COVID-19 Resources: Vaccinations
produced by the
National Association of State Head Injury Administrators

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Dear NASHIA Member,

In December, the U.S. Food and Drug Administration (FDA) issued the first emergency use authorization (EUA) for a coronavirus vaccine for people over the age of 16. The first priority for receiving the vaccines were healthcare workers and people who live in nursing and long-term care homes. Since then, other vaccines have emerged or are in the research/approval process. Accordingly, States and local governments have ramped up plans for distribution, as well as the federal government.

As vaccines are distributed, it important to know how these efforts may impact individuals with brain injury and how to plan accordingly. This issue features considerations for obtaining the vaccine.

Who is Eligible for a COVID-19 Vaccine?

Each State creates its own vaccination plan and may follow the recommendations of the Centers for Disease Control and Prevention (CDC):

- People in Phase 1a are healthcare workers and people who live in long-term care homes.
- People in Phase 1b are adults who are 75 years and older and essential workers.
- People in Phase 1c are adults who are 65 years and older, essential workers who were not in Phase 1b, and people 16 years and older who have high-risk medical conditions.
- People in Phase 2 are all people 16 years and older living in the United States.
People with brain injury may be part of any of these phases, depending on how the State is including people with disabilities. Some States include people with disabilities in Phase 1a or Phase 1b. However, disability alone does not put a person at a higher risk for getting COVID-19, but the individual may be at higher risk if living in a long-term care setting. You may read your State’s plan here. The State and local health department, however, will know who is eligible at the time; when the vaccine will be available; where the vaccinations will take place; and how to get in the "queue" for obtaining it.

Care providers may be considered essential workers in vaccination plans. Hospice, home healthcare providers, and group home providers are considered essential workers. Others who help individuals with brain injury with day-to-day activities may also be considered essential workers in vaccination plans. A family member who helps with a person with disabilities day-to-day activities may be able to get the COVID-19 vaccine at the same time as the member with a disability. The State or local health agency will be able to provide information as to the eligibility of a caregiver.

The Health Resources and Services Administration (HRSA) and CDC have announced a program to directly allocate a limited supply of COVID-19 vaccine to select HRSA-funded health centers starting the week of February 15th to be carried out in coordination with the jurisdictions and health centers. Initial health centers chosen for this program include those that serve a large volume of one of the following disproportionately affected populations:

- Individuals experiencing homelessness,
- Public housing residents,
- Migrant/seasonal agricultural workers, or
- Patients with limited English proficiency.

The initial phase of this program will increase access to vaccines to 250 health centers nationwide. HRSA is working closely with health centers to identify sites that will receive vaccine in the first weeks of the program. As supply increases, HRSA and CDC will support vaccination in additional targeted health centers.

Where do You Go to Get a Vaccine?

**Federal, State and Local Public Health Partners**

Depending on the State and local community, you may get vaccinated at your physician or healthcare provider’s office, hospital, or other sites that may be arranged by the local health department. Many communities are planning and holding mass vaccination sites. Some cities are deploying mobile vaccine clinics to reach vulnerable populations. And, in some parts of the country, local health officials are conducting drive-through locations where vaccines are administered to people in cars or by curbside.

Since early January, the National Guard Soldiers and Airmen have been assisting with vaccination sites, expanding from just a few civilian sites to over 350 sites across 43 States and territories. Sites are vaccinating about 72,000 people a day across the country with assistance from the Guard in a year-long effort to help combat the spread of COVID-19. These vaccination sites may be planned, coordinated and carried out by the local health agencies, physician groups, community police, firefighters, hospitals, and an array of community organizations and businesses.

The Federal Emergency Management Agency (FEMA) announced at the end of January
that it will provide reimbursement to States, local, tribal and territorial governments and the District of Columbia for the use of their National Guard to respond to COVID-19 and other assistance, which may include support to vaccination distribution and administration, at a 100% cost share until Sept. 30, 2021. Additionally, FEMA is supporting COVID-19 vaccine distribution by providing reimbursement to governments for costs associated with vaccine distribution and administration.

