

Minnesota Guidance for Allocating and Prioritizing COVID-19 Vaccine – Phase 1a

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Introduction

The emergence of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), has led to a global pandemic that has disrupted all sectors of society.

The Minnesota Department of Health COVID-19 Vaccine Allocation Advisory Group, made up of statewide representatives of leading health care providers; bioethicists; state, local, and tribal public health representatives; health care associations; and people representing diverse community groups, formed in September 2020 with the purpose of informing a statewide framework for the equitable and effective allocation of the Novel Coronavirus vaccine(s).

On Dec. 1, 2020, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) recommended, as interim guidance, that the COVID-19 vaccine in the initial phase of the vaccination program¹ (referred to as Phase 1a) be offered to:

1. Health care personnel (HCP)
2. Residents of long-term care facilities (LTCF)

Ensuring people are aware of their potential increased risk is an important step. Outreach to those at increased risk is important throughout the vaccination campaign. During the early weeks of implementation, vaccine supply is expected to be limited. The Minnesota Department of Health (MDH) has provided the following guidance for those involved in planning for and administering the vaccine.

¹ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 3 December 2020. DOI: <https://dx.doi.org/10.15585/mmwr.mm6949e1>

Key principles for allocation in Minnesota

The following guidance is grounded in key principles and ethical considerations outlined by the Advisory Committee on Immunization Practices² and adapted for Minnesota by MDH to promote the common good.

- **Maximize benefits and minimize harms:** Protect the population’s health by reducing mortality and serious morbidity.
- **Promote justice:** Respect people and groups and promote solidarity and mutual responsibility.
- **Mitigate health inequities:** Strive for fairness and protect against systematic unfairness and inequity.
- **Promote transparency:** Respond to needs respectfully, fairly, effectively, and efficiently in ways that are accountable, transparent, and worthy of trust.

Phase 1a distribution approach

For Phase 1a, vaccine doses will be allocated to every region in Minnesota based on two factors:

1. Population of health care personnel and long-term care facility residents within each region.
2. Population residing in vulnerable census tracts identified by the Social Vulnerability Index (SVI)³.

The Social Vulnerability Index identifies at-risk communities that are associated with higher COVID-19 case incidence and higher case fatality⁴. Use of the index represents an attempt to incorporate the variables that are most linked to the disproportionate impact of COVID-19.

For further clarification, the following definitions are provided:

² McClung N, Chamberland M, Kinlaw K, et al. The Advisory Committee on Immunization Practices’ Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1782-1786. DOI: <https://dx.doi.org/10.15585/mmwr.mm6947e3>

³ [CDC Social Vulnerability Index \(www.atsdr.cdc.gov/placeandhealth/svi/index.html\)](http://www.atsdr.cdc.gov/placeandhealth/svi/index.html)

⁴ [Association Between Social Vulnerability and a County’s Risk for Becoming a COVID-19 Hotspot — United States, June 1–July 25, 2020 \(www.cdc.gov/mmwr/volumes/69/wr/mm6942a3.htm\)](http://www.cdc.gov/mmwr/volumes/69/wr/mm6942a3.htm); [Impact of Social Vulnerability on COVID-19 Incidence and Outcomes in the United States \(www.medrxiv.org/content/10.1101/2020.04.10.20060962v2.full.pdf\)](http://www.medrxiv.org/content/10.1101/2020.04.10.20060962v2.full.pdf)

- Health care personnel (HCP)⁵ are defined as any paid or unpaid people serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.
- Long-term care facility (LTCF) residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to people who are unable to live independently.
- Direct Patient Service is defined by the Advisory Committee on Immunization Practices as services provided to patients or family members when six feet of distance cannot be maintained due to the nature of the job. This may include clinical and non-clinical staff.

Sub-prioritization of health care personnel and long-term care residents

Sub-prioritization was guided by the risk criteria presented in the Framework for Ethical Allocation of COVID-19 Vaccine, published by the National Academies of Sciences, Engineering and Medicine⁶.

