COVID-19 VACCINE TOOLKIT FOR MAYORS

Context
The COVID-19 vaccine, developed in record time, is the path forward for ending the current pandemic and reopening cities around the world. However, effective and equitable vaccination is an unprecedented logistical and public education challenge. Mayors and city leadership play a critical role in responding to this challenge, given their strong connection to residents and deep understanding of local context.

Purpose
The COVID-19 Vaccine Toolkit provides Mayors and their teams the guidance and resources they need to help facilitate the largest vaccination program ever seen in the United States. This toolkit is grounded in extensive research and interviews with leading experts and city leaders across the country with significant experience in public health, municipal emergency management, and crisis response.

Acknowledgments
Special thanks to our partners at Johns Hopkins University, Delivery Associates, and The Behavioral Insights Team for sharing their expertise.

For more information please visit bloombergcities.jhu.edu/vaccine. For any questions or feedback, please email coronavirusresponse@bloomberg.org.
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INTRODUCTION: THE ROLE OF MAYORS IN VACCINATION ROLLOUT

While federal, state, and county authorities manage significant portions of the vaccination delivery chain, cities play a central role in coordinating stakeholders, earning public trust in the vaccine, and ensuring that prioritization frameworks, public messaging, and site selection enable effective and equitable distribution. These responsibilities are particularly essential given the pandemic’s disproportionate impact on communities of color, with large disparities in testing, access to care, and disease outcomes.

Mayors must start with a clear objective: **effective and equitable distribution of vaccines.** They need to ensure all residents receive vaccines in a timely manner, prioritizing the most vulnerable populations as well as encouraging skeptical populations to receive vaccines. This requires considering equity in every decision.

It’s important to note that cities face this challenge in the context of stretched public budgets, a strained public health system, and city staff who have been operating under a state of emergency for months. Mayors need to work with the resources at hand while also advocating for additional support from state and federal agencies.

While the slow early roll out of vaccinations in the United States has heightened public scrutiny of the system, the Biden administration’s newly released “National Strategy for the COVID-19 Response and Pandemic Preparedness” is likely to accelerate the process, and improve federal resources and guidance for states and cities (see Appendix for details about the National Strategy). As these changes are implemented in the coming weeks and months, Mayors will need to be highly responsive to new developments.

To provide cities with tools they can use to plan and respond to the continuously changing context, the module includes guidance on:

1. **Understanding the COVID-19 vaccination delivery chain**
2. **Identifying the key roles Mayors play in this process**
3. **Forming and running vaccination task forces**
4. **Understanding your state’s vaccination plan**
5. **Understanding the federal government’s “National Strategy for the COVID-19 Response and Pandemic Preparedness”**

It concludes with a curated set of resources specifically selected to support the guidance included in this module. It is grounded in currently available information on vaccine distribution and incorporates the input of public health and local government experts.
UNDERSTANDING THE VACCINATION DELIVERY CHAIN

Distributing the vaccine from manufacturers to administration sites, allocating and administering it effectively and equitably across various populations, and building acceptance for it are responsibilities shared by multiple players.

Exhibit 1 provides an overview of the United States COVID-19 vaccination rollout process, which requires collaboration across federal, state, county, and local governments as well as with the private sector. In many cases, this rollout process leverages existing networks, but it will also require new partnerships and coordination across jurisdictions. The sheer number of interdependencies means that unclear roles and poor coordination can lead to breakdowns across a number of points in the chain. Early challenges in the United States vaccination rollout have been due, in part, to the initial decentralized approach and inconsistent coordination among some stakeholders.

Exhibit 1  US COVID-19 vaccination delivery chain
UNDERSTANDING THE VACCINATION DELIVERY CHAIN

There are eight main components of the vaccination rollout process:

1. **The federal government** designs and manages overall vaccine production, distribution, and administration. The Biden administration’s National Strategy outlines the federal government’s increasing role, which includes collecting, analyzing, and reporting data; implementing a national public education and engagement campaign to encourage vaccine uptake; and ensuring an equitable response through the Health Equity Task Force.

2. **Manufacturers** (e.g., Pfizer and Moderna) produce vaccines according to timeline and quality and safety standards set by the FDA.

3. **State and local governments** collaborate with relevant agencies to develop distribution and allocation plans (see guidance below for how to navigate your state vaccination plan), advocate for local and state needs, define messaging, and engage local communities to increase vaccination uptake. Mayors and city leaders should encourage government employees to receive vaccinations when they are eligible.

