

Iowa's Infectious Disease Advisory Committee  
Recommendations for initial prioritization populations for  
Phase 1B administration of COVID-19 vaccine  
FINAL RECOMMENDATION  
1/11/2021

The Iowa Infectious Disease Advisory Council (IDAC) has reviewed the priority population recommendations of Phase 1b identified in the Advisory Committee on Immunization Practices (ACIP) guidance issued December 20, 2020. IDAC offers the modifications and recommendations outlined below to assist vaccine providers in prioritizing Phase 1b populations. Upon activation of Phase 1b IDAC supports the continuation of vaccination efforts for individuals included in Phase 1A. IDAC will continue to discuss Phase 1C recommendations and expects to have an update this week.

In addition, IDAC strongly supports that no individual shall be restricted from obtaining vaccine based on residency or citizenship as noted in the memo from the Iowa Department of Public Health Re: Administration of COVID-19 Vaccine – County/State of Residence, dated December 11, 2020.

<https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/Vaccine%20Memo-Regardless%20of%20Residence.pdf>

**The following factors shall be considered when sub-prioritizing Phase 1b populations recommended by IDAC (noted below), while a vaccine shortage exists:**

As local public health agencies and vaccine providers plan for limited use of vaccine among Phase 1B populations, the following factors shall be considered:

1. Historical COVID-19 disease trends affecting the eligible populations.
2. The risk of exposure, the risk of transmission, the risk of complications, the frequency of exposure, and the duration of exposure from COVID-19 for the eligible populations. Considerations should include congregate settings, workplace environmental controls, population density, and other factors that may impact risk of exposure and transmission of COVID-19.
3. Apply health equity considerations when prioritizing eligible populations. Considerations should include, but are not limited to access to health care, disparate health outcomes, socioeconomic status, insurance coverage, etc.

### **Phase 1b priority populations**

Due to the current and short-term projections for vaccine allocation for Iowa, IDAC recommends the following, more narrowly defined, eligible populations for Phase 1b:

Persons aged  $\geq 75$  years, **OR** the following populations vulnerable to high risk of exposure or severity of illness:

- Individuals with disabilities living in home settings whom are dependent on attendant care staff, and their attendant care staff, if not otherwise vaccinated under Phase 1a.
- Correctional facility staff and individuals incarcerated, including state and city or county operated facilities.
- Staff of and individuals living in congregate settings, not covered by the first two bullets, including shelters, sober living homes, behavioral health treatment centers, and detention centers. College dormitories shall not be included as part of Phase 1B.
- Where public health data indicates outbreaks or clusters of disease among food, agriculture, distribution and manufacturing workers whom work in or live in congregate settings that do not allow for social distancing. For example, working in a meatpacking or manufacturing production line or migrant workers whom live in bunkroom style housing.
- PK-12 school staff, early childhood education, and childcare workers. Sub-prioritization should consider persons who work with younger and at-risk children in care, to better ensure child-wellbeing and mitigate impact to parent workforce.
- First responders (e.g., firefighters, police officers, and dependent adult abuse and child welfare social workers).
- Inspectors responsible for health, life and safety, including those in hospital and long-term care settings, child, and food production safety.
- Government officials, including staff, to ensure continuity of government, engaged in state business at the Iowa Capitol during the legislative session.

### **Vaccine allocation strategy for Phase 1b, while a vaccine shortage exists:**

- 50% of the vaccine allocation shall be dedicated to priority age populations and individuals of all ages with co-morbidities.
- 50% of the vaccine allocation shall be dedicated to the populations vulnerable to high risk of exposure or severity of illness.
- Allocations shall be monitored and adjusted to ensure efficient and timely use of available vaccine doses.

Allocation of vaccine shall be based on available US Census population data, proportionate to the county. Exceptions and allocation adjustments will be made for priority groups IF the distribution of specific populations are inconsistent with US Census data. In addition, modifications in allocations may be taken to adjust for disproportionate workforce in less populated counties.