

ATTACHMENT L
PRIORITY VACCINATION DISTRIBUTION

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VACCINE PRIORITIZATION

Given a limited supply of vaccine, prioritization will occur to determine which groups to target first for vaccination. To some extent, these decisions will depend upon the nature of the current pandemic – who is getting sick, who is spreading the disease, and who is dying. Other priorities will be to maintain essential public services and the health care infrastructure. Not all of these goals can be met with a limited vaccine supply.

The following potential target groups might be chosen for the following goals (in no particular order):

1. Protecting the public health/health care infrastructure (so there will be personnel available to care for victims of influenza, investigate the outbreak, and staff vaccination clinics):
 - a. Health-care workers in emergency departments and critical care units in acute care facilities.
 - b. Emergency medical services personnel.
 - c. Public health personnel involved in the distribution of vaccine and antiviral agents.
 - d. Health-care workers in long term care facilities
 - e. Laboratory workers handling the virus and disease outbreak investigations.
 - f. Families of these workers (if they become ill, the workers might stay home to take care of them).
2. Maintaining essential public services:
 - a. Persons responsible for community safety and security, e.g., police, firefighters, military personnel, National Guard, "first responders" not included in first priority group.
 - b. PEMA, SEOC, local EMA and regional EMS council staff.
 - c. Other highly skilled persons who provide essential community services whose absence would either pose a significant hazard to public safety (e.g., nuclear power plant workers) or severely disrupt the pandemic response effort (e.g., persons who operate

regional telecommunications or electric utility grids). [NOTE: Members of this target group are likely to vary widely from jurisdiction to jurisdiction, depending on local circumstances.]

- d. Families of essential personnel (if they become ill, the essential workers might stay home to take care of them).
3. Minimizing deaths from influenza:
- a. Persons traditionally considered to be at increased risk of severe influenza illness and mortality, as currently defined by the ACIP:
 - 1) Persons of any age with high-risk medical conditions
 - 2) Pregnant women.
 - 3) Persons in nursing homes and other long-term care facilities.
 - 4) Persons ≥ 65 years of age without high-risk medical conditions.
 - 5) Infants age 6-12 mo (if supported by epidemiological and clinical data).
 - b. Household contacts of persons with high-risk medical conditions (and of infants <6 months of age)
4. Minimizing the number of additional cases of influenza:

Pre-school-age (especially day-care-center attendees) and school age children [the population least likely to have severe illness, but most likely to be the source of infection for the majority of cases].