

COVID-19 Vaccines for School and Child Care Staff: Prioritization Considerations

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The emergence of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), has led to a global pandemic that has disrupted all sectors of society.

The Minnesota Department of Health (MDH) established the COVID-19 Vaccine Allocation Advisory Group, made up of statewide representatives of leading health care providers; bioethicists; state, local and tribal public health representatives; health care associations; and people representing diverse community groups. This group formed in September 2020 with the purpose of informing a statewide framework for the equitable and effective allocation of the Novel Coronavirus vaccine(s).

On December 20, 2020, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) voted on their recommendation for Phase 1b and 1c populations prioritized to receive the vaccine due to limited supply. In its deliberations, ACIP considered scientific evidence regarding COVID-19 epidemiology, ethical principles, and vaccination program implementation considerations. The ACIP population recommendations for Phase 1b:

- Persons aged ≥ 75 years
- Non-health care frontline essential workers:
 - Education - teachers and support staff members as well as child care workers.
 - First Responders
 - Food and Agriculture
 - Corrections workers (and people who are incarcerated can be at same time)
 - US Postal Service
 - Public Transit workers
 - Grocery store workers
 - Manufacturing

Key Principals and Ethical Considerations for Allocation

The following guidance is grounded in key principles and ethical considerations outlined by ACIP and adapted for Minnesota by MDH to promote the common good.

- **Maximize benefits and minimize harms:** Protect the population’s health by reducing mortality and serious morbidity.
- **Promote justice:** Respect people and groups and promote solidarity and mutual responsibility.
- **Mitigate health inequities:** Strive for fairness and protect against systematic unfairness and inequity.
- **Promote transparency:** Respond to needs respectfully, fairly, effectively, and efficiently in ways that are accountable, transparent, and worthy of trust.

Pilot Vaccination Clinics for Child Care and Schools

In an effort to prioritize access across the state, vaccine doses will be allocated to pilot vaccine clinics in seven greater Minnesota regions and two metro regions. Due to the complexity of the vaccine distribution, the number of vaccines per site is limited to the box size of vaccine (975). The allocation at each site is 50% for education and childcare workers, the other 50% for Minnesotans aged 65 or older. The education allocation is then divided proportionally based on the percentage of education and childcare workforce in each region.

Process for identification:

- For education, each district and charter school receives an allocation of vaccines and private schools will receive an allocation as well.
- For child care, the process of identifying providers is randomized, ensuring a proportional number of staff in family and center-based programs receive an option to participate in the vaccine pilot.

For further clarification, the following definitions are provided:

- Education staff are defined as: All prekindergarten through grade 12 school staff at public, nonpublic, and tribal schools including staff who contract with schools like bus drivers. School-based certified centers are included in the school allocation as district employees.
- Child Care staff are defined as: Child care staff at licensed and non-school based certified child care programs – including licensed family child care programs – who are working in-person onsite.

Sub-prioritization of prekindergarten through grade 12 Staff

The following provides guidance on sub-prioritization of vaccination among pre-K through grade 12 staff; first based on learning model* and second based on risk criteria:

- In-person/hybrid learning models:
 - Elementary staff
 - Staff providing school-age care
 - Early learning staff
 - Special education staff providing direct services
- Distance learning model:
 - Staff providing school-age care
 - Special education staff providing direct services

**List order does not imply a ranking within a priority group*

The risk criteria sub-prioritization was guided by the Framework for Ethical Allocation of COVID-19 Vaccine, published by the National Academies of Sciences, Engineering and Medicine.

- **Risk of infection:** People have higher prioritization because they work or live in settings with a higher risk of transmission occurring because SARS-CoV-2 is circulating.
- **Risk of severe morbidity and mortality:** People who are older and that have comorbid conditions are at higher risk of severe outcomes and death.
- **Risk of transmitting to others (at work and at home):** People have higher priority because they live or work in settings where transmission is more likely to occur.
- **Risk of negative societal impact:** People have higher priority due to the extent that society and other people's lives depend on them being healthy.

Note: Education and child care workers may be eligible for the vaccine under multiple priority groups – based on age, pre-existing condition, prioritized sectors, etc. They can and should follow all of these available vaccination opportunities as eligible (more information at mn.gov/vaccine). School and child care workers who provide direct patient care, like school, child care and early childhood nurses, are in Phase 1a, priority 3. Local public health will be reaching out to school nurses and other staff providing direct student health care to schedule vaccinations.

Additional Considerations

It is well established that certain groups are disproportionately impacted by COVID-19 and at higher risk. Education and child care staff included in the pilot could be prioritized further based on their increased health risk. MDH offers the following clinical criteria that should be considered for further prioritization.

Consider offering vaccine doses to staff using the following risk factors:

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- Occupational risk of exposure to COVID-19.
- Descending age, in the following age groups:
 - 55-64 years
 - Younger than 55 years
- Other attributes to be considered in prioritization include: people with certain medical conditions, people with disabilities, and people from certain racial and ethnic minority groups who are disproportionately affected by COVID-19.
- Other prioritization criteria to consider include:
 - Staff that provide direct services to students, requiring less than 6 feet distance due to the nature of the job (i.e., unable to physically distance).
 - Staff that do not have access to adequate personal protective equipment (PPE).
 - Staff in roles that are experiencing staffing shortages.
 - Staff in roles that are difficult to replace.
 - Staff that have not tested positive for COVID-19 in the past 90 days.

Ensuring people are aware of their potential increased risk is an important step. Outreach to those at increased risk is important throughout the vaccination campaign.