



**Bulletin:** Updates on Maryland’s COVID-19 Vaccine Plan (**Week 10 Allocation**).

**To:** All COVID-19 Vaccine Providers Registered in ImmuNet, including but not limited to Hospitals, Federally Qualified Health Centers (FQHCS), and Local Health Departments

**From:** Bryan Mroz, Assistant Secretary (Act.), Maryland Department of Health (MDH)

**Date:** February 12, 2021

Please review the latest [Vaccination Matters Order \(02/04/2021\)](#). We encourage every provider to make use of every resource to ensure a successful vaccination campaign.

**All COVID-19 vaccine providers are required to administer COVID-19 vaccine according to the following updated guidance.**

**This document updates and supersedes the COVID-19 vaccine bulletin (Week 9), dated February 4, 2021 (updated February 5, 2021) and earlier bulletins.**

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## **Updates & Reminders:**

- **Local Health Departments:** As announced by the Governor on February 11, please see the four-week projection of vaccine allocation to all local health departments for Week 10 (2/15/2021) - Week 13 (3/8/2021) (Appendix 1, attached).
  - Based on the federal two-week “look-ahead” projection given to Maryland, Maryland will allocate the projected doses for Week 10 and Week 11. We anticipate allocating the same number of doses for Week 12 and Week 13, but we reserve the right to make changes based on what the federal administration provides Maryland.
  - MDH asks that each local health department begin to vaccinate:
    - At least one independent living facility/community a week, in partnership with its local area agency on aging; and
    - At least one congregate living facility for people with disabilities (IDD or BH) or a DDA funded provider which serves individuals with intellectual and developmental disabilities (IDD) a week.
    - We ask that local health departments partner with the Maryland Departments of Aging and Disabilities in order to coordinate the distribution of vaccines.
- **Second Doses Update**
  - After conducting an extensive review of all second doses distributed to date by our quality assurance staff, it was found that some providers still needed second doses from past weeks. These providers have been contacted and needed doses were verified.
    - Those needing Pfizer will have doses ordered with an expected arrival date of Tuesday next week (due to the Monday federal holiday).
    - Those needing Moderna will have doses ordered with an expected arrival date of Tuesday next week.
  - Second Dose Orders for providers as a part of their regular cadence will be placed on Sunday.
    - Pfizer doses are projected to arrive next week on Wednesday
    - Moderna doses are projected to arrive next week on Tuesday

- Moving forward, we will perform weekly supply chain tracking and delivery activities with providers to ensure orders are communicated and received appropriately.
- As part of our quality assurance effort, we are working to transition Pfizer to a two-week second dose order cycle to better ensure providers have the second doses they need with as much time as possible to align with the ideal 21-day vaccine delivery window.
  - Moderna will stay at a three-week second dose order cycle, which aligns with the ideal 28-day vaccine delivery window.
- Please see Week 10's allocation numbers (Appendix 2).

**MDH Vaccine Allocation (Updated, 2/11/2021) :**

- MDH starts the draft allocation process as soon as the federal government informs Maryland of its next week's COVID-19 vaccine allocation. This is sometime between Tuesday and Thursday the week before vaccines are delivered to the vaccination sites.
- MDH works to ensure that each jurisdiction receives a proportional share by population across all providers. We reserve the right to allocate within each jurisdiction to the various providers based on efficient administration (hospitals, local health departments, FQHCs, pharmacies, etc.).

**Directives to COVID-19 Vaccine Providers:**

1. **All COVID-19 Vaccine Providers**, except for CVS/Walgreens as they administer the vaccine as a part of the Federal Pharmacy Partnership for Long-Term Care Program, **shall:**
  - Register in ImmuNet to potentially be allocated a vaccine at:  
[https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/quick\\_ref\\_guides.aspx](https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/quick_ref_guides.aspx)
  - NOTE:** Registration does not guarantee the immediate allocation of the vaccine. Allocation is dependent on vaccine supply.
  - **Prioritize Marylanders who are 75 and older in Phase 1B, and Marylanders who are 65 and older in Phase 1C. Failure to do so may result in reallocation to other providers within the same jurisdiction.**
  - Submit allocation requests to MDH by 2:00 p.m. every Tuesday at [mdh.covidvax@maryland.gov](mailto:mdh.covidvax@maryland.gov). Requests from providers who have not administered at least seventy-five percent (75%) of all of their total dose allocation received to date will not be prioritized in the subsequent week's allocation. Because vaccine doses are still

severely limited, MDH cannot guarantee that requests will be granted under any circumstances.

