

Michigan COVID-19 Vaccination Interim Prioritization Guidance

Michigan.gov/COVIDVaccine

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Vaccination for COVID-19 is the path forward to controlling the disease and protecting Michigan residents. This guidance outlines the strategy for vaccine prioritization for the State of Michigan and will be used by the Michigan Department of Health and Human Services (MDHHS), as well as public health and health care, to allocate and administer vaccines. This guidance may change as information evolves and more vaccine types become available.

MDHHS is following the Centers for Disease Control and Prevention ([CDC recommendations](#)ⁱ for prioritization of distribution and administration of COVID-19 vaccines for adults. CDC recommendations are based on input from the Advisory Committee on Immunization Practices (ACIP). This federal advisory committee is made up of medical and public health experts who develop recommendations on the use of vaccines in the United States. ACIP recommended on 12/3/20 that both 1) health care personnel and 2) residents of long-term care facilities be offered COVID-19 vaccine in the initial phase of the vaccination program. (Long-term care is referenced as nursing homes, skilled nursing facilities and assisted living facilities.) ACIP made further recommendations on 12/20/20ⁱⁱ regarding Phase 1b and 1c, including essential workers and those at high risk of severe infection. This was an effort to balance prevention of morbidity and mortality with preserving societal functioning.

CDC and ACIP have defined populations for different vaccination phases.

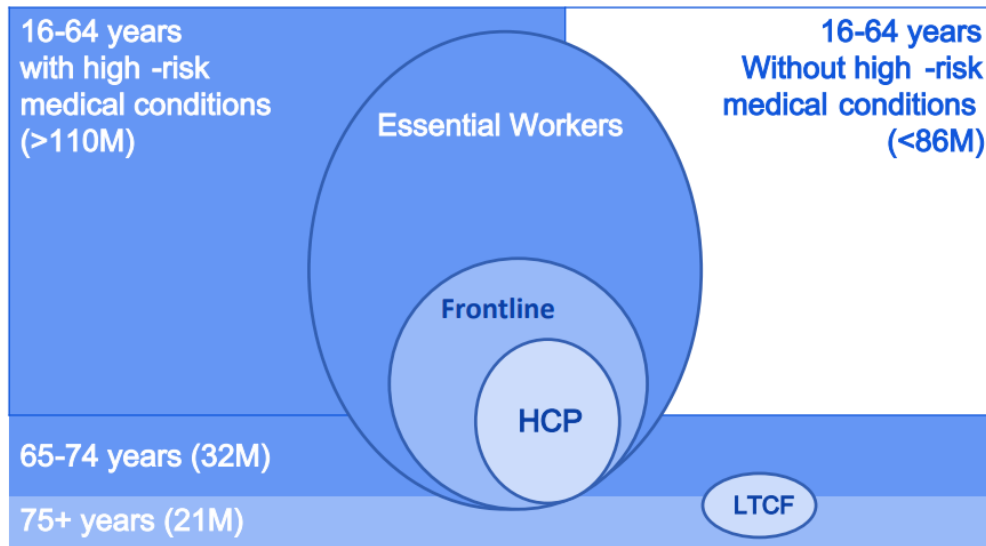
Phase 1A includes paid and unpaid persons serving in health care settings who have direct or indirect exposure to patients or infectious materials and are unable to work from home, as well as residents of long-term care facilities.

Phase 1B includes frontline essential workers and individuals 75 years of age and older.

Phase 1C includes other essential workers, persons 65 to 74 years of age, and individuals 16 to 64 years of age with underlying medical conditions.

Phase 2 is a mass vaccination campaign for all persons age 16 years or older.

Proposed Phases of COVID-19 Vaccination



Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf>

It is important to note that vaccination in one phase may not be complete before vaccination in another phase begins. There may be vaccination of individuals in different phases that occurs simultaneously. The timing of the start of vaccination in a phase is dependent on the supply of vaccine from the manufacturer, how vaccine is allocated from the federal level to Michigan, and the capacity to administer the vaccine to populations.

By providing medical care to those infected with the virus that causes COVID-19, many health care personnel (HCP) have a high risk of being exposed to and getting sick with COVID-19. HCP who get COVID-19 can also spread the virus to their patients. HCP may also become ill by being exposed to COVID-19 in the general community, jeopardizing the health care system’s ability to provide sufficient staffing capacity to care for both COVID and non-COVID patients. Early vaccine access is critical to ensuring the health and safety of this essential workforce, protecting not only them but also their patients, communities, and the broader health of our state.

