the VFC Provider Handbook (See Appendix). For COVID-19 vaccine, the required redistribution agreement will also be signed.
- E.** Florida SHOTS has the functionality to capture wastage and providers are asked to document wastage daily. Further guidance will be needed related to reporting waste for providers that will utilize the Vaccine Administration Management System (VAMS).



Section 8: COVID-19 Vaccine Storage and Handling

- A.** Vaccine storage and handling procedures will abide by guidance in the CDC VFC Storage and Handling Toolkit. Further guidance related to storage and handling of an ultra-cold chain vaccine will be necessary as it becomes available. Temperature reports from providers will be checked prior to order requests being approved or allocations sent. Providers must upload temperature reports weekly into Florida SHOTS and immediately notify the VFC help desk of any excursions.
- B.** Providers are required to upload temperature reports into Florida SHOTS weekly and this will remain true for COVID-19 vaccine providers. There are currently no plans to establish depot sites as vaccines may be shipped directly to enrolled providers. Provider storage and temperature monitoring capabilities will be assessed during the enrollment process.

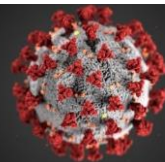


Section 9: COVID-19 Vaccine Administration Documentation and Reporting

- A.** Florida will be using the existing IIS, Florida SHOTS. Currently, there are three options for providers to enter doses administered data:
- i. Interactively by logging into the application
 - ii. By use of real-time web services
 - iii. By data batch file upload

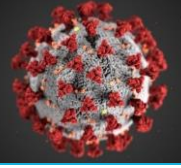
In addition, the team is exploring options to use immunization (IZ) Gateway (if approved) to obtain data from any providers that will be using VAMS.

- B.** The Florida SHOTS team is testing the connectivity between the IZ Gateway and Florida's IIS. A connection for IZ Gateway to communicate with Florida SHOTS has been set up and it is currently under testing. The team is seeking legal approval to be able to use IZ Gateway to send vaccine administration data to CDC and they also anticipate CDC specifications on how to use IZ Gateway to send vaccine administration data.
- C.** During order processing, inventory verification is conducted. When a provider places an order request, there is a feedback process to look at data submitted by the provider to make sure the requirements are met. These requirements are discussed during the regular onboarding process. Once the providers are set up, they work with the implementation specialists to test connectivity and report data. They work together to ensure that the submission contains required data elements. The implementation specialists then promote the connection to production and monitor to ensure the providers are sending correct information. Implementation specialists train providers to review the log report via virtual trainings and other training materials. Providers need to acknowledge training receipt on Florida SHOTS.
- D.** Florida SHOTS is a web-based application that can be accessed through the Chrome, Firefox and Edge Internet browsers on laptops or tablets. Florida SHOTS has also been enhanced to use 2D barcodes on driver licenses/identification cards and vaccines for the purpose of rapid data entry.
- E.** Reports can be run that present areas with missing data and vaccine orders will not be approved or shipped to these sites until the issues have been addressed. The IIS can also run a report that shows what was shipped to them and what was reported on. If necessary, additional fields can be added that are specific to the COVID-19 vaccine efforts. As it stands now, a pink box appears that shows when there are missing data. A data quality report exists that reports on the quality of data which the provider sends to the Department. Implementation specialists frequently look at those reports to monitor the providers that have been onboarded.



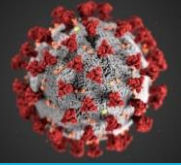
- F. Existing county-based coverage reports are run on a regular basis and they can be tailored for COVID-19 vaccination efforts. Individual providers can run their own reports as well.