4. **Distributors** (e.g., McKesson) deliver vaccines and equipment to approved distribution centers and certain large-scale administration sites.

5. **Distribution centers** store and distribute vaccines and required equipment (e.g., personal protective equipment [PPE], vials and stoppers, vaccine packaging, bandages, syringes, medical waste disposal, vaccination cards, etc.).

6. **Administration sites** (e.g., nursing homes, government buildings, hospitals, pharmacies, state/city clinics, mobile vaccination units, and temporary sites like stadiums, convention centers, and parking lots, etc.) administer vaccinations to local populations in line with protocols.

7. **Residents** receive vaccines.

8. **Vaccines and Immunization Information Systems** (IIS) track and make orders; IIS also collect and report immunization and adverse reaction information (maintained at the state level).

While significant vaccination rollout planning and coordination in the United States is being done at the state and county levels, Mayors play a key role in the process. Mayors know their cities best, including optimal administration site selection and operating guidelines to ensure access for vulnerable populations, and trusted local community organizations best equipped for effective outreach to encourage uptake. Mayors are also keenly aware of local and national challenges affecting vaccination rollout, which may include:

- Uncertainty regarding anticipated vaccine supply
- Negative public perception of both the vaccine and the vaccine rollout process
- Vaccine transportation and storage issues, especially related to the vaccine’s extreme temperature requirements
- Confusion around vaccine administration logistics (e.g., where to get a vaccine, which groups are eligible for vaccines, etc.)
- Lack of vaccine administration staff and equipment

Given Mayors’ deep understanding of their cities and their unique obstacles, they are well-placed to help overcome these difficulties, marshal city resources, coordinate with federal and state governments, and ensure successful vaccine rollout.
IDENTIFYING MAYORS’ KEY ROLES AND RESPONSIBILITIES

Mayors and city managers play four key roles in ensuring effective and equitable distribution of vaccines, all of which require coordination with state and federal agencies as well as local and private sector stakeholders:

Coordinate and support distribution with county and state agencies

Work alongside relevant agencies to monitor and address any issues with vaccine allocation and distribution (particularly ensuring that high-risk and underserved communities are receiving vaccines), and advocate for resources when needed.

Support community vaccination efforts: The City of San Jose, CA, assists the county and a number of community entities with their vaccination efforts through communications and engagement, identification of internal priorities, advocacy at the state and federal levels, administration/management of vaccination sites, and more.

Inform and oversee local administration strategy

Understand vaccination needs across the city and ensure administration sites have the appropriate conditions and resources to provide residents with effective and equitable access to the vaccine.

Take the vaccine to where people are: Be thoughtful and creative in identifying accessible vaccination sites where people already congregate, and determine hours of operation that maximize community accessibility.

- Use schools and public buildings as vaccination sites.
- Set up mobile vaccination clinics to reach communities with limited transportation options.
- Deliver the vaccine through community gatherings sites, such as churches.
- Set up mass vaccination sites at stadiums and convention centers.
- Crowdsourc accessible vaccination sites through community engagement surveys, town halls, or an input hotline.
- Learn from flu vaccination initiatives: More people receive flu vaccines in non-traditional settings, such as supermarkets, drugstores, workplaces, schools, senior centers, and community centers, than in traditional clinical settings.
- Identify staffing shortages and conduct recruitment drives to bring on additional staff to administer vaccines.
Make it easier to get vaccinated: Make it easier for residents to learn whether they are eligible for vaccines and how to receive a vaccine, and improve on-site vaccination procedures to make the process as “customer friendly” as possible. Even seemingly minor frictions, such as difficult sign-up forms, can discourage people from getting the vaccine.

- Develop easy-to-use tools for residents to identify vaccination sites, make appointments, and receive appointment reminders.
- Provide transportation options to and from vaccination sites (e.g., free public transit, buses, agreements with ridesharing companies).
- Partner with local pharmacies to improve transparency for vaccine availability.
- Focus on ease of use, recognizing that many high priority recipients may have limited digital proficiency (e.g., simplify the process of making an appointment and optimize sign-in and queuing protocols at administration sites).

Lead and support public engagement to maximize vaccine uptake

Develop strategies to drive vaccine uptake (including leveraging trusted community messengers), keep residents informed, and address concerns to increase trust and reduce barriers to vaccination.

