



Michigan COVID-19 Vaccination Interim Prioritization Guidance

Michigan.gov/COVIDVaccine

Updated January 6, 2021

Vaccination for COVID-19 is the path forward to controlling the disease and protecting 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, to allocate and administer vaccines. This guidance may change as information evolves and more vaccine types become available.

MICHIGAN VACCINATION PHASES AND PRIORITY GROUPS

MDHHS has set an initial operational goal of vaccinating 70% of people age 16 years of age and older, or about 5.6 million people, for COVID-19 by the end of 2021. This goal will be adjusted as population effectiveness studies become available and guidance changes.

Michigan has prioritized vaccine allocation within CDC's Phases, with an emphasis on both protecting people at increased risk for severe COVID-19 illness and ensuring the continuing functioning of the health care system and essential services in the community. *These prioritizations may change as more information on vaccine effectiveness and additional vaccination products become available.*

The federal government recognizes that it is not necessary to fully complete vaccination in one phase before moving on to next phase. 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. *Decisions on moving to the next phase will be made at the state level.*

MDHHS has revised the implementation schedule to achieve the following goals:

- **Efficiency.** To vaccinate rapidly, MDHHS has limited the use of complex eligibility rules, including reducing complexity of rules to determine who is a frontline or essential worker. For the next stage of the rollout, MDHHS has limited the Phase 1B essential worker category to workers who have high levels of personal exposure (Phase 1B, Group B).
- **Effectiveness.** While moving quickly, MDHHS is also targeting vaccine to those at greatest risk of severe events. To date, 80% of deaths have occurred among those age 65 and older. In addition to vaccinating Michiganders who are 75+ in Phase 1B (Phase 1B, Group A), MDHHS is accelerating to vaccinate individuals 65-74 years old in Phase 1C.
- **Equity.** MDHHS is accelerating vaccination of individuals 65-74 years due to concern around disparity in life expectancy by race/ethnicity for this group (Phase 1C, Group A). The simplicity of criteria will limit differential access to the system based on income or privilege.

MICHIGAN COVID-19 VACCINATION IMPLEMENTATION SCHEDULE

The anticipated implementation schedule for moving through the CDC Phases is illustrated below. This schedule is provisional and will change over time.

Preliminary vaccination timeline

(**EXPECTED TO CHANGE BASED ON VACCINE AVAILABILITY**)

■ Core vaccine administration period ■ Vaccines continue to be available for anyone not yet vaccinated

		Estimated schedule for first doses administered												
Phase	People covered	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1A	Healthcare workers	Core vaccine administration period												
	Long term care residents and staff	Vaccines continue to be available for anyone not yet vaccinated												
1B	75 years and over not covered in Phase 1a	Vaccines continue to be available for anyone not yet vaccinated												
	Frontline State/Federal responders	Core vaccine administration period												
	School and child care staff	Vaccines continue to be available for anyone not yet vaccinated												
	Corrections staff	Core vaccine administration period												
	Other essential frontline workers	Vaccines continue to be available for anyone not yet vaccinated												
1C	65-74 years old	Core vaccine administration period												
	18-64 with COVID-19 risk factors/pre-existing conditions	Vaccines continue to be available for anyone not yet vaccinated												
	All remaining essential workers	Core vaccine administration period												
2	16 to 64 years not covered above	Vaccines continue to be available for anyone not yet vaccinated												

By Jan. 11, 2021, all areas of the state may, as vaccine supplies are available, implement vaccination of people who are health care workers or working or residing in long-term care facilities (Phase 1A Priority One and Three), age 65 years or older (Phase 1 B Group A and Phase 1C Group A), or frontline workers whose work role has frequent or intense exposure, and, due to the nature of the work, are not able to maintain social distance (including frontline responders, school and child care staff, or corrections staff) (Phase 1B Group B). Vaccination will take place in different phases that occurs simultaneously.

DETAIL ON VACCINATION PHASES

MDHHS recommends that staff providing vaccination clinics to others be vaccinated before they begin participating in clinics.

