

GUIDANCE SUMMARY

WA STATE COVID-19 VACCINE PRIORITIZATION GUIDANCE AND INTERIM ALLOCATION FRAMEWORK

The Washington State Department of Health has developed this guidance for COVID-19 vaccine allocation and prioritization to facilitate harmonized planning for distribution across Washington State. This guidance is the result of several months of engagement with expert groups and community partners to gather input and ideas. Given current information and federal guidance, we are providing guidance on Phase 1a and 1b that incorporates this input while staying aligned with the principles and criteria noted below. We are offering tentative ideas of populations that may be considered in future phases. The guidance will be updated to provide details on these other phases based on:

- New information from clinical trials
- New federal guidance and vaccine recommendations
- Ongoing feedback from impacted communities, partners, sectors, and industries

In this guidance, population groups overlap and there are individuals who fit into multiple categories. When this is the case, the higher phase should take precedence. Also, the order of the populations does not suggest any type of prioritization or risk stratification. In all circumstances, although reinfection appears uncommon during the initial 90 days after symptom onset, prior confirmation of COVID-19 infection will not exclude any individual from eligibility for COVID-19 vaccine and serologic testing is not being recommended prior to vaccination. Vaccines should be administered according to age groups for which the specific vaccine is authorized (e.g., Pfizer for 16 and over and Moderna for 18 and over).

GOAL: To reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

ETHICAL PRINCIPLES	PROCEDURAL PRINCIPLES	CRITERIA
<ul style="list-style-type: none">• Maximum benefit• Equal concern• Mitigation of health inequities	<ul style="list-style-type: none">• Fairness• Transparency• Evidence-based	<ul style="list-style-type: none">• Risk of acquiring infection• Risk of severe morbidity and mortality• Risk of negative societal impact• Risk of transmitting infection to others



Phase Eligibility Timing

Currently, we are limiting Phase 1 of the allocation framework to **Phase 1a** and **Phase 1b**. The table below outlines groups who are currently eligible vs. projected timing for future eligible groups. These future plans are tentative and are subject to change depending upon vaccine supply and demand.

Phase	When it will open	Who is in it
1A	Currently open (Dec 14, 2020)	<ul style="list-style-type: none"> • See prioritization guidance
1B tier 1	Currently open (Jan. 18)	<ul style="list-style-type: none"> • See prioritization guidance • Pre-kindergarten through 12th grade educators and staff (<i>added March 2</i>) • Child care staff (<i>added March 2</i>)
1B tier 2	March 22 (Tentative)	<ul style="list-style-type: none"> • All critical workers in certain congregate settings (<i>change: no longer tiered by age; list of qualifying congregate settings has been expanded</i>) • People age 16 or older who are pregnant (<i>new qualification</i>) • People age 16 or older who have a disability that puts them at higher risk (<i>change: moved up from a later tier</i>)
1B tier 3	April 12 (Tentative)	<ul style="list-style-type: none"> • People with 2 or more comorbidities age 50 or older
	April 26 (Tentative)	<ul style="list-style-type: none"> • People with 2 or more comorbidities age 16 or older
1B tier 4	April 26 (Tentative)	<ul style="list-style-type: none"> • People who live in certain congregate housing • Staff and volunteers who work in certain congregate settings

Phase 1a - Tier 1

Overarching Groups:

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance**

Phase 1a focuses on (a) high-risk workers in health care settings and high-risk first responders in order to protect our medical care response capacity and (b) residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance aiming to avoid hospitalizations, severe morbidity, and mortality. The table below identifies the desired objectives and guidance regarding what individuals would be prioritized for vaccine allocation in this phase. We provided recommendations that closely align with the Advisory Committee on Immunization Practices (ACIP) and initially include risk stratification given limited vaccine.

CDC provided initial COVID-19 vaccine supply projections for the first two months. Assuming Washington state receives approximately 2 percent of the total projections (Washington’s approximate proportion of total U.S. population), our state was expected to receive between 150,000 to 350,000 doses in the first month and between 500,000 to 1 million doses in the second month (inclusive of second doses). Also note that many residents of long-term care facilities will be served via a federal pharmacy program that began in late December and draws down from the Washington state vaccine allotment. Given limited vaccine, sub-prioritization and sequencing of distribution to health care personnel was initially necessary. Furthermore, agencies have been encouraged to consider staggering vaccine schedules of teams to avoid potential clustering of worker absenteeism related to systemic reactions.

