

Vermont COVID-19 Vaccine Implementation Advisory Committee Vaccine Allocation Recommendations, December 31, 2020

In mid-December, the first COVID-19 vaccines arrived in Vermont. Vaccines are vital to controlling the pandemic. This document outlines the recommendations of Vermont's COVID-19 Vaccine Implementation Advisory Committee for making doses of COVID-19 vaccine available to Vermonters.

The Committee's recommendations for phased distribution of two COVID-19 vaccines are based on the National Academy of Medicine's Allocation Framework, the CDC's Advisory Committee on Immunization Practices and Vermont's own pandemic experience. The goal of the allocation plan is to reduce illness, death, and negative societal impact from COVID-19. The allocation criteria are aimed at minimizing the risk of the following:

- Severe illness and death
- Getting infected
- Negative societal impact
- Transmitting to others

Vermont is receiving the two vaccines – Pfizer and Moderna – determined to be safe and effective by the Food and Drug Administration, the Centers for Disease Control and Prevention and the Vermont Department of Health. As is true throughout the U.S., Vermont is receiving limited quantities weekly, which is already being distributed to the highest priority populations. As more vaccine becomes available over the ensuing months, we expect to have enough vaccine to vaccinate every Vermonter who wants it.

The Committee's recommended allocation plan below gives guidance to hospitals and health care providers for vaccinating priority groups to best ensure success. Of note is that while the phases outlined in the criteria reflect the order of allocation, they are not exclusive. If vaccine supplies allow, we can begin vaccinating the next priority group before fully completing an earlier one. Within a phase there is not strict prioritization, but we expect the order of those vaccinated to generally reflect the allocation criteria. Anyone who does not receive a vaccine in their designated phase can be vaccinated in a later phase.

This is the largest vaccine effort ever undertaken. Given the urgency, short time frame and the ongoing pandemic, the practical challenges to vaccine roll-out are enormous; many are still unknown. While these are our best recommendations given current knowledge, the determination of who gets the vaccine when will change as circumstances change. To succeed, our strategy needs to be flexible and adaptable.

COVID-19 Vaccine Implementation Advisory Committee- 12/31/2020
Vaccine Implementation Phases

Phase	Recommendation
1a	Health care workers likely to be exposed/treat COVID-19 patients Long-term care facility residents and staff who have patient contact
1b	Vermonters at high risk <ul style="list-style-type: none"> • Persons aged ≥ 75 years* • Persons aged 65-74 years* • Persons aged 40-64 with high-risk conditions* • Frontline essential workers** <ul style="list-style-type: none"> • Unable to telework • Unable to distance • Regular public contact
1c	Other Vermonters with elevated risk <ul style="list-style-type: none"> • BIPOC/LEP Population (not already vaccinated in 1a and 1b) • Residents in congregate settings (not already vaccinated in 1a and 1b) • Persons aged 16-39 with high-risk conditions • Other essential workers
2	General Population

* BIPOC/LEP individuals should be prioritized in these groups. BIPOC = Black, Indigenous and People of Color. LEP = Limited English Proficiency

** In congregate settings, consider vaccinating residents at this time