Find validators close to the ground: Build on existing community relationships, making sure to include trusted messengers and local celebrities—not just academics and politicians. Messengers should reflect their own communities and represent diverse perspectives (i.e., include both local celebrities and public health experts) to reach the broadest possible audience. See the Public Engagement module for more ideas.

Provide logistics support and ensure sufficient and timely data is available

Collect, manage, and use data, coordinating data sharing with relevant agencies and monitoring key metrics to support effective decision making throughout the vaccination process.

Apply lessons from flu vaccination programs: When New Orleans piloted flu vaccination drive-thru sites, the city learned it would need significantly more staff than originally expected. In response, the city designated all previously “non-essential” employees as “reserve” so they can be activated to assist with vaccination efforts. This will be a permanent change and will be used for hurricane season as well.
Exhibit 2 summarizes specific actions Mayors and city managers should take to prepare for and perform in each of the key roles listed above.

### Exhibit 2  Overview of Mayors’ key roles in the COVID-19 vaccination rollout and actions to take

<table>
<thead>
<tr>
<th>Roles</th>
<th>Key actions to take</th>
</tr>
</thead>
</table>
| **Coordinate and support distribution with county and state agencies** |  • Clarify roles and responsibilities between the city and other jurisdictions on vaccine distribution  
  • Represent the city in county/state vaccination task forces (as applicable)  
  • Establish routines and lines of communication with relevant agencies to report and address any issues on vaccine allocation and distribution in the city |
| **Inform and oversee local administration strategy** |  • Estimate likely vaccination need across priority groups  
  • Work with relevant agencies to optimize vaccine administration site selection to ensure effective and equitable access  
  • Forecast likely administration site vaccine supply and demand and develop contingency plans to ensure flexibility of vaccinations, equipment, and staffing as required |
| **Lead and support public engagement to maximize vaccine uptake** |  • Develop “campaigns” to increase vaccination uptake through messaging and other forms of engagement and drive down barriers to vaccination; campaigns should incorporate equity considerations  
  • Engage community leaders, organizations, and trusted messengers to support outreach and engagement efforts  
  • Coordinate messaging with neighboring cities to ensure uniformity and amplification |
| **Provide logistics support and ensure sufficient and timely data is available** |  • Ensure availability of relevant, granular (when needed), timely, and accurate data that enables data-driven decision making and transparency  
  • Develop data-reporting tools that incorporate an equity lens (e.g., are able to be disaggregated by race/gender), and create routines to incorporate that data into decision-making processes  
  • Establish data governance models and data sharing agreements between relevant agencies and organizations  
  • Establish vaccination sites (e.g., mobile clinics, mass vaccination sites, drive-up vaccination sites) and support with resources, funding, etc. |
ORGANIZING FOR SUCCESS: RUNNING YOUR VACCINATION TASK FORCE

To successfully fulfill these key roles, Mayors need to organize a team that can operate effectively across a wide set of priorities. Setting up and running a vaccination task force helps bring together the right people, set priorities, and establish working rhythms necessary to achieve your goals. In many cases, Mayors can adapt existing COVID-related teams and work streams to include vaccination rollout. It is critical that Mayors intentionally organize vaccination rollout while simultaneously maintaining focus on testing, economic recovery, and other essential crisis management functions. This section outlines how to begin that process.

The city-level vaccination task force will:

- **Help the Mayor create and manage the city’s plans** for effective and equitable vaccine distribution, reviewing key performance metrics on a consistent basis.
- **Tailor city plans to local needs**, ensuring equity for vulnerable populations.
- **Partner with community leaders** to execute outreach campaigns.
- **Coordinate with state and county officials** to ensure adequate supply and demand forecasting.
- **Coordinate communications with neighboring cities** to ensure consistency and reach.
- **Bring enhanced accountability** to local efforts.

Mayors will need to organize two interrelated streams of work:

**Executive Task Force**: This internally-focused effort comprises key city staff who organize and coordinate government resources, conduct day-to-day work, and respond quickly to challenges.

**Implementation Committees**: This externally-focused effort promotes trust and transparency in the vaccination process, ensures the most affected communities are represented, mobilizes key organizations to support the vaccination effort, and coordinates with key stakeholders.
ORGANIZING FOR SUCCESS: RUNNING YOUR VACCINATION TASK FORCE

EXECUTIVE TASK FORCE: STRUCTURE AND ROLES IN VACCINATION ROLLOUT

Executive task forces should be led and convened by a city’s Mayor, city manager, or other senior leader with dedicated project management support to oversee and organize task force work, set and manage routines, and ensure accountability. Members of the task force should be organized to focus on three key responsibilities:

- **Coordinating and supporting distribution**
- **Informing vaccination strategy**
- **Engaging residents to maximize uptake**

Simultaneously, the entire task force has the **cross-cutting responsibilities** of leveraging **data** to drive decision-making and transparency and providing **logistics support** to facilitate administration and engagement. A designated Data Champion should take ownership of ensuring an effective data strategy.

