Baltimore City Health Department (BCHD) Interim Plan for Allocating and Prioritizing COVID-19 Vaccine – Phase 1, Priority Groups 1A, 1B and 1C

Background

The COVID-19 pandemic is an extraordinary global health challenge that has disrupted all sectors of society and is causing incalculable loss.

In December 2020 Emergency Use Authorization (EUA) for COVID-19 vaccine was granted by the Food and Drug Administration (FDA) for the Pfizer-BioNTech and Moderna vaccines. These are two of the first COVID-19 vaccines authorized for use in the United States. The FDA and the Vaccines and Related Biological Products Advisory Committee (VRBPAC), a committee of independent researchers, have determined that the vaccines are safe and effective in preventing COVID-19 and serious illness from COVID-19. Other COVID-19 vaccines are in development.

During the initial phases of the COVID-19 vaccination program, vaccine is in extremely short supply and demand for the COVID-19 vaccine is expected to far exceed supply. Primary distribution and allocation of COVID-19 vaccine to Baltimore City is being made by the Maryland Department of Health (MDH), Centers for Disease Control and Prevention (CDC), and as part of the federal 'Operation Warp Speed' effort.

Until COVID-19 vaccine supply increases such that it is able to meet demand, CDC has determined that vaccine should be allocated in three phases. Phase 1 divided into three parts – 1A, 1B and 1C – targets populations with high-risk exposure and disproportionate morbidity and mortality.

Interim guidance for the allocation of vaccine to priority groups have been developed by CDC and the MDH.

CDC interim guidance for COVID-19 vaccine allocation and prioritization

On December 1, 2020 the CDC's Advisory Committee on Immunization Practice (ACIP) recommended as interim guidance, that in the initial phase (Phase 1A) of the vaccination program both 1) Healthcare workers and 2) residents of Long-Term Care Facilities (LTCF) are offered the COVID-19 vaccine.

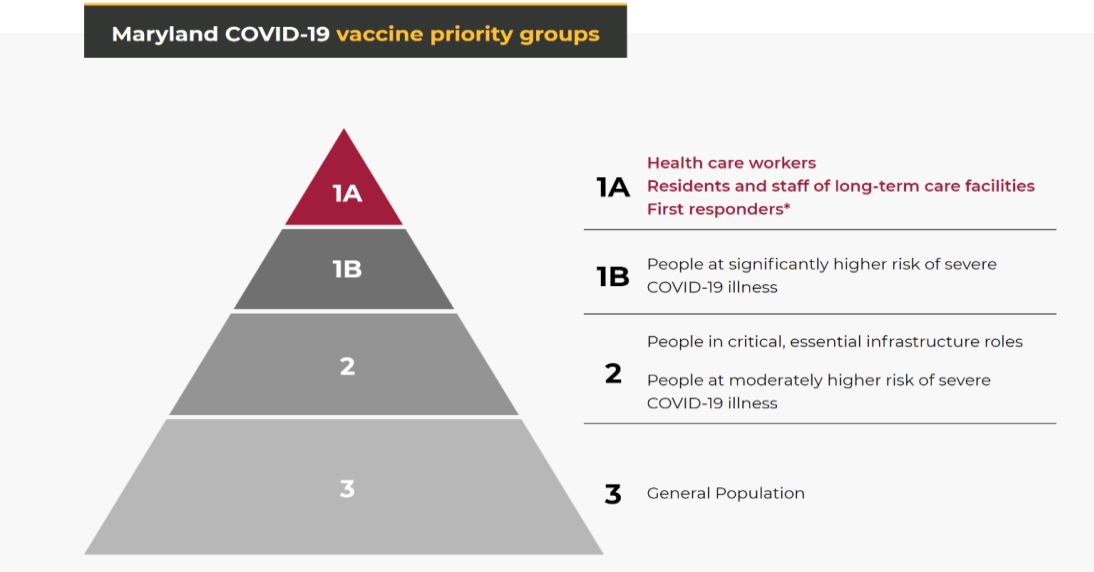
On December 20, 2020 the CDC's ACIP recommended, as interim guidance, that in Phase 1B of the vaccination program, vaccine should be offered to persons aged ≥75 years old and frontline essential workers (non-healthcare workers). In Phase 1C, persons aged 65-74 years, persons aged 16-64 years with high risk medical conditions and essential workers not recommended in Phase 1B should be offered vaccine.

