



COVID-19 VACCINE

Highlighting the patient and vulnerable persons
perspective on immunisation prioritisation

This document shares some IPPOSI research on the identification of
priority groups for immunization in other countries, as well as some of the
international and European guidance around this issue.

Date: 08 December, 2020

Created as a guide to inform a joint letter from fifteen patient organisations in Ireland to
An Taoiseach and to the Chair of the High-Level Task Force on Vaccination and Immunisation.
https://www.ipposi.ie/wp-content/uploads/2020/12/Joint-letter-from-patient-organisation-and-vulnerable-group-representatives_final2.pdf

World Health Organisation (WHO)

On 14 September, the WHO SAGE Working Group on COVID-19 Vaccines published a [values framework for the allocation and prioritization of COVID-19 vaccination](#). The values listed include human wellbeing, equal respect, global equity, national equity, reciprocity, and legitimacy. The document makes a first attempt at linking these values to specific priority groups. In tackling human wellbeing, it prioritises "*Groups with comorbidities or health states (e.g. pregnancy/lactation) determined to be at significantly higher risk of severe disease or death*".

On 13 November, the WHO SAGE Working Group published a [Prioritization Roadmap of COVID-19 vaccines](#) which attempts to rank the 20 priority groups identified in the values framework. Individuals with comorbidities are placed in category 2, after healthcare workers at high risk and older adults who occupy category 1.

The SAGE Working Group is currently developing further guidance on the comorbidities that puts individuals at significantly higher risk.

European Union

On 15 October, the European Commission published a [Communication on the Preparedness for COVID-19 vaccination strategies and vaccine deployment](#) stating that consideration should be given to the following groups (unranked):

- healthcare workers
- persons over 60 years of age
- persons whose state of health makes them particularly at risk
- essential workers outside the health sector
- workers who cannot socially distance
- vulnerable socioeconomic groups and other groups at higher risk

On 26 October, the European Centre for Disease Prevention and Control published a [technical report on the key aspects regarding the introduction and prioritisation of COVID-19 vaccination in the EU/EEA and the UK](#) which lists 'individuals of any age with comorbidities' and 'older adults' as a potential 'primary targets of the vaccination'.

	Lead authority	High-level summary	Public or patient involvement in drafting	Public consultation on draft
UK	Joint Committee on Vaccination and Immunisation (JCVI)	<p>Final advice published on 02 December 2020 clarifies that “persons aged less than 70 years who are clinically extremely vulnerable should be offered vaccine alongside those aged 70- 74 years of age”.</p> <ul style="list-style-type: none"> • Care home residents and their carers • 80+, frontline health and social care workers • 75+ • 70+, and clinically extremely vulnerable individuals* • 65+ • 16-64 years with underlying conditions at higher risk of serious disease and mortality • 60+ • 55+ • 50+ <p>Clinically extremely vulnerable individuals are described here.</p> <p>Further advice on risk groups is contained within the COVID-19: the green book, chapter 14a.</p> <p>Interim advice was published on 25 September 2020. JCVI latest discussion from 04 November here. Mentions in-patient COVID calculator (associated research available here).</p>	Yes, member on JCVI.	No
USA	Centers for Disease Control and Prevention (CDC) via Advisory Committee on Immunization Practices (ACIP)	<p>Based on ACIP working group discussions potential priority groups suggested include:</p> <ul style="list-style-type: none"> • Healthcare personnel • Workers in essential and critical industries • People at high risk for severe COVID-19 illness due to underlying medical conditions • People 65 years and older 	Yes, representative from the Franny Strong Foundation is ACIP member.	Yes The National Academies set a public consultation period to allow

