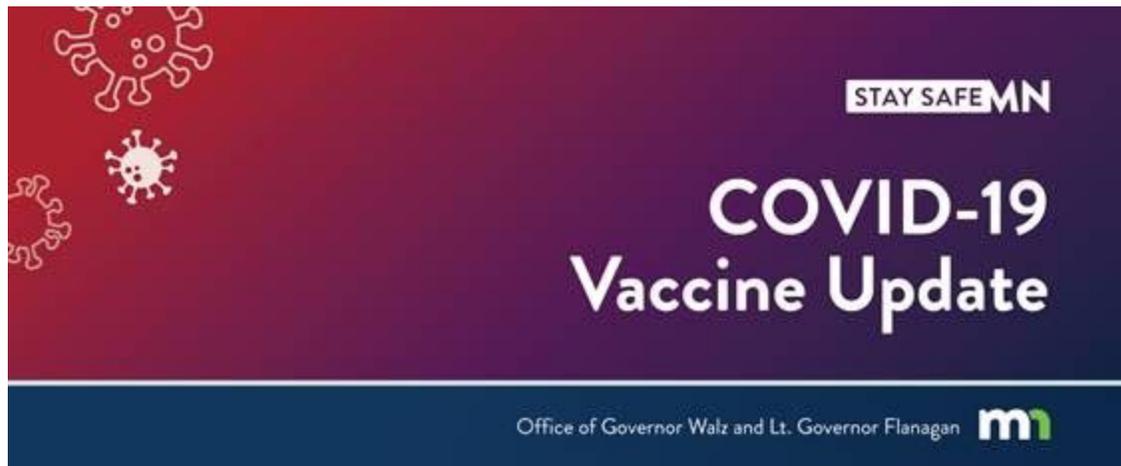


Gov. Walz: Minnesota is Ready for COVID-19 Vaccine

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As Minnesotans begin to see the light at the end of the long, hard winter that has been the COVID-19 global pandemic, they can rest assured that **Minnesota is ready to receive and distribute a vaccine effectively, safely, and equitably at the moment it is made available to states.**

Throughout the COVID-19 pandemic, Governor Walz has been committed to transparency and accountability, bringing Minnesotans along with him every step of the way as we learn how best to weather this storm. And the vaccine distribution plan distribution plan is no different.

Today, the Governor gave a COVID-19 vaccine briefing to Minnesotans. His PowerPoint presentation from today's briefing is attached to this email, and the video of his presentation is available on his [YouTube page](#). Following his briefing, he was joined by a bipartisan group of legislative leaders who came together across party lines to highlight the importance of the vaccine and encourage Minnesotans to get the vaccine once it's available. Later today, he will be joined by mayors from across Greater Minnesota who will express confidence in Minnesota's ability to distribute the vaccine throughout the state.

Today, the Governor gave a COVID-19 vaccine briefing to Minnesotans. The Governor outlined the three principles that will guide our distribution of the vaccine:

1. **Immunize for impact:** Maximize immediate health benefit, reduce death, and minimize the harm created by COVID-19 by starting with those most susceptible to serious complications and those who care for them.
2. **Equitable distribution and access:** Make sure no procedural or structural issues impact access to the vaccine among any particular group or population. And help ensure Minnesotans in every corner and every community know they can trust the process, the safety, and the effectiveness of the vaccine.
3. **Transparency:** Share information as quickly as possible with Minnesotans.

The process for distributing the vaccine is complex and is led by the federal government. To get the vaccine to Minnesotans:

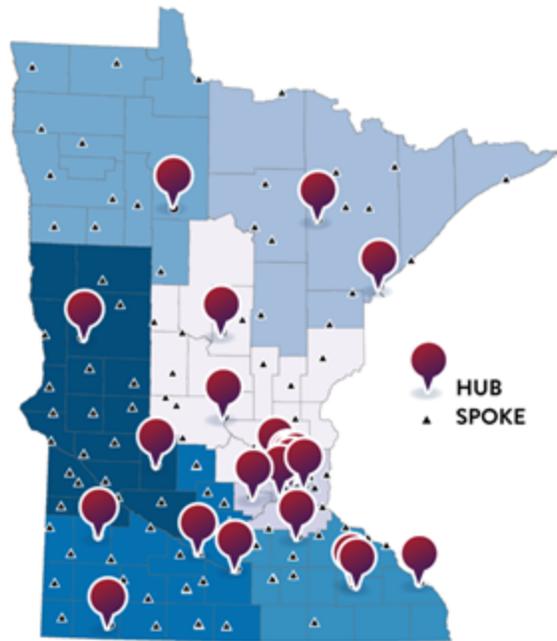
1. **The federal government will:**
 1. Regulate vaccine development and approve those that are safe and effective.
 2. Work with vaccine manufacturers like Pfizer and Moderna to procure vaccines.
 3. Tell states how much vaccine they get and when.
 4. Convene a committee of experts that helps prioritize who gets the vaccine in each phase.
 5. Ship the vaccine to Minnesota.
2. **The State of Minnesota will:**
 1. Work with hospitals, clinics, pharmacies, tribal health, and local public health to get the vaccine out to Minnesotans.