Exhibit 3  Ensure effective and equitable distribution of vaccines
**Coordinate and support distribution with county and state agencies**

**Objective:** Ensure timely and efficient delivery of vaccines from state distribution facilities to local administration sites.

**Leadership:** A senior city official, such as the deputy mayor or head of emergency management, who is able to coordinate with state and county agencies and manage distribution functions.

**External partners:** State and county governments, emergency management agencies, local health departments, pharmacies, hospitals, long-term care facilities (LTCFs), and school systems.

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**Inform and oversee local administration strategy**

**Objective:** Distribute vaccines to residents effectively and equitably.

**Leadership:** Senior city official with strong healthcare and/or emergency management experience.

**External partners:** Community-based organizations, housing agencies, religious institutions, vaccine administration providers, and health insurance issuers and plans.

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**Lead and support public engagement to maximize vaccine uptake**

**Objective:** Increase equitable vaccine uptake and build trust with residents through communications and engagement campaigns.

**Leadership:** Senior city official with community organizing or engagement campaign experience.

**External partners:** Community-based organizations, religious institutions, healthcare organizations, local businesses, and other relevant government agencies.

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**Cross-cutting functions: Provide logistics support and ensure sufficient and timely data is available**

These cross-cutting functions support task force priorities through:

- **Logistical support** to facilitate vaccine administration and resident engagement through establishment of vaccination sites, mobile clinics, and drive-up sites, and to acquire necessary resources, equipment, and funding.

- **Granular, timely, and accurate data** to enhance data-driven decision making and transparency.

- **Data-reporting tools that incorporate equity** (e.g., are able to disaggregate by race, ethnicity, age, and gender) to help share relevant data with the public regularly.

These cross-cutting functions should be led by operations and data officials who can align and mobilize relevant local and external resources to support key task force roles. For more information on Data Champions see the [Data & Monitoring module](#).
BEST PRACTICES FOR AN EFFECTIVE TASK FORCE

Incorporating the following guiding principles will help leaders create a task force that embodies a culture of urgency, flexibility, and creativity:

- **Clear and dedicated leadership**: Clearly define roles and responsibilities, and create a culture of urgency, honesty, action, and openness to new ideas.

- **Diverse and nimble structure, supported by adequate resources**: Build a task force that is small (6-10 members), diverse, trustworthy, tight knit, and adaptable. Make sure your task force balances departments, expertise, and community demographics; ensure that it has sufficient resources (e.g., project management staff, data and analytics support) to react quickly.

- **Consistent drumbeat of progress**: Define success from the outset and identify priorities early on. Meet routinely, assess data in real time, review progress regularly and systematically, delegate action items, and follow up rigorously.

- **Culture of continuous improvement**: Consistently set aside time to assess and improve task force performance. Promote healthy debate and discussion among members.

To establish a city-level task force, Mayors should take the following steps:

1. **Coordinate with state and county officials** to clearly define the city’s role in the vaccine rollout process, thereby **clarifying the scope and mandate** for the task force.

2. **Identify key individuals** to fill positions and get them on board.

3. **Announce the vaccination task force and its members publicly** to increase transparency and trust.

4. **Develop implementation committee(s)** and engage them consistently.

5. **Hold a vaccination task force kickoff meeting** and **establish routines** (e.g., meetings three times per week with clear agendas).