	<p>& National Academies of Sciences, Engineering and Medicine via Committee on Equitable Allocation of Vaccine for the Novel Coronavirus</p>	<p>The CDC published COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations on 29 October advises jurisdictions to identify initial populations of focus based on national guidelines. The CDC published Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine on 23 November.</p> <p>The National Academies published a draft Preliminary Framework for Equitable Allocation of COVID-19 Vaccine in July 2020. The final framework was published in October 2020 (behind paywall). The framework proposed four phases of immunisation:</p> <ul style="list-style-type: none"> • Phase 1a: high risk health workers and first responders • Phase 1b: people of all ages with comorbid and underlying conditions that put them at significantly higher risk • Phase 2: critical risk workers, teachers, people of all ages with comorbid and underlying conditions that puts them at moderately higher risk, older adults not included in phase 1, homeless, PWD, prisons • Phase 3: young adults, children, essential workers at increased risk • Phase 4: everyone else <p>An Interim Framework for COVID-19 Vaccine Allocation and Distribution published by John Hopkins Bloomberg School of Public Health, in August 2020 places in Tier 1:</p> <ul style="list-style-type: none"> • Those most essential in sustaining the ongoing COVID-19 response • Those at greatest risk of severe illness and death, and their caregivers <p>Those most essential to maintaining core societal functions</p>		<p>for feedback on the draft Preliminary Framework in September 2020.</p> <p>A virtual public meeting was also organised help people participate in the consultation</p>
Australia	<p>Australian Technical Advisory Group on Immunisation (ATAGI)</p>	<p>Preliminary advice published on 13 November 2020.</p> <p>It lists as possible priority groups:</p> <ul style="list-style-type: none"> • Those who have an increased risk, of developing severe disease or dying from COVID-19 	<p>Yes, a public representative from the Consumers Health Forum</p>	<p>Unknown</p>

		<ul style="list-style-type: none"> ○ Older people ○ People with pre-existing underlying select medical conditions ○ Aboriginal and Torres Strait Islander people <ul style="list-style-type: none"> • Those who are at increased risk of exposure and hence of being infected with and transmitting SARS-CoV-2 to others at risk of severe disease or are in a setting with high transmission potential <ul style="list-style-type: none"> ○ Health and aged care workers ○ Other care workers ○ People in other settings where the risk of virus transmission is increased 	sits as a voting member on the ATAGI.	
Canada	National Advisory Committee on Immunization (NACI) - External Advisory Body of 15 experts that provides the Public Health Agency of Canada (PHAC)	<p>Preliminary guidance published on 3 November 2020 recommends provincial and territorial agencies consider three priority groups:</p> <ul style="list-style-type: none"> • those at the highest risk of severe illness and death from COVID-19 <ul style="list-style-type: none"> ○ advanced age ○ other high-risk conditions • Those most likely to transmit COVID-19 to those at high risk of severe illness and death from COVID-19 and workers essential to maintaining the COVID-19 response • Those contributing to the maintenance of other essential services for the functioning of society (to be defined, prioritized and informed by ongoing federal, provincial and territorial discussions) • Those whose living or working conditions put them at elevated risk of infection and where infection could have disproportionate consequences, including Indigenous communities <p>Also published in the Canadian Medical Journal.</p>	Unknown	<p>Yes, survey of expert stakeholders in July/August 2020.</p> <p>Canada's COVID-19 Snapshot Monitoring Study (COSMO Canada) sampled views of 2000 Canadians.</p>
France	L'Haute Autorite de Sante (HAS)	<p>Initial advise published on 30 November establishes five priority phases:</p> <ul style="list-style-type: none"> • first phase prioritises nursing home residents, health staff at high risk (patient contact, over 65+, with underlying conditions) 	Unknown	<p>Yes, a draft was opened for consultation on 28 July</p>

		<ul style="list-style-type: none"> • phase two prioritises 75+, people aged 65-74 with underlying conditions, others aged 65-74 • phase three prioritises 50+, less than 50 with high risk (essential services staff) or less than 50 with underlying conditions • phase four prioritises those under 50 at high risk due to profession and other vulnerable groups including mental health patients, homeless, prisoners • phase five prioritises all those over 18+ 		
Germany	Joint Working Group of Members of The Standing Committee on Vaccination, The German Ethics Council and the National Academy of Sciences Leopoldina	<p>Position paper published on 09 November 2020 suggests older people, patients with high risk conditions and health workers will be prioritised.</p> <p>Work on a national strategy is ongoing.</p>	Unknown	Unknown
Belgium	Le Conseil supérieur de la santé	<p>Vaccination strategy published in July 2020 prioritises</p> <ul style="list-style-type: none"> • All workers in the health care sector to secure their health and a working health care sector during a potential next COVID-19 wave or pandemic • All people above 65 years of age • Patients between 45 and 65 years with the following comorbidities which are at risk for developing severe COVID-19: obesity, diabetes, hypertension, chronic cardiovascular, lung, kidney and liver diseases and haematological malignancies up to 5 years from diagnosis and all recent solid cancers (or recent cancer treatments). <p>Correspondence between the advisory council and the Minister's office is published as part of the strategy.</p>	Unknown	Unknown