Factors outside our control will dictate timing but we know the vaccine is coming – and production and distribution will ramp up over time. When the vaccine is shipped to Minnesota, we are ready. The infrastructure in Minnesota is in place to deliver a COVID vaccine quickly and safely to Minnesotans in every corner the state. A broad, diverse, statewide coalition has done extensive planning to be ready for this moment. We are fortunate in Minnesota to have a strong public health system and experts that have specialized in this type of planning for their entire careers. We aren't starting from scratch. For example, over the last 13 weeks, 2.1 million doses of influenza vaccine have been administered in Minnesota.

Minnesota is taking a regional “hub and spoke” approach to distributing the vaccine:

3. We have identified 25 total “hub” sites that are set up to directly receive vaccine deliveries through the national vaccine distribution chain. Those hubs have been tested and they are ready to receive the vaccine and distribute initial doses.

4. From there, the vaccine will be distributed further to smaller hospitals or clinics, or “spokes.”
5. Then, providers will administer it – starting by protecting life and health of those most susceptible to serious complications and those who care for them.



As the Governor said, **“There are a number of factors outside of our state government control when it comes to getting the vaccine to Minnesotans, including the federal government’s national guidelines on distribution and the supply of the vaccine. But in Minnesota, we are ready for the vaccine at the moment it becomes available. Our infrastructure is set and our plans are ready to execute. Until then, we need to stay patient, remain hopeful, and keep up the fight.”**

Frequently-asked-questions on the vaccine distribution plan:

Who will get the vaccine first?

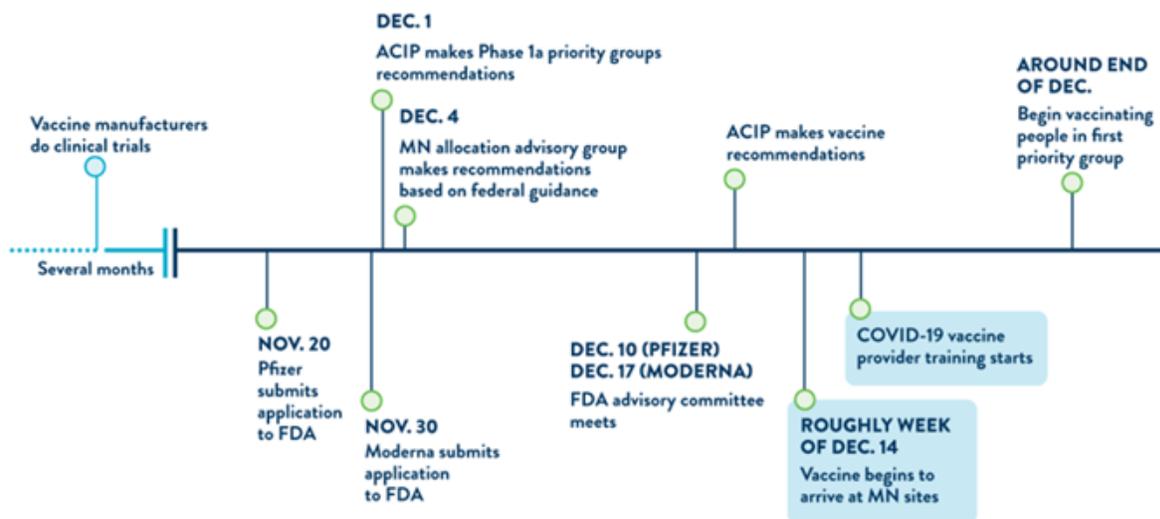
1. We will start with those most susceptible to serious COVID-19 complications and those who care for them.

What do we know at this point?

1. It is important to recognize that the guidance coming from the federal government has been shifting.
2. The schedule for delivery lacks total clarity – and has shifted over time.
3. We know we'll receive doses of Pfizer and Moderna vaccines soon for Phase 1A.
4. And federal guidance has said to start with health care workers and long-term care residents.
5. The limited initial supply will lead to a slow ramp up as manufacturers develop more.

When is the vaccine coming?

6. No vaccine has officially been approved yet, but two manufacturers have submitted their data from clinical trials to the FDA for approval.
7. Pfizer submitted their information to the FDA on Nov. 20 and Moderna was not far behind on Nov. 30. This is a key step, but it does not mean a vaccine is approved yet. We expect to hear about the Pfizer vaccine around Dec. 10 and the Moderna vaccine on Dec. 17.
8. These are the first two vaccines to go through the process – others are going through clinical trials as well, so more vaccines will likely come online in early 2021.



What do we know about the vaccines?