Health care personnel (HCP) refers to all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP includes, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home health care personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Health care settings refers to places where health care is delivered and includes, but is not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home health care, vehicles where health care is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

Workers in essential and critical industries are considered part of America's critical infrastructure, as defined by the [Cybersecurity & Infrastructure Security Agency](#). Many of these workers operate in roles that require significant person to person interactions, and current data show that many of these workers are at increased risk for getting COVID-19. Early vaccine access is critical not only to protect them but also to maintain the essential services they provide in Michigan.

Some essential workers are at high risk of exposure or exposing others due to the nature of their work. Vaccination of this group will therefore reduce transmission in the population. Since essential workers are unable to work from home and may be unable to control social distancing, those front line workers with high level of interaction with the public or frequent interaction with others in their work place are at a higher risk of becoming infected with COVID-19. Vaccinating front line workers is also important from a health equity perspective. Racial and ethnic minority groups are disproportionately represented in many essential industries with about one-quarter of essential workers living in low-income families, which, depending on housing availability, can indicate less ability to prevent exposure in the household as well.

People with certain [underlying medical conditions](#) are at increased risk for severe COVID-19 illness, regardless of their age. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or that they may die. Early vaccine access is critical to ensuring the health and safety of this population that is disproportionately affected by COVID-19.

Among adults, the risk for severe illness and death from COVID-19 increases with age, with [older adults](#) at highest risk. Early vaccine access is critical to help protect this population that is disproportionately affected by COVID-19.

ALLOCATION OF LIMITED SUPPLY

If supply is limited, MDHHS will use ACIP goals and ethical principles to prioritize allocation of COVID-19 vaccines.

ACIP's goals for recommending which groups should receive COVID-19 vaccines if supply is limited:

- *Decrease death and serious disease as much as possible.*
- *Preserve functioning of society.*
- *Reduce the extra burden the disease is having on people already facing disparities.*
- *Increase the chance for everyone to enjoy health and well-being.*

ACIP's ethical principles to guide decision-making process if supply is limited:

- *Maximize benefits and minimize harms* — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- *Mitigate health inequities* — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- *Promote justice* — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- *Promote transparency* — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

MDHHS is also using the [CDC Social Vulnerability Index \(CDC SVI\)](#) for targeting distribution of supplies by geography within a phase of vaccination. The CDC SVI was used in establishing testing sites for COVID-19. The CDC SVI combines 15 U.S. census variables into a tool that helps local officials identify communities that may need support before, during, or after disasters. The CDC SVI is made up of indicators of socioeconomic status; household composition and disability; minority status and language spoken; and housing type and transportation. The CDC SVI status in Michigan communities correlates with the communities hardest hit by COVID-19 this spring, as well as areas of that state with high rates of risk factors for severe COVID-19 outcomes.

Based on information from ACIPⁱⁱⁱ, where sub-prioritization of frontline essential workers is needed due to limited vaccine supply, MDHHS will consider prioritizing:

- Workers in locations where high rates of transmission and/or outbreaks have occurred
- Workers who are at increased risk for severe illness based on age or underlying medical conditions.

Each phase must include outreach strategies for people in at-risk groups who have difficulty accessing community vaccination, such as through mass vaccination clinics or pharmacies. Congregate living can increase frequency of exposure to the SARS-CoV-2 virus. An outbreak among vulnerable adults in a congregate facility will put significant pressure on the area's health care system. Therefore, an outreach strategy to such individuals in congregate living is essential to the community.

MICHIGAN VACCINATION PHASES AND PRIORITY GROUPS

MDHHS has set an initial operational goal of vaccinating 70 percent of people age 16 years of age and older, or about 5.6 million people, for COVID-19 by the end of 2021. COVID-19 is a new disease in humans and population immunity is not well understood at this time. This initial goal assumes effectiveness of the vaccine in the adult population is similar to manufacturers' expectations. This goal will be adjusted as population effectiveness studies become available and ACIP guidance changes.

Michigan has prioritized vaccine allocation within CDC phases, with an emphasis on both ensuring the continuing functioning of the health care system and essential services in the community and protecting people at increased risk for severe COVID-19 illness. Note, while there is not currently data on the safety and efficacy of Pfizer's or Moderna's COVID-19 vaccines in pregnant women, the CDC has recommended that pregnant women may be offered the vaccine within the priority group they fit in, upon consultation with their medical provider. *These prioritizations may change as more information on vaccine effectiveness and additional vaccination products become available.*

It is important to note that vaccination in one phase may not be complete before vaccination in another phase begins. The federal government recognizes that it is not necessary to fully complete vaccination in one phase before moving on to next phase. There may be vaccination of individuals in different phases that occurs simultaneously. The timing of the start of vaccination in a phase is dependent on the supply of vaccine from the manufacturer, how vaccine is allocated from the federal level to Michigan, and the capacity to administer the vaccine to populations. *Decisions on moving to the next phase will be made at the state level.*

To protect work force, MDHHS recommends that staff providing vaccination clinics to others be vaccinated before they begin participating in clinics.

