

The National Academies of
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CONSENSUS STUDY REPORT

FRAMEWORK FOR
EQUITABLE
ALLOCATION OF
COVID-19
VACCINE

Note: PDF of the full text of this document, as published in October 2020, may be downloaded at:

<https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine>

Framework for Equitable Allocation of COVID-19 Vaccine

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Committee on Equitable Allocation of Vaccine for the Novel Coronavirus

Board on Health Sciences Policy

Board on Population Health and Public Health Practice

Health and Medicine Division

A Consensus Study Report of
The National Academies of
SCIENCES • ENGINEERING • MEDICINE

and

NATIONAL ACADEMY OF MEDICINE

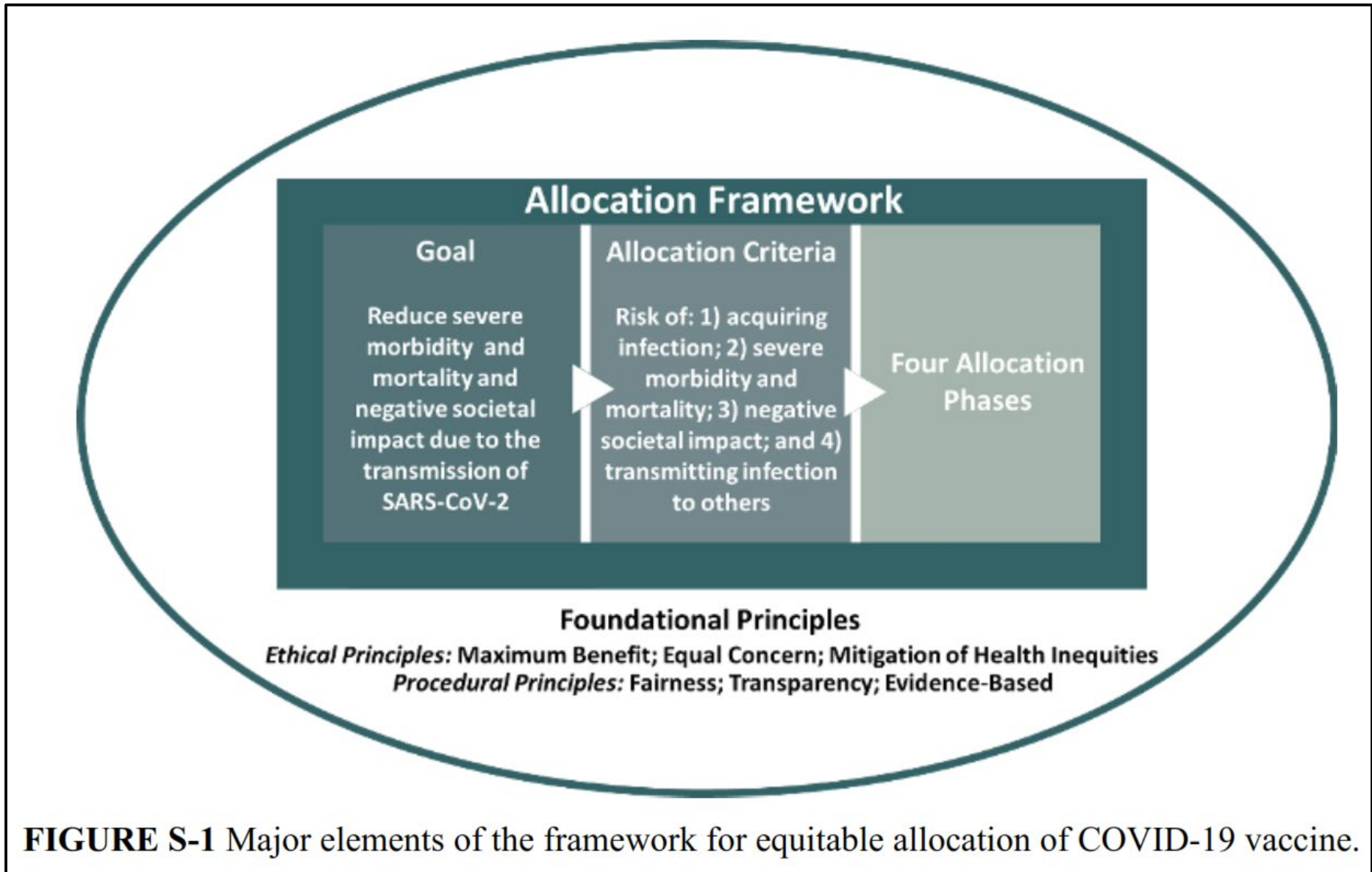
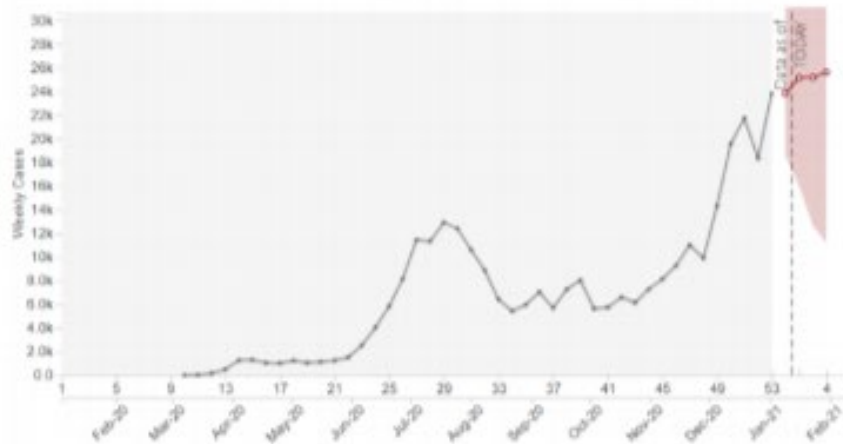