- **Risk of infection:** People have higher prioritization because they work or live in settings with a higher risk of transmission occurring because SARS-CoV-2 is circulating.
- **Risk of severe morbidity and mortality:** People who are older and that have comorbid conditions are at higher risk of severe outcomes and death.
- **Risk of transmitting to others (at work and at home):** People have higher priority because they live or work in settings where transmission is more likely to occur.
- **Risk of negative societal impact:** People have higher priority due to the extent that society and other people's lives depend on them being healthy.

The following table provides guidance on sub-prioritization of vaccination among health care personnel and long-term care residents. Settings and roles within a priority group have equal priority. List order does not imply a ranking within a priority group.

⁵ HCP include, 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 people 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). From [Interim Infection Prevention and Control Recommendations for Health care Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360694408\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360694408). MDH also includes behavioral support staff, direct support staff, PCAs, and school nurses in the definition of HCP.

⁶ 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>.

Priority matrix for allocating COVID-19 vaccine

Phase	Health Care Personnel (HCP)	Long-term Care Residents and High-risk Populations
Phase 1a – First Priority	<p>Hospitals: All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics. (Includes, but not limited to nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff, and environmental services/maintenance staff.)</p> <p>Long-term care facility (skilled nursing facilities and nursing homes): All personnel working in these facilities.</p> <p>Emergency medical services personnel: People providing direct patient care as part of the EMS system. This includes: air ambulance pilots, ground ambulance drivers, physicians, physician assistants, nurses, and those personnel certified or registered by the Emergency Medical Services Regulatory Board (EMSRB): paramedics, advanced emergency medical technicians, emergency medical technicians, and emergency medical responders.</p> <p>First responder personnel: People who generally provide direct patient care to the general public in response to medical and/or trauma incidents in the performance of their job duties.</p> <p>COVID testers: Personnel providing testing at large community testing centers.</p> <p>COVID community vaccinators: Public health vaccinators and those administering COVID-19 vaccine in Phase 1a.</p> <p>Affiliated clinics and health care personnel contractors are included in all of these definitions, and it is expected that the hospital will vaccinate these people.</p>	Residents living in skilled nursing facilities and nursing homes (including veterans’ homes) ⁷ .
Phase 1a – Second Priority	<p>Hospitals: All personnel providing direct patient services or handling infectious materials and not included in the first priority group. Affiliated clinics and health care personnel contractors are included, and it is expected that the hospital will vaccinate these people.</p> <p>Long-term care facility (assisted living facilities/housing with services with an arranged Home Care Provider): All personnel working in these facilities.</p>	Residents living in housing with services with an arranged home care provider, otherwise known as assisted living (including veterans’ homes) ⁸ .

⁷ [Minnesota Statutes, chapter 144A.01, subdivision 5. Nursing home \(www.revisor.mn.gov/statutes/cite/144A.01\)](http://www.revisor.mn.gov/statutes/cite/144A.01)

⁸ [Minnesota Statutes, chapter 144D.01, subdivision 4 \(www.revisor.mn.gov/statutes/cite/144D.01\);](http://www.revisor.mn.gov/statutes/cite/144D.01)
[Minnesota Statutes, chapter 144A.43, subdivision 4 \(www.revisor.mn.gov/statutes/cite/144A.43\)](http://www.revisor.mn.gov/statutes/cite/144A.43)