Federal Pharmacy Partners

The Federal Retail Pharmacy Program for COVID-19 Vaccination is a collaboration between the federal government, pharmacy partners, and States and territories to increase access to COVID-19 vaccination across the United States. This partnership involves 21 national pharmacy partners and independent pharmacy networks, representing over 40,000 retail and long-term care pharmacy locations nationwide. Retail pharmacies participating in the program will vary by State and territory. Individuals who are interested in getting vaccinated at their local pharmacy should check the pharmacy’s website to find out if COVID-19 vaccine is available and if they are eligible for vaccination.

Pharmacy partners will screen individuals to determine their vaccination eligibility according to the criteria selected by their State or territory for this program. Individuals may be asked about their age, occupation, or underlying medical conditions. Screening will also include checking for contraindications to COVID-19 vaccines -- reasons why an individual should not receive the vaccine.

Pharmacies will not require proof of age, occupation, or any other type of credentials; however, they will rely on self-attestation for validating group membership. This assures that no one will be turned away for lack of specific identification documents (e.g., driver’s license) and eases the burden on participating pharmacies and individuals.

Pharmacies not enrolled with CDC as COVID-19 vaccination providers can enroll directly with a State or territory's immunization program to offer vaccination in their communities.

CDC is also offering the Pharmacy Transfer Program that allows States and territories to transfer their allocated vaccine doses to federal pharmacy partners to help vaccinate target populations in their communities. As the Federal Retail Pharmacy Program rolls out, jurisdictions may choose to change the number of doses they transfer to pharmacy partners.

Tips for Making and Keeping an Appointment

As vaccines are in short supply, it has become quite a challenge to obtain one. In many instances, to register requires using a computer, having access to a printer, and having access to transportation to and from the vaccine site. This has presented challenges especially among older adults, who are targeted as a priority group, and for individuals with disabilities who may need assistance -- yet, may not have access to assistance with the process. Below are considerations.

Making an appointment. There may be multiple points to contact for those seeking a vaccine. It's up to State and local health departments, as well as the private sector -- hospitals, clinics and pharmacies. In many instances, people have to complete an online form to register and to get on a list for a vaccine via a website by using a computer. The registration process may require the person to provide a phone number and/or email for follow up.
Local health departments and health providers may have created websites to get on a list. Scheduling may be done on-line and/or a combination of an on-line list and a person calling to schedule or to text or email with appointment information. If a person does not have a computer to get on the list or an email for scheduling, then he/she may contact the local or State health department who may have a hotline number to call for help or he/she may contact his/her healthcare provider for assistance.

**Pharmacies.** In some cases, people may be able to book an appointment online, directly with the pharmacy, if eligible.

**Remember the vaccine is free.** Even if a person doesn't have insurance, he or she can get the shot. Healthcare providers may ask for an insurance card as they may bill insurance or Medicaid or Medicare to cover the costs of administering the shot. Make sure to have your health insurance information handy just in case when looking for an available slot on-line in the event that information is needed to register. Some people have "timed out" when having to stop the process to find their insurance card, meaning they have had to start all over again on the website to register.

**Be patient and persistent.** Vaccines are currently limited -- there are not enough doses available right now for people who are currently eligible. You may have to persevere or help those who do not have technology or ability to persevere to do so. Often, there are just a few minutes to sign up before appointments are filled, which requires the individual to start all over to register once vaccines are available again.

**Who can help.** Social media may be helpful to alert you when vaccines are available and which “lists” people are finding success with in getting an appointment. Newspapers, t.v. and radio will also contain information on vaccine schedules.

**Planning ahead.** Once an appointment is made, you may need to arrange transportation. Large vaccination sites may have trolleys or golf carts available to assist individuals from their parked car to the building where the shot is administered, if there is a distance between the two. People using walkers, wheelchairs or who need other assistance may need to plan ahead as to how to get to and from the vaccination site, as well as from the parking lot to the building in the event other accommodations are not available.