MDH interim guidance for COVID-19 vaccine allocation and prioritization

On December 15, 2020 MDH put forth interim guidance that in the initial phase of Maryland's vaccination program, COVID-19 vaccine will be offered to 1) Healthcare workers[1], 2) residents

[1] Healthcare workers are defined as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. Including, but are not limited to, emergency medical service personnel, nurses, nursing assistants,

of Long Term Care Facilities, and 3) First Responders (Priority Group 1A). In the initial phase the focus is on vaccine allocation to hospitals and nursing homes, with expansion to other healthcare workers in non-hospital or non-nursing home settings. When initial vaccine supply is replenished, the still limited supply of vaccine will be distributed to individuals who are at significantly higher risk of severe COVID-19 illness (Priority Group 1B). People in essential roles and people at moderate risk of severe COVID-19 illness are in Priority Group 2. All Marylanders are expected to have access to the vaccine in Priority Group 3.



https://covidlink.maryland.gov/content/vaccine/#keep-reading

MDH vaccine prioritization guidance may be subject to change based on recommendations from the CDC, changes in vaccine supply, or changes in COVID-19 epidemiology.

BCHD Interim Plan for Allocation and Prioritization of COVID-19 Vaccine – Phase 1, Priority Groups 1A and 1B

BCDH Interim Plan outlines vaccine allocation and prioritization for Phase 1 – Priority Groups 1A, 1B and 1C – as outlined by CDC's ACIP vaccine prioritization guidance. Vaccine allocation and prioritization for other Priority Groups in Phase 2 and Phase 3 will be addressed in a subsequent forthcoming document.

physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents. From Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC.

BCHD's plan for allocation and prioritization of COVID-19 vaccine follows CDC and MDH vaccine prioritization guidance. **This plan is interim and might be updated based on changes in MDH vaccine prioritization guidance, changes in conditions of FDA Emergency Use Authorization, FDA Authorization of new COVID-19 vaccines, changes in vaccine supply or changes in COVID-19 epidemiology.**

Key Principles for Allocation in Baltimore City

During the early weeks of Maryland's vaccination program, vaccine supply is expected to be limited. With limited supply of vaccine, healthcare workers, first responders, LTCF residents and people at significantly higher risk of severe COVID-19 disease will need to be sub-prioritized. Multiple factors, informed by the National Academies of Science, Engineering and Medicine's Framework for Equitable Allocation of Vaccine, have been considered for sub-prioritization, such as, but not limited to:

- **Risk of acquiring infection:** People have higher priority if work or live in an environment with a higher risk of transmission due to circulating virus.
- **Risk of severe morbidity and mortality:** People with high risk of severe outcomes (hospitalization, mechanical ventilation) and death from SARS-COV-2 infection. People who are older or have chronic medical conditions are at higher risk of severe outcomes.
- **Risk of negative societal impact:** Inability to maintain services to preserve the functioning of society (i.e. providing health care, emergency response, public safety).
- **Risk of transmitting virus to others (at work or at home):** People have higher priority if there is a higher likelihood of them transmitting the disease to others.

In the setting of limited vaccine supply – BCHD is utilizing ethical principles as outlined by ACIP to guide sub-prioritization decision making. These ethical principles are:

- **Maximize benefits and minimize harm:** Allocation of vaccine to groups or individuals should maximize the benefits of vaccination – reduction in hospitalization and death and reduction in risk of SARS-COV-2 infection, the virus that causes COVID-19. Preserving the functioning of society and minimizing harm to certain individuals and groups should also be considered.
- **Promotion of justice**: All individuals and groups should have equal opportunity to receive the COVID-19 vaccine, within priority populations during constrained supply and when vaccine becomes available to the general population.
- **Mitigation of health inequity**: Certain groups have been disproportionately impacted by COVID-19 with increased risk of infection, hospitalization and death. Socioeconomic marginalization, age distribution, occupation/employment-type, limited access to healthcare are intersecting determinants of health that have resulted in disparate outcomes in hospitalization and death among older adult, LatinX and African American Baltimore

City residents. Prioritization of vaccine allocation for certain groups should aim to reduce health disparities and not widen or create disparities.

