



Bulletin: Updates on Maryland’s COVID-19 Vaccine Plan (**Week 9 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 4, 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 8), dated January 28, 2021 and earlier bulletins.

Updates & Reminders:

- **Launch of Mass COVID-19 Vaccination Sites:** In Week 9, Maryland welcomes two high-capacity community vaccination sites in Prince George’s County (Six Flags America) and Baltimore City (Baltimore Convention Center).
- **Expanded definition of severely immunocompromised individuals:** Individuals (with a condition defined in Section 8 below) who are receiving hospital-based treatments, **AND individuals receiving care in hospital outpatient centers** are eligible to be vaccinated in Phase 1C.
- **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. See more info in the attached memo.
- **Vaccinating Independent Living facilities:** The State of Maryland will focus on vaccinating at least one independent living facility/community that has not been previously placed on the registered list of the Federal Long-Term Care Pharmacy Partnership (Part B) in each local jurisdiction each week. Larger communities may take multiple weeks, dependent on the vaccine allocation. See more info in the attached memo.

- **Vaccine allocation numbers** will be communicated to providers on Friday, February 5, or as soon as we have confirmation from the federal government of our order.

MDH Vaccine Allocation:

- 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).
- **Each local health department will receive the following minimum allocation of first doses each week going forward:**

Local Health Department	Floor
Allegany County Health Department	300
Anne Arundel County Health Department	975
Baltimore City Health Department	975
Baltimore County Health Department	975
Calvert County Health Department	300
Caroline County Health Department	300
Carroll County Health Department	700
Cecil County Health Department	700
Charles County Health Department	700
Dorchester County Health Department	300
Frederick County Health Department	975
Garrett County Health Department	300
Harford County Health Department	975
Howard County Health Department	975
Kent County Health Department	300
Montgomery County Health Department	975

Prince George's County Health Department	975
Queen Anne's County Health Department	300
Somerset County Health Department	300
St. Mary's County Health Department	700
Talbot County Health Department	300
Washington County Health Department	700
Wicomico County Health Department	700
Worcester County Health Department	300

Note: Each tier is based on population and corresponds to the following:

- 0-99,999 individuals = 300 first doses;
- 100,000-199,999 individuals = 700 first doses; and
- 200,000 individuals and above = 975 first doses.

Directives to COVID-19 Vaccine Providers:

1. **All COVID-19 Vaccine Providers**, except for CVS/Walgreens who 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
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 2pm every Tuesday at mdh.covidvax@maryland.gov. Requests from providers who have not administered at least 75 percent 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.

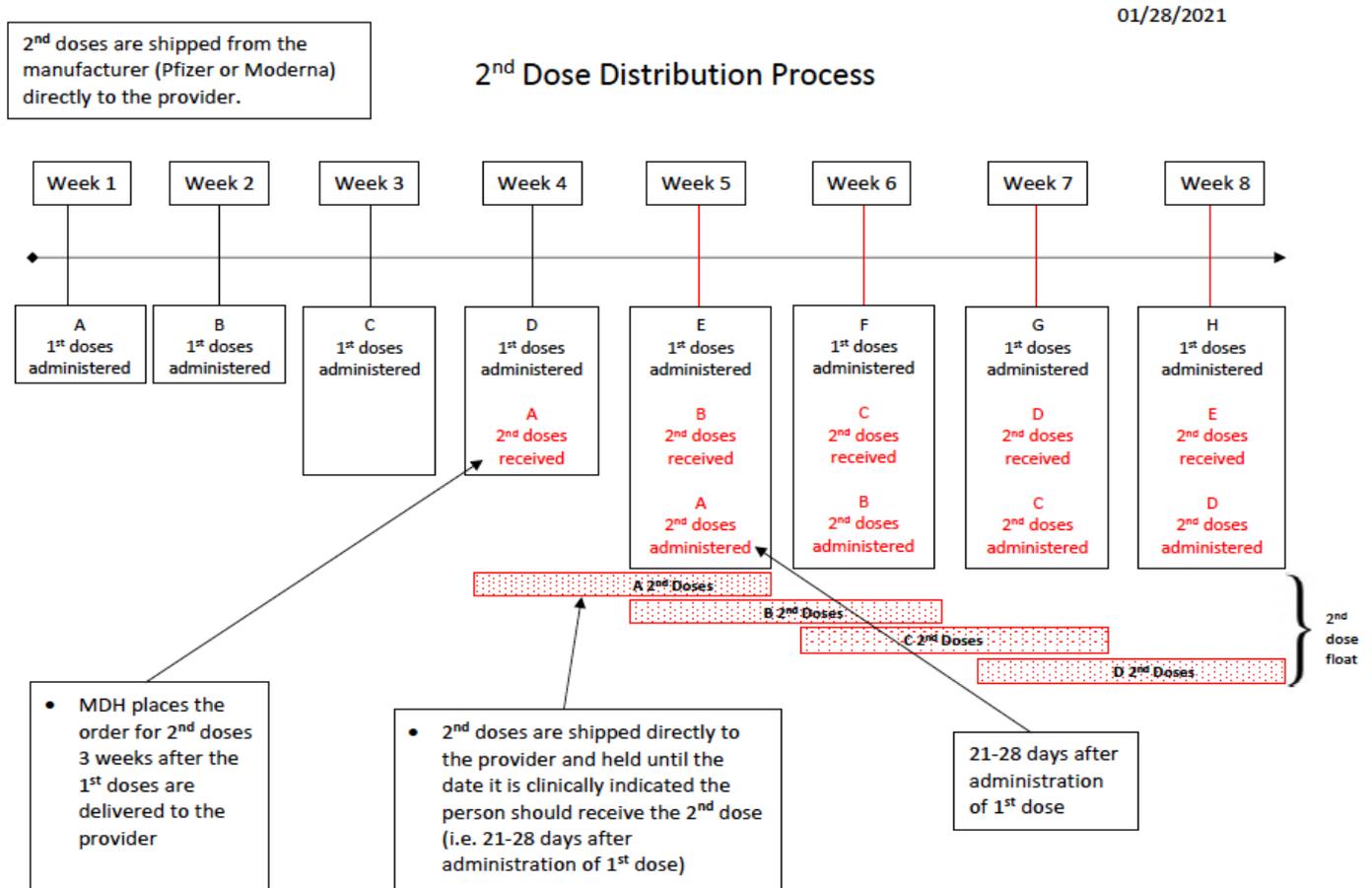
2. **[CovidVax.Maryland.gov](https://www.maryland.gov/health/covid19/vaccine)**

