December 9, 2020

This document contains the Department of Health's preliminary list of prioritized populations for Phase 1a of the COVID-19 vaccine campaign. Phase 1a is when vaccines are in limited supply and are being allocated for administration to specific populations. To develop this list, the WDH used the latest guidance from the CDC and the Advisory Committee on Immunization Practices (ACIP)¹, as well as recommendations from the Wyoming Department of Health Medical Ethics Committee, for Phase 1a priorities. This list may be updated as ACIP continues to release recommendations.

Vaccines should be provided to individuals in these priority groups and, when possible, should closely follow the priority order as noted in the table below, moving down the priority list once higher-level groups have needs met. However, due to vaccine logistics and the desire to vaccinate Phase 1a populations as quickly as possible, we advise planning for and beginning vaccination of multiple groups simultaneously.

Generally speaking, Phase 1a critical populations are:

- → Persons who have regular potential for exposure to COVID-19 patients;
- → Persons who have regular exposure to people who are potentially positive for COVID-19, or those who are exposed to infectious materials.

Priority	Sub-group of Phase 1a Vaccine Distribution
1	Hospital staff — direct inpatient care staff and emergency department (ED) staff, including providers working
	temporarily at the hospital
2	EMS personnel /Fire Dept. personnel that are EMTs
3	Long-term Care Facility (LTCF)/Assisted Living Facility (ALF) Healthcare Providers (HCPs)
4	Public Health Nursing (PHN) staff and other HCPs administering vaccines to critical populations in Phase 1a
5	Tribal Public Health and HCPs — receiving vaccine through Indian Health Services
6	PHN and HCPs who regularly conduct COVID sample collection
7	Inpatient/residential Behavioral Health Facility HCPs
8	Urgent care clinics and other medical clinics
9	Law Enforcement — patrol officers and correctional facility officers (city, county, state and federal)
10	Licensed/credentialed medical and dental direct care staff working in other locations who have regular exposure
	to potentially positive COVID-19 patients or infectious material
11	PHN offices and local health departments — nurses and staff
12	LTCF and ALF residents and other staff not already vaccinated
13	Home health healthcare providers- including Aging network in-home providers
14	School nurses
15	Public Health Laboratory and other laboratories — staff conducting COVID-19 testing if not already included
	in above groups
16	Pharmacy staff
17	Other healthcare facility staff - ancillary support staff who have regular exposure to potentially positive
	COVID-19 patients or infectious material, including supporting staff from out of state

Table 1: COVID-19 Vaccine Phase 1a Prioritization Schedule

¹ <u>https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm</u>

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The Department is working with hospitals and county public health agencies to administer vaccine to Phase 1a critical populations while doses are limited. Allocation of vaccine to enrolled hospitals and public health agencies for Phase 1a will be as follows:

- → Using estimated numbers of populations in Phase 1a, vaccine will be allocated to each county on a pro rata basis as closely as possible. This will not be exact pro rata because each vaccine has minimum order requirements (minimum dose orders for the Pfizer vaccine is 975 and for the Moderna vaccine is 100).
- → The initial shipments of Pfizer vaccine are anticipated to be 4,875 and will be shipped to 5 Wyoming locations that have ultra-cold freezers. The Department has been planning with these facilities. They are: St. John's Hospital, Jackson; West Park Hospital, Cody; Campbell County Memorial Hospital, Gillette; Casper-Natrona County Health Department, Casper; and Cheyenne-Laramie County Health Department, Cheyenne. One shipment of 975 doses is expected to be shipped to each of these locations. Pfizer vaccine will likely be shipped the week of Dec. 14, 2020. Pfizer vaccine will start to be administered in these 5 countries as soon as possible after ACIP recommendations are released.
- → The initial allocation of Moderna vaccine is anticipated to be 10,000 and will be shipped to hospitals and or county public health agencies. This vaccine will also be shipped using a pro rata allocation, as noted above, and accounting for the 5 counties that receive Pfizer vaccine the week of December 14. Therefore, depending on estimated Phase 1a populations, some of the 5 counties that receive Pfizer vaccine the week of December 14 may also receive allocations of Moderna vaccine. Moderna vaccine is anticipated to be shipped the week of December 21.
- → At the county level, where possible, the Department will allocate and place orders for Moderna vaccine to be shipped directly to hospitals and county public health agencies based on the following: 75% to hospitals in the county and 25% to the county public health agency.
- → Due to minimum orders, some locations will not receive a direct shipment or a different allocation percentage may need to be used. Regardless of ship to location, there is an expectation that doses will be allocated appropriately, approximately 75% to hospitals and 25% to county public health. Understandably, there may be some reasons that another percentage allocation may be needed in some counties, if for example there is more than one hospital in the county and dependent upon the county enrolled provider that is planning to vaccinate Phase 1a critical populations.
- → When there is a need to reposition vaccine between the hospital and county public health office, all repositioning must be coordinated and approved through the Department so the Immunization Unit can ensure accurate reporting to the CDC and tracking/accounting of vaccine administration. This coordination must be initiated by emailing <u>WDH.COVIDenrollment@wyo.gov</u> or calling the Immunization Unit at 307-777-7952 or 307-777-2413

Highlights from updated ACIP guidance (Dec. 3, 2020) include:

- → Consideration may include: Staggering delivery of vaccine to HCPs in the facility so that personnel from a single department or unit are not all vaccinated at the same time. Based on greater reactogenicity observed following the second vaccine dose in phase I/II clinical trials, staggering considerations may be more important following the second dose.
- → As recommended by ACIP, HCPs with documented acute SARS-CoV-2 infection in the preceding 90 days may choose to delay vaccination until near the end of the 90 day period in order to facilitate vaccination of those HCPs who remain susceptible to infection, as <u>current evidence</u> suggests reinfection is uncommon during this period after initial infection. Of note, previous SARS-CoV-2 infection, whether symptomatic or asymptomatic, is not considered a contraindication to vaccination and serologic testing for SARS-CoV-2 antibodies is not recommended prior to vaccination.

Please also refer to this document for full recommendations: <u>Interim Considerations for COVID-19 Vaccination of</u> <u>Healthcare Personnel and Long-Term Care Facility Residents</u>