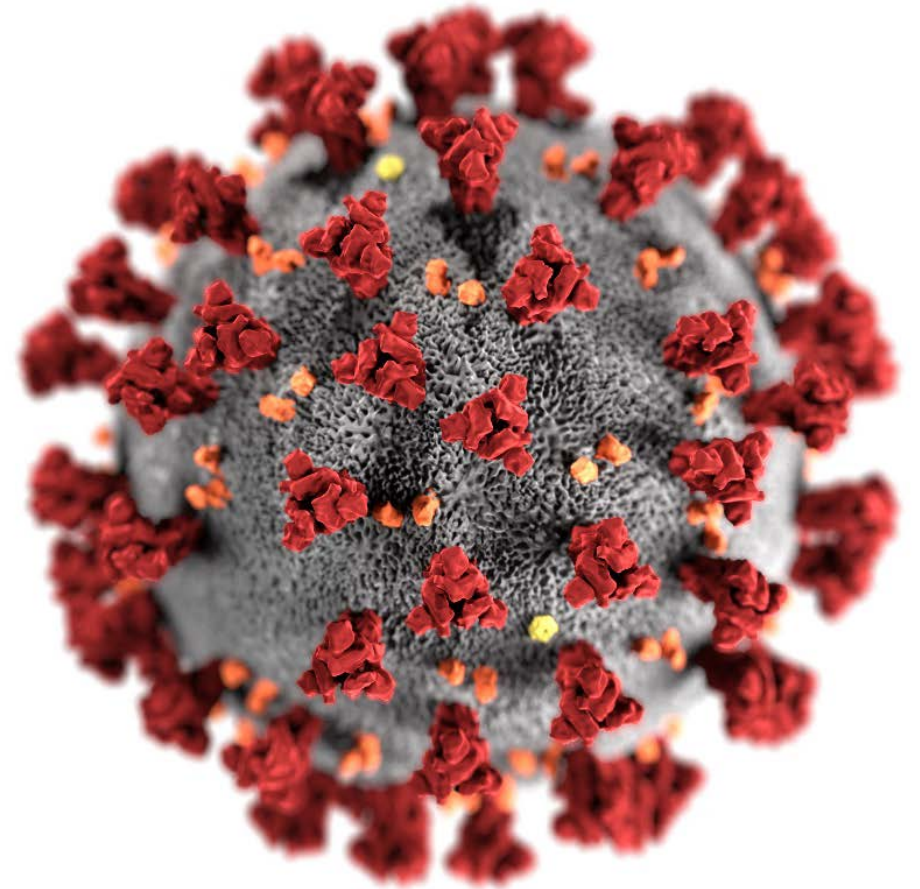


## Considerations for Populations Included in Phase 1b and 1c



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 vaccines 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 McClung, PhD<sup>1</sup>; Mary Chamberland, MD<sup>1,2</sup>; Kathy Kinlaw, MDiv<sup>3</sup>; Dayna Bowen Matthew, JD, PhD<sup>4</sup>; Megan Wallace, DrPH<sup>1,5</sup>; Beth P. Bell, MD<sup>6</sup>; Grace M. Lee, MD<sup>7</sup>; H. Keipp Talbot, MD<sup>8</sup>; José R. Romero, MD<sup>9</sup>; Sara E. Oliver, MD<sup>1</sup>; Kathleen Dooling, MD<sup>1</sup>

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

| Ethical principle                           | Essential question  |
|---|---|
| <b>Maximize benefits and minimize harms</b> | What groups are at highest risk for SARS-CoV-2 infection, COVID-19 disease, hospitalization, and death?<br>What groups are essential to the COVID-19 response?<br>What groups are essential to maintaining critical functions of society?<br>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?   |
| <b>Promote justice</b>                      | Does the allocation plan result in fair and equitable access of the vaccine for all groups?<br>How do characteristics of the vaccine and logistical considerations affect fair access for all persons?<br>Does allocation planning include input from groups who are disproportionately affected by COVID-19 or face health inequities resulting from social determinants of health, such as income and health care access?   |
| <b>Mitigate health inequities</b>           | Does the plan identify and address barriers to vaccination among any groups who are disproportionately affected by COVID-19 or who face health inequities resulting from social determinants of health, such as income and health care access?<br>Does the allocation plan contribute to a reduction in health disparities in COVID-19 disease and death?<br>What health inequities might inadvertently result from the allocation plan, and what interventions could remove or reduce them?<br>Is there a mechanism for timely assessment of vaccination coverage among groups experiencing disadvantage and the possibility for course correction if inequities are identified? |
| <b>Promote transparency</b>                 | How does development of the allocation plan include diverse input, and if possible, public engagement?<br>Are the allocation plan and evidence-based methods publicly available?<br>Is the allocation plan clear about what is known and unknown and about the quality of available evidence?<br>What is the process for revision of allocation plans based on new information?<br>Is there a mechanism to report demographic data elements for vaccine recipients (e.g., age, race/ethnicity, and occupation) to support equitable vaccination coverage?   |

# Considerations:

Other considerations for Phase 1b and 1c

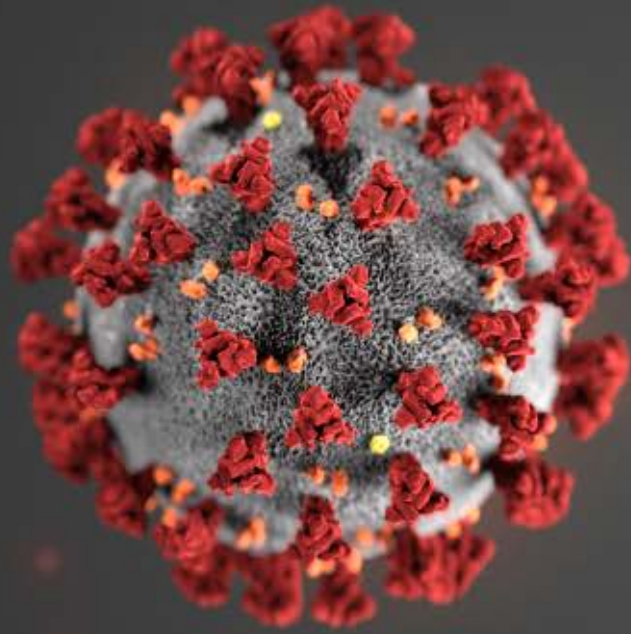


## Other Considerations

- 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

- Epidemiology of COVID-19 constantly evolving
- Knowledge of currently available vaccines will increase
- Additional vaccines may be authorized, or authorization may expand to other populations or ages over time
- Considerations will be updated as more is known around COVID-19 and COVID-19 vaccines



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

# 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.



# Example of Phase 1 & Phase 2 roll-out