## 2. [CovidVax.Maryland.gov](https://www.covidvax.maryland.gov)

- All providers shall submit their vaccination site details (vaccine appointment registration webpage and a phone number that directs callers to staff accepting appointment registrations) to [john.watson@maryland.gov](mailto:john.watson@maryland.gov).
- All registered COVID-19 vaccine providers in ImmuNet that are offering vaccination clinics will be listed on this page.
- All COVID-19 vaccinations are by appointment only.

## 3. **Second Doses**

- **REMINDER:** A COVID-19 vaccine provider may not use its 2nd dose allocation as 1st doses. They will not be provided with additional doses to cover any 2nd doses used as 1st doses.
- To the extent possible, a provider shall schedule an individual's 2nd dose at the time of the 1st dose. This dose should be at the same location as the same provider. Providers shall make every effort to ensure individuals have the opportunity to make 2nd dose appointments at the appropriate time interval from the 1st dose. An individual does not need to create a new appointment on their own for the 2nd dose. For more information, please see the [CDC 2nd dose information](#).
- If individuals do not attend their 2nd dose appointments and vaccine doses would otherwise be wasted, providers may use only those 2nd doses as 1st doses.
- In limited circumstances, an individual will need to schedule a second dose with their local health department under the following circumstances:
  - If the individual has been released from incarceration after getting their first dose;
  - If the individual with a proof of vaccination card has gotten their first dose in another state and has subsequently moved to Maryland; and
  - If the individual has been discharged from a state-operated psychiatric facility.
  - The local health department shall honor these requests for second doses, to the extent permitted by their second dose supply.

- A state-operated psychiatric facility that admits an individual who has received a first dose shall, to the extent permitted by their second dose supply, provide the second vaccine dose.
- If the individual has gotten their first dose in the community and has been arrested, the local detention facility should make arrangements with their local health department to provide the second dose, to the extent permitted by the local health department's second dose supply.

#### 4. **Wastage/At-risk Vaccines**

- At-risk vaccines are doses of COVID-19 vaccine that are at risk of being wasted due to expiration or spoilage.
- Reasonable efforts should be made to reallocate at-risk vaccines in accordance with the prioritization framework outlined in this guidance. If this is not practicable, at-risk vaccines shall be administered to any unvaccinated person.
- Providers should report all COVID-19 vaccine wastage and vaccine storage unit temperature excursions to: <https://www.marylandvfc.org/covid-19-vaccine-excursion-expiration-reporting-form/>.

Please review the guidelines before disposing of any COVID-19 vaccine doses.

- MDH may reduce the COVID-19 vaccine allocation to any provider or facility that commits or allows wastage of COVID-19 vaccines.

#### 5. **Transfer of Doses from the Original Provider (Update, 2/12/2021)**

- A provider who has been allocated doses from Maryland may transfer doses to another vaccine provider. The receiving vaccine provider must have completed the CDC provider agreement and the CDC redistribution agreement.
- Providers **must** keep records of what doses have been transferred and **must** complete a transfer request here at:  
<https://app.smartsheet.com/b/form/52e75f3d4514499cb0fd7110bd4000a7>

- The form will ask to/from, date, type (1st or 2nd) and amount.

- If a provider transfers doses, the original provider must ensure the reporting of the doses administered by the receiving provider in ImmuNet.
- MDH will give the exact same 2nd dose amount to the original provider, and they must ensure that the doses are administered to the same people and that those doses are reported.

## 6. Additional Local Health Departments Guidance

- **Local health departments** should set aside at least 100 doses per week from their overall allocation for Phase 1B educators in their jurisdiction until they have vaccinated their educators. For more information, please see Section 8 (below), Education.
- Each local health department shall develop and enforce a plan for minimizing wastage of at-risk vaccines for all providers and facilities located in their jurisdiction, consistent with the guidance in Section 4 above (an “anti-wastage plan”).
- MDH may reduce the COVID-19 vaccine allocation to any local health department that fails to develop and/or enforce an anti-wastage plan.

