GUIDANCE SUMMARY

WA STATE COVID-19 VACCINE PRIORITIZATION GUIDANCE AND INTERIM ALLOCATION FRAMEWORK

The Washington State Department of Health has developed this guidance for COVID-19 vaccine allocation and prioritization to facilitate harmonized planning for distribution across Washington State. This guidance is the result of several months of engagement with expert groups and community partners to gather input and ideas. Given current information and federal guidance, we are providing guidance on Phase 1a and 1b that incorporates this input while staying aligned with the principles and criteria noted below. We are offering tentative ideas of populations that may be considered in future phases. The guidance will be updated to provide details on these other phases based on:

- New information from clinical trials
- New federal guidance and vaccine recommendations
- Ongoing feedback from impacted communities, partners, sectors, and industries

In this guidance, population groups overlap and there are individuals who fit into multiple categories. When this is the case, the higher phase should take precedence. Also, the order of the populations does not suggest any type of prioritization or risk stratification. In all circumstances, although reinfection appears uncommon during the initial 90 days after symptom onset, prior confirmation of COVID-19 infection will not exclude any individual from eligibility for COVID-19 vaccine and serologic testing is not being recommended prior to vaccination. Vaccines should be administered according to age groups for which the specific vaccine is authorized (e.g., Pfizer for 16 and over and Moderna for 18 and over).

GOAL: To reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

ETHICAL PRINCIPLES
- Maximum benefit
- Equal concern
- Mitigation of health inequities

PROCEDURAL PRINCIPLES
- Fairness
- Transparency
- Evidence-based

CRITERIA
- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting infection to others

Washington State Department of Health

Currently, we are limiting Phase 1 of the allocation framework to **Phase 1a** and **Phase 1b**. Phase 1a is eligible for vaccine as of December 31, 2020. We anticipate Phase 1b will be eligible in mid to late January.

Phase 1a - Tier 1

Overarching Groups:

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance**

Phase 1a focuses on (a) high-risk workers in health care settings and high-risk first responders in order to protect our medical care response capacity and (b) residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance aiming to avoid hospitalizations, severe morbidity, and mortality. The table below identifies the desired objectives and guidance regarding what individuals would be prioritized for vaccine allocation in this phase. We provided recommendations that closely align with the Advisory Committee on Immunization Practices (ACIP) and initially include risk stratification given limited vaccine.

CDC provided initial COVID-19 vaccine supply projections for the first two months. Assuming Washington state receives approximately 2 percent of the total projections (Washington's approximate proportion of total U.S. population), our state was expected to receive between 150,000 to 350,000 doses in the first month and between 500,000 to 1 million doses in the second month (inclusive of second doses). Also note that many residents of long-term care facilities will be served via a federal pharmacy program that began in late December and draws down from the Washington state vaccine allotment. Given limited vaccine, sub-prioritization and sequencing of distribution to health care personnel was initially necessary. Furthermore, agencies have been encouraged to consider staggering vaccine schedules of teams to avoid potential clustering of worker absenteeism related to systemic reactions.

Beyond ACIP, this guidance was developed based on input and review by a number of experts including Washington advisory groups (Vaccine Advisory Committee, Disaster Medical Advisory Committee, COVID-19 Science Advisory Working Group, Association for Professionals in Infection Control), health care providers, and local health jurisdictions (including health officers).

