

CDPH Allocation Guidelines for COVID-19 Vaccine During Phase 1A: Recommendations

Recommendation A: Populations for Phase 1a

During Phase 1a of allocation, COVID-19 vaccine should be offered to the following persons in California:

- Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings.
 - This population includes persons at direct risk of exposure in their non-clinical roles, such as, but not limited to, environmental services, patient transport, or interpretation.
- Residents of skilled nursing facilities, assisted living facilities, and similar long-term care settings for older or medically vulnerable individuals.

Recommendation B: Subprioritization During Phase 1a

- During Phase 1a, if there are not enough doses of COVID-19 vaccine for all who choose to receive them, then health departments should subprioritize doses as needed to match the level of available supplies in a sequential fashion using the following ranked categories:
 - Persons exposed through work in health care or long-term care settings, by:
 1. Type of facility or role
 2. Location of facility
 3. Attributes of individuals
- Health departments may reprioritize temporarily under limited circumstances described in Recommendation C.

Recommendation B1: Subprioritization by type of facility or role

- If supplies are limited during Phase 1a, COVID-19 vaccines should be directed to as many tiers, and categories in each tier (e.g., hospitals) as possible to reach the prioritized populations.
- The tiers and categories in each tier are presented in ranked order.
- Persons immunizing the prioritized populations in a tier should be offered immunization during or before the same tier.

Tier 1

- Acute care, psychiatric and correctional facility hospitals
- Skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals
- Also, in concordance with ACIP, residents in these settings
- Paramedics, EMTs and others providing emergency medical services
- Dialysis centers

Tier 2

- Intermediate care facilities for persons who need non-continuous nursing supervision and supportive care

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- Home health care and in-home supportive services
- Community health workers, including promotoras
- Public health field staff
- Primary Care clinics, including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics

Tier 3

Other settings and health care workers, including

- Specialty clinics
- Laboratory workers
- Dental and other oral health clinics
- Pharmacy staff not working in settings at higher tiers

Recommendation B2: Subprioritization by location of facility

- When there are inadequate doses to reach all workers in a tier or facility category (e.g., acute care hospitals), doses should be prioritized to facilities serving the greatest proportion of vulnerable persons in their catchment area, as measured by the HPI or comparable health department knowledge, followed by facilities serving fewer vulnerable persons.

Recommendation B3: Subprioritization by attributes of individual health care workers

If there are not enough doses to reach all workers at risk in a facility, then

- Health departments may allocate doses for facilities—if information is available—to protect workers at higher risk of occupational exposure to SARS-CoV-2 before those at lower risk.
- Local facilities should consider offering doses of vaccine to workers using the following risk factors, in sequence:
 - Occupational risk of exposure to SARS-CoV-2
 - Descending age, in the following age groups:
 - 65 years and older
 - 55-64 years
 - Younger than 55 years
 - Other attributes supported by evidence, including but not limited to underlying medical conditions, race, and ethnicity
 - To support immunization of these workers, facilities should provide extensive information and counseling.

Recommendation C1. Evolving information about COVID-19 vaccine characteristics

Health Departments may adjust prioritization to reflect or comply with available vaccine characteristics. However, prompt measures should be taken to revert to the original prioritization criteria and immunize persons delayed by these restrictions as soon as circumstances permit, such as:

- Additional formulations become available

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- Changes in authorized indications from FDA or in recommendations from ACIP or CDPH

Recommendation C2. Minimizing disuse of scarce COVID-19 vaccine

To avoid wastage or disuse of scarce supplies and maximize their benefit to Californians:

- Health departments may allocate doses on the assumption that immunization will be accepted by some but not all who are offered the vaccine, and then adjust later allocations based on the number of doses that are accepted.
- After intensive and appropriate efforts to reach the groups prioritized at that moment, health departments and facilities may offer vaccine promptly to persons in lower priority groups when:
 - Demand subsides in the current groups, or
 - Doses are about to expire according to labeling instructions.
- Health Departments may temporarily adjust prioritization based on other resource constraints while continuing efforts to immunize higher priority groups as soon as feasible.