## 7. Residency and Priority Group Eligibility Determinations

- All COVID-19 vaccine providers shall take reasonable steps to determine if an individual qualifies under Phases 1A-1C and the described priority groups. A COVID-19 vaccine provider may require additional documentation or employee identification and may require that organizations submit institutional plans with identified individuals.
- A COVID-19 vaccine provider may not refuse an individual a vaccine based on their citizenship or immigration status.
- We prefer that Marylanders are prioritized for getting a vaccine allocated to us by the federal government; however, Maryland will not turn away a person from out of state who needs a vaccine.
- Individuals should be vaccinated according to the joint District of Columbia, Maryland, and Virginia statement (see below).

The District of Columbia, Maryland, and Virginia are committed to vaccinating eligible residents and out-of-state workers as equitably and efficiently as possible, based on limited vaccine supply from the federal government.

Individuals who are currently eligible for vaccination based on their occupations should first check with their employers to see if vaccination arrangements have already been made. If not, they should contact the local health department in the localities *where they work*. These individuals are at high risk of exposure to COVID-19 based on where they work.

Individuals who are currently eligible for vaccination because they are age 65 or older, or because they have high-risk medical conditions identified by the CDC, should contact the local health department in the localities *where they live*. These individuals are at high risk of serious illness if they

contract COVID-19.

There are simply not enough doses available yet for everyone who is eligible to receive them. That means it may be weeks or longer before vaccination appointments become available for those who are eligible and have registered. Anyone who receives a first dose of vaccine will receive the second dose three or four weeks later as appropriate.

## **8. Priority Group Eligibility**

### **Phase 1C includes:**

- All Marylanders over 65.
- All other public safety (not in Phase 1A)
- All other healthcare (not in Phase 1A), including, but not limited to Lab Services, Public Health, Vaccine Manufacturing, other healthcare professions).
- Food and Agriculture Production
- Critical Manufacturing
- U.S. Postal Service
- Public Mass Transit
- Grocery Stores
- Veterinarians and Support Staff
- Clergy and other essential support for houses of worship
- Certain immunocompromised individuals who are currently receiving hospital-based treatment, including in hospital outpatient centers AND diagnosed with at least one of the following conditions:
  - Cancer patients who are currently in active treatment
  - End stage renal disease patients requiring hemodialysis
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Solid organ transplant recipients
  - Sickle cell disease patients
  - Diabetic patients (Type 1 and Type 2)
- Individuals who are diagnosed with these medical conditions but are not currently receiving hospital-based treatment, including in hospital outpatient

centers, will be eligible to receive the vaccine in Maryland's Phase 2 COVID-19 vaccine distribution.

- Hospital-based health care providers should work with the clinics within their hospital that manage the care of these patients to vaccinate these individuals.
- Maryland will make its best efforts to ensure that every hospital will receive at least 100 doses for these immunocompromised individuals.
- Note: for more information on the groups defined in Phase 1C above, please see the [U.S. Department of Homeland Security's Critical Infrastructure Workers' Advisory Memorandum \(December 16, 2020\)](#).

**Phase 1B includes:**

- All Marylanders age 75 and over
- All Marylanders of any age in assisted living, independent living, behavioral health and developmentally disabled group homes, and other congregate facilities through Part B of the Federal Long-Term Care Pharmacy Partnership Program.
  - **Note:** All individuals with intellectual and developmental disabilities can begin receiving vaccines as part of Phase 1B. Those who reside in congregate-living facilities will be prioritized. Direct support professionals will be able to receive vaccines in Phase 1C.
- **Education** (K-12 teachers and support staff, childcare providers, higher education institutions)
  - Educational facilities include: licensed childcare facilities; K-12: both public school systems and nonpublic schools; and higher educational institutions.
  - **Nonpublic schools may not be excluded from any COVID-19 vaccine provider who is administering COVID-19 vaccine to educators.** Any COVID-19 vaccine provider who refuses to vaccinate nonpublic school staff while administering vaccines to public school system employees will have future vaccine allocations reduced or reallocated.
  - Each educational facility shall:
    - Identify a clinical provider (e.g., hospitals, FQHCs, others) that is registered with ImmuNet for COVID-19 vaccine administration. **If no provider is identified, then the local health department will be the default vaccinator of that facility through one of their general population clinics and the local health department's vaccine allocation.**

