

# 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



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. Phase 1b Tier 1 is eligible as of January 18, 2021. We will continue to announce when new phases are eligible.

## 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 maintain a functioning health	<p><i>In the context of limited vaccine, this guidance includes the following sub-prioritization considerations:</i></p> <ul style="list-style-type: none"> <li>• Personnel without known infection in prior 90 days</li> <li>• 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</li> </ul>

**system, and to protect highly vulnerable populations**

- 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.<sup>1</sup>
- 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

The definition of [healthcare settings as defined by CDC](#) refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

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	<p><b>All other workers at risk to COVID working in health care settings</b></p> <ul style="list-style-type: none"> <li>● 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)</li> </ul>

**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.

## Phase 1b

Phase 1b phase generally includes people who are high to moderate risk against the four risk criteria:

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

In addition, we have applied equity as a cross-cutting lens and considered situations when certain groups are disproportionately affected due to social factors and/or other systemic inequities to mitigate for these factors.

### Summary:

Phase 1b Tiers (in order)	Groups
Tier 1	<ul style="list-style-type: none"><li>• All people 65 years and older</li><li>• People 50 years and older in multigenerational households</li></ul>
Tier 2	<ul style="list-style-type: none"><li>• High-risk critical workers 50 years and older who work in certain congregate settings</li></ul>
Tier 3	<ul style="list-style-type: none"><li>• People 16 years and older with 2 or more co-morbidities or underlying conditions</li></ul>
Tier 4	<ul style="list-style-type: none"><li>• High risk critical workers under age 50 in certain congregate settings (as noted above in Tier 2)</li><li>• People (residents, staff, volunteers) in congregate living settings (e.g., correction facilities, prisons, jails, detention centers; group homes for people with disabilities) and people experiencing homelessness that access services or live in congregate settings (e.g., shelters, temporary housing)</li></ul>

## Phase 1b - Tier 1

### Overarching Groups:

- **All people 65 years and older**
- **People 50 years and older in multi-generational households**

The first tier focuses on protecting those who are driving hospitalization and face high rates of severe morbidity and mortality in order to reduce the burden on hospitals that keeps us in an emergency state. We also want to recognize that there are older adults and elders who may be vulnerable and unable to live independently similar to those in community-based, congregate care settings (Phase 1a) but their families care for them at home. In addition, we recognize that many families - especially those disproportionately affected by COVID - live in multi-generational homes that put the older

adults and elders in the household at significantly higher risk for acquiring infection. Because these individuals are among disproportionately affected groups, they are also at risk for higher rates of severe morbidity and mortality.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
<b>To prevent hospitalization and rates of severe morbidity and mortality</b>	<b>All people 65 years and older</b> (about half of whom have co-morbidities that increase risk for severe outcomes if infected with COVID)
<b>To prevent acquiring infection, hospitalization, and rates of severe morbidity and mortality</b>	<p><b>People 50 years and older in a multigenerational (2 or more generations) household</b></p> <p>These individuals would be at risk either due to:</p> <ul style="list-style-type: none"> <li>• Vulnerability – specifically, an older adult or elder who cannot live independently <i>and</i> is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home</li> <li>• Risk of exposure – specifically, an older adult or elder who is living with and taking care of kinship (along the lines of a grandparent with a grandchild)</li> <li>• This group does not include an older adult who is able to live independently and is taking care of the individual’s kinship/children</li> </ul>

## Phase 1b - Tier 2

### Overarching Groups:

- **High-risk critical workers 50 years and older who work in certain congregate settings**

Phase 1b – Tier 2 includes specific high-risk essential workers groups<sup>1</sup> age 50 and older who work in certain congregate settings. Occupational risk factors for COVID include setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), and barriers to healthcare access. The course of the pandemic in Washington state indicates that specific groups of workers operating in congregate settings—such as, agricultural workers, food processing, incarceration facilities, and child care workers — have experienced significantly elevated rates of infection given the nature of their working and/or living conditions. In addition, the working and living conditions contribute to transmission at work and in the community. We have also selected an age range that represents about half of the workers in these groups whose age is associated with higher rates of hospitalization, morbidity and mortality.

Phase 1b – Tier 2 also includes workers in child care settings and K-12 educators and staff during in-person schooling or childcare. Child care includes programs that are permitted to operate under DOH guidance for child care/youth development/day camps. Not only do they face the risks noted above

<sup>1</sup> See [Washington Essential Critical Infrastructure Workers](#) for most up-to-date list of essential worker groups

(note: there is growing evidence that older kids have higher risk of transmission) but remote care and education is also associated with very high risk of negative societal impact. There is strong evidence regarding the negative impact remote schooling is having on K-12 students regarding educational advancement and access to meals and support services for children, which disproportionately affects low-income families.