Beyond ACIP, this guidance was developed based on input and review by a number of experts including Washington advisory groups (Vaccine Advisory Committee, Disaster Medical Advisory Committee, COVID-19 Science Advisory Working Group, Association for Professionals in Infection Control), health care providers, and local health jurisdictions (including health officers).

PHASE 1A-1 OBJECTIVE	PHASE 1A-1 GUIDANCE
<p>To protect those at highest risk of exposure, to maintain a functioning health system, and to protect highly vulnerable populations</p>	<p><i>In the context of limited vaccine, this guidance includes the following sub-prioritization considerations:</i></p> <ul style="list-style-type: none"> • Personnel without known infection in prior 90 days • Workers in sites where direct patient care is being frequently delivered to confirmed or suspected COVID-19 patients, including sites where suspected patients are directed for COVID testing and care <ul style="list-style-type: none"> ○ Example setting: hospital sites managing suspected/confirmed COVID patients; emergency departments; urgent care; clinics (walk-in, respiratory); home; isolation and quarantine facility ○ Examples types of workers: health care workers; technicians; security; environmental, janitorial, and facility staff; non-remote translators; counselors; home health aides, caregivers, and companions • Workers frequently performing high-risk exposure procedures with suspected or confirmed COVID-19 patients <ul style="list-style-type: none"> ○ Example procedures: endotracheal or cough inducing intubation; cough induction or cough inducing procedure (e.g., nasogastric tube); bronchoscopy; suctioning; turning the patient to the prone position; disconnecting the patient from a ventilator; invasive dental procedures and exams; autopsies; respiratory specimen collection; cardiopulmonary resuscitation; upper endoscopy; laparoscopic surgery; placement of chest tubes for pneumothorax • Workers exposed to/handling potentially SARS-CoV-2 containing specimens • COVID-19 testing site staff at high risk of exposure to suspected COVID-19 patients • First responders at high risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures <ul style="list-style-type: none"> ○ Licensed emergency medical service frontline staff regardless of agency (e.g., fire, ambulance, hospital) ○ Emergency workers providing patient transport/ambulatory support regardless of agency ○ Personnel working in the field to provide oversight of these emergency medical service positions • Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity <ul style="list-style-type: none"> ○ Workers at long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance (e.g., healthcare, environmental facility management, counselors, dining staff, etc.) ○ Home health aides, care aides, caregivers, companions, etc. ○ Workers with patients undergoing chemotherapy, chronic renal disease, dialysis, etc.

	<ul style="list-style-type: none"> Workers (including pharmacists and occupational health staff) administering vaccines to Phase 1a and 1b populations <p>-----</p> <p>Residents and staff of long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance and are unable to reside independently in the community:</p> <ul style="list-style-type: none"> Example: skilled nursing facilities – facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require care because of injury, disability, or illness Example: assisted living facilities – facility providing help with activities of daily living; residents often live in their own room or apartment within building/group of buildings Examples of possible settings: adult family homes; group homes for people with disabilities (physical, developmental, intellectual); mental/behavioral health institutions; residential homeless shelters <p><i>Where sub-prioritization is needed, consider:</i></p> <ul style="list-style-type: none"> Skilled nursing facilities caring for the most medically vulnerable residents and of congregate nature so they face the joint risk factors of severe disease/mortality and transmission due to their living settings After skilled nursing facilities, consider broadening to other facilities, including: <ul style="list-style-type: none"> Assisted living facilities and adult family homes Residential care communities HUD 202 low-income senior housing Intermediate care facilities for individuals with developmental disabilities State Veterans Homes
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Phase 1a (Tier 1) Additional Guidance