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Phase	Health Care Personnel (HCP)	Long-term Care Residents and High-risk Populations
	<p>Urgent care settings: All personnel providing direct patient services or handling infectious materials and not included in first priority group.</p> <p>Dialysis centers: All personnel providing direct patient services or handling infectious materials.</p> <p>This includes staff who regularly come in and out of health care facilities: skilled nursing facility staff, psychiatric hospital staff, adult foster care center staff, home health care workers caring for high-risk clients with larger patient loads (e.g., patients with a tracheostomy or ventilator at home). Also included are on-site staff that cannot perform their work via telework and are not able to maintain safe working distances (6 feet apart).</p>	
Phase 1a – Third Priority	<p>All remaining health care personal not included in the first and second priority groups that are unable to telework. This includes but is not limited to: health care personal that work in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, long-term care facilities, dental offices, pharmacies, public health clinics, mental/behavioral health settings, correctional settings, group homes, medical transportation providers, hospice workers, mortuary personnel and coroner personnel.</p> <p>Health care workers are both those who are paid and those who are unpaid. This includes personal care assistants (PCAs) and direct support professionals (DSPs), including those working on waivers and those working in home and community-based services. Eligible unpaid caregivers include primary caregivers who work in similar capacities as PCAs, DSPs, nurses for persons with complex medical needs, and tactile interpreters for people who are deaf-blind. These are all presumed to be included in the definition of “health care personnel,” given the broad array of personal supports they provide in close proximity with many different people who have complex needs.</p> <p>Affiliated clinics and health care personnel contractors are included, and it is expected that the health care entity will vaccinate these people.</p>	<p>Adult residents living in intermediate care facilities for people with intellectual disabilities and other adult residents living in residential care facilities licensed in Minnesota^{9,10} primarily serving at-risk people, including older adults, people with intellectual and physical disabilities, in settings¹¹ such as community residential settings and adult foster care¹².</p> <p>Congregate settings on the homeless service continuum, domestic violence settings, people who are unsheltered, and homeless service providers.</p>

⁹ [Minnesota Rules, chapter 4655.0100, part 3. Boarding care home \(www.revisor.mn.gov/rules/4655.0100/\)](http://www.revisor.mn.gov/rules/4655.0100/)

¹⁰ [Minnesota Rules, chapter 4665.0100, part 10. Supervised living facility \(www.revisor.mn.gov/rules/4665.0100/\)](http://www.revisor.mn.gov/rules/4665.0100/)

¹¹ [Minnesota Statutes, chapter. 245D. Community Residential Settings \(www.revisor.mn.gov/statutes/cite/245D\)](http://www.revisor.mn.gov/statutes/cite/245D)

¹² [Minnesota Statutes, Chapter 245A. Adult Foster Care \(www.revisor.mn.gov/statutes/cite/245A\)](http://www.revisor.mn.gov/statutes/cite/245A)

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Phase	Health Care Personnel (HCP)	Long-term Care Residents and High-risk Populations
	Read “more about vaccination for primary caregivers” at COVID-19 Vaccine Phases and Planning (www.health.state.mn.us/diseases/coronavirus/vaccine/plan.html) for additional information.	

Additional clinical considerations¹³

It is well established that certain groups are disproportionately impacted by COVID-19 and at higher risk¹⁴. People included in Phase 1a could be prioritized further based on their increased health risk. In addition to the considerations outlined in the priority matrix, vaccinators may need to prioritize within these groups. MDH offers the following clinical criteria that should be considered for further prioritization.

Local facilities should consider offering vaccine doses to workers using the following risk factors¹⁵:

- Occupational risk of exposure to COVID-19.
- Descending age, in the following age groups:
 - 65 years and older
 - 55-64 years
 - Younger than 55 years
- Other attributes to be considered in prioritization include: people with certain medical conditions, people with disabilities, and people from certain racial and ethnic minority groups who are disproportionately affected by COVID-19.
- Other prioritization criteria to consider include:
 - Personnel that provide direct services to patients or families that requires less than 6 feet distance due to the nature of the job (i.e., unable to physically distance).
 - Personnel that do not have access to adequate personal protective equipment (PPE).

¹³ [Interim Considerations for COVID-19 Vaccination of Healthcare Personnel and Long-Term Care Facility Residents \(www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html\)](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html)

¹⁴ [People at Increased Risk \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html)

¹⁵ [CDPH Allocation Guidelines for COVID-19 Vaccine During Phase 1A: Recommendations \(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx\)](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx); Recommendation B3: Subprioritization by attributes of individual health care workers

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- Personnel in roles that are experiencing staffing shortages.
- Personnel in roles that are difficult to replace.
- Personnel that have not tested positive for COVID-19 in the past 90 days.

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