

# USET Tribal Epidemiology Center

## Recommendations for Tribal Consideration

### USET TEC COVID-19 Guidance 2020-012: Prioritization of a COVID-19 Vaccine



## Background

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, has disrupted the economy and society throughout the world in a myriad of ways, and has caused untold physical and emotional suffering, as well as producing over a million deaths worldwide as of October 2020. In the US, American Indians and Alaska Natives have been disproportionately affected by COVID-19. According to [data from the Centers for Disease Control and Prevention \(CDC\)](#), compared to non-Hispanic Whites, American Indians and Alaska Natives have had a case rate 2.8 times higher, a hospitalization rate 5.3 times higher, and a death rate 1.4 times higher. An effective vaccine against the SARS-CoV-2 virus is the best hope of mitigating the suffering and disruption caused by the pandemic.

## Vaccine and Vaccine Distribution

A worldwide effort to produce effective vaccines for the SARS-CoV-2 virus has occurred with unprecedented speed. A cooperative effort between the scientific community, national governments, and private industry has made the possibility of a vaccine being available in record time. At the beginning of October, there were 10 vaccine candidates in the final phase (Phase 3) of human trials. It is reasonable to expect that an effective and safe vaccine may be available by early 2021 or possibly the end of 2020. Extensive plans are under development in the US for distribution of vaccines when they become available. At first the vaccine will be in limited supply; there will not be enough to vaccinate the entire American population. For that reason, the groups to receive the vaccine must be prioritized.

## Vaccine Prioritization

The US government commissioned a committee composed of members of the National Academies of Sciences, Engineering, and Medicine to develop guidance for the equitable allocation of vaccines when they become available ([Framework for Equitable Allocation of COVID-19 Vaccine](#)).

This report advocates for a 4-phase approach, with vaccine given first to groups at highest risk. It is hoped that approximately 100 million doses of the first vaccine or vaccines released under an Emergency Use Authorization by the FDA will be available. Because there is the probability that the vaccine will require 2 doses, this will be enough to cover 50 million people, or about 15% of the US population. Phase 1 of vaccine allocation will be for the highest risk 15% of the population. USET Tribal Nations have a large percentage of people that fall into high risk categories. Approximately 50% of Tribal citizens are either elders 65 years and older, or have a medical condition that puts them at high risk. On September 16, 2020, the CDC released a document entitled [Covid-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#).

The Indian Health Service (IHS) has released the draft [IHS COVID-19 Pandemic Vaccine Plan](#) to assist with planning for vaccine administration.

It is imperative to understand that current guidance may change as new information becomes available. Scientists and healthcare workers worldwide are rapidly acquiring new learning about SARS-CoV-2 and the illness that it causes, COVID-19. It is important both to stay abreast of the new knowledge as it becomes available, and to maintain a flexible approach so that plans may be modified as needed with updated information and new guidance.

Several decisions must be made by Tribal leaders, particularly those involved with health and human services. Tribal sovereignty should not allow other governmental entities to make decisions regarding vaccine prioritization. One issue that should be determined initially is to define who makes up the community; that is, will vaccine be given only to

The USET Tribal Epidemiology Center (TEC) is charged under the Indian Health Care Improvement Act with providing epidemiologic and public health support to federally recognized Tribal Nations in the Nashville Area. The USET TEC is a designated public health authority.



enrolled Tribal citizens, or will a broader approach be taken to include non-enrolled citizens who have close associations to Tribal citizens, either through family ties, employment, or other associations. Indian Health Service regulations allow for administering vaccine to nonbeneficiaries in the case that administering the vaccine would protect IHS beneficiaries. Tribal sovereignty should allow for decisions that make the most sense for each Tribal Nation.

In planning for allocation of vaccine, it is helpful to think in terms of phases. The following is suggested guidance in planning for these phases, which can be adapted as needed for each Tribal Nation.

## Phase 1

Phase 1 should include high risk workers (healthcare workers and first responders), the most vulnerable elders, and persons with medical comorbidities placing them at higher risk of severe disease and mortality from COVID-19.

- High-risk healthcare workers (those exposed to patients and bodily fluids or aerosols), in health care facilities, elder care, and home care
- First responders at high risk of exposure (Emergency Medical Services, firefighters, police, etc.)
- Older adults (65 and older) in congregate settings (nursing homes, assisted living, incarcerated, homeless shelters)
- People of all ages with comorbidities associated with higher morbidity and mortality from COVID-19. The most current data from the CDC lists the following conditions as ones with increased risk of severe illness from the SARS-CoV-2 virus:
  - Cancer
  - Chronic kidney disease
  - Chronic obstructive pulmonary disease (COPD)
  - Immunocompromised state from solid organ transplant
  - Obesity (BMI > 30)
  - Serious heart conditions (heart failure, cardiomyopathy, coronary artery disease)
  - Sickle cell disease
  - Smoking
  - Type 2 diabetes mellitus
- The following conditions, based on current information, might place persons at increased risk for severe illness:
  - Asthma (moderate to severe)
  - Cerebrovascular disease
  - Cystic fibrosis
  - Hypertension
  - Immunocompromised state (due to bone marrow transplant, HIV/AIDS, immune deficiency diseases, immunosuppressant medications)
  - Neurologic conditions (such as dementia)
  - Liver disease
  - Overweight (BMI > 25 but <30)
  - Pregnancy
  - Pulmonary fibrosis
  - Thalassemia
  - Type 1 diabetes mellitus

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If vaccine is initially in very limited supply, it may be necessary to further prioritize the persons in the groups listed under Phase 1. A reasonable approach in this case could follow this prioritization:

1. Elders in congregate living situations, healthcare workers and first responders
2. Persons with 2 or more of the highest risk medical conditions
3. Persons with 1 of the highest risk medical conditions
4. Persons with medical conditions that might place them at higher risk

## Phase 2

Phase 2 includes critical workers with higher risk of exposure, persons living in crowded conditions, and older adults not included in Phase 1.

- All adults 65 or older who were not vaccinated in Phase 1
- School staff (K–12) and childcare workers
- Workers in industries essential to the functioning of society at substantially higher risk of exposure (food supply, mail, public transportation, government offices, etc.)
- Staff and occupants of homeless shelters, group homes, jails, detention centers

Phase 2 should also include any persons who should have been vaccinated in Phase 1 but were not.

## Phase 3

Phase 3 would occur at a time of much more plentiful vaccine availability. This group would include:

- Young adults (ages 18 – 30)
- Children (assuming an approved vaccine is available for children)
- Workers in occupations important to society functioning not included in Phase 1 or 2

## Phase 4

Phase 4 would include everyone who did not have access to the vaccine in the first 3 phases.

## Resources

- [Indian Health Service draft COVID-19 vaccine plan](#)
- The CDC website has many other resources, including [general vaccine resources](#) and [COVID-19 resources](#)