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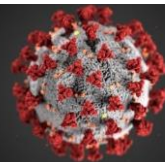
Section 10: COVID-19 Vaccination Second-Dose Reminders

- A.** Florida SHOTS currently has reminder-recall functionality available for providers to recall their patient population and this functionality is being enhanced to include COVID-19 vaccines. Provider-generated recall files have phone numbers, physical addresses and email addresses and providers can choose which method they want to use to recall their patients. Reminder-recalls can also be run at the statewide level. The Immunizations Section is exploring options for text message, post card and/or email reminders. Paper vaccination cards that will be included in ancillary kit shipments will also be used. The Florida SHOTS team can develop a vaccination card modeled after the paper format for providers to be able to print their own cards in later phases, if needed.



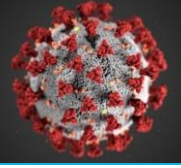
Section 11: COVID-19 Requirements for IISs or Other External Systems

- A.** The IIS will have a spreadsheet template for providers to capture vaccine administration data at mass vaccination sites when there is no solid network connectivity. In addition, a rapid data entry page is being designed so they can capture the patient and vaccination details. These functionalities will be available in the IIS by early December 2020.
- B.** The IIS currently captures the CDC recommended data elements:
 - 1. Race can be captured, but ethnicity is only captured from records coming from vital statistics. If ethnicity will be a required data element, more guidance will be needed.
 - 2. If risk indication codes are supplied by CDSI, chronic medical conditions can be captured.
 - 3. Guidance is needed from CDC HL7 workgroup on how occupation and membership values will be transmitted to the IIS.
 - 4. One data element, provider person, is not accepted because that provider person might not be in the system. As long as the person is listed and they use interactivity, they can use provider person. If they use upload, the provider person is not captured in the system.
- C.** The server infrastructure is being upgraded to include more capacity and higher performance, including increased transactions. The net result should improve the Department's ability to respond to COVID-19. The migration of production environment is estimated to be complete by the end of the 2020 calendar year.
- D.** Currently, 274 out of the 314 hospitals in Florida are enrolled in Florida SHOTS. The workgroup's current activities include enrolling the remaining hospitals and enhancing the help desk with additional staff and enrollment specialists.
- E.** IZ Gateway Connect is being reviewed by legal counsel. At this time, no determination has been made concerning the use of the Share component.
- F.** The Data Use Agreement with the Association of Public Health Libraries is under review by Department legal counsel whereas the other two documents have not yet been reviewed by legal counsel.
- G.** IIS will have a spreadsheet template for providers to capture data when Internet connectivity is unavailable.
- H.** Reports can be run that present areas with missing data and vaccine orders will not be approved or shipped to these sites until the issues have been addressed. The IIS can also run a report that shows what was shipped to them and what was reported on. If necessary,



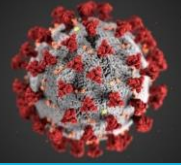
additional fields can be added that are specific to the COVID-19 vaccine efforts. Currently, a pink box appears that shows when there are missing data. A data quality report already exists that reports on the quality of data which the provider sends to the Department. Implementation specialists frequently look at those reports to monitor the providers that have been onboarded.

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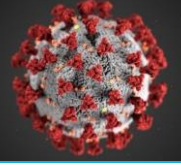


Section 12: COVID-19 Vaccination Program Communication

- A.** The Department's Immunizations Section has communication channels with providers that can be utilized. Information for providers on how to enroll in the COVID-19 vaccination program will also be posted on the Department's website as well as within Florida SHOTS. Messages will be channeled through the Department's Office of Communications.
- B.** Per the Department Crisis and Emergency Risk Communications (CERC) Annex to the Emergency Operations Plan (EOP), the following tasks should be accomplished:
- 1.** State Surgeon General (SSG)
 - a.** Activates this Annex to the Department EOP whenever a threat or incident has the potential to exceed the capability of the Department's day-to-day mechanisms to communicate with target audiences.
 - b.** Reviews/approves critical public health messages, prior to dissemination.
 - c.** Serves as lead state public health spokesperson during a public health emergency.
 - d.** Ensures crisis and risk communications activities are coordinated with the Office of the Governor, and other key partners external to the Department.
 - 2.** Office of Communications (OOC)
 - a.** OOC Director/Department Public Information Officer (PIO)
 - i.** Serves as primary communications liaison with the Governor's Communications Director, ensuring that the Office of the Governor (and/or Governor's Communications Office) is updated as requested by the State Surgeon General and the Department Executive Management Team (EMT).
 - ii.** Serves as the liaison with other state agency communications directors, including the Florida Department of Economic Opportunity, and the Florida Division of Emergency Management.
 - iii.** Works with other members of the Department EMT and the response Incident Management Team (IMT) – Logistics – Staffing Unit to designate additional Department communication professionals to assist in managing state CERC-related activities during the activation.
 - iv.** Identifies and briefs all incident-specific spokesperson(s) of record. Provides list of designated spokespersons to Department and incident management leadership, as appropriate.

