



Michigan COVID-19 Vaccination Interim Prioritization Guidance

Michigan.gov/COVIDVaccine

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Vaccination for COVID-19 is the path forward to controlling the disease and protect Michigan residents. This guidance outlines the strategy for vaccine prioritization for the State of Michigan and will be used by the Michigan Department of Health and Human Services (MDHHS), as well as public health and health care, as they allocate and administer vaccines. This guidance may change as information evolves and more vaccine types become available.

MDHHS is following the Centers for Disease Control and Prevention (CDC) [recommendations](#)ⁱ for prioritization of distribution and administration of COVID-19 vaccines for individuals. CDC recommendations are based on input from the Advisory Committee on Immunization Practices (ACIP). ACIP is a federal advisory committee made up of medical and public health experts who develop recommendations on the use of vaccines in the United States. ACIP recommended, as interim guidance, that both 1) health care personnel and 2) residents of long-term care facilities be offered COVID-19 vaccine in the initial phase of the vaccination program. Long-term care is referenced as nursing homes, skilled nursing facilities and assisted living facilities.

CDC and ACIP have defined populations for different vaccination phases.

Phase 1A includes paid and unpaid persons serving in health care settings who have direct or indirect exposure to patients or infectious materials and are unable to work from home, as well as residents of long-term care facilities.

Phase 1B includes workers in essential and critical industries, including workers with unique skill sets such as non-hospital or non-public health laboratories and mortuary services.

Phase 1C includes people at high risk for severe COVID-19 illness due to underlying medical conditions, and people 65 years and older.

Phase 2 is a mass vaccination campaign for all individuals 16 years and older.

It is important to note that vaccination in one phase may not be complete before vaccination in another phase begins. There may be vaccination of individuals in different phases that occurs simultaneously. The timing of the start of vaccination in a phase is dependent on the supply of vaccine from the manufacturer, how vaccine is allocated from the federal level to Michigan, and the capacity to administer the vaccine to populations.

By providing medical care to those infected with the virus that causes COVID-19, many health care personnel (HCP) have a high risk of being exposed to and getting sick with COVID-19. HCP who get COVID-19 can also spread the virus to their patients. HCP may also become ill by being exposed to COVID-19 in the general community, jeopardizing the healthcare system's ability to provide sufficient staffing capacity to care for both COVID and non-COVID patients. Early vaccine access is critical to ensuring the health and safety of this essential workforce, protecting not only them but also their patients, communities, and the broader health of our country.

HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home health care personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Health care settings refers to places where health care is delivered and includes, but is not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home health care, vehicles where health care is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

Workers in essential and critical industries are considered part of America's critical infrastructure, as defined by the [Cybersecurity & Infrastructure Security Agency](#). Many of these workers operate in roles that require significant person-to-person interactions, and current data show that many of these workers are at increased risk for getting COVID-19. Early vaccine access is critical not only to protect them but also to maintain the essential services they provide U.S. communities.

People with certain [underlying medical conditions](#) are at increased risk for severe COVID-19 illness, regardless of their age. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or that they may die. Early vaccine access is critical to ensuring the health and safety of this population that is disproportionately affected by COVID-19.

Among adults, the risk for severe illness and death from COVID-19 increases with age, with [older adults](#) at highest risk. Early vaccine access is critical to help protect this population that is disproportionately affected by COVID-19.

ALLOCATION OF LIMITED SUPPLY

If supply is limited, MDHHS will use ACIP goals and ethical principles to prioritize allocation of COVID-19 vaccines.

ACIP's goals for recommending which groups should receive COVID-19 vaccines if supply is limited:

- *Decrease death and serious disease as much as possible.*
- *Preserve functioning of society.*
- *Reduce the extra burden the disease is having on people already facing disparities.*
- *Increase the chance for everyone to enjoy health and well-being.*

ACIP's ethical principles to guide decision-making process if supply is limited:

- *Maximize benefits and minimize harms* — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- *Mitigate health inequities* — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- *Promote justice* — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- *Promote transparency* — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

MDHHS is also using the [CDC Social Vulnerability Index \(CDC SVI\)](#) for targeting distribution of supplies by geography within a phase of vaccination. The CDC SVI was used in establishing testing sites for COVID-19. The CDC SVI uses 15 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters. The CDC SVI is made up of indicators of socioeconomic status; household composition and disability; minority status and language spoken; and housing type and transportation. The CDC SVI status in Michigan communities correlates with the communities hardest hit by COVID-19 this spring, as well as areas of that state with high rates of risk factors for severe COVID-19 outcomes.