**There may be a consent form that will need to be completed to give to the health care providers administering the shot.** In some communities, local organizations and businesses may help with printing consent forms located on websites or have consent forms available for you to complete if you do not have a printer. For example, in one community the local bank printed forms for those with appointments who did not have printers to pick up.

**Getting the shot.** In addition to the consent form, you may be asked for a driver’s license or other form of identification before getting the shot. After the first shot, you will be given a card noting the date and vaccine, and the date for the second shot, if one is needed. This card will be needed for the second shot.

**Reminders.** People with brain injury and cognitive issues may need a reminder system for both first and second shot. Vaccine cards, text messaging, electronic alerts, automated reminders and/or personal outreach to help individuals to make their first AND second appointment may be warranted. In some communities, the agencies coordinating the shots may provide reminders through phone calls, email or texts or with assistance from local businesses/organizations who may call people. Brain injury providers and service coordinators may need to consider innovative strategies for reminders, such as providing prepaid phone cards or prepaid cell phones with programmed reminders.

**Other accommodations.** Individuals may need help in printing out vaccine consent forms
and with completing the form prior to the vaccination, as well as a list of what to bring to the vaccination site: driver's license/identification; consent form; and the card from the first vaccination for the second shot. People will also need to wear a mask.

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**Federal News Updates**

- On February 11th, the U.S. Department of Health and Human Services (HHS) and the Department of Defense (DOD) announced that they have purchased an additional 100 million doses of COVID-19 vaccines from both Pfizer Inc. and Moderna Inc. to help meet demand for COVID-19 vaccines in the United States.

- On February 17th, as part of President Biden’s National Strategy for the COVID-19 Response and Pandemic Preparedness - PDF, the U.S. Department of Health and Human Services (HHS) announced new actions to expand COVID-19 testing capacity across the country to improve the availability of tests, including for schools and underserved populations; to increase domestic manufacturing of tests and testing supplies; and to better prepare the nation for the threat of variants by rapidly increasing virus genome sequencing.

- The Centers for Disease Control and Prevention (CDC) and The U.S. Food and Drug Administration’s (FDA) Vaccines and Related Biological Products Advisory Committee will meet this Friday, February 26, 2021, to consider Emergency Use Authorization (EUA) for Johnson & Johnson's COVID-19 vaccine. The Johnson & Johnson vaccine is unique as a one-dose shot, as opposed to the two-dose Moderna and Pfizer/BionTech shots. It can also be stored in most standard refrigerators, easing the transportation and distribution needs. If the vaccine is recommended by the Committee for emergency use, then Acting Commissioner of the Food and Drug Administration, Janet Woodcock, will make a final decision.

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**COVID-19 Vaccine and Special Populations**

**DREDF Publishes Paper on Mortality Risk Among HCBS Recipients**

On February 11th, the NIDILRR-funded Community Living Policy Center and the Disability Rights Education and Defense Fund (DREDF) published a paper, authored by H. Stephen Kaye, Ph.D., “Elevated COVID-19 Mortality Risk Among Recipients of Home and Community-Based Services (HCBS): A Case for Prioritizing Vaccination for This Population (PDF),” which finds that HCBS recipients between 45 and 64 years of age appear to be at greater mortality risk than the general community-resident population between 65 and 74 years of age. He concludes that this elevated mortality risk justifies increasing the vaccination priority for HCBS recipients under age 65 to equal that of the general population age 65 and older.

**CDC Releases Vaccine Implementation Guidance for People Experiencing Homelessness**

CDC has released interim guidance for health departments on vaccination implementation for people experiencing homelessness. This guidance offers implementation strategies to improve delivery of COVID-19 vaccination services to people experiencing homelessness, including considerations related to how and where vaccines are administered, logistics for vaccination events, and strategies for documenting doses and conducting second-dose reminders. Some States have prioritized people experiencing homelessness and homeless service staff in earlier vaccination phases. Homeless services are often provided in congregate settings, which could facilitate the spread of infection.
The National Association of State Head Injury Administrators assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.


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