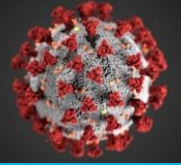


- v.** Serves as the only official source of incident-related information that is released to Department employees.
 - 1.** Works with the Department EMT to determine messages for the Department employee information line (a.k.a. Department status report hotline), when appropriate.
 - 2.** Coordinates proactive release of incident-specific Department bulletins to all employees, as appropriate.
- vi.** Ensures designated communications professionals receive timely and concise incident information, including:
 - 1.** Talking points
 - 2.** News briefs or statements
- vii.** Provides communications staff to work in the Emergency Support Function 14 (ESF14 – External Affairs) and/or other Joint Information Center/Joint Information System (JIC/JIS), when activated.
- viii.** Ensures any predeveloped and preapproved CERC materials are evaluated within three days of plan activation for potential edits/use in current incident.
- ix.** Monitors efforts of designated communication professionals activated to assist with CERC activities (duties noted below).
 - b.** Department Press Secretary
 - i.** Supports OOC CERC efforts by coordinating media-related activities, including:
 - 1.** Ensuring incident-related media coverage is monitored and status reports are shared with the SSG and Department EMT, the Department’s Bureau of Preparedness and Response and CHD Public Information Officers, as well as ESF8 (Health and Medical) and ESF14, if activated.
 - 2.** Ensuring that detailed news releases are released only after approval by the SSG or his/her designee.
 - c.** OOC Communication Specialists
 - i.** During CERC activations, the OOC utilizes additional staff to complete CERC-related activities.
 - ii.** These staff may be within the OOC, or from other preparedness funded Department units.
 - iii.** Assist OOC by monitoring and completing assigned CERC tasks, as directed.
 - 1.** Attachment I.3 of the CERC plan contains a sample of an Information Management Branch (IMB) status board, which contains the following five spreadsheets:



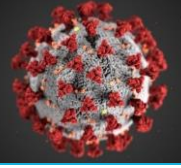
task list, staffing list, message board (key messages in progress), disseminated messages and status of speaker requests

- iv.** Monitor and utilize incident-specific Essential Elements of Information, identified by the Planning Section/Situation Unit, to develop and drive message development.
- v.** Work with OOC to promptly disseminate emails related to incident-related message guidance and updates.
- vi.** During ESF8 activations, monitor WebEOC, statewide emergency management platform, for public health and medical communication issues.



Section 13: Regulatory Considerations for COVID-19 Vaccination

- A.** Florida will utilize the resources provided by CDC and the FDA to ensure consistency. A COVID-19 vaccination webpage will be developed with resources and links for providers, and Florida SHOTS will link to this webpage. The Florida SHOTS team has also added COVID-19 options on their help desk toll-free number and an email box with dedicated help desk staff to handle COVID-19 information. Providers will be made aware of where COVID-19 specific resources and information are located.
- B.** Section A #5 of the CDC COVID-19 Provider Agreement instructs providers to give each vaccine recipient the Emergency Use Authorization or Vaccine Information Statements (VIS) and it will be emphasized during the enrollment process. For interactive users, VIS distribution is a required field in the IIS. Providers will not be able to report their vaccination data without VIS information (date published).



