Vaccine Planning Team

Structure, process and membership

January 15, 2021

(P.S. 321 Doses of Moderna given so far in 6 clinics. 30 vials used. Avg 10.7 doses per vial.)
Context

Feels a little like March, but better...

• Vaccine arriving faster than we can answer all the questions, establish our policies, and change our operations
• High uncertainty, much is outside of our control, and there are many questions/decisions we may not even know yet
• Managing how we emerge from the pandemic with the help of vaccines will be different than running our spring ramp-down in reverse
• High level anxiety/interest, there are a variety of equity implications
• Communications will be key

We have some very effective teams in place

• To the extent possible we should rely on these
Basic Idea

Core group of experts, many of whom serve in leadership roles for existing teams

Queue-up key questions + recommendations in a timely manner (Standing weekly agenda item for CDT)

Frequent consultation

CDT

Farm-out some questions to appropriate existing teams

Plus ad hoc new teams as needed

VACCINE PLANNING TEAM

New teams

CMT

Themed teams:
- Thunder
- Lightning
- Deans
- APART
- ResEd Ops
- Communications
- LEE
- Space
- Testing
- Visitors
- Travel
- Summer programs
- UA
- GSC
Design for some overlap

Core group of experts, many of whom serve in leadership roles for existing teams

VACCINE PLANNING TEAM

CDT

CMT

Thunder
Lightning
Deans
APART
ResEd Ops
Communications
LEE
Space
Testing
Visitors
Travel
Summer programs
UA
GSC
Vaccine Planning Team Members

- Ian Waitz (lead)
- Jason Baletsa
- Suzanne Blake
- Steve Bradt
- Chris Caplice
- Ron Hasseltine
- Peko Hosoi
- Marianna Pierce
- Christina Rudzinski
- Cecilia Stuopis
- Kate Trimble
- Krystyn Van Vliet
# Guiding Principles: Comparison

<table>
<thead>
<tr>
<th>Team 2020</th>
<th>Legal-Ethical-Equity Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence in MIT’s mission</td>
<td></td>
</tr>
<tr>
<td>Community health and welfare</td>
<td>Safety</td>
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<tr>
<td>Expert guidance</td>
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<tr>
<td>Diversity, equity, and inclusion</td>
<td>Equity</td>
</tr>
<tr>
<td>Compassion, empathy, and respect</td>
<td>Privacy</td>
</tr>
<tr>
<td>Adherence to our community expectations, policies, and standards</td>
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<tr>
<td>Financial sustainability</td>
<td></td>
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<tr>
<td>Access to campus</td>
<td>Equity</td>
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<tr>
<td>Qualities of the decision-making process</td>
<td></td>
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<tr>
<td>Preserving flexibility in an uncertain and rapidly changing environment</td>
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<table>
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<tr>
<th>Team 2020 Guiding Principles</th>
<th>LEE Guiding Principles</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence in MIT’s mission</td>
<td></td>
<td>Will we prioritize vaccines in part by who is on campus and their role?</td>
</tr>
<tr>
<td>Community health and welfare</td>
<td>Safety</td>
<td>If we receive doses for a particular population that more than covers the entire population, how will we decide who should receive the excess vaccine?</td>
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<tr>
<td>Expert guidance</td>
<td></td>
<td>What percent of our community needs to be vaccinated before we relax face covering and physical distancing protocols?</td>
</tr>
<tr>
<td>Diversity, equity, and inclusion</td>
<td>Equity</td>
<td>Because the final group is age-based and is a large range, how will we decide who among them goes first?</td>
</tr>
<tr>
<td>Compassion, empathy, and respect</td>
<td>Privacy</td>
<td>What, if any, ability do we have to “enforce” that members of our community get vaccinated? How would we “know” whether people had been vaccinated? Will we use any form of identification for individuals who have been vaccinated?</td>
</tr>
<tr>
<td>Access to campus</td>
<td>Equity</td>
<td>What percent of our community needs to be vaccinated before we again welcome visitors? Will we allow people who are not vaccinated to work on campus?</td>
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State-by-state vaccine prioritization

- States set their own priorities for vaccine distribution
- In Massachusetts, higher ed employees are in Phase 3
- We are currently in Phase 1
- We must follow Commonwealth guidelines

MIT Medical COVID-19 Vaccine Approach

**Phase 1**
- December – February
  - Highly constrained supply with distribution tightly controlled by Commonwealth
  - Eligible Populations:
    - MIT Medical employees and contractors with patient contact and/or COVID-19 exposure risk
    - MIT Police
    - MIT EMS

**Phase 2**
- February – April
  - Increasing supplies distributed more broadly by Commonwealth
  - Eligible Populations:
    - *MIT Medical patients* with two or more comorbidities, or who are age 75+
    - *MIT Medical patients* age 65+
    - *MIT Medical patients* with one comorbidity
    - Select MIT employees who support critical infrastructure (i.e., CUP)

**Phase 3**
- April onward
  - Widespread availability with health care providers able to order doses based on need
  - Eligible Populations:
    - Broader populations TBD
MIT Community in Spring 2021

24,000 Patients of MIT Medical
- 11,000 MIT students eligible to register
- Employees, dependents, emeriti professors, etc.

~20,000 Covid Pass Users eligible to access campus

~ 3000 Contractors and others

17,000 employees with active appointments (some MIT Medical patients, some not)

+ Similar number of non-MIT Medical patients, dependents, etc.

Merged ~50,000 people
Question categories (so far)

- Vaccine prioritization
- Logistics, compliance and risk
- Reactivating campus
- Communications, education and governance
- Lincoln and other affiliates
Next steps

• Prioritize specific questions (by date we need answers)
• Determine which questions can/should be answered by others
• Move quickly
• Emphasize internal communications
Questions, comments, recommendations?