

Iowa's Infectious Disease Advisory Committee
Recommendations for initial prioritization populations for
Phase 1A administration of COVID-19 vaccine
FINAL RECOMMENDATION
12/18/2020

The Iowa Infectious Disease Advisory Council (IDAC) has identified the following health care personnel as the highest priority for the initial activation of Phase 1A identified in the Advisory Committee on Immunization Practices (ACIP) guidance issued on December 3, 2020. In addition to health care personnel identified below, IDAC fully supports the prioritization of long-term care residents alongside the highest priority groups identified below.

ACIP guidance is summarized as follows:

The Advisory Committee on Immunization Practices (ACIP) recommends that, when a COVID-19 vaccine is authorized by the Food and Drug Administration (FDA) and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A) should be offered to both

- Health care personnel (HCP) and
- Residents of long term care facilities*
* Nursing homes, skilled nursing facilities, assisted living facilities

Initial vaccine allocations should target the following groups in Phase 1A as recommended by ACIP

- Healthcare personnel (HCP) with direct patient contact and thus who are unable to telework, including those who work in inpatient, outpatient, or community settings, who provide services to patients or patient's family members, or who handle infectious materials
- Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials
- HCP working in residential care or long-term care facilities
- Skilled nursing facility residents

The following three factors shall be considered:

As local public health agencies and facilities plan for limited use of vaccine among staff who work within the areas identified in the table below, the following three factors shall be considered:

1. Absent sufficient vaccines for your Phase 1A workforce, those workers who have the highest risk of exposure to COVID-19 and the highest risk of complications from COVID-19 should receive priority consideration.
2. To further evaluate healthcare personnel risk to prioritize receipt of COVID-19 vaccine, facilities should take into account the risk of exposure, the frequency of exposure, the immediacy of exposure, and the duration of exposure to COVID-19 patients.

3. When determining staff eligibility, facilities should consider the full spectrum of staff who have exposure to COVID-19 patients and are therefore important for maintaining continued patient care. This should be inclusive of paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.

This **could include, but is not limited to** the following settings that meet the three factors above:

<ul style="list-style-type: none">● Critical care● Emergency Department● Infectious disease● Hospitalists● Primary care● Anesthesia● Respiratory Therapy● Primary care● Emergency Medical Services● Phlebotomy● Pharmacy● Students● Volunteers	<ul style="list-style-type: none">● Radiology● Federally Qualified Health Center● COVID-19 vaccinators of essential populations● COVID-19 specimen collectors● Staff/physicians of urgent care centers● Acute care clinic● Clinical laboratory● Hospice● Home health● Physical Therapy● Rehabilitation● Environmental Services
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Guidance for remaining Phase 1A populations:

As vaccine supplies increase in availability, local public health and health care facilities should consider a tiered approach specific to each county or facility for vaccinating remaining health care personnel defined in Phase 1A.