Section 14: COVID-19 Vaccine Safety Monitoring

- A. **Risk/Benefit:** VIS are required by law to be provided to any person who receives a vaccine. Health care providers should advise anyone seeking vaccination for COVID-19 of the risk/benefit associated with receiving the COVID-19 vaccine.

Vaccines are tested for their safety and efficacy. However, unusual and unexpected reactions may arise. Persons who have received the vaccination should seek immediate medical care if a severe allergic reaction occurs which can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness. Patients should be directed to contact their health care provider if they experience any unusual conditions such as a high fever or behavioral changes.

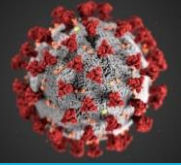
(<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>)

Provider Responsibility: All vaccine providers will disseminate a 24/7 phone number to each person receiving the vaccination for reporting of severe adverse events. This phone number will be provided at the time of vaccination, as part of the post-counseling service. The vaccine provider will establish a process to triage any client requesting follow-up medical care. The vaccine provider will provide follow-up medical care or refer the client for appropriate medical care. Vaccine providers should advise vaccine recipients to seek immediate medical care if a severe allergic reaction occurs. Each vaccine provider will report any severe adverse reaction to the Vaccine Adverse Event System (VAERS).

- B. The Department is in the process of establishing an agreement with the Florida Poison Information Center Network for serving as the centralized call center for Adverse Event Reporting, as was done in the H1N1 Pandemic in 2009. During H1N1, calls to the Florida Adverse Reaction Call Center were reviewed by the State VAERS Coordinator and forwarded to the designated CHD for the client's county of residence. CHD staff reviewed the reports and used professional, clinical judgment to determine if follow-up was required.

On a weekly basis, the State VAERS Coordinator received VAERS reports through the CDC Epidemic Information Exchange (Epi-X) Network. The report identifies self-reported severe adverse events, which were reported as: patient died, life threatening illness, short term hospitalization, prolonged hospitalization and permanent disability. CHD staff followed-up on all severe adverse events to determine if the client fully recovered, required ongoing medical care or could not be contacted. Reports related to adverse events are generated and reviewed by the Department on a regular basis.

Florida SHOTS can also capture adverse event reports and training guides on this functionality exist now. There is also a link to VAERS in the system that providers can use.



Section 15: COVID-19 Vaccination Program Monitoring

A. Florida's process for monitoring will be as follows:

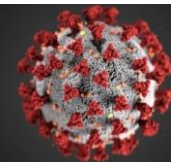
- Provider enrollment
 - Forms have been developed in ReadyOp, the Department's tool for establishing a common operating picture, to track appropriate metrics and ensure regular reporting related to the enrollment process. These forms can be sent to any partner to obtain information.
- Access to COVID-19 vaccination services by population in all phases of implementation
 - Multiple maps are being generated to visually describe provider locations throughout the state. Once vaccination efforts start, Florida SHOTS can provide administration data (ZIP codes of patient population who receive vaccines), as well as provider location data. The Department's Bureau of Preparedness and Response has data on critical populations and accessibility index scores.
- IIS or other designated system performance
 - The Florida SHOTS team has constant real-time monitoring of server performance and regular reporting capabilities, such as SolarWinds (performance monitoring tool). The IIS has built-in programmatic alerts when errors are detected.
- Data reporting to CDC
 - Currently awaiting additional guidance from CDC.
- Provider-level data reporting
 - Florida SHOTS has built-in reports to monitor provider-level data reporting.
- Vaccine ordering and distribution
 - Florida SHOTS has built-in reports to monitor vaccine ordering and distribution.
- 1- and 2-dose COVID-19 vaccination coverage
 - Currently, coverage reports can be run at provider population and county level. More guidance will be necessary if additional requirements are needed.