Remember, consistency matters to avoid task force burnout. Adhering to a schedule of action-oriented, data-informed meetings is the best way to ensure a sustainable and effective task force.
## ORGANIZING FOR SUCCESS: RUNNING YOUR VACCINATION TASK FORCE

### Exhibit 4  Sample task force structure and key member functions

<table>
<thead>
<tr>
<th>Roles</th>
<th>Key actions to take</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Authority</strong></td>
<td>• Creates task force culture: Brings <strong>authority</strong>, builds <strong>buy-in</strong>, and maintains a sense of urgency</td>
</tr>
<tr>
<td>Typically a Mayor or city manager</td>
<td>• Defines <strong>targeted outcomes</strong> and <strong>metrics to measure progress</strong> from the outset</td>
</tr>
<tr>
<td></td>
<td>• Serves as the <strong>public face of the task force</strong>; is responsible for communicating with the public and managing expectations</td>
</tr>
<tr>
<td></td>
<td>• Maintains cohesion and <strong>holds task force members accountable</strong> for progress</td>
</tr>
<tr>
<td><strong>Deputy</strong></td>
<td>• <strong>Establishes routines, ensures coordination</strong> among task force members</td>
</tr>
<tr>
<td>Chief of staff or similar</td>
<td>• <strong>Facilitates meetings</strong> and keeps agenda on track</td>
</tr>
<tr>
<td></td>
<td>• Delegates action items and <strong>follows up rigorously</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Serves as liaison</strong> between the task force and other internal city departments</td>
</tr>
<tr>
<td><strong>Health Coordinator</strong></td>
<td>• <strong>Represents and liaises</strong> with healthcare providers, hospitals, and vaccine providers</td>
</tr>
<tr>
<td>DOH rep or similar</td>
<td>• <strong>Monitors and reports vaccination rates</strong> and progress toward targeted outcomes</td>
</tr>
<tr>
<td><strong>Emergency Manager</strong></td>
<td>• Represents city’s emergency management or operations department; oversees vaccine distribution site selection and logistics</td>
</tr>
<tr>
<td>Crisis or operations manager</td>
<td>• <strong>Manages field-based check-ins along every point of the rollout process</strong> to gather evidence and identify strengths, weaknesses, and barriers</td>
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</table>
## ORGANIZING FOR SUCCESS: RUNNING YOUR VACCINATION TASK FORCE

<table>
<thead>
<tr>
<th>Roles</th>
<th>Key actions to take</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liaison with County or State Health Department</strong>&lt;br&gt;DOH or health expert</td>
<td>• Leads regular check-ins with county or state health experts to ensure alignment of priorities  &lt;br&gt;• Ensures city metrics and outcomes align with state- or county-level goals  &lt;br&gt;• Facilitates information sharing and joint problem solving with peer cities and state-level officials</td>
</tr>
<tr>
<td><strong>Community Liaison(s)</strong>&lt;br&gt;Trusted messenger/champion</td>
<td>• Works with implementation committee(s) to channel the voices of key community stakeholders, representing often-marginalized perspectives in decision making  &lt;br&gt;• Communicates regularly with implementation committee(s) and the community to seek feedback and build buy-in  &lt;br&gt;• Builds trust and legitimacy in the task force’s work</td>
</tr>
<tr>
<td><strong>Data Champion</strong>&lt;br&gt;Head of data/IT</td>
<td>• Coordinates data management processes to equip the city with data necessary for ensuring effective and equitable vaccine distribution (including identifying key data metrics and sources and creating visualizations)  &lt;br&gt;• Ensures data security and privacy protocols are in place</td>
</tr>
<tr>
<td><strong>Communications Lead</strong>&lt;br&gt;Comms department</td>
<td>• Manages communication outreach efforts for target populations during each phase of vaccine distribution</td>
</tr>
<tr>
<td><strong>Red Team</strong>&lt;br&gt;Accountability leader</td>
<td>• Identifies barriers to success, risks, and gaps in the plan; facilitates problem-solving sessions (this role is optional and can be filled by any individual or group of individuals in this list)  &lt;br&gt;• Assesses public sentiment regularly and informs task force leader’s public communications agenda</td>
</tr>
</tbody>
</table>
**IMPLEMENTATION COMMITTEE(S): STRUCTURE AND ROLES IN VACCINATION ROLLOUT**

While task forces work best when they are small, an implementation committee can be larger and should include a broad representation of community stakeholders.

In “COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations,” the Centers for Disease Control and Prevention (CDC) says, “The Vaccine Program Implementation Committee can enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery.”