BCHD's sub-prioritization decision making is grounded in the promotion of transparency. Transparency is essential to building and maintaining community trust. Outreach to priority groups throughout the vaccination program is critical. BCHD is engaging community members, collaborating with City government agencies, local health organizations and health systems to inform focused outreach to priority groups. BCHD is developing a public-facing COVID-19 vaccination data dashboard to show vaccine administration by age, race/ethnicity, neighborhood and other demographics, and to help inform outreach to priority groups.

Sub-prioritization of Priority Groups 1A,1B and 1C

Following is the sub-prioritization for allocating COVID-19 vaccine in Priority Group 1A, Priority Group 1B and Priority Group 1C. Settings and roles within a priority group have equal priority. Vaccine allocation within Priority Groups is tiered due to initial limited vaccine supply. List order does not imply ranking within a tier. Sub-prioritization was developed in concert with Health Officers from Maryland jurisdictions for near consistent prioritization across the State. Baltimore City Health Department is developing tailored sub-prioritization accounting for specific population factors and priorities for Baltimore City.

Priority Group 1A:

Tier 1

- Hospital-based healthcare workers
- Long-Term Care Facilities staff and residents
- Acute Living Facilities (ALF) staff and residents

Hospital systems are responsible for vaccine administration to hospital- based healthcare workers. CDC Pharmacy Partnership is coordinating distribution and administration of vaccination of residents and staffs at LTCF, ALF, DDA and RRP facilities.

Tier 2

- Populations with frequent exposure to individuals with known COVID-19 and/or providing services essential to the maintenance of public health and healthcare systems during the COVID-19 pandemic.
- Populations unable to work from home and unable to control social distancing.
    - Public Health vaccinators and those administering COVID-19 vaccine in Phase 1A.
    - Emergency Medical Services/Fire Department
    - COVID-19 testing staff: People providing testing at large community testing centers

    - Lord Baltimore TRI Center staff
    - Baltimore City Health Department Clinical Services and Syringe program staff
    - Urgent Care Staff
    - Dialysis Center Staff
    - Clinic-based primary care staff (internists, family practice, pediatricians, geriatricians)/Federally Qualified Health Centers
    - Home health staff
    - Correctional facilities/Detention Center health care staff
    - Public Health/Baltimore City Health Department staff

Tier 3a

- Populations with risk of exposure to individuals with suspected COVID-19 and/or providing services essential to the maintenance of public health and health care systems during the COVID-19 pandemic.
- Populations unable to work from home; may be unable to control social distancing
    - Law Enforcement: Police Department
    - Law Enforcement: Correctional facility officers, Sheriff's Office, Department of Public Works Police
    - Dentists
    - Pharmacists
    - Phlebotomists

Tier 3b

- Populations at risk of exposure to individuals with suspected COVID-19 and/or providing services essential to the maintenance of public health and health care systems during the COVID-19 pandemic.
- May be able to telework or control social distancing.
    - Community Health Workers
    - Home and Community- based visiting program staff
    - Specialty out-patient clinical staff
    - Outpatient surgery centers
    - Student Health staff at non-hospital affiliated academic institutions
    - Laboratory staff
    - Physical Therapy/Occupational Therapy
    - Chiropractors
    - Optometrists
    - Audiologists
    - Podiatrists
    - Behavioral Health
    - Nutritionists
    - Morticians

Priority Group 1B:

Tier 1

- It is well established that certain groups are at significantly higher risk for severe COVID-19 illness. Older adults ≥ 75 years old have a >30 times higher risk of death from COVID-19 compared to persons 35-54 years old.
    - Adults ≥ age 75 years

Tier 2a

- Other attributes that put people at significantly higher risk for severe COVID-19 illness include living and working in congregate settings, experiencing homelessness, living in an area with a high rate of transmission and working in an industry with a high rate of transmission.
    - People experiencing homelessness
    - Shelter staff and residents
    - Correctional Facilities/Detention Center inmates and staff
    - Individuals in group home settings (i.e. halfway homes for returning citizens)

Tier 2b

- Front-line essential workers hold critical jobs essential to the functioning of society and have potential occupational exposure to individuals with COVID-19.
- A subset of frontline essential workers has the highest risk for potential exposure as they are unable to work from home or control social distancing.
    - Public and private transit workers
    - Education sector (Teachers and support staff in schools)
    - Child care workers
    - Food and agricultural workers (Restaurant workers, Food Pantries, Farmers Markets, Farms)
    - Postal service workers
    - Grocery/Convenience store workers

