VACCINE AND ANTIVIRAL PRIORITIZATION ADVISORY COMMITTEE (VAPAC)
VAPAC COVID-19 Vaccine Allocation Recommendations
Updated December 28, 2020

KEY REFERENCES

- How CDC is Making COVID-19 Vaccine Recommendations
- CDC ACIP Meeting Information
- COVID-19 ACIP Vaccine Recommendations
- Johns Hopkins: Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States
- NASEM: Framework for Equitable Allocation of COVID-19 Vaccine
- WHO: Values Framework for the Allocation and Prioritization of COVID-19 Vaccination
- WHO: Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply

BACKGROUND

Purpose of VAPAC

The Vaccine and Antiviral Prioritization Advisory Committee (VAPAC) is composed of state, local, and tribal experts that will convene to provide recommendations to ensure fair and equitable vaccine allocation across the state of Arizona. The VAPAC is guided by the Arizona Crisis Standards of Care Plan as well as Pandemic Influenza and Emergency Response Plans.

Ethical Principles for Vaccine Allocation

The following set of principles will inform the VAPAC's vaccine allocation process. These principles are adapted from the National Academies of Sciences, Engineering, and Medicine *Framework for Equitable Allocation of COVID-19 Vaccine* (2020).

- Maximum benefit encompasses the obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term.
- Equal concern requires that every person be considered and treated as having equal dignity, worth, and value.
- Mitigation of health inequities includes the obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.
- Fairness requires engagement with the public, particularly those most affected by the pandemic, and impartial decision making about and even-handed application of allocation criteria and priority categories.
- Transparency includes the obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the allocation framework as it is being developed, deployed, and modified.
- Evidence-based expresses the requirement to base the allocation framework, including its goal, criteria, and phases, on the best available and constantly updated scientific information and data.

COVID-19 Vaccine is expected to be available in limited supply by December 2020

Pfizer and Moderna have both announced the development of safe and effective COVID-19 vaccines, which have demonstrated >90% efficacy during Phase 3 clinical trials and been granted Emergency Use Authorization approval from the FDA. Per CDC, initial vaccine doses available under an EUA will be limited and state allocations are expected to be updated weekly, with a federal reserve available to ensure a second dose of the same vaccine is available 21-28 days after the initial dose. Preliminary estimates of an initial vaccine allocation for Arizona to begin planning include 212,000 Pfizer doses and 171,200 Moderna doses, although this number is subject to change (see **Table 1**). The CDC's Advisory Committee on Immunization Practices (ACIP) provided recommendations on November 23, 2020 on the following phased allocation of COVID-19 vaccines while supplies are restricted during Phase 1 (see **Figure 1**). Additional recommendations were provided during the ACIP meeting on December 1, 2020. **Table 1P** below lists critical populations for consideration for an equitable allocation of vaccines during Phase 1A-1C.

Table 1: Preliminary Estimate of Arizona's Initial Vaccine Allocation

Type of Vaccine	Total December Allocation (estimate)		Minimum Order	Additional Information (see CDC Playbook pg 59-61)
Pfizer (Vaccine A)	1540,50 doses	Week of 12/13: 58,500 Week of 12/20: 41,925 Week of 12/27: 53,625	975 doses	Requires ULT storage at -60 to -80F, dry ice to recharge thermal shipper, multidose vials, must thaw and reconstitute, second dose at 21 days
Moderna (Vaccine B)	171,200 doses	Week of 12/20: 117,500 Week of 12/27: 41,300	100 doses	Requires frozen storage at -2 to -8F, second dose at 28 days, may be available ~2 weeks behind the Pfizer vaccine