- 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.

- 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 (Updated, 2/4/2021)

- Maryland will automatically provide the equivalent number of second doses to all providers as outlined below.



- Each week, 1st doses are administered to a cohort of eligible individuals.
- 3 weeks after administration of the 1st dose, MDH places the order for the 2nd dose, and it is shipped directly from the manufacturer to the provider.

- The provider holds the 2nd dose until the date that it is clinically indicated the person should receive them (i.e., 21-28 days after administration of the 1st dose, depending on the manufacturer).
- The period between receipt and administration of the 2nd dose creates a 2-week “float” of 2nd doses. It is the provider’s responsibility to manage doses during this float period and to ensure that the doses remain available for administration.
- **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 second 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 vaccine wastage and vaccine storage unit temperature excursions to www.marylandvfc.org. Please review the guidelines before disposing of any COVID 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**

- 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** send the request to transfer doses to MDH by emailing mdh.covidvax@maryland.gov. The request should include the number of doses to transfer and the name/contact information of the receiving vaccine provider.
- 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 (UPDATED, 2/4/21)

- **Immunocompromised:** Certain immunocompromised individuals, diagnosed with a condition listed below, who are receiving hospital-based treatments, **AND individuals receiving care in hospital outpatient centers** are eligible to be vaccinated in Phase 1C.
 - End stage renal disease patients requiring hemodialysis
 - Chronic Obstructive Pulmonary Disease (COPD), especially those who are oxygen-dependent or are steroid dependent
 - Solid organ transplant recipients
 - Sickle cell disease patients
 - Diabetic patients (Type 1 and Type 2)
 - Individuals diagnosed with these medical conditions but are not currently hospitalized 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.
- **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 (see criteria described above)
- 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 (UPDATED 02/04/2021).**
 - 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 (UPDATED, 02/04/2021)**
 - 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.



DEPARTMENT OF HEALTH
Dennis R. Schrader, Acting Secretary
DEPARTMENT OF AGING
Rona Kramer, Secretary

MEMORANDUM

To: All Local Agencies on Aging
All Local Health Officers and all COVID-19 Vaccine Providers

From: Rona E. Kramer, Aging Secretary 
Dennis R. Schrader, Health Secretary (Acting) 
Dr. Jinlene Chan, Dep. Secretary for Public Health Services (Acting) 

Subject: Phase 1B: Vaccination of Independent Living Facilities and Communities
not in the Federal Long-Term Care Pharmacy Partnership (Part B)

Date: January 31, 2021

The State of Maryland will focus on vaccinating at least one independent living facility/community that has not been previously placed on the registered list of the Federal Long-Term Care Pharmacy Partnership (Part B) in each local jurisdiction each week. Larger communities may take multiple weeks, dependent on the vaccine allocation.

TO LOCAL AGENCIES ON AGING

Each local Agency on Aging is directed to work with the Maryland Department of Aging to:

1. Identify independent living (IL) communities (65 and older) in their respective local jurisdiction that have not already been identified and placed on the Federal Long-Term Care Pharmacy COVID-19 Vaccine Partnership (Part B) list for Maryland;
2. Identify at least one independent living community per jurisdiction per week, with a priority on congregate care or high-density communities according to the following criteria:
 1. High density independent living facilities with a majority of 75+ Marylanders;
 2. High density independent living facilities with a majority of 65+ Marylanders;

3. Independent living communities that as a majority of their population with 65+ Marylanders; and
 4. Other independent living communities that have significant 65+ populations.
3. Work with the IL community in question, and a local COVID-19 vaccine provider to establish a clinical relationship and the appropriate logistical arrangements for vaccinating that community; and
 4. Provide to the Department of Aging by Monday 2 pm each week with the number of individuals and the provider's information so that the appropriate allocations can be allocated for the subsequent week's vaccine distribution.

