

IGR Plan for delivery of COVID-19 Vaccine

Memo #2: First Phase Target Populations

17OCT2020

Critical Populations CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy.

A key policy goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.

After a short period of potentially limited vaccine supply, supply will likely increase quickly, allowing vaccination efforts to be expanded to include additional critical populations as well as the general public. Jurisdictions should develop plans to ensure equitable access to vaccination for each of the critical populations identified below.

Identifying and Estimating Critical Populations

The first step in planning is to identify and estimate the critical populations within a jurisdiction. These populations (listed in no particular order) may include but are not limited to:

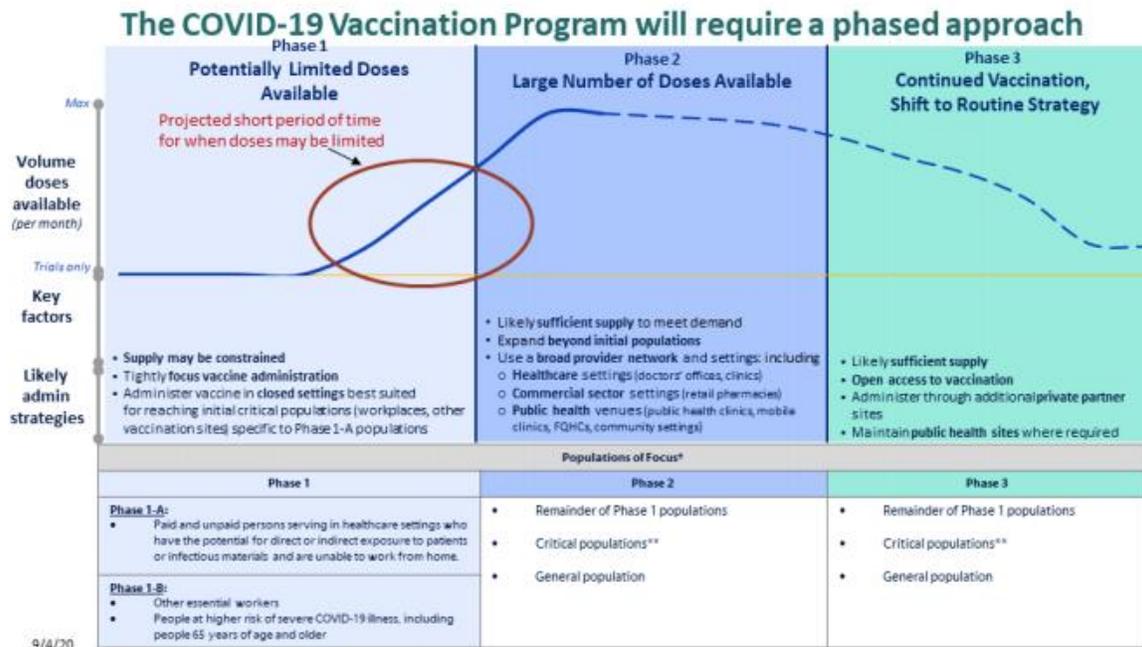
- Critical infrastructure workforce
 - Healthcare personnel (i.e., paid and unpaid personnel working in healthcare settings, which may include vaccinators, pharmacy staff, ancillary staff, school nurses, and EMS personnel)
 - Other essential workers (see additional guidance from the Cybersecurity and Infrastructure Security Agency [CISA])

Note: The critical infrastructure workforce varies by jurisdiction. Each jurisdiction must decide which groups to focus on when vaccine supply is limited by determining key sectors that may be within their populations (e.g., port-related workers in coastal jurisdictions)

- People at increased risk for severe COVID-19 illness
 - LTCF residents (i.e., nursing home, assisted living, independent living facility residents)
 - People with underlying medical conditions that are risk factors for severe COVID-19 illness

- o People 65 years of age and older • People at increased risk of acquiring or transmitting COVID-19
- o People from racial and ethnic minority groups
- o People from tribal communities
- o People who are incarcerated/detained in correctional facilities
- o People experiencing homelessness/living in shelters
- o People attending colleges/universities
- o People who work in educational settings (e.g., early learning centers, schools, and colleges/universities)
- o People living and working in other congregate settings • People with limited access to routine vaccination services
- o People living in rural communities
- o People with disabilities
- o People who are under- or uninsured.

Estimates of these groups should be as accurate as possible to minimize potential waste of vaccine, constituent products, or ancillary supplies. Partner agencies and organizations may be helpful in determining accurate estimates of these population groups. Such organizations might include the jurisdiction's emergency management agency, labor department, chamber of commerce, healthcare coalitions, and chronic disease/nutrition groups.



***Planning should consider that there may be initial age restrictions for vaccine products.**

****See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.**

Describing and Locating Critical Populations

To improve vaccination among critical population groups, jurisdictions must ensure these groups have access to vaccination services. To inform COVID-19 vaccination provider outreach efforts, jurisdictions need to know where these groups are located. Jurisdictions should create visual maps of these populations, including places of employment for the critical infrastructure workforce category, to assist in COVID-19 vaccination clinic planning, especially for satellite, temporary, or off-site clinics. The federal government will release a dashboard that includes a mapping tool that may assist jurisdictions with this task.

Additional information on the dashboard will be shared when available. Public health programs should establish procedures to communicate key messages and coordinate vaccination logistics for these groups. Programs should establish points of contact (POCs) for each organization, employer, or community (as appropriate) within the critical population groups.

Partnerships with trusted community organizations can facilitate early agreement on communication channels and methods for rapidly disseminating information and ultimately ensuring these groups have access to vaccination.

Some of these partners could include:

- Community Health Centers
- FQHCs • RHCs
- Critical access hospitals.
- Pharmacies
- Organizations and businesses that employ critical workforce
 - First responder organizations • Non-traditional providers (e.g., community health workers, doulas) and locations (e.g., dialysis centers, community centers) serving people at higher risk for severe illness
- Other locations or facilities for shared or congregate housing serving people at higher risk for severe illness (e.g., homeless shelters, group housing, correctional facilities, senior living facilities)
 - Locations where people 65 years of age and older gather (e.g., senior centers, food pantries) • Religious groups and other community groups
- In-home care organizations
- Schools and institutions of higher learning the Phase 1 populations.

Jurisdictions should prioritize describing and locating the Phase 1 initial populations of focus.