Figure 1: ACIP Proposed Interim Phase 1 Sequence

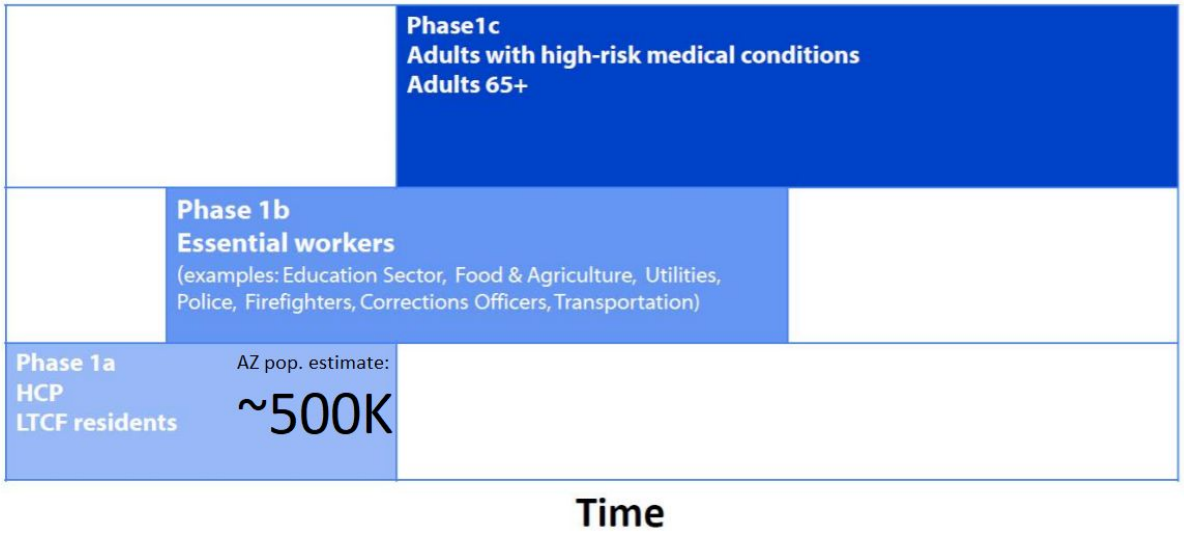

Table 1P: Phased Allocation Recommendation

Phase	Priority Population	Estimated Population*	Resources to vaccinate group
Healthcare personnel, including frontline workers at increased risk for COVID-19 and may have underlying medical conditions			
1A	Healthcare practitioners and technical occupations (doctors, nurses, pharmacists, EMTs, paramedics, dentists, etc.)	183,895	
1A	Healthcare support occupations (home health aides, nursing assistants, medical assistants, etc.)	70,166	
Long-term care residents at highest risk for severe disease and death, including staff who interact with vulnerable populations			
1A	Skilled nursing facility residents (all enrolled in CDC Pharmacy /LTC Program)	32,284	CDC Pharmacy/LTC Program f
1A	Assisted living, independent living, HUD senior housing (all enrolled in CDC Pharmacy/LTC Program)	67,416	CDC Pharmacy/LTC Program
1A	Assisted living, independent living, HUD senior living (not enrolled in CDC Pharmacy/LTC program)	18,954	
1A	DES group homes for individuals with developmental disabilities and ICF-IIDs, and staff	3,501	
Prioritized essential workers			
Prioritized 1B	Education and childcare providers (teachers and staff)	146,305	
Prioritized 1B	Protective service occupations (law enforcement, corrections, and other emergency response staff)	79,410	
People at increased risk for severe COVID-19 disease			
Prioritized 1B	Adults 75 years and older	534,905	
Essential workers (based on CISA and EO 2020-12 definitions)			
1B	Power and utility workers	5,692	
1B	Food and agriculture related occupations (packaging and distribution workers, grocery and restaurant workers)	268,800	
1B	Transportation and material moving occupations (public transportation providers, airlines, gas stations, auto shop workers, and other transportation network providers)	227,680	
1B	State and local government workers that provide critical services for continuity of government	TBD by jurisdiction	
1B	Other essential workers (e.g., business and financial services, supply chain for critical goods, funeral services, critical trades, etc.)	TBD by jurisdiction	
Congregate setting residents at highest risk for severe disease and death			
1B	Adults with high risk medical conditions living in shelters or other congregate living settings	62,565	
People at increased risk for severe COVID-19 disease			
1C	Adults with underlying medical conditions (obesity, COPD, heart disease, diabetes, chronic kidney disease)	2,278,870	
1C	Adults 65+ years and older	1,264,218	
1C	Adults living in congregate settings	TBD by jurisdiction	

*Note: These numbers are intended estimates that provide insight into the order of magnitude of each population group and do not represent exact numbers, nor are the categories mutually exclusive. Data are sourced from multiple national and state data sources (e.g., Bureau of Labor Statistics, state licensing boards)

Table 1S lists populations that may be at increased risk for acquiring and transmitting COVID-19 disease. These populations may be more socially vulnerable per the CDC Social Vulnerability Index, and should be considered for sub-prioritization throughout all phases. This criteria has been provided as a proposed framework to ensure that all populations have equitable access to COVID-19 vaccination. These categories may be used to inform targeted strategies to improve access among underserved populations within each of the phased priority groups and should not be applied on a discriminatory basis.