B. The Department will monitor budget, supplies and staffing through existing grant and budget management functions in coordination with the Office of County Health Systems to provide fiscal oversight.

C. Florida is taking a multi-phase approach to messaging that aligns with the phases of vaccine release described in federal guidance. The information provided below is from Florida's *COVID-19 Vaccine Distribution Communications Plan*.

Communication objectives are to:

- a. Provide clear and concise communication between federal and state partners.



- b. Provide timely public updates as necessary when vaccines become more readily available.
- c. Provide messaging to Floridians that will avert confusion and alleviate potential stressors at vaccination sites.

Target audience for communication are:

- a. Floridians statewide
 - Vulnerable/at-risk populations
 - Critical occupational groups
- b. Public health officials
- c. Health care providers
- d. Community partners and stakeholders
- e. Elected officials

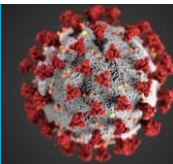
COMMUNICATION STRATEGIES

Pre-vaccine

Prior to vaccine availability, the Department will work to increase awareness and offer information about what to expect. This will include a press release and public service announcements through social media and YouTube. A dedicated website would still be under development at this time. The Department will also conduct additional outreach to pharmacies, health systems and long-term care partners that may be needed to rapidly execute a successful COVID-19 immunization program.

Table 9. Pre-Vaccine Communication Strategies

TOOL	PURPOSE	FREQUENCY
Press Release	To provide the public with information on the state’s plans to implement a vaccine pilot program in coordination with CDC.	Issued as a formal announcement of the pilot program.
Webpage	To provide stakeholders and public with valuable information on what, when and where to expect implementation of the program.	Updated in real-time as either a page on the Department COVID-19 website or as a dedicated website.
Social Media	Increase outreach efforts to ensure that Floridians have ample access to information.	Posts 3-4 times weekly. Will increase frequency as program becomes operational.
Media	Increase outreach efforts to ensure that Floridians have ample access to information.	Will consider radio and television marketing campaigns similar to previous state COVID-19 campaigns.
Mail Outs	Using the Medical Quality Assurance database, a letter will be sent to health care practitioners informing them of the program and their potential role.	Single issue.



Limited Vaccine Availability

The number of vaccine doses distributed to each state is to be determined. A clear and concise message will be crafted to ensure that our most vulnerable populations as well as critical occupational groups are able to receive the vaccine first. Recommendations for target groups will likely change as the vaccine becomes readily available.

Table 10. Limited Vaccine Availability Communication Strategies

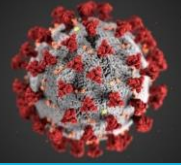
TOOL	PURPOSE	FREQUENCY
Press Release/Press Conference	To provide information to the public concerning the vaccine and availability. To outline where the vaccine will be administered and to whom.	Issued once as needed if there is a shortage.
Webpage	Providing access to information concerning location and times of vaccine administration and details regarding which individuals qualify.	Updated in real-time.
Social Media	Infographics and posts to deliver the message of who is currently eligible for vaccination.	As needed.
Communication with Partners	To ensure consistent messaging. Conference calls with Agency for Health Care Administration, Florida Medical Association, Florida Osteopathic Medical Association, Florida Hospital Association, etc.	Weekly.

Widespread Vaccine Availability

When a COVID-19 vaccine becomes readily and publicly available, the Department's Office of Communications will be prepared to deliver that message along with instructions on how to appropriately receive the necessary doses. This will be determined in accordance with how the vaccine will be administered.

Table 11. Widespread Vaccine Availability Communication Strategies

TOOL	PURPOSE	FREQUENCY
Press Release	Announcement of readily available vaccine and its administration.	Once.
Webpage	Updates on availability and location of vaccines as well as instruction for reservations if necessary.	Updated daily.
Social Media	Posts and infographics providing information on vaccine sites.	Multiple posts daily.
Advertising	Providing information to the public on locations and availability of vaccine through YouTube ads, Radio spots, Bus wraps, etc.	As needed.