PHASE 1A: Paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home as well as residents in long-term care facilities.

Priority One: Keep critical health care infrastructure open and functioning (i.e., hospitals, critical care units, and emergency medical response systems) through vaccination of staff who perform direct patient care and work in critical areas including:

- Group A: Emergency medical service providers, including medical first responders
- Group B: General medical floor
- Group C: Emergency department
- Group D: Intensive care units

Priority Two: Prevent outbreaks and protect residents in long-term care facilities.

Group A: Vaccinate workers who have direct contact with large number of vulnerable residents. Note this would include staff who come in and out of the buildings.

- Skilled nursing facility staff
- Psychiatric hospital staff

- Homes for aged staff
- Adult foster care centers staff
- Assisted living facility staff
- Home health care workers caring for high risk clients with large patient loads (e.g. people with a tracheostomy/ventilator at home)

Group B: Vaccinate vulnerable residents in long-term care facilities

- Skilled nursing facility residents
- Psychiatric hospitals patients
- Homes for aged residents
- Adult foster care centers residents
- Assisted living facility residents

Priority Three: Keep necessary health care infrastructure functioning.

Group A: Vaccinate workers with direct patient contact who conduct high risk procedures (e.g., dentists, endoscopy, dialysis).

Group B: Vaccinate other workers who have direct patient contact, including outpatient, urgent care, ambulatory care, and home health care.

Group C: Vaccinate workers with specialized skills critical to health care system functioning who have indirect patient contact (e.g. hospital and public health laboratories, pharmacy, and medical waste handlers).

PHASE 1B: Persons 75 years of age or older and frontline essential workers in critical infrastructure.

Group A: Persons 75 years of age or older not covered in Phase 1A. This includes those in a congregate setting that were not reached in Phase 1A.

Group B: Frontline essential workers in sectors essential to the functioning of society and 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 (i.e., within 6 feet) to the public or to coworkers.

MDHHS will use the Critical Infrastructure Protection (CIP) Program as well as continuity of operations plans in prioritization. Front line essential workers in critical infrastructure include:

- Pre Kindergarten through High School teachers, support staff and child care workers who usually have direct contact with children
- First responders not covered in Phase 1A (e.g., firefighters, police)
- Food and agriculture workers
- Critical manufacturing workers
- Corrections workers (ex. prisons, jails, juvenile justice facilities)
- U.S. Postal Service workers
- Public transit workers
- Grocery store workers

- Workers in homeless shelters, congregate child care institutions, and adult and child protective services
- Workers with unique skill sets not covered above, such as non-hospital laboratories and mortuary services

If further sub-prioritization is needed of frontline essential workers due to limited vaccine supply, MDHHS will consider prioritizing workers in locations where high rates of transmission and/or outbreaks have occurred and workers who are at increased risk for severe illness based on age or underlying medical conditions.

PHASE 1C: Individuals age 16 years or older at high risk of severe illness due to COVID-19 infection and some other essential workers whose position impacts life, safety and protection during the COVID-19 response.

Individuals age 65 to 74 years. This includes those in a congregate setting that were not reached in prior Phases.

Individuals age 16 to 64 years with COPD, hypertension, chronic kidney disease, heart disease, diabetes, obesity or other [conditions that puts them at high risk of negative COVID-19 outcome](#).

Some other essential workers whose work must be performed on site, not covered in prior Phases, will also likely be vaccinated during this phase. MDHHS will adapt this guidance as vaccine availability becomes clearer.

PHASE 2: Individuals 16 years of age or older

All individuals who did not otherwise fit into the earlier groups for whom the vaccine is recommended.

TIMING OF VACCINATION PHASES

Attachment A: Example of Phase 1 and Phase 2 COVID-19 vaccination roll-out^{iv}

ⁱ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendations for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 3 December 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm694931>.

ⁱⁱ Dooling K. (2020 December) *Phased Allocation of COVID-19 Vaccines (Phases 1b and 1c)*. ACIP Presentation Slides; December 20, 2020 meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf>

ⁱⁱⁱ Oliver S. (2020 December) *Considerations for Populations Included in Phase 1b and 1c*. ACIP Presentation Slides; December 20, 2020 meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/03-COVID-Oliver.pdf>

^{iv} Oliver S. (2020 December) *Considerations for Populations Included in Phase 1b and 1c*. ACIP Presentation Slides; December 20, 2020 meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/03-COVID-Oliver.pdf>

Example of Phase 1 & Phase 2 COVID-19 vaccination roll-out