Table 1S: Sub-Populations at Increased Risk for Acquiring or Transmitting COVID-19

Sub-Priority Population	AZ Estimated Population
Adults from racial and ethnic minority groups	3,207,971
Adults from tribal communities	299,123
Adults who are in correctional facilities/incarcerated	60,485
Adults experiencing homelessness/living in shelters	62,565
Adults attending colleges/universities	327,385
Adults living and working in other congregate settings	54,598
Adults living in rural communities	1,091,343
Adults with disabilities	946,481
Adults who are uninsured or under-insured	808,643
Adults who are non-English speaking	96,696
Adults with Medicaid (AHCCCS)	1,820,262
Pregnant women (*ACIP recommendations pending*)	72,500
Children age 17 and under (*ACIP recommendations pending*)	1,646,177

RECOMMENDED PHASED ALLOCATION

Phase 1A Initial Allocation Proposal

The proposed initial allocation of vaccines includes a pro rata allocation, based on the Phase 1A population estimates available by jurisdiction and a minimum order of doses per type of package. Per Arizona's Draft COVID-19 Vaccination Plan vaccines will be allocated to 18 local allocators, including county health departments and tribal entities that have requested a state allocation, as well as the CDC Pharmacy Partnership for Long-term Care (LTC) Program and Arizona State Public Health Laboratory for further distribution. It is important to note that a majority of tribes have requested to receive an allocation directly from Indian Health Services which will come from the federal vaccine allocation and not be calculated in the state's allocation. Other populations that will receive vaccine directly from the federal allocation include: Veterans' Administration, Department of Defense, Department of State, and the Federal Bureau of Prisons.

Based on CDC guidance, initial vaccine doses available under an EUA will be limited and state allocations are expected to be updated weekly, with a federal reserve available to ensure a second dose of the same vaccine is available 21-28 days after the initial dose. It is important to note that once the CDC Pharmacy Partnership for LTC Program is activated, it will provide vaccinations to protect vulnerable LTC staff and residents (at 25% of the LTC program allocation per week for ~4 weeks).

Initial and subsequent allocation recommendations are subject to change based on the availability of vaccines, packaging, and storage and handling recommendations.

Phase 1B-1C Recommendations

Per ACIP's proposed Phase 1 allocation sequence, Phase 1B will include essential workers, with education/childcare and protective services occupations prioritized among essential workers, adults 75 years and older, and adults with high risk medical conditions living in shelters or other congregate living settings. Phase 1C will include adults 65 years and older, adults with underlying medical conditions that increase the risk of severe COVID-19 disease, and adults living in congregate living settings (see **Table 1P** for critical population estimates).

The Arizona Department of Health Services (ADHS) will be the lead agency responsible for monitoring vaccine uptake and coverage among critical populations. Once enough vaccines are available and it is determined there is sufficient vaccination coverage of Phase 1A populations, local jurisdictions will shift to vaccinating Phase 1B populations. During the transition to Phase 1B, local allocators should engage additional vaccine providers as needed to effectively target essential workers and vulnerable adults living in congregate settings. While supplies are still limited during Phase 1B, education and childcare employees and those in protective service occupations should be prioritized by local allocators prior to moving into other essential worker categories. Adults 75 years and older should also be prioritized among Phase 1B populations.

When ADHS and local allocator partners determine there is sufficient coverage among Phase 1B populations,local allocator jurisdictions will begin Phase 1C.

During each phase, local allocator partners must be prepared for high demand and low demand scenarios and implement strategies to scale up vaccine administration operations as needed. While vaccine supplies are limited initially, local allocator partners will be responsible for implementing fair and equitable registration and screening processes that are consistent with ACIP and VAPAC recommendations to ensure consistent standards statewide. Local allocator partners must routinely monitor patient volume, registration requests, and wait times to determine if vaccine administration site operations must be adjusted to appropriately manage traffic and meet supply and demand. Furthermore, if there is concern regarding vaccine hesitancy among critical populations, ADHS and local allocator partners must collaborate with key providers and community-based organizations to improve community engagement and vaccine uptake.

Initial and subsequent allocations are subject to change based on the availability of vaccines, packaging, storage, and handling recommendations.

Phase 2-3 Recommendations

Once enough COVID-19 vaccine supplies are available, providers who have completed the ADHS onboarding process will be eligible to order and receive vaccines to immunize the population at large. During the transition from Phase 1C to Phase 2, it will still be important to monitor vaccination coverage and provide targeted vaccinations to populations who are at higher risk for COVID-19, prioritizing those populations in Table 1S. ADHS will continue to monitor vaccination data reporting and identify gaps and community engagement strategies to reduce vaccine hesitancy and increase vaccine uptake in underserved communities. ADHS will continue to work collaboratively with county health departments, tribal partners, vaccine providers, and community partners to implement strategies to improve vaccine coverage across Arizona.