Tier 3

- Front-line essential workers hold critical jobs essential to the functioning of society and have potential occupational exposure to individuals with COVID-19.
- A subset of frontline essential workers has the highest risk for potential exposure as they are unable to work from home and may be able to control social distancing.
    - Manufacturing workers

Priority Group 1C:

Tier 1

- It is well established that older adults are at significantly higher risk for severe COVID-19 illness. More than 40% of COVID-19 hospitalizations were in adults ≥ 65 years.
    - Adults 65 – 74 years old

Tier 2

- Populations with high-risk medical conditions have significantly increased risk of hospitalization and death from COVID-19. Nearly 90% of persons hospitalized for COVID-19 have an underlying medical condition.
-
    - Adults 16/18[2] – 64 years old with high-risk medical conditions
    - High-risk medical conditions include:
        - Cancer
        - Chronic Kidney Disease
        - Chronic Obstructive Pulmonary Disease
        - Heart conditions
        - Immunocompromised state
        - Obesity/Severe obesity
        - Pregnancy
        - Sickle Cell Disease
        - Smoking
        - Type 2 Diabetes, Type 1 Diabetes
        - Asthma (moderate – severe)
        - Cerebrovascular disease
        - Cystic fibrosis
        - Hypertension or High Blood pression
        - Immunocompromised conditions (from blood or bone marrow transplant, immune deficiencies, HIV, prolonged use of corticosteroids or other immunosuppressive medication)
        - Dementia, ALS, other neurologic issues
        - Liver disease
        - Pulmonary disease
        - Thalassemia

Tier 3

[2] Individuals 16 years and older can receive the Pfizer COVID-19 vaccine under the FDA EUA. Individuals 18 years and older can receive the Moderna COVID-19 vaccine under the FDA EUA.

- Other attributes that put people at significantly higher risk for severe COVID-19 illness include living and working in congregate settings, experiencing homelessness, living in an area with a high rate of transmission and working in an industry with a high rate of transmission.
-
    - People experiencing homelessness
    - Shelter staff and residents
    - Correctional Facilities/Detention Center inmates and staff
    - Individuals in group home settings (i.e. halfway homes for returning citizens)
    - Essential workers not previously in Phase 1A or Phase 1B
        - Transportation & logistics
        - Water and wastewater
        - Food service
        - Shelter & housing (e.g. construction)
        - Finance (e.g. banks)
        - IT & Communications
        - Energy
        - Legal (state's attorneys, public defenders, judiciary)
        - Media
        - Public Safety (e.g., engineers)
        - Social & Human Services (Aging, DSS, Human Services) – field/in-home services
        - Elected officials

Communication/Outreach Plan:

The COVID-19 vaccine(s) outreach plan will be a monumental effort, simultaneously supporting efforts to vaccinate priority groups identified in this document while also working to address vaccine hesitancies across groups in Baltimore. BCHD is committed to focused, culturally-responsive outreach to priority groups throughout the vaccination program. Baltimore City Health Department will adjust prioritization and outreach based on ACIP and MDH guidance.

Convincing the Hesitant

BCHD acknowledges that different groups will be hesitant to take the COVID-19 vaccines for different reasons. In all cases, it's important to understand and address the root cause of that hesitation in messaging, as we work to restore, or in some cases create, trust between public health and the communities we serve. During 2020, the Baltimore City Health Department polled a number of populations in Baltimore City around flu vaccine hesitancy, and gleaned insights applicable to addressing COVID-19 vaccine hesitancy.

- In Baltimore's African American community, there are decades of medical mistrust stoked by structural racism and medical experimentation that have laid the foundation for vaccine hesitancy.

- Those in Baltimore's LatinX population, particularly in the undocumented community, have had good reason not to trust that their government has their best interest at heart, and remain concerned about information sharing and privacy.
- In the case of Baltimore's pediatric population, there may be hesitancy related to myths associated with other vaccines or just general concern about the safety of the vaccine in children.

