

## Vaccination Update

### Task Force

I was named to the County Health Recovery Taskforce. It appears it is a sounding board for county policies primarily on vaccine distribution. For the time being vaccine administration in the county is the purview of the county.

### Vaccinations – Current Status

For now, the county is receiving doses from the state. It is my understanding the county has received 2500 doses (they requested 4000). They have administered over 500 doses and are capable of giving up to 1000 doses a day at the RVCC site. They will be administering to phase 1a + some 1b until the end of January. The state is controlling the phasing and is adamant about counties adhering to the phase.

There will be 3 vaccination sessions per week at this time. The county will not be holding vaccine for second doses. The state will be doing so. The news indicates President Elect Biden will not have the Federal Government hold second doses. It is important to hold a second dose so those who have been vaccinated get full immunity. And it is equally important that they are held only at one level else you are delaying doses.

For now, vaccination doses are not available to the general public until more vaccine is available. There is no schedule for when doses will become available. There are too many variables to make predictions. How much will be produced? How many will be distributed to each state? What new vaccines will be approved? How many 1a, 1b, 1c people are in line and desire the vaccine?

### Vaccinations - Future

As soon as the county has enough vaccines and the appropriate phase has been launched the county will begin to open “satellite” sites. One of which will be in Franklin, likely at Quail Brook. I’ve been asked by some to open multiple sites. This, for now would be difficult because each site needs to be staffed with personnel who can handle anaphylaxis reactions. As large amounts of vaccine become available this will be revisited. It will also be revisited when members of the community, without transportation, become eligible.

What to do to get vaccinated as fast as possible

**Pre-register with the state at [covid19.nj.gov](https://covid19.nj.gov).**

**Pre-register with the state at [covid19.nj.gov](https://covid19.nj.gov).**

**Go to [covid19.nj.gov](https://covid19.nj.gov) to pre-register.**

**Pre-register with the state at [covid19.nj.gov](https://covid19.nj.gov).**

This database will be available to the health department and they will use it to schedule appointments **WHEN VACCINE BECOMES AVAILABLE**. I don’t know this officially, but it stands to reason the number of people in each county who have signed up will influence how many doses a county will receive. Pre-register and let others know about pre-registration. Spread the word. The more people vaccinated the safer you are.

## Volunteers

I have been getting inquiries from health care providers who want to volunteer in vaccine administration. There is a mechanism to do this. People need to register with the Medical Reserve Corps (MRC). I have a separate [document](#) detailing how that is done. There was discussion about getting volunteers in lower phases vaccinated but no decision was made, and I am not implying any guarantee of that. It will depend on vaccine availability and the need for personnel.

## Vaccination rate

Labor Day has been suggested as a goal of some kind. If we want Somerset Co. to reach herd immunity by Labor Day then 70% of the 330,000 people who live in Somerset Co. need to be vaccinated. With 240 days until then that's 1000 people a day. Since there are two doses required that's 2000 doses a day. Initially we will not have that much vaccine so when we get it, the goal will be more like 2500. Some of those will be filled at the state super sites, some at the Shop-rites and some at hospitals. For Franklin the rate is about 500/day.

## My input

I believe we should use the pre-registration data to govern vaccine administration. I proposed when we have X doses available, we administer them to as many 1a people as possible but, if there are fewer than X 1a people who have registered and are available, we then call on 1b then 1c and so forth. I will be promoting this plan. The state should not expect every county to move forward at the same rate. **We should not waist doses or time.**

## Your input

I welcome your civil and sincere input. I don't pretend to know or have thought of it all. I will carry good ideas forward.