PHASE 1B-2 OBJECTIVE	PHASE 1B-2 GUIDANCE
<p><b>To protect those who are at <i>high risk</i> of exposure and transmission given the nature of working and living conditions, to prevent hospitalizations and rates of severe morbidity and mortality, and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems</b></p>	<p><b>Critical workers 50 years and older with significantly high risk of exposure and transmission in congregate settings</b></p> <p>Congregate setting refers to an environment where individuals work and/or live in an enclosed space where they are interacting with a high volume of people (i.e., supermarket) over extended time and not able to consistently social distance (i.e., be more than 6 feet apart).</p> <p>This does not include all critical worker groups but just a subset outlined below. This subset is focused on workers who are working in a congregate/enclosed setting working within 6 feet of other workers over an extended time (&gt;3 hours in 24 hour day). Therefore, workers who are able to socially distance, work remotely or work off-site not in a congregate setting would not be included. Specific groups and guidance are outlined below:</p> <ul style="list-style-type: none"> <li>• <i>Congregate agriculture</i> – specifically those who work and/or live in a congregate setting interacting with a high volume of co-workers (vs. animals) over extended periods of time (i.e., &gt;3 hours in 24 hour day). Relevant roles are more likely to include crop selection, production and packaging vs. equipment maintenance</li> <li>• <i>Congregate food processing</i> – specifically those who work and/or live in a congregate setting interacting with high volume of co-workers (vs. animals) over extended periods of time (i.e., &gt;3 hours in 24 hour day)</li> <li>• <i>Workers in congregate grocery stores or food banks</i> - specifically those who work in a congregate setting interacting with high volume of co-workers over extended periods of time (i.e., &gt;3 hours in 24 hour day). We encourage considering prioritizing retail stores of higher density/volume vs. where people are more able to be socially distant (e.g., wineries, coffee shops).</li> <li>• <i>Congregate staff in correction facilities, prisons, jails, detention facilities, and court facilities</i> – specifically those who are interacting with high volume of individuals in a congregate interior setting over extended periods of time (i.e., &gt;3 hours in 24 hour day). We encourage considering the spectrum of staff (e.g., facility management, security, counselors) who fit this exposure criteria.</li> <li>• <i>Congregate public transit</i> - specifically those who work in an enclosed (vs. outdoor) congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e., &gt;3 hours in 24 hour day) to facilitate the transport of people. Settings may include bus, train, ferry, airport, and other high density transportation settings – or lower density settings where individuals are tightly constricted over an extended time, specifically taxis, limos and private vehicles over 4 people). Not include those who can work remotely or in office where can practice being socially distant.</li> <li>• <i>Firefighters, law enforcement and social workers responding to public health and safety</i> - specifically those who work in a congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e., &gt;3 hours in 24 hour day). Not including administrators or those who can work remotely.</li> </ul>

<p>Same as above and to reduce the negative societal impact on families and children (that disproportionately affects low-income families)</p>	<p><b>Workers 50 years and older years of age in child care settings</b>  <b>K-12 educators and staff 50 years and older who are working at the school (i.e., not remote workers)</b></p> <ul style="list-style-type: none"> <li>• This category should consider the full spectrum of workers including administrators, environmental services staff, maintenance workers, school bus drivers, paraeducators, and all of who are essential to child care and education.</li> <li>• Specifically, this group includes those who face substantially high risk of exposure given work conditions because they are operating in a congregate setting interacting with co-workers or youth over extended periods of time.</li> <li>• Childcare includes early learning and child care programs that are permitted to operate under DOH guidance for child care, youth development, and day camps.</li> <li>• Attention should be given to the specific programs that reach children with special health care needs, individual educational plans, and technological gaps.</li> <li>• This group should not include those who are working remotely or in a role where they can practice being socially distant.</li> </ul>
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### Phase 1b - Tier 3

#### Overarching Groups:

- **People 16 years and older with 2 or more co-morbidities or underlying conditions**

Phase 1b – Tier 3 includes people who have certain medical conditions that put them at increased risk for severe illness if infected with COVID leading to increased hospitalization, morbidity and mortality. The list of conditions is based upon research by CDC that is posted at the following site:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. It is a living document that may be updated as science evolves.