Each Agency on Aging, to the extent possible, should coordinate with each local health department on this identification and vaccine provider coordination. However, the vaccine administration does not have to be provided by the local health department; it can be any registered COVID-19 vaccine provider.

The Maryland Department of Aging will provide each jurisdiction's independent living facility/community's information and provider information to the Maryland Department of Health by Tuesday each 2 pm.

TO LOCAL HEALTH DEPARTMENTS

All local health officers are directed to coordinate with their local Agency on Aging to identify and ensure that all independent living communities (55 and older) are identified and prioritized for COVID-19 vaccination administration. We ask each local health department to coordinate with each local agency on aging to prioritize the following in the following manner:

1. High density independent living facilities with a majority of 75+ Marylanders
2. High density independent living facilities with a majority of 65+ Marylanders
3. Independent living communities that as a majority of their population with 65+ Marylanders.
4. Other independent living communities that have significant 65+ populations.

Each independent living community should identify/develop a partnership with a registered COVID-19 vaccination provider.

Note: MDH will continue to work with the Department of Aging and we will provide further updates on this issue in the coming days/weeks.



MEMORANDUM

To: All Local Health Officers and all COVID-19 Vaccine Providers

From: Dennis R. Schrader, Acting Secretary *Dennis R. Schrader*
Dr. Jinlene Chan, Acting Deputy Secretary for Public Health Services *Jinlene Chan*

Cc: Dr. Karen Salmon, Ph.D., State Superintendent of Schools
Nonpublic Schools

Subject: Phase 1B: Educators - Vaccination of Nonpublic School Faculty and Staff

Date: January 30, 2021

It is the health policy of the State of Maryland that 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 the vaccination of nonpublic school staff while administering vaccines to public school system employees will have future vaccine allocations reduced or reallocated to providers that comply with the MDH Vaccination Matters Order and COVID-19 Vaccine Provider Bulletins.

Please see the attached [Week 8 bulletin](#), which states that “local health departments should set aside at least 100 doses per week from their overall allocation for Phase 1B educators in their jurisdiction. This allocation should be set aside until jurisdictions have vaccinated all of their educators.”

Additionally, please see Section 8, Education: page 9 of the bulletin, “Educational facilities include: licensed childcare facilities; K-12: both public school systems and nonpublic schools; and higher educational institutions.”



DEPARTMENT OF BUDGET AND MANAGEMENT
David Brinkley, Secretary

DEPARTMENT OF HEALTH
Dennis R. Schrader, Acting Secretary

EMERGENCY MANAGEMENT AGENCY
Russ Strickland, Director

MEMORANDUM

TO: All Cabinet Secretaries and Independent State Agency Heads

FROM: David Brinkley, Secretary, Dept. of Budget & Management (DBM);
David Brinkley
Dennis Schrader, Secretary (Act.), Department of Health (MDH);
Dennis R. Schrader
Russ Strickland, Executive Director, Maryland Emergency
Management Agency (MEMA) *Russ Strickland*

CC: Ted Delbridge, Executive Director, Maryland Institute for
Emergency Medical Services Systems (MIEMSS)

DATE: January 25, 2021

RE: **State Agency COVID-19 Vaccination Efforts**

NOTE: **Employee vaccination is voluntary, and not a condition of employment.**

Within the next few weeks, we expect to begin receiving weekly allocations of COVID-19 vaccines for State employees. In order to prepare for those allocations, each agency head is requested to perform the following actions:

- 1. Create priority vaccine lists for employees by**
 - a. Consulting their continuity of operations (COOP) plan to identify key agency staff that are necessary to perform essential functions and critical agency operations;

- b. Identifying staff in public-facing roles with a significant risk of exposure to COVID-19;
- c. Establishing priority lists for the first 50 people or 1% of the agency people by close of business, Friday, January 29, 2021, and the next 250 people or 10% of the agency by Friday, February 5, 2021, and all remaining employees by Friday, February 26, 2021; and
- d. Determining which of the employees on the priority lists have been vaccinated (or scheduled to be vaccinated through an existing priority group) already or are not interested in receiving the vaccine.
- e. **Note:** Employees that are teleworking successfully should be put lower on these priority lists.

2. Submit agency priority employee vaccine lists to MEMA

- a. Submit agency priority lists to the MEMA - State Continuity Program Office at continuity.mema@maryland.gov.
- b. MEMA will collect each agency's priority list.
- c. **Maryland will set aside either 500 or 975 doses each week out of its weekly allocation for all state agencies.**
- d. Each agency will receive a certain amount of slots out of this allocation to be used for each agency's priority lists.
- e. Shots will be administered by MIEMSS and other state sites to identified employees each week. Second shot appointments will be scheduled at that time for employees.

3. State Law Enforcement:

- a. All state law enforcement agencies should continue to coordinate their efforts through the Maryland Department of State Police.
- b. DPSCS's incarcerated population will be separately addressed.