PHASE 1A-1 **OBJECTIVE**	PHASE 1A-1 **GUIDANCE**
To protect those at highest risk of exposure, to	*In the context of limited vaccine, this guidance includes the following sub-prioritization considerations:* • Personnel without known infection in prior 90 days

maintain a functioning health system, and to protect highly vulnerable populations	• Workers in sites where direct patient care is being frequently delivered to confirmed or suspected COVID-19 patients, including sites where suspected patients are directed for COVID testing and care
	  ○ Example setting: hospital sites managing suspected/confirmed COVID patients; emergency departments; urgent care; clinics (walk-in, respiratory); home; isolation and quarantine facility
	  ○ Examples types of workers: health care workers; technicians; security; environmental, janitorial, and facility staff; non-remote translators; counselors; home health aides, caregivers, and companions
	• Workers frequently performing high-risk exposure procedures with suspected or confirmed COVID-19 patients
	  ○ Example procedures: endotracheal or cough inducing intubation; cough induction or cough inducing procedure (e.g., nasogastric tube); bronchoscopy; suctioning; turning the patient to the prone position; disconnecting the patient from a ventilator; invasive dental procedures and exams; autopsies; respiratory specimen collection; cardiopulmonary resuscitation; upper endoscopy; laparoscopic surgery; placement of chest tubes for pneumothorax
	• Workers exposed to/handling potentially SARS-CoV-2 containing specimens
	• COVID-19 testing site staff at high risk of exposure to suspected COVID-19 patients
	• First responders at high risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures
	  ○ Licensed emergency medical service frontline staff regardless of agency (e.g., fire, ambulance, hospital)
	  ○ Emergency workers providing patient transport/ambulatory support regardless of agency
	  ○ Personnel working in the field to provide oversight of these emergency medical service positions
	• Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity
	  ○ Workers at long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance (e.g., healthcare, environmental facility management, counselors, dining staff, etc.)
	  ○ Home health aides, care aides, caregivers, companions, etc.
	  ○ Workers with patients undergoing chemotherapy, chronic renal disease, dialysis, etc.
	• Workers (including pharmacists and occupational health staff) administering vaccines to Phase 1a and 1b populations
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	Residents and staff of long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance and are unable to reside independently in the community:
	• Example: skilled nursing facilities – facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require care because of injury, disability, or illness
	• Example: assisted living facilities – facility providing help with activities of daily living; residents often live in their own room or apartment within building/group of buildings
	• Examples of possible settings: adult family homes; group homes for people with disabilities (physical, developmental, intellectual); mental/behavioral health institutions; residential homeless shelters
	
	Where sub-prioritization is needed, consider:
	• Skilled nursing facilities caring for the most medically vulnerable residents and of congregate nature so they face the joint risk factors of severe disease/mortality and transmission due to their living settings
	• After skilled nursing facilities, consider broadening to other facilities, including:
	  ○ Assisted living facilities and adult family homes
	  ○ Residential care communities

	○ HUD 202 low-income senior housing ○ Intermediate care facilities for individuals with developmental disabilities ○ State Veterans Homes

Phase 1a (Tier 1) Additional Guidance

- We specifically use the terminology "workers in health care settings" and not "health care workers" because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services). ACIP provides similar guidance regarding defining healthcare personnel.[1]
- Special attention should be paid to workers in health care settings who are at high risk of exposure and may have inconsistent or limited use of PPE as well as those working in settings with inadequate environmental controls for recommended air exchange.

Phase 1a - Tier 2 (after completion of Tier 1)

Overarching Group:

- **All other workers at risk in health care settings**

PHASE 1A-2 **OBJECTIVE**	PHASE 1A-2 **GUIDANCE**
To protect those at highest risk of exposure, to maintain a functioning health system, and to protect highly vulnerable populations	**All other workers at risk to COVID working in health care settings** • Workers who are at risk of acquisition or transmission of COVID because they are interacting in close proximity (less than 6 feet) with patients, co-workers, or specimens and are unable to remain socially distant (i.e., not include remote workers)

Phase 1a (Tier 2) Additional Guidance

- We specifically use the terminology "workers in health care settings" and not "health care workers" because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services).
- Across Washington, it is important that health care systems actively reach out to and provide access to COVID-19 vaccination for community-based health care workforce outside their systems and in their community. This includes other health care providers, school nurses, and behavioral health providers, etc., in order to compete this phase and ensure we have a protected healthcare system.