Committee membership should include:

- Leaders from the jurisdiction’s COVID-19 planning and coordination team
- Representatives from key COVID-19 vaccination providers for critical population groups
- Representatives from other sectors within the community, such as:
  - Emergency management agencies
  - Healthcare coalitions
  - Immunization coalitions
  - Local health departments
  - Health systems and hospitals (including critical access hospitals for rural areas, in-patient psychiatric facilities)
  - Community health centers
  - Rural Health Clinics (RHCs)
  - Pharmacies
  - LTCFs (including nursing homes/skilled nursing facilities, assisted living facilities, intermediate care facilities for individuals with intellectual and developmental disabilities, and retirement communities)
  - Businesses and occupational health organizations
  - Health insurance issuers and plans
  - Education agencies and providers
  - Correctional facilities
  - Churches or religious leaders and institutions
  - Tribal leaders
  - Organizations serving racial and ethnic minority groups
  - Organizations serving people with disabilities
  - Organizations serving people with limited English proficiency
  - Community representatives
  - Entities involved in COVID-19 testing center organization

**Develop specialized subgroups:** New Orleans’ COVID-19 Vaccine Strategy working group has six subgroups that meet regularly to plan for specific areas of vaccine distribution. These groups represent city departments, local healthcare partners, universities, medical/public health experts, community partners, and the state Department of Health. The subgroups include Logistics, Closed Point of Distribution, Open Point of Distribution, Equity and Community Engagement, Staffing, and Healthcare Distribution.
UNDERSTANDING AND ENGAGING WITH YOUR STATE VACCINATION PLAN

Every city’s vaccination strategy will be shaped by its state vaccination plan. By developing a deep understanding of their state’s vaccination plan, Mayors can be most impactful as partners to their state and county counterparts. This section outlines the typical structure for state plans and provides a reader’s guide that maps plan components to Mayors’ key roles.

All states developed their plans following the CDC’s “COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations,” which provides guidance on how to plan and operationalize a vaccination response to COVID-19 and offers links to resources to assist those efforts.

Most states’ vaccination plans follow the structure recommended by the CDC, covering the following specific areas of vaccination program planning and implementation:

1. Public Health Preparedness Planning
2. Organizational Structure and Partner Involvement
3. Phased Approach to COVID-19 Vaccination
4. Critical Populations
5. Vaccination Provider Recruitment and Enrollment
6. Understanding a Jurisdiction’s Vaccine Administration Capacity
7. Vaccine Allocation, Ordering, Distribution, and Inventory Management
8. Vaccine Storage and Handling
9. Vaccine Administration Documentation and Reporting
10. Vaccination Second-Dose Reminders
11. Requirements for Immunization Information Systems or Other Systems
12. Vaccination Program Communication
13. Regulatory Considerations for COVID-19 Vaccination
14. Vaccine Safety Monitoring
15. Vaccination Program Monitoring
Exhibit 5 highlights sections that are particularly relevant for clarifying local governments’ role in vaccinating their residents.

**Exhibit 5  Mapping state vaccination plans to Mayoral roles**

<table>
<thead>
<tr>
<th>Roles</th>
<th>Vaccination plan sections and content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate and support distribution with county and state agencies</td>
<td>• <strong>Organizational Structure and Partner Involvement:</strong> Describes work groups’ and/or state and local partners’ involvement in vaccination programs</td>
</tr>
<tr>
<td>Inform and oversee local administration strategy</td>
<td>• <strong>Phased Approach to COVID-19 Vaccination:</strong> Describes how vaccines will be prioritized and administered in phases as recommended by the CDC; describes strategies to manage coverage depending on vaccine availability</td>
</tr>
<tr>
<td></td>
<td>• <strong>Critical Populations:</strong> Indicates which groups are considered critical populations in the state and outlines strategies to reach them</td>
</tr>
<tr>
<td></td>
<td>• <strong>Understanding a Jurisdiction’s Vaccine Administration Capacity:</strong> Provides an overview of the jurisdiction’s COVID-19 vaccination providers, locations, and vaccine administration capacities</td>
</tr>
<tr>
<td>Lead and support public engagement to maximize vaccine uptake</td>
<td>• <strong>Vaccination Second-Dose Reminders:</strong> Outlines the jurisdiction’s strategy for monitoring second dose administration and sending reminders to residents</td>
</tr>
<tr>
<td></td>
<td>• <strong>Vaccination Program Communication:</strong> Outlines the state communication plan, including messaging, key audiences, and channels</td>
</tr>
<tr>
<td>Provide logistics support and ensure sufficient and timely data is available</td>
<td>• <strong>Vaccine Administration Documentation and Reporting:</strong> Describes how the state is planning to comply with the CDC’s immunization documentation and reporting requirements, and defines the state’s regulations and guidelines on data sharing</td>
</tr>
<tr>
<td></td>
<td>• <strong>Vaccination Program Monitoring:</strong> Presents dashboards and/or develops plans to monitor resources, communications, and situational reports from local authorities</td>
</tr>
</tbody>
</table>
## RESOURCES FOR CITIES