9. Both Pfizer and Moderna indicated efficacy of 95%.
10. Both must meet strict and existing safety standards.

11. We know there are questions about how quickly these vaccines have been developed and making sure they are safe. COVID-19 vaccines went through the same rigorous clinical trials that other vaccines go through.
12. Steps were taken that allowed the process to be more efficient, such as being able to make vaccine while it's still going through trials so it's ready if/when it is approved, but it will only be used if it gets the sign off of national expert advisory groups who review vaccine data like this all the time.
13. With these two vaccines, people will need two doses about a month apart for full protection. You need to get the same vaccine for both doses.
14. After that second dose, it will also take about two weeks for your body to build up protection, so it's about 6 weeks total from the first vaccine to when you should be protected. That's another reason we can't stop the masking and social distancing right away.
15. Adults recommended now. Initially these vaccines will be for adults only because we need more data on the use in children. Additional trials are coming to determine how the vaccines may work for those younger age groups.
16. Vaccine will not be required or mandated.

When will the vaccine be in Minnesota?

17. Ultimately, all Minnesotans will have an opportunity to be vaccinated. It just won't be right away for everyone.
18. Vaccine will be rolled out in a phased approach. This is because there will be a limited number of doses available initially. More doses will continuously be made and distributed, but we caution that it will all take time and be a fluid situation.
19. Moving from one phase to the next will be determined by vaccine supply and uptake, so we can't give firm dates for when one phase will end and another will begin.
20. With limited initial doses, some prioritization needs to happen for who should get vaccinated first.

How much vaccine will Minnesota get?

21. We will get vaccine in batches based on our state population.
22. We have some information from the manufacturers and federal government on a projected number of doses in the first few weeks, but it's a very fluid situation and things change, so it's important to remember that numbers reported one day could change the next.
23. We know we will get vaccine, but it won't be enough for everyone right away.

Who will get the vaccine first?

24. We know that especially in the earliest weeks of vaccine distribution there will not be nearly enough vaccine to meet demand for the groups identified as top priorities in Phase 1A, not to mention the many other groups that we know have legitimate arguments for deserving early vaccines.
25. The National Academies of Science released a report on framework for equitable allocation of COVID-19 vaccine. With that guidance in mind, the CDC Advisory Committee on Immunization Practice (ACIP) made recommendations for priority groups who should receive early limited doses.
26. For phase 1a, the first phase, they said health care personnel and long-term care residents should be included.
27. We don't have final decisions on the rest of the phases yet, but in general, we expect Phase 1b to consist of essential workers, and Phase 1c to consist of persons with high-risk medical conditions and persons 65+ years of age. Again, it's possible these could change.
28. MDH will follow ACIP guidance, and we worked with our MN Vaccine Allocation Advisory Workgroup to take ACIP guidance and apply it to MN.



How are these phases determined?

29. Their guidance reflects an emphasis on using the early, small amounts of vaccine to make the maximum possible impact (“Immunize for Impact”) on protecting our most vulnerable and exposed – including health care workers and long-term care residents.
30. Sub-prioritization was guided by the risk criteria presented in that national Framework for Ethical Allocation of COVID-19 Vaccine, published by the

National Academies of Sciences, Engineering and Medicine. The risk criteria considered were:

1. Risk of infection: Individuals have higher prioritization because they work or live in settings with a higher risk of transmission occurring because SARS-COV2 is circulating.
2. Risk of severe morbidity and mortality: Individuals who are older and that have comorbid conditions are at higher risk of severe outcomes and death.
3. Risk of transmitting to others (at work and at home): Individuals have higher priority because they live or work in settings where transmission is more likely to occur.
4. Risk of negative societal impact: Individuals have higher priority due to the extent, which society and other people's lives depend on them being healthy.

How will the vaccine be distributed?

31. Initial vaccines will be given in closed settings – we're bringing the vaccine to the priority groups.
32. This means there's not a "list" that Minnesotans need to get on to get vaccine. Since phase 1a is based on employment and place of residence, people eligible for this category will be contacted by their employer or the facility where they live to let them know when vaccine is available to them.
33. In later phases, vaccine will be available at settings like your pharmacy or primary care provider, and people will be able to make an appointment to get it.
34. Vaccine does not come to MN and sit in a warehouse. It goes directly to providers who are enrolled with us to give COVID-19 vaccine.
35. COVID-19 vaccine will be distributed through the Centers for Disease Control and Prevention's (CDC) centralized vaccine distribution system. This is the same system that is used to distribute vaccine for the Minnesota Vaccines for Children, (MnVFC) and Uninsured and Underinsured Adult Vaccination (UUAV) programs.
36. Providers need to register with the state in order to provide COVID-19 vaccine – this is a federal requirement.
37. We have a variety of vaccinators enrolling (e.g., pharmacies, primary care, community vaccinators and more).
38. We're making sure there are plenty of enrolled providers in every corner of the state. We want vaccine accessible to all.

For more information on Minnesota's COVID-19 vaccine distribution plan, visit:
<https://www.health.state.mn.us/diseases/coronavirus/vaccine/index.html>

[View the presentation: COVID-19 Vaccine Update](#)

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