

State of Alaska COVID-19 Vaccine Allocation Guidelines

March 3, 2021

To see who is eligible to receive vaccine now, visit: <http://covidvax.alaska.gov>

Guidelines apply to management of State of Alaska allocations and are subject to change. Guidelines may be different for Indian Health Services, Veterans Affairs, and Department of Defense federal vaccine allocations.

Prepared by the Alaska Department of Health and Social Services

About the Guidelines

The State of Alaska is using a phased approach to allocate the initial limited supply of COVID-19 vaccine to Alaskans. At the national level, allocation recommendations are being made by the Centers for Disease Control's [Advisory Committee on Immunization Practices \(ACIP\)](#). To suitably adapt the ACIP recommendations for Alaska, the COVID-19 Vaccine Task Force, in cooperation with the Alaska State Hospital and Nursing Home Association, convened the [Alaska Vaccine Allocation Advisory Committee \(AVAAC\)](#). The recommendations from the AVAAC apply only to the management of Alaska's COVID-19 vaccine allocation. This process does not apply to Indian Health Service, Veterans Affairs, and Department of Defense allocations.

About the Committee

AVAAC includes representatives from emergency medicine, family medicine, infectious disease, EMS, long-term care, the American Association of Retired Persons, pharmacy, and medical ethics. AVAAC uses currently available science and guidance provided by the Alaska Department of Health and Social Services (DHSS), ACIP, the National Academy of Sciences, and other sources to inform its recommendations on COVID-19 vaccine allocation to DHSS.¹⁻⁶ AVAAC is guided by the following principles designated by both ACIP and the CDC¹⁻⁶:

Science

- Maximize benefits and minimize harms
- Protect the population's health by reducing mortality and morbidity and preserving societal functioning

Implementation

- Assure feasibility of vaccine distribution
- Uphold community and individual values

Ethics

- Achieve equitable access for all Alaskans by promoting justice and mitigating health inequities
- Ensure transparency through promoting education on both the science and implementation

More information about AVAAC is available [here](#).

Alaska's COVID-19 Vaccine Allocation Process

As ACIP offers new national recommendations and Alaska receives additional vaccine allocations, the Committee will continue to meet to provide Alaska-specific recommendations to DHSS. Recommendations made by AVAAC are submitted to the Alaska COVID-19 Vaccine Team and DHSS leadership for review. The process includes opportunities for public input. Forthcoming allocation updates will be published on the DHSS COVID-19 vaccine website. The following is an outline of the State of Alaska's decision-making process for vaccine allocation:

- **Step 1:** ACIP [releases recommendations](#).
- **Step 2:** ACIP recommendations are reviewed by the Alaska Vaccine Allocation Advisory Committee.
- **Step 3:** The Committee provides Alaska-specific recommendations to the State of Alaska.
- **Step 4:** The Alaska COVID-19 Vaccine Task Force and DHSS leadership assess the Committee's recommendations, which may be adopted in full or amended prior to issuance.
- **Step 5:** The guidance is then published on covidvax.alaska.gov and disseminated to enrolled vaccination providers, who sign an attestation form saying they will confirm eligibility for those receiving vaccine. The State of Alaska does not oversee the allocation process at the point of care.

Health Equity

This approach will focus on population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities. The State of Alaska Covid-19 Vaccine Task Force implementation teams use tools such as the [area deprivation index \(ADI\)](#) to identify specific geographic areas within communities that experience higher levels of deprivation compared to surrounding areas. DHSS implementation teams are working with a range of stakeholders to focus outreach efforts to ensure equitable access to vaccines for people in each phase. These efforts will vary by community and may include offering alternative methods to schedule appointments and receive the vaccine through targeted outreach. This will be implemented through partnerships with Federally Qualified Health Centers, local health authorities, and other community-based organizations.