While there is not currently data on the safety and efficacy of Pfizer's or Moderna's COVID-19 vaccines in pregnant women, the CDC has recommended that pregnant women may be offered the vaccine within the priority group they fit in, upon consultation with their medical provider.

PHASE 1A: Paid and unpaid persons serving in health care 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.

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

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 hospitals patients
- Homes for aged residents
- Adult foster care centers residents
- Assisted living facility residents

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 with specialized skills critical to health care system functioning who have indirect patient contact (e.g. hospital and public health laboratories, pharmacy, and medical waste handlers).

PHASE 1B: Persons 75 years of age or older and frontline essential workers in critical infrastructure.

Group A: Persons 75 years of age or older not covered in Phase 1A. This includes those in a congregate setting that were not reached in Phase 1A.

Group B: Prioritized frontline workers whose work role has frequent or intense exposure, and, due to the nature of the work, are not able to maintain social distance. For example, a first responder may have to physically touch other people in their response, and a child care provider cannot maintain social distance from children when caring for their physical needs. The specific prioritized categories are:

- Pre-Kindergarten through high school teachers, support staff and child care workers who usually have direct contact with children
- First responders not covered in Phase 1A (e.g., firefighters, police, conservation officers, inspectors)
- Corrections workers (e.g., staff in prisons, jails, juvenile justice facilities)
- Workers in homeless shelters, congregate child care institutions, and adult and child protective services

Group C: Other frontline essential workers in sectors essential to the functioning of society and at substantially higher risk of exposure to SARS-CoV-2 because their work related duties must be performed on site and involve being in close proximity (i.e., within 6 feet) to the public or to coworkers.

Frontline essential workers in critical infrastructures include by ACIP are:

- Food and agriculture workers
- Critical manufacturing workers
- Public transit workers
- Grocery store workers
- U.S. Postal Service workers
- Workers with unique skill sets not covered above, such as non-hospital laboratories and mortuary services

If further sub-prioritization is needed of frontline essential workers due to limited vaccine supply, local health departments may consider prioritizing workers in locations of their jurisdiction where high rates of transmission and/or outbreaks have occurred and/or workers who are at increased risk for severe illness based on age or underlying medical conditions.

PHASE 1C: Individuals age 16 years or older at high risk of severe illness due to COVID-19 infection and some other essential workers whose position impacts life, safety, and protection during the COVID-19 response.

Group A: Individuals age 65 to 74 years. This includes those in congregate settings that were not reached in prior Phases.

Group B: Individuals age 16 to 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](#).

Some other essential workers whose work must be performed on site, not covered in prior Phases, will also likely be vaccinated during this phase most likely in the summer. MDHHS will adapt this guidance as vaccine availability becomes clearer.

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.

BACKGROUND ON FEDERAL RECOMMENDATIONS

MDHHS is following the Centers for Disease Control and Prevention ([CDC recommendations](#)ⁱ for prioritization of distribution and administration of COVID-19 vaccines for adults. CDC recommendations are based on input from the Advisory Committee on Immunization Practices (ACIP). This federal advisory committee is made up of medical and public health experts who develop recommendations on the use of vaccines in the United States. 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 frontline essential workers and individuals 75 years of age and older.

Phase 1C includes other essential workers, persons 65 to 74 years of age, and individuals 16 to 64 years of age with underlying medical conditions.

Phase 2 is a mass vaccination campaign for all persons age 16 years or 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.

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 combines 15 U.S. census variables into a tool that helps 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.

Based on information from ACIPⁱⁱ, where sub-prioritization of frontline essential workers is needed due to limited vaccine supply, MDHHS will consider prioritizing:

- Workers in locations where high rates of transmission and/or outbreaks have occurred
- Workers who are at increased risk for severe illness based on age or underlying medical conditions.

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 SARS-CoV-2 virus. An outbreak among vulnerable adults in a congregate facility will put significant pressure on the area's health care system. Therefore, an outreach strategy to such individuals in congregate living is essential to the community.

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 Oliver S. (2020 December) *Considerations for Populations Included in Phase 1b and 1c*. ACIP Presentation Slides: December 20, 2020 meeting. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/03-COVID-Oliver.pdf>