To further inform cities’ vaccine planning, Mayors and city managers can also leverage these curated resources to support and inform their rollout strategy:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Resources</th>
<th>Content description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate and support distribution with county and state agencies</td>
<td>State Vaccination Plans and CDC Playbook</td>
<td>Executive summaries of all states’ vaccination plans and the CDC’s Playbook for public health programs on how to build a vaccination plan; includes guidance documents and resources to assist those efforts</td>
</tr>
<tr>
<td></td>
<td>NACCHO Directory of Local Health Departments</td>
<td>List of local health departments in the US by state and zip code; includes website and contact information</td>
</tr>
<tr>
<td>Inform and oversee local administration strategy</td>
<td>GARE Equity Toolkit</td>
<td>Set of questions from Government Alliance on Race and Equity (GARE) to integrate explicit consideration of racial equity in decision making, including policies, practices, programs, and budgets</td>
</tr>
<tr>
<td></td>
<td>Surgo Vaccination Planner Tool</td>
<td>Tool to estimate the size of priority populations in every county of the US and the percent vaccine coverage achievable under various scenarios</td>
</tr>
<tr>
<td></td>
<td>CDC Vaccine Storage and Handling Toolkit</td>
<td>Guide with best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP), vaccine manufacturers, and scientific studies; includes web-based trainings</td>
</tr>
<tr>
<td></td>
<td>CDC Priority Recommendations &amp; Frameworks</td>
<td>CDC recommendations on who should receive the vaccine first based on ACIP guidelines; offers links to other frameworks (e.g., Johns Hopkins Bloomberg School of Public Health, World Health Organization)</td>
</tr>
<tr>
<td></td>
<td>CDC Social Vulnerability Index</td>
<td>CDC Social Vulnerability Index (SVI) resources, including data at census tract level and documentation</td>
</tr>
<tr>
<td></td>
<td>CDC Vaccine Allocations by Jurisdiction</td>
<td>CDC database of allocations for the Pfizer-BioNTech COVID-19 vaccine by jurisdiction</td>
</tr>
</tbody>
</table>
## RESOURCES FOR CITIES

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<thead>
<tr>
<th>Roles</th>
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<th>Content description</th>
</tr>
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<tbody>
<tr>
<td>Lead and support public engagement to maximize vaccine uptake</td>
<td><strong>COVID-19 Vaccine Toolkit:</strong> Public Engagement Best Practices</td>
<td>Evidence-based messaging content (e.g., social media posts, talking points) on increasing trust, understanding vaccine effectiveness, managing expectations of availability, and driving uptake</td>
</tr>
<tr>
<td></td>
<td><strong>KFF Insights on Public Perception</strong></td>
<td>Ongoing research project that uses surveys and focus groups to track the public’s attitude toward COVID-19 vaccinations</td>
</tr>
<tr>
<td></td>
<td><strong>US Digital Response Comms Starter Kit</strong></td>
<td>Stakeholder map, communication design principles, and other tools to help teams think through COVID communications strategy; US Digital Response also offers a <a href="#">free vaccination website template</a></td>
</tr>
<tr>
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<td><strong>CDC Recipient Education Toolkit</strong></td>
<td>Proven communication strategies and tips for setting expectations and addressing questions from COVID-19 vaccine recipients, including Q&amp;A for vaccine recipients’ questions</td>
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<tr>
<td>Provide logistics support and ensure sufficient and timely data is available</td>
<td><strong>COVID-19 Vaccine Toolkit:</strong> Data &amp; Monitoring Strategies</td>
<td>Key vaccination metrics to monitor, as well as data management and privacy resources</td>
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<td><strong>CDC Vaccine IT Overview</strong></td>
<td>Overview of vaccine logistics and administration systems, including a brief description of how they are used and a list of organizations that receive or exchange data</td>
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<td><strong>CDC Data Reporting Requirements</strong></td>
<td>Data reporting requirements and instructions for jurisdictions, including the <a href="#">draft of the data use and sharing agreement</a> made between jurisdictions and the CDC</td>
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We want to hear from you. What other resources would you like to see? Do you have any questions? Email us at [coronavirusresponse@bloomberg.org](mailto:coronavirusresponse@bloomberg.org).
This Appendix contains a summary of the Biden administration’s “National Strategy for the COVID-19 Response and Pandemic Preparedness.” The administration has pledged to play a more active role in vaccine rollout. Mayors will need to monitor any changes to vaccine supply, regulations (particularly around data and monitoring), and procedures to ensure they stay up to date.