Each phase must include outreach strategies for people in at-risk groups who have difficulty accessing community vaccination, such as through mass vaccination clinics or pharmacies. Congregate living can increase frequency of exposure to the virus. An outbreak among vulnerable adults in a congregate facility will put significant pressure on the area health care system and therefore an outreach strategy to such individuals in congregate living is essential.

MICHIGAN VACCINATION PHASES AND PRIORITY GROUPS

MDHHS has set an initial operational goal of vaccinating 70 percent of individuals 16 years of age or older, or about 5.6 million people, for COVID-19 by the end of 2021. COVID-19 is a new disease in human populations and immunity in populations is not well understood at this time. This initial goal assumes effectiveness of the vaccine is similar to manufacturers' expectations. This goal will be adjusted as population effectiveness studies become available and ACIP guidance changes.

Michigan has prioritized vaccine allocation within CDC phases, with an emphasis on both ensuring the continuing functioning of the health care system and essential services in the community and protecting people at increased risk for severe COVID-19 illness. Note, while there is not currently data on the safety and efficacy of Pfizer's COVID-19 vaccine in pregnant women, the CDC has recommended that pregnant women may be offered the vaccine within these priority groups upon consultation with their medical provider. *These prioritizations may change as further guidance from CDC or ACIP, more information on vaccine effectiveness and additional vaccination products become available.*

PHASE 1A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home as well as residents in long term care facilities.

1A Priority One: Keep critical health care infrastructure open and functioning (i.e., hospitals, critical care units, and emergency medical response systems) through vaccination of staff who perform direct patient care and work in critical areas including:

- Group A: Emergency medical service providers, including medical first responders
- Group B: General medical floor
- Group C: Emergency department
- Group D: Intensive care units

1A Priority Two: Prevent outbreaks and protect residents in long-term care facilities.

Group A: Vaccinate workers who have direct contact with large number of vulnerable residents. Note this would include staff who come in and out of the buildings.

- Skilled nursing facility staff
- Psychiatric hospital staff
- Homes for aged staff
- Adult foster care centers staff
- Assisted living facility staff
- Home health care workers caring for high risk clients with large patient loads (e.g. people with a tracheostomy/ventilator at home)

Group B: Vaccinate vulnerable residents in long-term care facilities

- Skilled nursing facility residents
- Psychiatric hospital patients
- Homes for aged residents

- Adult foster care centers residents
- Assisted living facility residents

1A Priority Three: Keep necessary health care infrastructure functioning.

Group A: Vaccinate workers with direct patient contact who conduct high risk procedures (e.g., dentists, endoscopy, dialysis).

Group B: Vaccinate other workers who have direct patient contact, including outpatient, urgent care, ambulatory care, and home health care.

Group C: Vaccinate workers who have indirect patient contact with specialized skills critical to health care system functioning (e.g. hospital and public health laboratories, pharmacy).

PHASE 1B: Other essential workers who keep critical infrastructure open and functioning.

MDHHS will consider the Critical Infrastructure Protection (CIP) Program as well as continuity of operations plans in prioritization. MDHHS also will prioritize the essential role of staff providing education and care to children and staff working in congregate settings other than long term care.

- K-12 school and child care staff with direct contact with children
- Some workers in 16 sectors of Critical Infrastructure Protection Program, including Chemical; Communications; Dams; Emergency Services; Financial Services; Government Facilities; Information Technology; Transportation Systems; Energy; Food and Agriculture; Healthcare and Public Health; Nuclear Reactors, Materials and Waste; and Water and Wastewater Systems
- Staff in homeless shelters, corrections facilities (prisons, jails, juvenile justice facilities), congregate child care institutions, and adult and child protective services
- Workers with unique skill sets not covered above, such as non-hospital laboratories and mortuary services.

PHASE 1C: Individuals at high risk of severe illness due to COVID-19 infection.