Transitioning through phases:

The phases for vaccine allocation are an attempt to take a limited supply of vaccine and balance the science, ethics, and implementation for the most benefit for the health and wellbeing of Alaskans. It is important that the allocation process does not obstruct or slow down vaccination—the ability to move quickly to vaccinate priority groups does matter. Within each tier, all groups have equal priority.

References:

1. CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
2. AK epidemiology mortality and morbidity reports highlighting Covid-19 health disparities stratified by age and high-risk conditions: http://www.epi.alaska.gov/bulletins/docs/b2020_13.pdf
http://www.epi.alaska.gov/bulletins/docs/b2020_12.pdf
3. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>. Accessed at <https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resources>.
4. Evidence Table for COVID-19 Vaccines Allocation in Phases 1b and 1c of the Vaccination Program. <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>
5. CDC Phased Allocation slides: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>
6. CDC MMWR The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152e2-H.pdf>
7. Hennessy TW, Bressler JM. Improving health in the Arctic region through safe and affordable access to household running water and sewer services: an Arctic Council initiative. *Int J Circumpolar Health*. 2016;75:31149. Published 2016 Apr 29. doi:10.3402/ijch.v75.31149



Phase 1a

Phase 1a vaccine doses will be allocated throughout Alaska and includes the following groups:

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> • Long term care facility staff and residents¹ • Hospital-based frontline health care workers and hospital personnel who are frequently exposed to COVID-19 patients² 	<ul style="list-style-type: none"> • Frontline EMS and Fire Service personnel providing medical services, who are frequently exposed to COVID-19 patients³ • Community Health Aides/Practitioners • Health care workers providing vaccinations to identified populations in Phase 1a 	<p>Workers in health care settings⁴ who meet <u>all</u> of the following criteria:</p> <ul style="list-style-type: none"> • Have direct human patient contact, or have direct contact with infectious materials from patients, <i>AND</i> • Provide essential services in a hospital, clinic, home, or community-based setting that cannot be offered remotely or performed via telework; <i>AND</i> • Provide essential health care service in a health care setting that cannot be postponed without serious negative impact to the patient’s health

1. Long Term Care facilities included Skilled Nursing Facilities, Assisted Living Homes, and Dept of Corrections infirmaries providing care that is similar to an assisted living facility.
2. Particularly those performing the highest risk procedures or who spend extended periods of time bedside and whose absence from work would compromise the ability of the hospital to continue functioning. Personnel in this category include, but are not limited to:
 - a. ICU and COVID unit nurses, LPNs, CNAs and patient care technicians
 - b. ICU and COVID unit physicians
 - c. Inpatient physicians caring for COVID patients, including hospitalists
 - d. Respiratory therapists
 - e. Emergency department personnel
 - f. Personnel working in operating and other procedural rooms in which aerosol generating procedures are conducted.
 - g. Other hospital staff working in COVID units such as PT/OT/ST therapists, phlebotomists, etc.
 - h. Environmental services personnel
 - i. Facility security personnel

3. *Particularly those personnel whose absence from work would compromise the ability of these critical medical services to continue. This Tier includes personnel in certified ground-based and air medical services. This Tier also includes community health aides/health workers providing EMS services.*
4. *Workers in health care settings are eligible in Phase 1a only if they meet all criteria in a given tier. If a worker in a health care setting provides services that do not meet all the criteria in a specific tier will be eligible to receive the vaccine in a future phase. The terminology “workers in health care settings” is used instead of “healthcare workers or personnel” to guide health care organizations distributing the vaccine to consider the full spectrum of workers who meet these criteria. Health care organizations should evaluate all position types and duties to identify those who meet all three criteria regardless of where the work is performed (e.g., ambulatory, direct patient care, support services).*

Workers in health care settings includes people who stay home to provide healthcare for a medically fragile person. Eligible individuals provide daily support related to an individual’s activities of daily living (i.e., bathing, dressing, eating) and instrumental activities of daily living (i.e., shopping, laundry, light housework). These may be paid, unpaid, or contracted workers.

