Prof. R. Alta Charo

• University of Wisconsin at Madison
Sources of Guidance for Domestic Allocation

- Academic publications (see, e.g., Hopkins Center for Health Security)
- Prior epidemic and pandemic experiences (e.g., H1N1 and Ebola)
- National Academy of Medicine report (requested by NIH & CDC)
- CDC’s standing Advisory Committee on Immunization Practices
- CDC leadership
- State health departments

• nb: I was a member of the NAM committee but opinions expressed here are my own and are not made on behalf of the committee or NAM
Which would be most justifiable?

- First-come, first-served
- Highest bidder
- Lottery
- Most likely to get infected (high risk of exposure)
- Most likely to die (co-morbidities and age)
- Those who can’t protect themselves
- Most needed to keep health care system running
- Most needed to keep “essential” services running
- Those who’d gain the most years of life if saved from death
- Those most likely to infect others
- Those currently suffering the worst health inequities

No particular goal?

Most vulnerable?

Most valuable to society?

Those most deserving?
Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2
**Phase 1**
- **Phase 1a “Jumpstart Phase”**
  - High-risk health workers
  - First responders

- **Phase 1b**
  - People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
  - Older adults living in congregate or overcrowded settings

**Phase 2**
- K–12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at *moderately* higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

**Phase 3**
- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

**Phase 4**
- Everyone residing in the United States who did not have access to the vaccine in previous phases

---

**Equity is a crosscutting consideration:**
In each population group, vaccine access should be prioritized for geographic areas identified through CDC’s Social Vulnerability Index or another more specific index.

---

NATIONAL ACADEMY OF MEDICINE

The National Academies of SCIENCES • ENGINEERING • MEDICINE
December 1, 2020 Meeting Recommendation

ACIP approved the following recommendation by majority (13-1) vote at its December 1, 2020 emergency meeting.

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel$ and 2) residents of long-term care facilities¶

This recommendation has been adopted by the CDC Director.

$ Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials

¶ Long-term care facility residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently
Variables Affecting Vaccine Allocation at Any Particular Time

• Number and timing of available vaccine doses
• Vaccine efficacy/effectiveness (overall and in different groups)
• Vaccine safety (overall and in different groups)
• Number and logistical requirements of available vaccine types
  • one vs two dose formulations; storage & shipping requirements
• Epidemic conditions when vaccine becomes available
• What is ‘essential’ in a particular locale
• Vaccine distribution and administration
• Social, economic, and legal contexts; Vaccine uptake (population acceptance, overall and in different groups)
Personal Prediction of Areas of Diverse Approaches Among States

• Phase for teachers (K-6 or K-12)
  • Continuing research on vulnerability to infection of children, and of the risk of transmission from children to adults
  • Lack at this time of data on vaccine usefulness in younger children
  • Role of schools in both educating youth and freeing parents to work

• Phase for prisoners (separate from corrections officers)
  • Prisoners live in congregate settings with high transmission risk
  • Prisoners are unable to alter their lifestyles to self-protect
  • Duty of government to provide for prisoners
  • Prisoners are disproportionately people of color, people with co-morbidities
  • Prisoners can be a vector of transmission to the community via personnel
  • But – prioritizing prisoners over members of the outside community likely to be opposed by some
Links

• https://www.cdc.gov/vaccines/acip/recommendations.html

• https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus

Dr. Michele ANDRASIK

• Fred Hutchinson Cancer Research Center
Phase 3 Vaccine Pipeline

Study opening dates are projections, and subject to change.

<table>
<thead>
<tr>
<th>Concept Name</th>
<th>Study N</th>
<th>Protocol Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna phase 3</td>
<td>30000</td>
<td>7/27/2020</td>
</tr>
<tr>
<td>AstraZeneca phase 3</td>
<td>30000</td>
<td>8/28/2020</td>
</tr>
<tr>
<td>Janssen phase 3</td>
<td>60000</td>
<td>9/21/2020</td>
</tr>
<tr>
<td>Novavax phase 3</td>
<td>30000</td>
<td>11/5/2020</td>
</tr>
<tr>
<td>Sanofi phase 3</td>
<td>34690</td>
<td>12/7/2020</td>
</tr>
</tbody>
</table>

Legend:
- First participant enrolled
- Later phase: Enrollment period
- Later phase: Followup period
I. Utilization of Community-Based Participatory Research approaches

➢ Ensuring comprehensible, inclusive and respectful

➢ Comprehensible Information
  ➢ Ensuring comprehension of efficacy results – prevention of severe disease vs. prevention of infection
  ➢ Understanding Safety Pauses
  ➢ Understanding how vaccine trials can be expedited

➢ Inclusion
  ➢ Native and Indigenous
  ➢ Asian and Pacific Islander

➢ Respectful Language
  ➢ Older Adult
  ➢ Priority populations
Materials in English, Spanish & Portuguese on the Dropbox at this link: [TinyURL.com/CoVPN-Assets](TinyURL.com/CoVPN-Assets)  **Password:** CoVPNTria!$

**Participant Experience Brochure**

**General Print Materials**
- 11” x 17” recruitment posters
- 8.5” x 11” flyers
- 4” x 6” postcards
- Palm cards (business card size)

**Infographics**

**Social Media Bursts**

**Slide Sets**

**Educational Videos**

Follow us on [Facebook](https://www.facebook.com) and [Instagram](https://www.instagram.com) @PreventCOVID19, Twitter @PreventCOVID_19
Additional resources

- Vaccines - Johns Hopkins Coronavirus Resource Center (jhu.edu)
- COVID-19 Materials Developed for Tribal Use | Center for American Indian Health (jhu.edu)
- www.combatcovid.hhs.gov
- Washington State DOH Materials:
  - December 15 Expert Panel: Making Sense of Vaccines During COVID-19
  - www.covidvaccinewa.org - you can find educational videos on this page under “Video.”