Group A: Individuals age 65 years and older

Group B: Individuals 16-64 years with COPD, hypertension, chronic kidney disease, heart disease, diabetes, obesity or other [conditions that puts them at high risk of negative COVID-19 outcome](#).

PHASE 2: Individuals 16 years of age or older.

All individuals who did not otherwise fit into the earlier groups for whom the vaccine is recommended.

TIMING OF VACCINATION PHASES

Attachment A: Interim phase 1 sequenceⁱⁱ

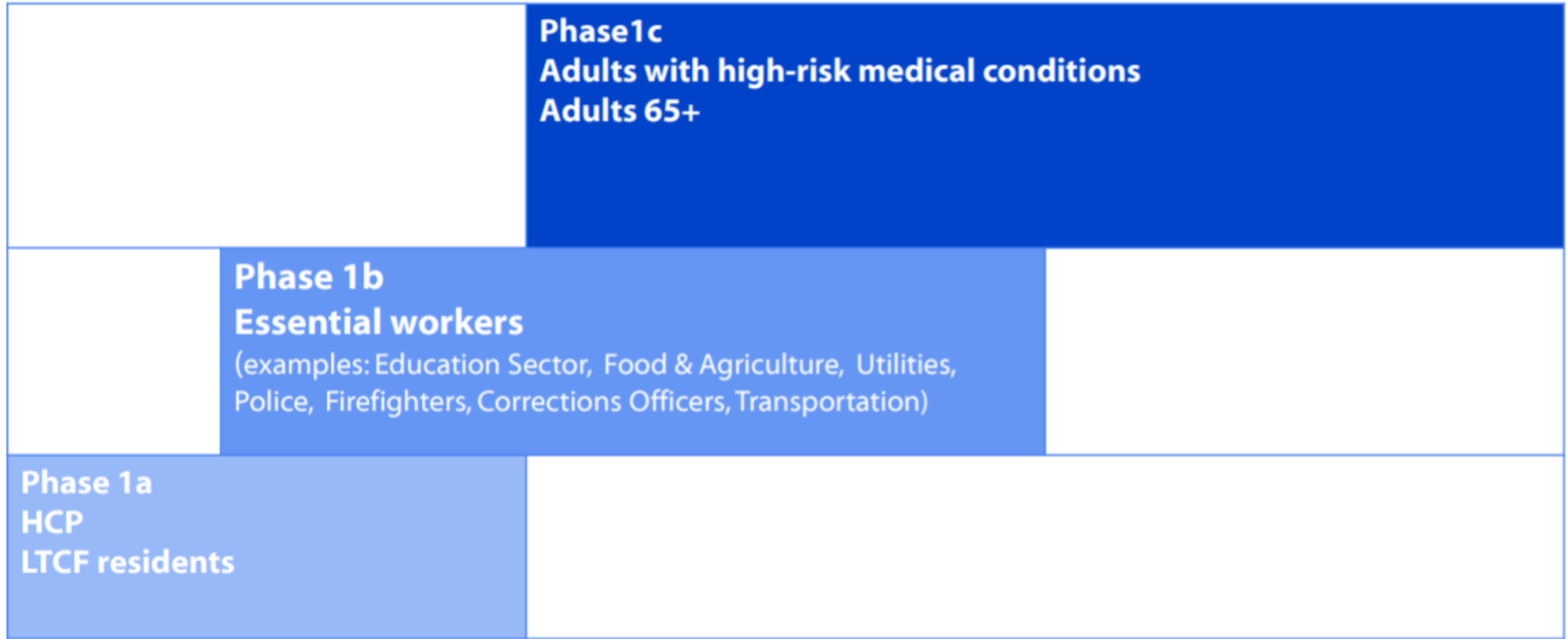
Attachment B: Example phase 1 sequenceⁱⁱⁱ

ⁱDooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendations for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 3 December 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm694931>.

ⁱⁱ Dooling K, McClung. (2020, November). *Phased Allocation of COVID-19 Vaccines*. ACIP Presentation Slides: November 2020 Meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>.

ⁱⁱⁱ Dooling K, McClung. (2020, November). *Phased Allocation of COVID-19 Vaccines*. ACIP Presentation Slides: November 2020 Meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>.

INTERIM PHASE 1 SEQUENCE



Time

EXAMPLE PHASE 1 SEQUENCE

