

State of Alaska COVID-19 Vaccine Allocation Guidelines

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To see who is eligible to receive vaccine now, visit: <http://covidvax.alaska.gov>

Guidelines apply to management of State of Alaska allocations and are subject to change. Guidelines may be different for Indian Health Services, Veterans Affairs, and Department of Defense federal vaccine allocations.

Prepared by the Alaska Department of Health and Social Services

About the Guidelines

The State of Alaska is using a phased approach to allocate the initial limited supply of COVID-19 vaccine to Alaskans. At the national level, allocation recommendations are being made by the Centers for Disease Control's [Advisory Committee on Immunization Practices \(ACIP\)](#). To suitably adapt the ACIP recommendations for Alaska, the COVID-19 Vaccine Task Force, in cooperation with the Alaska State Hospital and Nursing Home Association, convened the [Alaska Vaccine Allocation Advisory Committee \(AVAAC\)](#). The recommendations from the AVAAC apply only to the management of Alaska's COVID-19 vaccine allocation. This process does not apply to Indian Health Service, Veterans Affairs, and Department of Defense allocations.

About the Committee

AVAAC includes representatives from emergency medicine, family medicine, infectious disease, EMS, long-term care, the American Association of Retired Persons, pharmacy, and medical ethics. AVAAC uses currently available science and guidance provided by the Alaska Department of Health and Social Services (DHSS), ACIP, the National Academy of Sciences, and other sources to inform its recommendations on COVID-19 vaccine allocation to DHSS.¹⁻⁶ AVAAC is guided by the following principles designated by both ACIP and the CDC¹⁻⁶:

Science

- Maximize benefits and minimize harms
- Protect the population's health by reducing mortality and morbidity and preserving societal functioning

Implementation

- Assure feasibility of vaccine distribution
- Uphold community and individual values

Ethics

- Achieve equitable access for all Alaskans by promoting justice and mitigating health inequities
- Ensure transparency and promote education on both the science and implementation

Within each tier, all groups have equal priority. The phases for vaccine allocation are an attempt to take a limited supply of vaccine and balance the science, ethics, and implementation for the most benefit for the health and wellbeing of Alaskans. More information about AVAAC is available [here](#).

Alaska's COVID-19 Vaccine Allocation Process

As ACIP offers new national recommendations and Alaska receives additional vaccine allocations, the Committee will continue to meet to provide Alaska-specific recommendations to DHSS. Recommendations made by AVAAC are submitted to the Alaska COVID-19 Vaccine Team and DHSS leadership for review. The process includes opportunities for public input. Forthcoming allocation updates will be published on the DHSS COVID-19 vaccine website. The following is an outline of the State of Alaska's decision-making process for vaccine allocation:

- **Step 1:** ACIP [releases recommendations](#).
- **Step 2:** ACIP recommendations are reviewed by the Alaska Vaccine Allocation Advisory Committee.
- **Step 3:** The Committee provides Alaska-specific recommendations to the State of Alaska.
- **Step 4:** The Alaska COVID-19 Vaccine Task Force and DHSS leadership assess the Committee's recommendations, which may be adopted in full or amended prior to issuance.

- **Step 5:** The guidance is then published on covidvax.alaska.gov and disseminated to enrolled vaccination providers, who sign an attestation form saying they will confirm eligibility for those receiving vaccine. The State of Alaska does not oversee the allocation process at the point of care.

Health Equity

The State of Alaska Covid-19 Vaccine Task Force implementation teams use tools such as the [area deprivation index \(ADI\)](#) to identify specific geographic areas within communities that experience higher levels of deprivation compared to surrounding areas. DHSS implementation teams are working with a range of stakeholders to focus outreach efforts to ensure equitable access to vaccines for people in each phase. These efforts will vary by community and may include offering alternative methods to schedule appointments and receive the vaccine through targeted outreach. This will be implemented through partnerships with Federally Qualified Health Centers, local health authorities, and other community-based organizations.

References:

1. CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
2. AK epidemiology mortality and morbidity reports highlighting Covid-19 health disparities stratified by age and high-risk conditions: http://www.epi.alaska.gov/bulletins/docs/b2020_13.pdf
http://www.epi.alaska.gov/bulletins/docs/b2020_12.pdf
3. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>. Accessed at <https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resources>.
4. Evidence Table for COVID-19 Vaccines Allocation in Phases 1b and 1c of the Vaccination Program. <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>
5. CDC Phased Allocation slides: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>
6. CDC MMWR The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152e2-H.pdf>
7. Hennessy TW, Bressler JM. Improving health in the Arctic region through safe and affordable access to household running water and sewer services: an Arctic Council initiative. *Int J Circumpolar Health*. 2016;75:31149. Published 2016 Apr 29. doi:10.3402/ijch.v75.31149



Phase 1a

Phase 1a vaccine doses will be allocated throughout Alaska and includes the following groups:

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> • Long term care facility staff and residents¹ • Hospital-based frontline health care workers and hospital personnel who are frequently exposed to COVID-19 patients² 	<ul style="list-style-type: none"> • Frontline EMS and Fire Service personnel providing medical services, who are frequently exposed to COVID-19 patients³ • Community Health Aides/Practitioners • Health care workers providing vaccinations to identified populations in Phase 1a 	<p>Workers in health care settings⁴ who meet <u>all</u> of the following criteria:</p> <ul style="list-style-type: none"> • Have direct human patient contact, or have direct contact with infectious materials from patients, <i>AND</i> • Provide essential services in a hospital, clinic, home, or community-based setting that cannot be offered remotely or performed via telework; <i>AND</i> • Provide essential health care service in a health care setting that cannot be postponed without serious negative impact to the patient’s health