- D.** The Department has an established process for obtaining statewide situational awareness. During the hepatitis A outbreak in 2019, the Department established vaccination goals for each local jurisdiction and CHDs reported routinely on progress of those vaccination efforts, completion of assigned objectives, local vaccine targets, locations of vaccination clinics and community partner vaccine administration activities. A similar situation reporting template is under development for COVID-19 vaccination efforts.

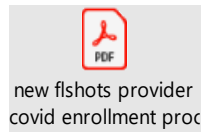
In addition to local contributions to situation reports, health care facilities will report vaccination activities through the health care facility Emergency Status System, administered by the Florida Agency for Health Care Administration. Facilities will report number of staff who have been vaccinated, number of patients or residents vaccinated and vaccine supply.

This information, along with vaccine administration data collected through Florida SHOTS, will be collated for a comprehensive situation report.

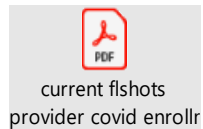
Appendix

- VFC Provider Handbook: <http://www.floridahealth.gov/programs-and-services/immunization/vaccines-for-children/documents/2020-vfc-provider-handbook.pdf>

- Two Internal Process Provider Enrollment Flow Charts
 - One for new providers:



- Another for current Florida SHOTS providers:



- External flow charts will be posted on the Department's Immunizations Section webpage, COVID-19 Vaccine Information Page
 - In development

Table 12. Licensed Health Care Practitioners in Florida by County

County Name	TOTAL	County Name	TOTAL
Alachua	24,800	Leon	14,989
Baker	1,847	Levy	2,088
Bay	9,128	Liberty	321
Bradford	1,529	Madison	929
Brevard	34,856	Manatee	22,637
Broward	116,115	Marion	20,434
Calhoun	797	Martin	9,767
Charlotte	9,827	Miami-Dade	140,200
Citrus	8,083	Monroe	3,645
Clay	13,269	Nassau	4,579
Collier	17,195	Okaloosa	10,024
Columbia	4,418	Okeechobee	1,889
DeSoto	1,224	Orange	71,112
Dixie	751	Osceola	15,056
Duval	53,898	Palm Beach	86,449
Escambia	16,231	Pasco	32,621
Flagler	6,073	Pinellas	65,236
Franklin	349	Polk	30,930
Gadsden	1,692	Putnam	3,239
Gilchrist	1,082	Santa Rosa	10,196
Glades	193	Sarasota	25,403
Gulf	751	Seminole	26,379
Hamilton	540	St. Johns	15,806
Hardee	811	St. Lucie	20,172
Hendry	1,379	Sumter	4,076
Hernando	11,079	Suwannee	2,436
Highlands	5,031	Taylor	889
Hillsborough	80,294	Union	835
Holmes	848	Volusia	31,636
Indian River	9,357	Wakulla	1,422
Jackson	2,845	Walton	3,056
Jefferson	616	Washington	1,261
Lafayette	376	Out of State	161,336
Lake	19,811	Unknown	7,523
Lee	39,743	TOTAL	496,838

(Source: Florida Department of Health, Medical Quality Assurance database)

Table 13. Tribal Engagement Tool

Tribe	Facility Name	Population	Distribution Method	Address	City
Miccosukee	Miccosukee Health Station	~400	Pending	US 41 - Mile Marker 70	Miami
Seminole	Big Cypress Health Center	~4,000	Pending	30581 Buffalo Jim Loop Rd	Clewiston
Seminole	Brighton Health Center		Pending/VFC/VFA	17201 Civic Street	Okeechobee
Seminole	Hollywood Health Center		Pending/VFC/VFA	3006 Josie Billie Ave	Hollywood
Seminole	Immokalee Health Center		Pending	1120 S First Street	Immokalee

