RESOLUTION OF THE VIRGINIA DISASTER MEDICAL ADVISORY COMMITTEE REGARDING PRIORITIZATION OF COVID-19 VACCINES

DECEMBER 4, 2020

WHEREAS, the severity of the global pandemic caused by the Sars-CoV-2 virus (COVID-19) has led to unprecedented efforts between the federal government and global pharmaceutical manufacturers to develop a vaccine against COVID-19 in a historic timeframe;

WHEREAS, these efforts have resulted in several promising vaccine candidates, including two – one from Pfizer and another from Moderna – that have been submitted to the Food and Drug Administration for approval under an emergency use authorization;

WHEREAS, the Pfizer vaccine is expected to be approved within the coming days and the Moderna vaccine as soon as one week thereafter;

WHEREAS, the initial supply and allocations by the federal government to the state are expected to be significantly below demand;

WHEREAS, the Virginia Disaster Medical Advisory Committee (VDMAC) met on November 24, 2020, to review a framework for prioritizing vaccine administration among Virginia's healthcare workers in keeping with recommendations in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Playbook and recommendations from the National Academies of Sciences, Engineering, and Medicine prioritizing high-risk healthcare workers;

WHEREAS, the CDC's Advisory Council on Immunization Practices (ACIP) met on December 1, 2020, to discuss prioritization for COVID-19 vaccination and recommended that the initial phase of the COVID-19 vaccination program (Phase 1a) should include vaccination of both health care personnel – 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 – and residents of long-term care facilities, defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently;

WHEREAS, the Pfizer vaccine's cold storage requirements at negative 70 degrees Celsius limit the number of providers with the capacity to store the vaccine to select hospitals and health systems, while the Moderna vaccine's requirements at negative 20 degrees Celsius are manageable by a broader network of healthcare providers; and

WHEREAS, a healthy, vaccinated hospital workforce will be necessary to maintain the Commonwealth's acute care hospital capacity to care for COVID-19 and other patients amid rapidly increasing case counts and COVID-19 hospitalizations.

NOW, THEREFORE BE IT RESOLVED, that the VDMAC recommends that the Virginia Department of Health (VDH) vaccination plan incorporate and rely on the following recommendations to guide allocation and administration of the initial shipments of COVID-19 vaccines:

1. The initial shipment of Pfizer vaccine should be distributed in its entirety to Virginia hospitals and health systems for administration to healthcare personnel who directly

engage in the care of or interact with patients known or suspected of COVID-19, or who have direct exposure to potentially infectious materials from patients known or suspected to be infected with COVID-19.

2. VDH should allocate a portion of future shipments of vaccine to vaccinate residents and staff of skilled nursing facilities (SNF). VDH should allocate a portion of future allocations to vaccinate assisted living facilities and residential care communities once all SNF vaccination efforts are complete. Long term care vaccination efforts should be conducted through the CDC/pharmacy partnership or local health departments.
3. Remaining shipments should be allocated to Virginia hospitals and health systems and the Virginia Department of Health to vaccinate remaining health care personnel as follows:
    a. Any remaining healthcare personnel who directly engage in the care of or interact with patients known or suspected of COVID-19, or who have direct exposure to potentially infectious materials from patients known or suspected to be infected with COVID-19 who did not receive the Pfizer vaccine;
    b. Healthcare personnel who interact with patients at higher risk for infection due to the patient's individual risk factors, but are not known or suspected to be infected with COVID-19 (e.g., personnel in dialysis facilities, residential care facilities, and EMS);
    c. All other employees in populations included in other employees and contracted personnel not otherwise vaccinated per the above categories whose duties may require access to clinical settings at health system facilities or who are critical to the ongoing operations of health system facilities; and
    d. All other healthcare personnel who interact with patients not known or suspected to be infected with COVID-19.
4. Until such time as all healthcare personnel in the Commonwealth are vaccinated, allocations of future shipments should be prioritized to the maximum extent possible toward vaccinating healthcare personnel to ensure a sufficient workforce amid the growing number of COVID-19 cases and hospitalizations.