Released in the Biden administration’s first week, the National Strategy sets a target of administering 100 million vaccinations in 100 days. To execute the plan, the White House has established a new COVID-19 Response Office responsible for coordinating the response across all federal departments and agencies. To monitor outcomes, the plan includes the creation of publicly accessible performance dashboards, establishing an evidence-based approach to evaluate progress in the fight against COVID-19.

The National Strategy is organized around seven goals, which cover vaccinations as well as ongoing COVID-19 management and mitigation:

1. **Restore trust with the American people.**
   - Conduct regular expert-led, science- and data-based public briefings.
   - Engage the public and inform strategy through outreach to local leaders, the private sector, unions, healthcare providers, and vulnerable communities.
   - Lead science-first public education campaigns, coordinated across national, state, and local levels and designed with diversity and inclusivity in mind, to share science-based information and counter misinformation.

2. **Mount a safe, effective, and comprehensive vaccination campaign.**
   - Expand manufacturing and purchasing of vaccine doses and supplies.
   - Simplify and strengthen the allocation and distribution process by ending the policy of holding back significant levels of doses, encouraging states to move through priority groups more quickly, and providing clear, consistent allocation projections to inform state planning.
   - Create federally run community vaccination centers.
   - Fairly compensate providers and governments for administering vaccines.
   - Use demographic data to identify vulnerable communities and employ targeted outreach to ensure vaccines reach them equitably.
   - Bolster data systems and transparency; monitor safety and efficacy.
   - Surge the healthcare workforce to support the vaccination effort.
3. **Mitigate spread through expanding masking, testing, data, treatments, healthcare workforce, and clear public health standards.**
   
   - Implement nationwide masking requirements.
   - Scale and expand testing through effective distribution.
   - Establish a treatment and therapeutics research and development program.
   - Develop actionable, evidence-based containment and mitigation guidance.
   - Create a Public Health Jobs Corps to expand the workforce and increase clinical care capacity.
   - Improve data collection, aggregation, sharing, and analysis.

4. **Immediately expand emergency relief and exercise the Defense Production Act.**
   
   - Increase emergency funding to states, bolster the response of the Federal Emergency Management Agency (FEMA), and reimburse states for the cost of National Guard personnel and emergency supplies.
   - Invoke the Defense Production Act to fill supply shortfalls and strengthen the supply chain in four sectors: 1) antigen and molecular-based testing; 2) PPE and durable medical equipment; 3) vaccine development; and 4) therapeutics.
   - Improve availability of critical materials by directing the Department of Defense (DOD), the Department of Health and Human Services (HHS), and the Department of Homeland Security (DHS) to develop pricing recommendations for necessary supplies.

5. **Safely reopen schools, businesses, and travel while protecting workers.**
   
   - Reopen a majority of K-8 schools in 100 days by sharing guidance and reimbursing necessary reopening costs, including funds for screening and testing.
   - Support safe operations at child care centers and at-home providers through emergency stabilization funds and assistance to families struggling to afford care.
   - Support equitable reopening in higher education through emergency funds.
   - Protect workers by issuing stronger Occupational Safety and Health Administration (OSHA) worker safety guidance, expanding emergency paid leave, and providing grant funding to protect vulnerable workers.
   - Provide guidance and support to safely reopen businesses.
   - Promote safe travel through expanded public health guidelines.
6. **Protect those most at risk and advance equity, including across racial, ethnic, and rural/urban lines.**

   - Establish a COVID-19 Health Equity Task Force to ensure access to PPE, tests, therapies, and vaccines, and improve data reporting for high-risk groups.
   - Expand the clinical and public health workforce, including community-based workers to assist with testing, tracing, and vaccination.
   - Strengthen the social service safety net to address unmet basic needs, including providing paid sick leave, child care support, and rental assistance.
   - Develop clear guidance for high-risk populations to minimize risk of infection.

7. **Restore United States leadership globally and build better preparedness for future threats.**

   - Restore the United States’ relationship with the World Health Organization.
   - Restore United States leadership and surge the global health and humanitarian response through multilateral initiatives to advance global health security and diplomacy, build better biopreparedness, and expand resilience for biological threats.