Considerations for Populations Included in Phase 1b and 1c

Sara Oliver MD, MSPH
ACIP Meeting
December 20, 2020
Considerations for Phase 1b and 1c

- Transitioning between phases
- Sub-prioritization considerations
- Other considerations for Phase 1b and 1c
Considerations: Transitioning between phases
Transitioning Between Phases

- Strategy for transitioning between phases will be necessary to move to the next phase as supply increases and exceeds demand for the current phase.
- Phases may overlap; not necessary to fully complete vaccination in one phase before moving to the next phase.
- Decisions on moving to the next phase made at a state/local level.
Transitioning Between Phases

- Demand in current phase is **less** than vaccination capacity
  - For example, appointments for vaccine <80% filled for several days
- Supply **increases** significantly
  - More doses available of current vaccine or new vaccine authorized
- Most persons within current phase **vaccinated** (>60-70%)
Considerations: Sub-prioritization
Sub-prioritization Considerations

- Where sub-prioritization of **frontline essential workers** is needed due to limited vaccine supply, consider:
  - Workers in locations where high rates of transmission and/or outbreaks have occurred
  - Workers who are at increased risk for severe illness based on age or underlying medical conditions*
  - Workers who do not have a history of documented acute SARS-CoV-2 infection in prior 90 days

*Self-identified medical conditions
Sub-prioritization Considerations

The Advisory Committee on Immunization Practices’ Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

Nancy McElhinney, PhD; Mary Chamberland, MD; Kathy Kinlaw, MD; Dayna Bowen Matthews, JD, PhD; Megan Wallace, DrPH; Beth P. Bell, MD; Grace M. Lecce, MD; H. Keipp Talbot, MD; José R. Romero, MD; Sarah E. Oliver, MD; Kathleen Dooling, MD

TABLE 1. Essential questions for COVID-19 vaccine allocation planning related to ethical principles — United States, 2020

<table>
<thead>
<tr>
<th>Ethical principle</th>
<th>Essential question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximize benefits and minimize harms</td>
<td>What groups are at highest risk for SARS-CoV-2 infection, COVID-19 disease, hospitalization, and death?</td>
</tr>
<tr>
<td></td>
<td>What groups are essential to the COVID-19 response?</td>
</tr>
<tr>
<td></td>
<td>What groups are essential to maintaining critical functions of society?</td>
</tr>
<tr>
<td></td>
<td>What are the important characteristics of these groups (e.g., size or geographic distribution) that might inform the magnitude of benefit based on the amount of vaccine available or its characteristics?</td>
</tr>
<tr>
<td>Promote justice</td>
<td>Does the allocation plan result in fair and equitable access of the vaccine for all groups?</td>
</tr>
<tr>
<td></td>
<td>How do characteristics of the vaccine and logistical considerations affect fair access for all persons?</td>
</tr>
<tr>
<td>Mitigate health inequities</td>
<td>Does the plan identify and address barriers to vaccination among any groups who are disproportionately affected by COVID-19?</td>
</tr>
<tr>
<td></td>
<td>How might health inequities result from social determinants of health, such as income and health care access?</td>
</tr>
<tr>
<td>Promote transparency</td>
<td>How does development of the allocation plan include diverse input, and if possible, public engagement?</td>
</tr>
<tr>
<td></td>
<td>Are the allocation plan and evidence-based methods publicly available?</td>
</tr>
<tr>
<td></td>
<td>Is the allocation plan clear about what is known and unknown about the quality of available evidence?</td>
</tr>
<tr>
<td></td>
<td>What is the process for revision of allocation plans based on new information?</td>
</tr>
<tr>
<td></td>
<td>Is there a mechanism to report demographic data elements for vaccine recipients (e.g., age, race/ethnicity, and occupation) to support equitable vaccination coverage?</td>
</tr>
</tbody>
</table>

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e3-H.pdf
Considerations:
Other considerations for Phase 1b and 1c
Other Considerations

- mRNA vaccines are currently not recommended for outbreak management or for post-exposure prophylaxis (vaccination to prevent the development of SARS-CoV-2 infection in a person with an exposure)
  - Both mRNA vaccines are a 2-dose series; 1-2 weeks following the second dose before a person considered fully vaccinated
  - Median incubation period for SARS-CoV-2 is 4-5 days

- Based on local epidemiology and implementation considerations, jurisdictions may choose to vaccinate frontline essential workers and persons who reside at congregate living facilities (e.g., prisons, jails, homeless shelters) at the same time
Other Considerations

- Communities that have been disproportionately affected by COVID-19 and have a younger population distribution, such as American Indian persons or Alaska Native persons, may choose to adopt an age cut-off appropriate to the epidemiologic circumstances in those communities.
Thank you

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.