- We encourage each educational facility and their clinical provider to coordinate with each local health department on their vaccine administration plan for vaccine allocations.
  - An educational facility’s clinical provider may submit a vaccine allocation request to the state and identify the number of staff that needs to be vaccinated.
  - **Note:** Due to the limited supply of vaccine, Maryland does not anticipate significantly fulfilling any specific educational vaccine requests until a majority of Marylanders over age 65 are vaccinated.
- **Note:** Higher Education Institutional front-line workers with potential contact with students living in residence halls (congregate living), facilities maintenance, dining hall, and campus police are included in 1C.
- Each educational facility shall prioritize its faculty, staff, and students by the following:
  - (A) Faculty or staff that provide essential in-person learning (i.e. instruction that cannot be delivered remotely);
  - (B) Individuals with essential functions related to facility/campus operations;
  - (C) Individuals that require residential or on-campus housing;
  - (D) or that meet an existing priority group in Phase 1A or 1B currently.
- **Continuity of Government**
  - Local elected officials should be prioritized as extra doses become available by the relevant local health departments.
  - All federal law enforcement agencies should coordinate with the Maryland State Police on their needs.
  - All federal non-law enforcement agencies should consider implementing their continuity of operations plans (COOP) and request the relevant doses from FEMA.
  - All local government (at the county and municipal levels) agencies shall coordinate with their local health department on vaccination priorities. As extra doses become available, local health departments should vaccinate those agencies with a focus on the continuity of government operations.

- All other state agencies should follow the January 25, 2021 DBM guidance (attached).
- Each local health department should work with the administrative judges (district and circuit) in their jurisdiction to prioritize and vaccinate judicial personnel that are non-frontline using their jurisdiction's allocated doses.

- **All previously identified Phase 1A individuals**

Further information will be provided as it becomes available. If you have any questions, please contact Andy Owen, MDH Public Information Officer, at [andy.owen@maryland.gov](mailto:andy.owen@maryland.gov).

**Appendix 1 - Local Health Department Projected Allocations for Week 10 (2/15/2021), Week 11 (2/22/2021), Week 12 (3/1/2021), Week 13 (3/8/2021).** Note: All doses are Moderna.

<b>LOCAL HEALTH DEPARTMENTS</b>	<b>WEEK 10</b>	<b>WEEK 11</b>	<b>WEEK 12</b>	<b>WEEK 13</b>
Allegany County Health Department - 8010A	500	500	500	500
Anne Arundel County Health Department - 8020	3,400	3,400	3,400	3,400
Baltimore City Health Department -- 8300	2,000	2,000	2,000	2,000
Baltimore County Health Department - 8030	4,900	4,900	4,900	4,900
Calvert County Health Department - 8040	500	500	500	500
Caroline County Health Department -- 8050	300	300	300	300
Carroll County Health Department - 8060	1,000	1,000	1,000	1,000
Cecil County Health Department - 8070	900	900	900	900
Charles County Health Department 8080	1,100	1,100	1,100	1,100
Dorchester County Health Department - 8090	300	300	300	300
Frederick County Health Department - 8100	1,300	1,300	1,300	1,300
Garrett County Health Department - 8110	300	300	300	300
Harford County Health Department - 8120C	1,400	1,400	1,400	1,400
Howard County Health Department 8130A	1,700	1,700	1,700	1,700
Kent County Health Department - 8140	300	300	300	300
Montgomery County Health Department - 8150	4,500	4,500	4,500	4,500
Prince George's County Health Department - 8160	4,200	4,200	4,200	4,200
Queen Anne's County Health Department - 8170	300	300	300	300
Somerset County Health Department - 8190	300	300	300	300
St. Mary's County Health Department - 8180	800	800	800	800
Talbot County Health Department - 8200	300	300	300	300
Washington County Health Department - 8210	500	500	500	500
Wicomico County Health Department - 8220	700	700	700	700
Worcester County Health Department - 8230	300	300	300	300