FIGURE S-1 Major elements of the framework for equitable allocation of COVID-19 vaccine.

CDC modeling projections for SC

South Carolina (updated 7 Jan 2021) Cases

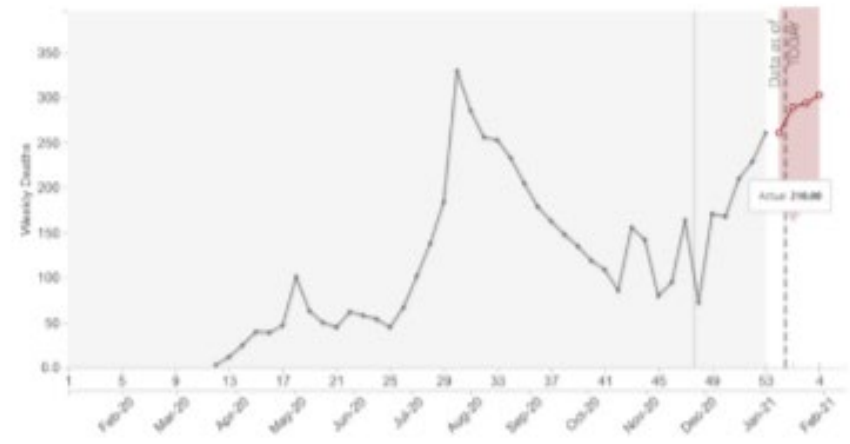
Observed and forecasted weekly COVID-19 cases in South Carolina



- **Cases:** Increasing for the next 4 weeks.
- **Deaths:** Increasing for the next 4 weeks.

Deaths

Observed and forecasted weekly COVID-19 deaths in South Carolina



Vaccine distribution phases

Phase 1a:

- Workers in health care settings
- Long term care facility residents and staff
- Estimated 350K persons
- Age 70+ adds another ~200K
- SC currently receiving ~30K Pfizer and ~30K Moderna vaccine per week

SOUTH CAROLINA IS IN PHASE 1A

As of 1/12/2021

THE COVID-19 **VACCINE**

Total Doses Received
in South Carolina

233,600

Total Doses Administered
in South Carolina

114,970

• COVID-19 Pfizer-BioNTech Vaccine Allocation

Total Doses
Received

147,200

Administered
First Dose / Second Dose

76,676 / 18,600

Total Doses
Utilized

65%

Appointments Scheduled
Not including third-party providers

105,859

Vaccine distribution phases

Phase 1b:

- Ancillary workers in health care settings not vaccinated in 1a (e.g., visiting clergy)
- Persons living and working in congregate settings (e.g., homeless shelter, corrections)
- Frontline essential services workers ***at unavoidable substantially increased risk for exposure to SARS-CoV-2***
 - That is, their occupational risk is above the general population (ACIP and DHEC definition)
 - **Not all workers in essential services** as defined by CISM (Department of Homeland Security's Cybersecurity and Infrastructure Security Agency)
 - **This discussion is not about which businesses are essential service; it is about who is at risk of infection, severe disease, and death**

Transition Phase 1b to 1c

- Inclusion of all workers in essential services would delay transition to Phase 1c
- Phase 1c:
 - Age 65 and above
 - Age 16-64 with chronic conditions (E.g., cancer, diabetes, heart/lung/liver disease, HIV/AIDS, disability, neuromuscular disease)
- *“Is it true someone like me, in stage 4 COPD with cardiomyopathy that it will be June or July before shot will be available? My neighbor told me that if I went to work at a fast food place I could get the shot now is that true?”*

ACIP recommendations Phase 1b

Sub-prioritization Considerations

- Where sub-prioritization of **frontline essential workers** is needed due to limited vaccine supply, consider:
 - 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*
 - Workers who do not have a history of documented acute SARS-CoV-2 infection in prior 90 days

*Self-identified medical conditions