Table 14. Prevalence of People with and without Disabilities for Florida by County, 2018

County	Total	Disability		No Disability	
		Count	Percentage	Count	Percentage
Alachua	260,562	27,896	10.7	232,666	89.3
Baker	25,164	4,342	17.3	20,822	82.7
Bay	177,687	34,610	19.5	143,077	80.5
Bradford	23,454	4,668	19.9	18,786	80.1
Brevard	571,935	89,462	15.6	482,473	84.4
Broward	1,897,256	208,108	11	1,689,148	89
Calhoun	12,409	2,736	22	9,673	78
Charlotte	173,508	38,010	21.9	135,498	78.1
Citrus	140,931	30,141	21.4	110,790	78.6
Clay	204,438	27,874	13.6	176,564	86.4
Collier	362,009	41,329	11.4	320,680	88.6
Columbia	64,352	12,555	19.5	51,797	80.5
DeSoto	34,677	4,883	14.1	29,794	85.9
Dixie	14,879	3,648	24.5	11,231	75.5
Duval	904,689	122,492	13.5	782,197	86.5
Escambia	296,511	44,394	15	252,117	85
Flagler	106,747	17,068	16	89,679	84
Franklin	10,125	2,212	21.8	7,913	78.2
Gadsden	43,046	8,643	20.1	34,403	79.9
Gilchrist	16,285	3,412	21	12,873	79
Glades	12,147	2,479	20.4	9,668	79.6
Gulf	13,627	2,532	18.6	11,095	81.4
Hamilton	10,987	2,486	22.6	8,501	77.4
Hardee	25,496	2,585	10.1	22,911	89.9
Hendry	39,475	5,021	12.7	34,454	87.3
Hernando	180,731	34,450	19.1	146,281	80.9
Highlands	100,987	20,634	20.4	80,353	79.6
Hillsborough	1,367,433	157,660	11.5	1,209,773	88.5
Holmes	17,620	4,225	24	13,395	76
Indian River	149,716	24,865	16.6	124,851	83.4
Jackson	40,870	7,997	19.6	32,873	80.4
Jefferson	11,791	1,933	16.4	9,858	83.6
Lafayette	7,204	1,238	17.2	5,966	82.8
Lake	331,957	54,527	16.4	277,430	83.6
Lee	713,427	97,224	13.6	616,203	86.4
Leon	284,753	32,388	11.4	252,365	88.6
Levy	39,679	7,907	19.9	31,772	80.1
Liberty	6,954	1,702	24.5	5,252	75.5
Madison	16,422	3,143	19.1	13,279	80.9

Manatee	370,913	52,321	14.1	318,592	85.9
Marion	339,473	61,566	18.1	277,907	81.9
Martin	154,467	23,501	15.2	130,966	84.8
Miami-Dade	2,690,040	272,374	10.1	2,417,666	89.9
Monroe	74,327	8,258	11.1	66,069	88.9
Nassau	79,567	12,725	16	66,842	84
Okaloosa	188,311	28,685	15.2	159,626	84.8
Okeechobee	37,623	5,717	15.2	31,906	84.8
Orange	1,309,805	142,450	10.9	1,167,355	89.1
Osceola	337,036	48,457	14.4	288,579	85.6
Palm Beach	1,433,604	176,163	12.3	1,257,441	87.7
Pasco	504,686	81,812	16.2	422,874	83.8
Pinellas	946,661	145,083	15.3	801,578	84.7
Polk	660,644	101,896	15.4	558,748	84.6
Putnam	71,607	12,899	18	58,708	82
Santa Rosa	161,516	25,635	15.9	135,881	84.1
Sarasota	408,311	63,336	15.5	344,975	84.5
Seminole	451,979	46,549	10.3	405,430	89.7
St. Johns	233,891	26,398	11.3	207,493	88.7
St. Lucie	303,304	47,475	15.7	255,829	84.3
Sumter	111,788	21,913	19.6	89,875	80.4
Suwannee	42,426	8,263	19.5	34,163	80.5
Taylor	18,239	4,134	22.7	14,105	77.3
Union	9,724	1,501	15.4	8,223	84.6
Volusia	522,429	88,886	17	433,543	83
Wakulla	28,299	4,596	16.2	23,703	83.8
Walton	63,776	10,602	16.6	53,174	83.4
Washington	21,882	4,283	19.6	17,599	80.4
Statewide	20,288,268	2,720,957	13.4	17,567,311	86.6

