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Attachment 5a

Vaccine Prioritization and Rationale

The initial response to an influenza pandemic will likely include medical care, community containment, personal protective measures, and targeted use of antiviral drugs. When an effective vaccine is finally available, the amount available will be a major factor in determining what type of vaccine distribution plan is most appropriate. Appendix D of the U.S. Department of Health and Human Services Pandemic Influenza Plan, details a vaccine prioritization plan with the primary goal of decreasing health impacts, including severe morbidity and death, and a secondary goals including minimizing societal and economic impacts. This list is included as Version A below.

The Colorado Department of Public Health and Environment (CDPHE), with concurrence from the Governor's Expert Emergency Epidemic Response Committee (GEEERC) and under consultation of two bio-ethicists, has developed an alternative list based on the risk of exposure to the novel influenza virus that responders will be required to assume. The following goals were considered in development of the list that is included as Version B below.

Fundamental Healthcare and Community Goals:

1. Maintaining the ability to provide quality healthcare, implement pandemic response activities and maintain vital community services
2. Protecting persons at highest risk for influenza mortality
3. Decreasing transmission to those at highest risk for influenza mortality
4. Maintaining other important community services.

CDPHE made the assumption that early in the pandemic phase the supplies of vaccines specific to the novel influenza virus may very limited or not available. Our premise is that nearly everyone could stay at home or away from potentially infected people. The people who could not stay away from infected people would be those people providing direct care to influenza patients, those responding to the emergency and those maintaining civil order. Since these people are risking their own health to take care of others, we propose that they should be the first ones to receive the vaccines when they become available. Thus, our first tier of priority for receiving vaccines is risk-based. The second tier would revert back to the HHS prioritization method (Version A) of reducing morbidity and mortality overall as additional vaccine becomes available.

The use of vaccines during a pandemic is difficult to predict as it is uncertain if effective vaccine will be available, and in what quantities. CDPHE, along with other subject matter experts and the GEEERC, will reassess the situation at the time the pandemic phase occurs. The epidemiology of the novel influenza virus will be evaluated, as will the available supply of vaccine targeting the novel virus. Based on these factors and the following fundamental healthcare and community goals, it is very possible that an entirely new priority list may be developed at that time.

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Draft Version A

**NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine,
U.S. Department of Health and Human Services**

This proposed vaccine distribution priority list was adopted from the U.S. Department of Health and Human Services Pandemic Influenza Plan, Appendix D and was developed by two federal advisory committees – the Advisory Committee on Immunization Practices and the National Vaccine Advisory Committee both of which are comprised of health and public health experts.

1. Vaccine and antiviral manufacturers and others essential to manufacturing and critical support
2. Medical workers and public health workers who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators
3. Persons ≥ 65 with 1 or more influenza high-risk conditions, not including essential hypertension
4. Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension
5. Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year
6. Pregnant women
7. Household contacts of severely immuno-compromised persons who would not be vaccinated
8. Household contacts of children < 6 months old
9. Public health emergency response workers critical to pandemic response
10. Key government leaders
11. Healthy 65 years and older
12. 6 months to 64 years with 1 high risk condition
13. 6-23 months old, healthy
14. Other public health emergency responders

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15. Public safety workers including police, fire, 911 dispatchers, and correctional facility staff
16. Utility workers essential for maintenance of power, water, and sewage system functioning
17. Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation
18. Telecommunications/IT for essential network operations and maintenance
19. Other key government health decision-makers
20. Funeral directors/embalmers
21. Healthy persons 2-64 years not included in above categories

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Draft Version B

Risk-based Recommendations for Prioritization of Pandemic Influenza Vaccine **Colorado Department of Public Health and Environment/ Governor's Expert Emergency** **Epidemic Response Committee**

This proposed vaccine prioritization list was adapted from the list developed by the U.S. Department of Health and Human Services - Pandemic Influenza Plan, Appendix D. The proposed list focuses on a risk-based approach and then reducing morbidity and mortality overall.

Tier 1: Those who must have unavoidable face-to-face contact with persons infected or potentially infected with a novel or highly infectious influenza virus due to responding to the current disaster emergency.

Level 1

- a. Medical workers, public health workers, and other personnel that are providing direct patient care (i.e., hospital isolation support, mass vaccination clinic personnel, etc.)
- b. Other emergency response workers critical to pandemic response (i.e., Emergency Operations Center personnel, Strategic National Stockpile warehouse personnel, etc)

Level 2

- a. Public safety workers including police, fire, 911 dispatchers, correctional facility security and medical staff and designated military personnel that are essential to maintaining civil order

Tier 2: Those who can avoid face-to-face contact with persons infected with a novel or highly infectious influenza virus and/or are not part of the current disaster emergency response.

Level 1

- a. Persons ≥ 65 with 1 or more influenza high-risk conditions, not including essential hypertension
- b. Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension

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- c. Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year
- d. Pregnant women
- e. Household contacts of severely immunocompromised persons who would not be vaccinated
- f. Household contacts of children <6 months old

Level 2

- a. Other government leaders
- b. Utility workers essential for maintenance of power, water, and sewage system functioning
- c. Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation
- d. Telecommunications/IT for essential network operations and maintenance
- e. Other government health decision-makers not part of the pandemic response
- f. Other public safety workers not part of the pandemic response
- g. Funeral directors/embalmers (Based on current epidemiologic info at the time.)

Level 3

- a. Healthy 65 years and older
- b. 6 months to 64 years with 1 high-risk condition
- c. 6-23 months old, healthy
- d. Healthy persons 2-64 years not included in above categories

Note: Vaccine and antiviral manufacturers are not included on this list because there are none in Colorado.

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