Advisory to IDFA Members on COVID Vaccine Allocations and Identification of Employees for Priority Vaccination

Purpose for this Advisory

On Dec. 1, 2020, the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted to approve a draft recommendation on who should receive top priority for COVID-19 vaccines in the United States if, as anticipated, vaccines initially become available in limited supply. With COVID-19 vaccines on the cusp of the first round of national distribution, IDFA members are strongly encouraged to start reaching out now to local (city and county) public health agencies to offer your partnership on distribution of a COVID-19 vaccine to your essential workforce. We want our industry prepared to move quickly when vaccines become available in areas where your employees live and work. Moreover, due to the limited supplies of vaccines during the early stages of distribution, it will be very likely that employers may need to prioritize among your employees who should receive the first round of vaccinations. Most importantly, we urge members, working with local health officials, to educate employees on the safety and efficacy of the COVID-19 vaccines and of the critical importance of getting vaccinated.

Below we explain the phases of vaccination prioritization, as determined by CDC, planned for the essential workforce, including healthcare workers and food industry workers. We also provide general guidelines companies can use and adapt when partnering with their local health officials to educate employees about vaccinations as well as to identify first-priority essential employees to receive the vaccine.

Phased Vaccine Allocations for Essential Workers

Infections, hospitalizations and deaths due to the COVID-19 pandemic will continue until: susceptible individuals become immune as a result of infection, non-pharmaceutical public health measures are followed consistently and broadly (e.g., mask-wearing, social distancing), and safe and effective vaccines are administered widely to the population to establish protective “herd immunity”.

The Food and Drug Administration (FDA) is expected to rule on granting “emergency use authorization” (EUA) status to the Pfizer and Moderna vaccines on Dec. 10 and Dec. 17, respectively, and distribution across the country to healthcare workers and other essential workers will happen quickly. However, during the early phase of the vaccination campaign in the United States, the supply will be limited;
therefore, CDC determined that a tiered allocation approach is necessary. Under ACIP’s vaccine allocation plans, which lay out three overlapping phases of distribution when vaccine supplies are still limited, the first phase, known as Phase 1a, would begin with essential healthcare workers and elderly adults who live in long-term care facilities. ACIP’s vote was to approve this “Phase 1a” recommendation.

The proposed Phase 1b would target “essential workers”—for example, food and agriculture workers, school staff, police, firemen, and grocery workers—while Phase 1c would target adults over 65 and vulnerable adults of any age who have high-risk medical conditions.

ACIP’s allocation phases are derived from CDC’s COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, released in October 2020, which defines the three phases of allocations as follows:

- **Phase 1:** Potentially limited supply of COVID-19 vaccine doses available
  - Concentrate efforts on reaching the initial populations of focus for COVID-19 vaccination, including those who may be part of other critical populations that might require additional vaccination efforts to ensure access to vaccine.

- **Phase 2:** Large number of vaccine doses available
  - Focus on ensuring access to vaccines for all critical populations who were not vaccinated in Phase 1, as well as for the general population.

- **Phase 3:** Sufficient supply of vaccine doses for entire population (surplus of doses)
  - Focus on ensuring equitable vaccination access across the entire population.

The CDC Director now must decide on whether to accept ACIP’s Phase 1a recommendation. Ultimately, states and local jurisdictions will make the final decisions about execution on this and later phases of prioritizations. As additional vaccine candidates are authorized for use, either under an EUA or as an FDA-licensed vaccine, and production continues to ramp up, vaccine availability to essential workers and general populations will increase.

As a central part of Phase 1b, IDFA remains engaged in the process and confident that food industry workers will be eligible for a COVID-19 vaccine in the near term, once Phase 1a nears completion.

**Educating Employees on the Importance of Vaccination**

Well before COVID-19 vaccines are available, clear, effective communication will be essential to implementing a successful COVID-19 vaccination campaign for your employees. Building vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispelling vaccine misinformation, are critical to ensure vaccine acceptance. First, we want to remind you of CDC’s COVID-19 Communication Plan for Select Non-healthcare Critical Infrastructure Employers, last updated in late November, which provides guidance on communicating with employees on control measures such as social distancing, face masks, etc. Specific to vaccinations, we are aware that CDC is developing a national public communication strategy under the new Vaccinate with Confidence framework. Though not yet available, CDC is developing a set of messages and materials that can be used to inform and educate the public on COVID-19 vaccination. Be sure to watch for the release of these materials over the coming weeks on CDC’s COVID-19 vaccine page here.

**Reaching out to State/County/Local Public Health Agencies**
We also urge you to coordinate with state/local health officials, to the extent possible, in developing your communications plans, using CDC’s guidance as a basis. When planning, please keep in mind that some regions of the country and individual states will do their own additional layer of scrutiny and expert review of vaccines approved by EUA. This will be done while the vaccine is still being processed and shipped, so it should not cause any delay in making a vaccine available.

Many states are right now enrolling clinics, pharmacies, and hospitals in their distribution programs. Nearly all state government websites (for example, www.va.gov or www.wa.gov) have a COVID resource prominently featured on the home page of their website or on the home page of their state public health agency. Some state public health agencies have set up dedicated web pages on the distribution program, such as www.COVIDVaccineWA.org in the state of Washington. We encourage our members to visit your state resources and get familiar with the best points of contact related to vaccine distribution at the state and local levels. Each state website also has a Frequently Asked Questions (FAQ) section and helpful tutorial videos that could be shown or shared with your organization.

**Guidance for Prioritizing COVID-19 Vaccination Among Essential Workers**

The following are some considerations for sub-prioritizing essential workers within the food sector, including retail, for COVID-19 vaccination during the early phase of vaccine production and distribution, particularly when vaccine supplies are limited and not sufficiently available for widespread allocation to all food industry employees, much less the general population. The CDC is not likely to provide guidance on how local/state public health agencies or essential businesses should sub-prioritize COVID-19 vaccinations among their workforce during this early phase of allocation. According to the CDC’s ACIP, this would correspond to Phase 1b followed by Phase 1c. Dairy companies are urged to use these criteria as a starting point in discussions with your local public health officials to assist in sub-prioritizing employees.

**High priority (Phase 1b)**

- Essential food production and retail employees, as defined by the U.S. Department of Homeland Security Cybersecurity & Infrastructure Security Agency’s Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, in roles that require on-site labor (e.g., not able to telework and with a hands-on role in food production, storage and distribution), such as:
  - Certain production, logistics, maintenance, sanitation, and other employees who are critical for facilities to remain functional;
  - Employees with frequent required engagement with the public or other workers where social distancing may not be possible at all times, masks and other protective measures may be in place, but prolonged interaction with others is required (e.g., retail/grocery store clerks, food manufacturing/production employees working in close proximity, etc.); and
  - Employees who work in hot and humid conditions or other situations that make mask wearing for long periods of time more difficult or uncomfortable.
- Certain distribution and supply chain truck drivers (this workforce is facing significant shortages in certain geographical areas and may need to be prioritized in such cases.).
- Employees over the age of 65.
- Employees with underlying conditions, including heart disease, cancer, obesity, diabetes, pregnancy, etc.
• Employees living in congregate housing or using shared transportation to and from work.
• Employees living or working in jurisdictions with a high illness rate (>5% positivity and/or 10 COVID-19 cases/100K population).

**Lower Priority (Phases 2 and 3)**
• Office and other employees who can telework or who can easily maintain social distancing standards during their time at work (which could include certain truck drivers and delivery personnel where local labor shortages are not a concern).

**For More Information or Questions**

Should you have questions or are seeking further information on this matter, please don’t hesitate to contact the following IDFA staff:

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