This may also include teachers or other school staff that provide health care activities for students including tube feedings, suctioning, and other hands on healthcare. Special attention should be paid to workers in health care settings who are at high-risk for exposure and may have inconsistent or limited use of PPE and those working in settings with inadequate environmental controls for recommended air exchange. (High-Risk Health Workers as defined in the National Academies of Sciences, Engineering, and Medicine 2020 Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>. Pages 113-117.)<https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resources>).



Phase 1b

Phase 1b, Tier 1 vaccine doses will be allocated throughout Alaska and includes the following groups:

Tier 1	Tier 2
<ul style="list-style-type: none"> • Persons aged 65 years and older¹ 	<ul style="list-style-type: none"> • Frontline essential workers aged 50 years and older² • Persons aged 50 years and above who have a high-risk medical condition³ • Pandemic response staff • Educators • People living or working in other congregate settings^{4,5}

1. People who assist someone 65 years of age or older in getting a vaccination are eligible to be vaccinated at the same time. Both the senior and the person providing assistance will need to schedule an appointment at the same location and time. The person assisting does not need to meet other eligibility requirements to receive the vaccine.
2. *Frontline essential workers are defined as people who are working in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2 because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers. For further criteria see here [Critical Infrastructure/Essential Worker Definition: Individuals identified by the Cybersecurity and Infrastructure Security Agency \(CISA\). The CISA advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure.](https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf)*
https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf

3. *The State of Alaska considers the following conditions as risk-factors for severe COVID-19– associated illness: cancer; chronic kidney disease; chronic obstructive pulmonary disease (COPD); Down Syndrome, heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] ≥30 kg/m2 but <40 kg/m2); severe obesity (BMI ≥40 kg/m2); sickle cell disease; smoking; type 1 or type 2 diabetes mellitus; and pregnancy (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medicalconditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html).*
4. Examples of congregate living settings include the following:
 - Acute psychiatric facilities;
 - Correctional settings;
 - Group homes for individuals with disabilities or mental and behavioral health conditions;
 - Homeless and domestic violence shelters;
 - Substance misuse and treatment residential facilities; and
 - Transitional living homes
5. *Congregate settings may include people working in any system whose job responsibilities require them to interact with individuals residing in congregate settings (e.g., people who work in the judicial system).*

Phase 1c

- Persons aged 55–64 years
- Persons aged 16 and above who:
 - a. Are essential workers, not included in previous phases, as defined by CISA² **OR**
 - b. Have certain medical conditions¹ **OR**
 - c. Live in a multigenerational household³ **OR**
 - d. Live in “unserved communities”⁴

1. Have a medical condition as defined by CDC as “high-risk” or “might be high-risk” for severe illness from COVID-19, according to the CDC. Or, who are considered high-risk by their own medical provider. See CDC conditions here: (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>).
2. *For further criteria see here Critical Infrastructure/Essential Worker Definition: Individuals identified by the Cybersecurity and Infrastructure Security Agency (CISA) who are unable to work from home. The CISA advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure.*

https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf

3. A multigenerational household includes with 3 or more generations, or “skipped” generations (e.g., a grandchild living with an elder).
4. An unserved community is a community where ≥45% homes have not been served either via pipe, septic tank and well, or covered haul system. See: <https://dec.alaska.gov/water/water-sewer-challenge/rural-communities/>

Additional Notes

- *Settings and roles within each tier should have equal priority.*
- *The list order within tiers does not imply priority group ranking.*
- *Persons with a documented SARS-CoV-2 infection in the preceding 90 days may choose to delay vaccination until near the end of the 90 day period in order to facilitate vaccination of those who remain susceptible to infection, as current evidence suggests reinfection is uncommon during this period after initial infection.*

Guidelines for Phases 2 and 3 are still being developed. Learn more about the process and ways to participate at the [Alaska Vaccine Allocation Advisory Committee information webpage](#)

Summary of Changes

3.3.21:

Phase 1b, Tier 3

- Removed Tier 3 and combined with Phase 1c.
- Changed footnote numeration to be chronologically displayed.

