

COVID-19 Vaccine Prioritization

March 29, 2021



About this document



- As COVID-19 vaccines are approved by the FDA, the federal government is supplying states with limited doses on a weekly basis.
- Kansas Department of Health and Environment (KDHE) has created a list of populations, spread across 5 phases, to prioritize for vaccination
- This document lays out Kansas' current prioritized vaccination plan and provides more detailed definitions of identified population segments

Our methodology



- To develop this phasing, we segmented and prioritized Kansas' population based on public health risk and criticality to state infrastructure
- Throughout the process, we have used an equity lens to ensure inclusion of socially and medically vulnerable communities our prioritization
- The Governor and KDHE engaged an independent advisory committee to review and co-develop these phases, ensuring input broad input
- We have also relied on the expert opinion of the CDC and ACIP recommendations
- The COVID-19 environment is dynamic, and thus we will continue to adapt these
 phases and priority groups as we learn more about the disease situation in Kansas
 and across the country

How we will operationalize these phases



- KDHE will maintain a flexible approach to moving through phases, prioritizing the vaccination of current phase populations and maximizing speed under federal supply constraints
- We are engaging local health departments, providers (hospitals, clinics, pharmacies)
 etc. across the state to distribute and administer the vaccine
- We will ensure equity throughout the vaccine distribution process, e.g. by
 prioritizing providers, such as safety net clinics in vulnerable communities and
 proactive outreach and communications to those all those communities at risk

Late January March
Phases 3 & 4

Late March
Phase 5

KDHE adopted federal recommendations to assess exposure risks associated with workplaces and living arrangements



Federal guidelines¹ consider the number and nature of contacts required by different occupations

In addition to health risks associated with **clinical outcomes and death**, KDHE considered the following exposure-related risks in our approach



Proximity



Residents and staff are less than 6ft away from one another



Type of contact



Exposure to droplets, shared surfaces, common items



Contact duration



Average interactions last more than 10 min



Challenges to implement protective measures



Space is indoors, confined, or it is not possible to control with whom workers will interact

Phase 1 | Healthcare workers: Identifying characteristics and working definition



Definition

Paid and unpaid persons serving in healthcare or healthcare-associated jobs, who are unable to work from home and may be directly or indirectly exposed to patients or infectious materials as a result of their jobs



Description

Workers with any of the following features:

- Required to regularly enter a hospital (inpatient) or outpatient clinical setting;
- Involved in pandemic response (e.g., testing centers);
- In a healthcare or healthcare-associated setting, in contact with patients or infectious materials;



- Staff in long-term care facility
- Workers in direct contact with patients, e.g., MD/DO/DPM, nurses, EMTs, clinical students and trainees
- Diagnostic labs, phlebotomists, pandemic health workers (e.g., individuals performing COVID tests)
- Mental healthcare providers, pharmacy staff, non-medical staff if exposed to patients or infectious materials;
- Healthcare-associated contractors, including food, waste management etc.
- Dentists, physical therapists, professionals performing elective procedures
- Home care workers, CMS-designated caretaker
- Morticians, forensic and funeral service workers;
- Staff in FQHCs, CHCs, safety-net/ free clinics, faith-based outreach clinics (inclusive of state-funded clinics)
- Home health aides, nursing assistants

Phase 2 | High-contact critical¹ workers: identifying characteristics and working definition



Definition

Workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals



Description

- Critical workers are those necessary to maintain systems, assets and activities that are vital to the state (or national) security, the economy, or public health, as defined by the Department of Homeland Security
- Risk is associated with the likelihood of infecting oneself or spreading COVID. Factors that increase risk include proximity, type of contact, duration of contacts and challenges to implement protective measures
- Settings that provide a critical service and have recorded high transmission rates or become clusters in the past are usually high risk;



- Firefighters, police officers, first responders, correction officers
- Grocery store workers and food services
- K-12 and childcare workers, including teachers, custodians, drivers and other staff
- Food processing, including meat processing plants
- Large-scale aviation manufacturing plants
- Transportation workers
- Workers in the following industries, if they regularly need to be in high-risk settings to perform their duties:
 - Retail, warehouses and sales outlets
 - Agriculture
 - Supply of critical services or materials for the COVID response (e.g. PPE)
 - The U.S. Postal Service
 - Department of Motor Vehicles

Phase 2 | Congregate settings: identifying characteristics and working definition



Definition

Anyone living or working in licensed congregate settings and other special care or congregate environments



Description

- Licensed congregate settings are facilities licensed by the state or local government, that provide housing or care arrangements and where social distancing is not possible; they provide a form of social service or healthcare (or healthcare-associated) service
- Settings included in this phase are monitored by the state or the local government, or house vulnerable populations under care, e.g. in-home care and retirement facilities
- Risk is increased because of:
 - Proximity, i.e., residents and staff are less than 6ft away from one another
 - Type of contact, i.e., exposure to droplets, shared surfaces, common items
 - Duration, i.e., average interactions last more than 10 min
 - Potentially high number of contacts and, sometimes, difficulties to implement protective measures
- Homeless shelters and other homeless housing settings and dwelling places
- Congregate childcare institutions, adult and child protective services
- Emergency shelters or safe houses for victims of domestic violence
- Corrections facilities, including jails and juvenile justice facilities
- Behavioral Health institutions (including mental health institutions) and residential treatment centers
- Adult care homes, residents and staff in home plus facilities not covered in phase 1
- Senior living homes
- Home care givers (paid or unpaid), personal care aides



Phase 3 | Aged 16-64 with <u>severe</u> medical risks: identifying characteristics and working definition



Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conclusive data and information" list, <u>provided by the CDC (see below)</u>



Examples of groups included

Currently in the list, which is regularly updated as new evidence becomes available

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease;
- Down Syndrome
- Heart conditions, such cardiomyopathies;
- Immunocompromised state from solid organ transplant;
- Type 2 diabetes mellitus;
- Sickle cell disease;
- Pregnant patients¹

^{1.} Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. A conversation with a clinician is specially important in such cases, and individuals who decide not to take the vaccine should be supported in their decision. See ACOG recommendations for further information

Sources: CDC, "Summary of Recent Changes" https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Phase 3 | Other critical workers¹: identifying characteristics and working definition



Definition

Non-healthcare workers in critical infrastructure, who cannot perform their duties remotely and therefore face risks of work-related exposure to COVID-19



Description

Critical workers are characterized as those operating in-person to maintain systems, assets and activities that are vital to the state (or the country's) security, economy, or public health, as defined by the Department of Homeland Security



- Agricultural and food workers not included in previous phases
- Workers performing in-person activities indoors, in critical manufacturing, not included in previous phases; this includes aviation, production of critical supplies for the COVID response
- Utility workers
- Social service and government workers not included in previous priority phases
- Logistics workers, such as truck transportation workers, couriers and others
- Water and wastewater workers
- Shelter and housing (e.g., construction) workers, finance (e.g., bank tellers)
- Information technology and communications workers

Phase 4 | Aged 16-64 with <u>other</u> medical risks: identifying characteristics and working definition



Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conditions [that] might be at an increased risk" list, <u>provided by the CDC (see below)</u>



- CDC's second list of conditions, which include (non-exhaustive):
 - Asthma (moderate-to-severe)
 - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
 - Cystic fibrosis
 - Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
 - Neurologic conditions, such as dementia
 - Liver disease
 - Pulmonary fibrosis (having damaged or scarred lung tissues)
 - Thalassemia (a type of blood disorder)
 - Type 1 diabetes mellitus
 - Obesity and severe obesity