



COVID-19 Vaccine Allocation Guiding Principles and Health Care Workers Definition

Updated Dec. 17, 2020

Background

Once one or more COVID-19 vaccines are authorized by the Food and Drug Administration, vaccine will be in limited supply as production ramps up. During this period, Texas will receive regular allotments of vaccine from the federal government. Vaccine will be shipped directly to enrolled COVID-19 vaccine providers as allocated by the Department of State Health Services (DSHS). Those providers will then immunize Texans who choose to receive the COVID-19 vaccine.

So that the vaccine can be deployed as effectively as possible, DSHS has created an Expert Vaccine Allocation Panel (EVAP) to make recommendations on vaccine allocation decisions, including identifying groups that should be vaccinated first to provide the most protection to vulnerable populations and critical state resources. The panel has recommended and the Commissioner of Health John Hellerstedt, MD, has approved the following guiding principles that provide the foundation for the Texas vaccine allocation process.

Vaccine Allocation Guiding Principles

Texas will allocate COVID-19 vaccines that are in limited supply based on:

- **Protecting health care workers** who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the health care infrastructure for all who need it.
- **Protecting front-line workers** who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
- **Protecting vulnerable populations** who are at greater risk of severe disease and death if they contract COVID-19.
- **Mitigating health inequities** due to factors such as demographics, poverty, insurance status and geography.
- **Data-driven allocations** using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
- **Geographic diversity** through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
- **Transparency** through sharing allocations with the public and seeking public feedback.

Phase 1A

Protecting health care workers is essential to keeping the health care system intact and able to care for COVID-19 and other patients, so phase 1A of vaccine distribution, when the vaccine supply is most limited, will focus on making vaccine available to health care workers. To support this distribution, the EVAP has recommended, and Dr. Hellerstedt has approved, a tiered definition of health care workers specific to Phase 1A. During this phase, the EVAP will make recommendations based on the priority order in the Health Care Workers definition.

On Dec. 4, following guidance issued by the CDC's Advisory Committee on Immunization Practices, Dr. Hellerstedt approved the EVAP's recommendation to include residents of long-term care facilities in the first tier of Phase 1A so they can be among the first Texas residents to receive the COVID-19 vaccine.

Phase 1A: Health Care Workers Definition

First Tier

1. Paid and unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19. Such as but not limited to:
 - a. Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
 - b. Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
 - c. Others having direct contact with patients or infectious materials
2. Long-term care staff working directly with vulnerable residents. Includes:
 - a. Direct care providers at nursing homes, assisted living facilities, and state supported living centers
 - b. Physicians, nurses, personal care assistants, custodial, food service staff
3. EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
4. Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients
5. Residents of long-term care facilities

Second Tier

1. Staff in outpatient care settings who interact with symptomatic patients. Such as but not limited to:
 - a. Physicians, nurses, and other support staff (custodial staff, etc.)
 - b. Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
 - c. Non 9-1-1 transport for routine care
 - d. Healthcare workers in corrections and detention facilities
2. Direct care staff in freestanding emergency medical care facilities and urgent care clinics
3. Community pharmacy staff who may provide direct services to clients, including

vaccination or testing for individuals who may have COVID

4. Public health and emergency response staff directly involved in administration of COVID testing and vaccinations
5. Last responders who provide mortuary or death services to decedents with COVID-19. Includes:
 - a. Embalmers and funeral home workers who have direct contact with decedents
 - b. Medical examiners and other medical certifiers who have direct contact with decedents
6. School nurses who provide health care to students and teachers