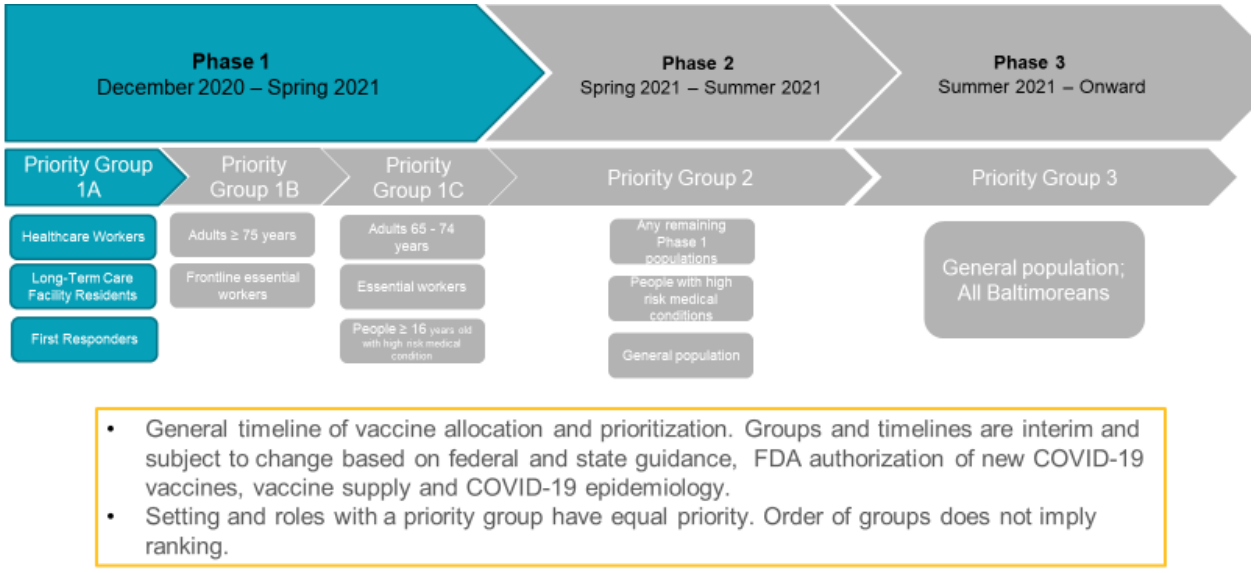
BCHD must acknowledge that these fears and concerns are real and, in some cases, are grounded in historical truths. Therefore, we must be transparent and honest in our communication about the vaccine. The Baltimore City Health Department is working on a robust outreach plan to both educate residents as to when they can receive the vaccine, and convincing those hesitant to take the vaccine, which will be grounded on the following principals.

  - BCHD acknowledges that there is medical mistrust around this vaccine. Having concerns about a new vaccine is a normal response to what feels like the unknown, and these concerns might be even greater in communities of color because of the history of experimentation in our communities.
  - BCHD will share what is known about the safety, efficacy, benefits, and currently known short term side effects, as that information becomes available.
  - BCHD will acknowledge what we are still learning about the vaccine, including but not limited to address new side effects as they arise in the population and reinforce that any adverse events should be reported to VAERS.
  - BCHD will regularly report out when new information about the vaccine(s) are learned.
  - BCHD will work with trusted messengers on message delivery
  - BCHD will share data about efficacy and safety in a transparent and easily digestible way
  - BCHD will continue to monitor the safety and side effects of these vaccines, and will report new findings as they become available.

We have been able to apply some lessons from our flu vaccination efforts as a model for our COVID-19 vaccination efforts.

- Remove barriers to access, like transportation. Put clinics and vaccine distribution events in areas in Baltimore City that do not have them already, in order to meet people where they are. It is vital that we take the time to reach our prioritized populations first, even if they are difficult to reach, to ensure that our plans are just and equitable.
- Run targeted messaging campaigns reflective of the needs of specific communities.
- Ensure authenticity by using real local residents in the campaign materials.
- Build a network of trusted messengers that know the details of the vaccine, and can answer questions in rooms public health officials aren't always in. Representatives of the faith community and school coordinators in particular have proven incredibly useful in both addressing myths and misconceptions and spreading awareness about the presence of a new vaccine clinic.

Interim COVID-19 Vaccine Allocation and Prioritization Timeline



This schematic provides a general overview of the potential timeline for vaccine allocation and prioritization. This interim timeline is subject to change based on changes in ACIP prioritization guidance, MDH vaccine distribution and prioritization guidance, FDA Authorization of new COVID-19 vaccines, changes in vaccine supply or changes in COVID-19 epidemiology.