1. Long Term Care facilities included Skilled Nursing Facilities, Assisted Living Homes, and Dept of Corrections infirmaries providing care that is similar to an assisted living facility.
2. Particularly those performing the highest risk procedures or who spend extended periods of time bedside and whose absence from work would compromise the ability of the hospital to continue functioning. Personnel in this category include, but are not limited to:
 - a. ICU and COVID unit nurses, LPNs, CNAs and patient care technicians
 - b. ICU and COVID unit physicians
 - c. Inpatient physicians caring for COVID patients, including hospitalists
 - d. Respiratory therapists
 - e. Emergency department personnel
 - f. Personnel working in operating and other procedural rooms in which aerosol generating procedures are conducted.
 - g. Other hospital staff working in COVID units such as PT/OT/ST therapists, phlebotomists, etc.
 - h. Environmental services personnel
 - i. Facility security personnel

3. *Particularly those personnel whose absence from work would compromise the ability of these critical medical services to continue. This Tier includes personnel in certified ground-based and air medical services. This Tier also includes community health aides/health workers providing EMS services.*

4. *Workers in health care settings are eligible in Phase 1a only if they meet all criteria in a given tier. If a worker in a health care setting provides services that do not meet all the criteria in a specific tier will be eligible to receive the vaccine in a future phase. The terminology “workers in health care settings” is used instead of “healthcare workers or personnel” to guide health care organizations distributing the vaccine to consider the full spectrum of workers who meet these criteria. Health care organizations should evaluate all position types and duties to identify those who meet all three criteria regardless of where the work is performed (e.g., ambulatory, direct patient care, support services) or the employment status of the worker (e.g., contracted, part-time, paid or unpaid). Special attention should be paid to workers in health care settings who are at high-risk for exposure and may have inconsistent or limited use of PPE and those working in settings with inadequate environmental controls for recommended air exchange. (High-Risk Health Workers as defined in the National Academies of Sciences, Engineering, and Medicine 2020 Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>. Pages 113-117. Accessed at <https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resources>).*



Phase 1b

Phase 1b, Tier 1 vaccine doses will be allocated throughout Alaska and includes the following groups:

Tier 1	Tier 2	Tier 3	Tier 4
<ul style="list-style-type: none"> Persons aged 65 years and older 	<ul style="list-style-type: none"> Frontline essential workers aged 50 years and older¹ People living or working in other congregate settings not covered in Phase 1a² 	<ul style="list-style-type: none"> Persons aged 55–64 years Frontline essential workers¹ with 2 or more high-risk health conditions³ All persons aged 16 and older living in “unserved communities”⁴ 	<ul style="list-style-type: none"> Persons aged 50 years and older with 2 or more high-risk health conditions³ Frontline essential workers¹ not covered in previous tiers

1. *Frontline essential workers are defined as people who are working in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2 because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers.*
 - Education (PreK–12 educators and school staff, childcare workers and support staff, including Indigenous language and culture educators);
 - First responders and public safety personnel, including state troopers, public safety officers, police, firefighters, and Office of Children’s Services staff and public health workers in direct contact with individuals and families not vaccinated in Phase 1a;
 - Food and agriculture (e.g., seafood, food distributors);
 - Grocery store workers;
 - Public transit workers, including rural aviation workers serving communities defined as essential air services, and rural cab service workers;
 - U.S. Postal Service workers and contract rural postal workers including mail planes;
 - Utility and power workers – rural communities; and

- Water and wastewater – rural communities
 - **Note:** Essential air services are those defined by the U.S. Department of Transportation. See: <https://www.transportation.gov/policy/aviation-policy/small-community-rural-air-service/essential-air-service>
 - **Note:** Rural is defined as communities with a population less than 10,000 and off the road system. The “road system” is defined as any community connected by a road to the Steese, Elliot, Dalton, Seward, Parks, Klondike, Richardson, Sterling, Glenn, Haines, or Top of the World Highways.
2. Examples of such congregate living settings include the following:
- Acute psychiatric facilities;
 - Correctional settings;
 - Group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, physical disabilities, or substance use disorders;
 - Homeless and domestic violence shelters;
 - Substance misuse and treatment residential facilities; and
 - Transitional living homes
3. Adults of any age with the following conditions are at increased risk for severe COVID-19– associated illness: cancer; chronic kidney disease; chronic obstructive pulmonary disease (COPD); Down Syndrome, heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] ≥ 30 kg/m² but < 40 kg/m²); severe obesity (BMI ≥ 40 kg/m²); sickle cell disease; smoking; type 2 diabetes mellitus; and pregnancy (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html).
4. An unserved community is a community where $\geq 45\%$ homes have not been served either via pipe, septic tank and well, or covered haul system. See: <https://dec.alaska.gov/water/water-sewer-challenge/rural-communities/>

Phases 1c, 2, and 3

Guidelines for Phases 1c, 2, and 3 are still being developed. Learn more about the process and ways to participate at the [Alaska Vaccine Allocation Advisory Committee information webpage](#)