- We specifically use the terminology “workers in health care settings” and not “health care workers” because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services). ACIP provides similar guidance regarding defining healthcare personnel.¹
- Specifically, for caregivers: eligible caregivers (licensed, unlicensed, paid, unpaid, formal, or informal) who support the daily, functional and health needs of another individual who is at high risk for COVID-19 illness due to advanced age, long-term physical condition, co-morbidities, or development or intellectual disability. For the caregiver to be eligible, the care recipient:
 - Must be someone who needs caregiving support for their daily, functioning, and health needs
 - Can be an adult or minor child. For dependent minor children, the caregiver is eligible if that child has an underlying health condition or disability that puts them at high risk for severe COVID-19 illness. For example: a caregiver of a minor child with Down syndrome.
- Special attention should be paid to workers in health care settings who are at high risk of exposure and may have inconsistent or limited use of PPE as well as those working in settings with inadequate environmental controls for recommended air exchange.

Phase 1a - Tier 2 (after completion of Tier 1)

Overarching Group:

- **All other workers at risk in health care settings**

The definition of [health care settings as defined by the CDC](#) refers to places where health care is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

PHASE 1A-2 OBJECTIVE	PHASE 1A-2 GUIDANCE
To protect those at highest risk of exposure, to maintain a functioning health system, and to protect highly vulnerable populations	All other workers at risk to COVID working in health care settings <ul style="list-style-type: none">• Workers who are at risk of acquisition or transmission of COVID because they are interacting in close proximity (less than 6 feet) with patients, co-workers, or specimens and are unable to remain socially distant (i.e., not include remote workers)

Phase 1a (Tier 2) Additional Guidance

- We specifically use the terminology “workers in health care settings” and not “health care workers” because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, part-time, unpaid/volunteer) and the spectrum of staff who provide services (e.g., ambulatory, direct patient care, support services).
- Across Washington, it is important that health care systems actively reach out to and provide access to COVID-19 vaccination for community-based health care workforce outside their systems and in their community. This includes other health care providers, school nurses, and behavioral health providers, etc., in order to compete this phase and ensure we have a protected healthcare system.

Phase 1b

Phase 1b phase generally includes people who are high to moderate risk against the four risk criteria:

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmission to others

In addition, we have applied equity as a cross-cutting lens and considered situations when certain groups are disproportionately affected due to social factors and/or other systemic inequities to mitigate for these factors.

Summary:

Phase 1b Tiers (in order)	Groups
Tier 1	<ul style="list-style-type: none"> • All people 65 years and older • People 50 years and older in multigenerational households • Workers in child care settings • Pre-kindergarten through 12th grade educators and staff
Tier 2	<ul style="list-style-type: none"> • High-risk critical workers who work in certain congregate settings • People who are pregnant • People with a disability that puts them at high risk
Tier 3	<ul style="list-style-type: none"> • People 50 years and older with 2 or more co-morbidities or underlying conditions • People 16 years and older with 2 or more co-morbidities or underlying conditions
Tier 4	<ul style="list-style-type: none"> • People (residents, staff, volunteers) in certain congregate living settings - specifically, correction facilities, prisons, jails, detention centers; group homes for people with disabilities; and congregate settings (e.g., shelters, temporary housing) for people experiencing homelessness that access services or live in such congregate settings (e.g., shelters, temporary housing)

Phase 1b - Tier 1

Overarching Groups:

- **All people 65 years and older**
- **People 50 years and older in multi-generational households**
- **Workers in childcare settings**
- **Pre-kindergarten-12th grade educators and staff**

The first two objectives of this tier focus on protecting those who are driving hospitalization and face high rates of severe morbidity and mortality in order to reduce the burden on hospitals that keeps us in an emergency state. We also want to recognize that there are older adults and elders who may be vulnerable and unable to live independently similar to those in community-based, congregate care settings (Phase 1a) but their families care for them at home. In addition, we recognize that many families - especially those disproportionately affected by COVID - live in multi-generational homes that put the older adults and elders in the household at significantly higher risk for acquiring infection. Because these individuals are among disproportionately affected groups, they are also at risk for higher rates of severe morbidity and mortality.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
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To prevent hospitalization and rates of severe morbidity and mortality	All people 65 years and older (about half of whom have co-morbidities that increase risk for severe outcomes if infected with COVID)
To prevent acquiring infection, hospitalization, and rates of severe morbidity and mortality	<p>People 50 years and older in a multigenerational (2 or more generations) household</p> <p>These individuals would be at risk either due to:</p> <ul style="list-style-type: none"> • Vulnerability – specifically, an older adult or elder who cannot live independently <i>and</i> is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home • Risk of exposure – specifically, an older adult or elder who is living with and taking care of kinship (along the lines of a grandparent with a grandchild) • This group does not include an older adult who is able to live independently and is taking care of the individual’s kinship/children