(Source: Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC), Annual Disability Statistics Compendium, 2018 State Report for County-Level Data: Prevalence, <https://disabilitycompendium.org/compendium/2018-state-report-for-county-level-data-prevalence/FL>)

Table 15. Health Insurance Coverage in Florida's Population by County (estimated)

County	Total Population*	Insured		Uninsured	
		Total*	Percentage*	Total*	Percentage*
Alachua	266,549	243,082	91.2	23,467	8.8
Bay	170,632	149,186	87.4	21,446	12.6
Brevard	596,398	533,213	89.4	63,185	10.6
Broward	1,941,114	1,643,281	84.7	297,833	15.3
Charlotte	186,002	165,722	89.1	20,280	10.9
Citrus	147,448	129,972	88.1	17,476	11.9
Clay	216,402	195,523	90.4	20,879	9.6
Collier	383,332	332,967	86.9	50,365	13.1
Columbia	66,783	56,269	84.3	10,514	15.7
Duval	933,533	815,125	87.3	118,408	12.7
Escambia	301,231	262,881	87.3	38,350	12.7
Flagler	114,318	99,197	86.8	15,121	13.2
Hernando	192,009	169,410	88.2	22,599	11.8
Highlands	104,995	92,819	88.4	12,176	11.6
Hillsborough	1,459,415	1,268,482	86.9	190,933	13.1
Indian River	158,335	137,405	86.8	20,930	13.2
Lake	363,745	323,317	88.9	40,428	11.1
Lee	765,673	672,341	87.8	93,332	12.2
Leon	289,917	263,001	90.7	26,916	9.3
Manatee	400,114	350,816	87.7	49,298	12.3
Marion	356,778	312,013	87.5	44,765	12.5
Martin	158,049	144,480	91.4	13,569	8.6
Miami-Dade	2,696,151	2,257,372	83.7	438,779	16.3
Monroe	71,680	57,039	79.6	14,641	20.4
Nassau	87,175	79,764	91.5	7,411	8.5
Okaloosa	197,374	170,656	86.5	26,718	13.5
Orange	1,382,152	1,196,706	86.6	185,446	13.4
Osceola	374,298	324,394	86.7	49,904	13.3
Palm Beach	1,483,317	1,276,737	86.1	206,580	13.9
Pasco	548,036	477,411	87.1	70,625	12.9
Pinellas	962,616	852,436	88.6	110,180	11.4
Polk	716,526	617,153	86.1	99,373	13.9
Putnam	73,528	61,697	83.9	11,831	16.1
St. Johns	263,093	240,785	91.5	22,308	8.5
St. Lucie	325,322	278,825	85.7	46,497	14.3
Santa Rosa	173,974	155,963	89.6	18,011	10.4
Sarasota	429,861	383,713	89.3	46,148	10.7
Seminole	468,681	425,992	90.9	42,689	9.1
Sumter	122,245	113,540	92.9	8,705	7.1
Volusia	547,881	475,778	86.8	72,103	13.2
Walton	72,349	63,277	87.5	9,072	12.5
TOTAL	21,156,770	18,372,422	86.8	2,784,348	13.2

(*=civilian noninstitutionalized; Source: U.S. Census Bureau, American Community Survey, 2019

<https://data.census.gov/cedsci/table?q=Health%20Insurance&g=0400000US12&tid=ACSST1Y2019.S2701&mo e=false&hidePreview=true>)