Phase 1c

- Included persons aged 16 and above who:
 - a. Are essential workers, not included in previous phases, as defined by CISA² **OR**
 - b. Have certain medical conditions¹ **OR**
 - c. Live in a multigenerational household³ **OR**
 - d. Live in “unserved communities”⁴

2.23.21:

Phase 1a, Tier 3

- Workers in health care settings clarification changed to include people who stay home to provide healthcare for a medically fragile person. Previously, this clarification applied to people caring for elderly individuals only.

Phase 1b, Tier 1

- People who assist someone 65 years of age or older in getting a vaccination are eligible to be vaccinated at the same time. Both the senior and the person providing assistance will need to schedule an appointment at the same location at the same time. The person assisting does not need to meet other eligibility requirements to receive the vaccine.

Phase 1b, Tier 2

- Congregate settings clarification expanded to include all people working in any system whose job responsibilities require them to interact with individuals residing in congregate settings. Previously, this clarification included judicial system workers only.

2.9.21:

- Provided a definition to clarify coverage of certain court workers as part of the congregate settings. ** Working in congregate settings includes people working in the judicial system whose job responsibilities require them to interact with individuals residing in congregate settings.

2.8.21:

- Updated multigenerational homes in Tier 3 to include all households with persons 16 and older.

2.5.21:

DHSS has proposed the following changes, deviating from AVAAC in the following ways.

Phase 1B

- Moved essential staff assigned fulltime to pandemic response to a standalone bullet. No age or health factors as sub-criteria. This will allow any assigned staff to respond to outbreaks, regardless of age or health factors.
- For all frontline essential workers we are now referring to the CISA list, as opposed to listing out all potential examples. Frontline workers are still defined in the same way as ACIP as people who are working in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2 because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers
- Move “person’s aged 45 years and older with high-risk medical conditions” from Tier 4 to Tier 3, to better reflect the vaccine urgency for an older kidney dialysis patient, or someone with cancer or other high-risk conditions.
- Added “Persons 45 and above who live in multigenerational homes” to Tier 3.
 - a. Rationale for this inclusion:
In Alaska there is a unique risk that exists for older adults and elders in multigenerational households. We recognize that many people who live in these households may live with an essential worker who is bringing potential work exposure home. We also know that our BIPOC, refugee and immigrant communities are more likely to live in multi-generational households, are disproportionately impacted by COVID-19, and older adults in these communities are less likely to be reached in long term care facilities.
- Deleted Tier 4 altogether since what remained was all any other frontline workers, and those folks will be covered in 1c.

Phase 1C

- For other essential workers we are referring to the CISA list as an alternative to listing out all the potential examples. This list will also cover all other frontline workers who were not covered in previous tiers. Phase 1c:
- Changed “persons” to “Alaskans”
- Included language that covers persons who are working Alaska (no longer limited to residents)

1.15.21

Phase 1b:

- Removed any additional sub-criteria for educators, include as a standalone population regardless of age or comorbidities.

Educators rationale.

With the return to in-person school this month for many school districts there is desire to vaccinate all teachers, regardless of age or health conditions, to fulfill the goal related to the preservation of societal functioning. Vaccinating all teachers will assist with the return to in-person learning. In-person learning allows younger students and those with special needs to get the instruction they need, and it will also allow families to return to the workforce and contribute to Alaska’s economy.

- Added the term “limited to” to explicitly describe list of frontline essential workers as well as list of congregate settings to clear up confusion related to university residential settings.
- Replaced Office of Children’s staff with “child and adult protective services.”
- Added category to cover “essential federal, state, municipal, or tribal staff assigned fulltime to pandemic response”
- Included Type 1 diabetes to this list of “high-risk health conditions”