PHASE 1B-3 OBJECTIVE	PHASE 1B-3 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	People 16 years and older with 2 or more co-morbidities or underlying conditions (See <a href="#">CDC’s list of the conditions that put people at increased risk of severe illness from COVID-19.</a> )

### Phase 1b - Tier 4

#### Overarching Groups:

- **High risk critical workers under age 50 in certain congregate settings (as noted above in Tier 2)**
- **People (residents, staff, volunteers) in congregate living settings (e.g., correction facilities, prisons, jails, detention centers; group homes for people with disabilities) and people experiencing homelessness that access services or live in congregate settings (e.g., shelters, temporary housing)**



Phase 1b – Tier 4 includes two other high risk groups: (1) essential workers from the same groups as Tier 2 but under age 50 and (2) people in congregate living settings where there is a high risk of exposure and transmission. Exposure risk is due to factors such as setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), barriers to healthcare access, etc.

PHASE 1B-4 OBJECTIVE	PHASE 1B-4 GUIDANCE
<p><b>To prevent hospitalization and rates of severe morbidity and mortality, including in settings that increase potential exposure - and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems</b></p>	<p><b>Critical workers under age 50 with significantly high risk of exposure and transmission in congregate settings.</b> See Phase 1b – Tier 2 for description of congregate settings to be considered.</p> <p><b>Residents and staff in group homes for individuals with disabilities, including serious mental illness, development and intellectual disabilities, and physical disabilities as well as residential substance use disorder facilities not already covered in Phase 1</b></p> <p><b>People in prisons, jails, detention centers, and similar congregate facilities who work in such settings not already covered in Phase 1</b></p> <p><b>People experiencing homelessness that access services or live in congregate settings (e.g., temporary housing, shelters)</b></p> <p><b>People living or residing in domestic violence shelters</b></p>

# INTERIM COVID-19 Vaccine Allocation Phase Quick Reference

PHASE 1A	PHASE 2*	PHASE 3*	PHASE 4*
<p><b>TIER 1</b></p> <ul style="list-style-type: none"> <li>High-risk workers in health care settings</li> <li>High-risk first responders</li> <li>Long-term care facility residents</li> </ul> <p><b>TIER 2</b></p> <ul style="list-style-type: none"> <li>All other workers at risk in health care settings</li> </ul>	<ul style="list-style-type: none"> <li>Critical workers in other settings who are in industries essential to the functioning of society and are at risk of exposure not already covered in Phase 1</li> <li>People 16 years and older with 1 comorbidity or underlying condition not already covered in Phase 1</li> <li>People with disabilities that prevent them from adopting protective measures</li> </ul>	<ul style="list-style-type: none"> <li>Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2</li> <li>Young adults/children under 16 years (if vaccine is authorized for children under 16 years)</li> </ul>	<ul style="list-style-type: none"> <li>Everyone residing in Washington State who did not have access to vaccine in previous phases</li> </ul>
<p><b>PHASE 1B</b></p> <p><b>TIER 1</b></p> <ul style="list-style-type: none"> <li>All people 65 years and older</li> <li>People 50 years and older living in multigenerational households</li> </ul> <p><b>TIER 2</b></p> <ul style="list-style-type: none"> <li>High-risk critical workers 50 years and older who work in certain congregate settings: <ul style="list-style-type: none"> <li>Agriculture; food processing; grocery stores; K-12 (teachers and school staff); childcare; corrections, prisons, jails, or detention facilities; public transit; fire; law enforcement</li> </ul> </li> </ul> <p><b>TIER 3</b></p> <ul style="list-style-type: none"> <li>People 16 years and older with 2 or more comorbidities or underlying conditions</li> </ul> <p><b>TIER 4</b></p> <ul style="list-style-type: none"> <li>High-risk critical workers under 50 years who work in certain congregate settings (as noted above in Tier 2)</li> <li>People, staff, and volunteers in congregate living settings: <ul style="list-style-type: none"> <li>Correctional facilities; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings</li> </ul> </li> </ul>			
<p><b>*Future phases are still tentative and will be finalized based on clinical trial data, federal guidance, vaccine supply projections, and ongoing community input.</b></p> <p>Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:</p> <ul style="list-style-type: none"> <li>People of color</li> <li>People with limited English proficiency</li> <li>People in shared housing, crowded housing, and multi-generational homes</li> <li>People in poverty and low-wage earners</li> <li>People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19</li> <li>People with access barriers to healthcare</li> </ul> <p>Washington State has also developed a <a href="#">social vulnerability index</a> which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.</p> <p><b>NOTE</b> Immigration status and health insurance status do not impact an individual's eligibility.</p> <p><b>EQUITY IS A CROSS-CUTTING FOCUS</b></p> <p style="text-align: right;">Updated January 17, 2020</p>			