

A detailed scanning electron micrograph of a virus particle, showing its complex, multi-layered structure. The particle is roughly spherical and composed of numerous small, interconnected subunits. The background is dark, making the lighter-colored virus structure stand out.

# **Recent ACIP deliberations and recommendations**

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**Idaho Division of Public Health**

**COVID-19 Vaccine Advisory Committee**

**12/4/2020**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



## CHARTER of the ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

### Committee's Official Designation.

Advisory

### Authority

The ACIP  
amended,  
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- Objectives:
  - assist states and their political subdivisions in the prevention and control of communicable diseases
  - advise the states on matters relating to the preservation and improvement of the public's health
  - make grants to states, agencies and political subdivisions of states
  - provide advice and guidance to the Director of the CDC regarding use of vaccines and related agents for effective control of vaccine-preventable diseases in the civilian population of the United States.
- Recommendations made by the ACIP are reviewed by the CDC Director, and if adopted, are published as official CDC/HHS recommendations in the MMWR
- "Upon the licensure of any vaccine or any new indication for a vaccine, the committee shall, as appropriate, consider the use of the vaccine at its next regularly scheduled meeting."



- Full ACIP usually meets 3 times per year at CDC
- Work Groups focused on specific vaccines or topics (e.g., Ebola vaccines, influenza vaccines, general best practices) meet regularly between ACIP meetings to:
  - review the science of the disease and the vaccine(s)
  - discuss evidence for vaccination, review ethical principles
  - develop recommendations to be presented to the full committee for consideration at the meetings of the full ACIP
- COVID-19 Work Group
  - formed in April 2020
  - currently meeting weekly



- **6/24/2020 meeting**– overview of COVID-19 disease, immunology, epidemiology, vaccines, and presentation of prioritization considerations
- **7/29/2020 meeting**– update on COVID-19 vaccine trials, safety considerations, FDA EUA process, epidemiology of disease in essential workers including HCP
- **8/26/2020 meeting**– update on COVID-19 epidemiology of disease, vaccines in development, allocation strategies
- **9/22/2020 meeting**– overview of COVID-19 vaccine safety, epidemiology including presentation of disparities, vaccine equity, prioritization framework; presentation and discussion on Phase 1 allocation
- **11/23/2020 meeting and publication**– review of “Evidence to Recommendations Framework” and ACIP’s *“Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine– United States, 2020”* published in MMWR
- **12/1/2020 emergency meeting**– vote on allocation of initial supplies of COVID-19 vaccine: Phase 1a



**TABLE 1. Essential questions for COVID-19 vaccine allocation planning related to ethical principles — United States, 2020**

Ethical principle	Essential question
<b>Maximize benefits and minimize harms</b>	<p>What groups are at highest risk for SARS-CoV-2 infection, COVID-19 disease, hospitalization, and death?</p> <p>What groups are essential to the COVID-19 response?</p> <p>What groups are essential to maintaining critical functions of society?</p> <p>What are the important characteristics of these groups (e.g., size or geographic distribution) that might inform the magnitude of benefit based on the amount of vaccine available or its characteristics?</p>
<b>Promote justice</b>	<p>Does the allocation plan result in fair and equitable access of the vaccine for all groups?</p> <p>How do characteristics of the vaccine and logistical considerations affect fair access for all persons?</p> <p>Does allocation planning include input from groups who are disproportionately affected by COVID-19 or face health inequities resulting from social determinants of health, such as income and health care access?</p>
<b>Mitigate health inequities</b>	<p>Does the plan identify and address barriers to vaccination among any groups who are disproportionately affected by COVID-19 or who face health inequities resulting from social determinants of health, such as income and health care access?</p> <p>Does the allocation plan contribute to a reduction in health disparities in COVID-19 disease and death?</p> <p>What health inequities might inadvertently result from the allocation plan, and what interventions could remove or reduce them?</p> <p>Is there a mechanism for timely assessment of vaccination coverage among groups experiencing disadvantage and the possibility for course correction if inequities are identified?</p>
<b>Promote transparency</b>	<p>How does development of the allocation plan include diverse input, and if possible, public engagement?</p> <p>Are the allocation plan and evidence-based methods publicly available?</p> <p>Is the allocation plan clear about what is known and unknown and about the quality of available evidence?</p> <p>What is the process for revision of allocation plans based on new information?</p> <p>Is there a mechanism to report demographic data elements for vaccine recipients (e.g., age, race/ethnicity, and occupation) to support equitable vaccination coverage?</p>



## Proposed Interim Phase 1 Sequence



Time



## ACIP Vote – Interim Recommendation

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel<sup>§</sup> and 2) residents of long-term care facilities<sup>¶</sup>

<sup>§</sup>Health care personnel are 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

<sup>¶</sup> Long-term care facility residents are 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



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## Morbidity and Mortality Weekly Report (*MMWR*)

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# The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

*Early Release* / December 3, 2020 / 69

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- Health care personnel (HCP) are 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
- HCP comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services)
- Jurisdictions might consider first offering vaccine to HCP whose duties require proximity (within 6 feet) to other persons
- Public health authorities and health care systems should work together to ensure COVID-19 vaccine access to HCP who are not affiliated with hospitals



- LTCF residents are defined as adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently
- Depending upon the number of initial vaccine doses available, jurisdictions might consider first offering vaccination to residents and health care personnel in skilled nursing facilities because of high medical acuity and COVID-19-associated mortality among residents in these settings
- ACIP members called for additional active safety monitoring in LTCFs to ensure timely reporting and evaluation of adverse events after immunization



- Vaccines that require cold and ultracold storage, specialized handling, and large minimum order requirements are most feasibly maintained in centralized vaccination clinics, such as acute health care settings, or through the federal Pharmacy Partnership for Long-term Care Program
- ACIP will consider vaccine-specific recommendations and additional populations for vaccine allocation beyond Phase 1a when an FDA-authorized vaccine is available.



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## Vaccine Recommendations and Guidelines of the ACIP

ACIP Recs Home > Vaccine-Specific Recommendations > COVID-19

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### Interim Considerations for COVID-19 Vaccination of Healthcare Personnel and Long-Term Care Facility Residents

#### Post-vaccination symptoms in HCP

Based on available data, COVID-19 vaccination is expected to elicit systemic post-vaccination symptoms, such as fever, headache, and myalgias. While the incidence and timing of post-vaccination symptoms will be further informed by phase III clinical trial data, strategies are needed to mitigate possible HCP absenteeism and resulting personnel shortages due to the occurrence of these symptoms. Considerations might include:

- Staggering delivery of vaccine to HCP in the facility so that personnel from a single department or unit are not all vaccinated at the same time. Based on greater reactogenicity observed following the second vaccine dose in phase I/II clinical trials, staggering considerations may be more important following the second dose.
- Planning for personnel to have time away from work if they develop systemic symptoms following COVID-19 vaccination.



- CVAC is being asked to make recommendations to the IDHW and Governor on implementation in Idaho, considering:
  - ACIP recommendations
  - Idaho CVAC goals and principles
  - Practical considerations to inform vaccine implementation that maximizes the opportunities to ‘get shots in arms’