On March 2, 2021, Gov. Jay Inslee and the Washington State Department of Health in accordance with a federal directive added another group to this tier – specifically, workers in child care settings and pre-kindergarten through 12th grade educators and staff. This group was initially in Tier 2 with other workers at high risk in a congregate setting. However, not only do they face the risks of acquisition and transmission (note: there is growing evidence that older kids have higher risk of transmission) but remote care and education is also associated with very high risk of negative societal impact. There is strong evidence regarding the negative impact remote schooling is having on students in pre-kindergarten through 12th grade regarding educational advancement and access to meals and support services for children, which disproportionately affects low-income families.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
<p>To protect those who are at high risk of exposure given the nature of work, to reduce negative societal impact by maintaining critical infrastructure for social and economic systems, and to reduce the negative societal impact on families and children (that disproportionately affects low-income families)</p>	<p>Workers in child care settings Pre-kindergarten through 12th grade educators and staff</p> <ul style="list-style-type: none"> • This category should consider the full spectrum of workers including administrators, environmental services staff, maintenance workers, school bus drivers, paraeducators, and all of who are essential to child care and education. • Specifically, this group includes those who face substantially high risk of exposure given work conditions because they are operating in a congregate setting interacting with co-workers or youth over extended periods of time. • Eligible child care includes: <ul style="list-style-type: none"> ○ Licensed family home child care providers, and the family members living in their home. ○ License-exempt family, friends, and neighbor providers that accept Working Connections Child Care subsidy. These in-home providers can serve up to 6 children. ○ ECEAP, Washington’s state-funded preschool providers. This is similar to the national Head Start program, which is named in the directive. ○ License-exempt school-age and youth development providers who have been providing care to school-age children since the pandemic began and schools were closed. As schools moved to online and hybrid models, these programs have continued to provide child care for school-age children.

- Attention should be given to the specific programs that reach children with special health care needs, individual educational plans, technological gaps, and migrant education programs.

Phase 1b - Tier 2

Overarching Groups:

- **High-risk critical workers who work in certain congregate settings**
- **People who are pregnant**
- **People with a disability that puts them at high risk**

Phase 1b Tier 2 includes specific high-risk essential workers groups¹ who work in certain congregate settings. Occupational risk factors for COVID include setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), and barriers to healthcare access. The course of the pandemic in Washington state indicates that specific groups of workers operating in congregate settings—such as, agricultural workers, food processing, and incarceration facilities — have experienced significantly elevated rates of infection given the nature of their working and/or living conditions. In addition, the working and living conditions contribute to transmission at work and in the community.

PHASE 1B-2 OBJECTIVE	PHASE 1B-2 GUIDANCE
<p>To protect those who are at <i>high risk</i> of exposure and transmission given the nature of working and living conditions, to prevent hospitalizations and rates of severe morbidity and mortality, and to reduce negative societal impact by maintaining critical infrastructure for social and economic systems</p>	<p>Critical workers with significantly high risk of exposure and transmission in congregate settings</p> <p>Congregate setting refers to an environment where individuals work and/or live in an enclosed space where they are interacting with a high volume of people (i.e., supermarket) over extended time and not able to consistently social distance (i.e., be more than 6 feet apart).</p> <p>This does not include all critical worker groups but just a subset outlined below. This subset is focused on workers who are working in a congregate/enclosed setting working within 6 feet of other workers over an extended time (3 or more hours in 24-hour day). Therefore, workers who are able to socially distance, work remotely or work off-site not in a congregate setting would not be included. Specific groups and guidance are outlined below:</p> <ul style="list-style-type: none"> • <i>Congregate agriculture</i> – specifically those who work and/or live in a congregate setting interacting with a high volume of co-workers (vs. animals) over extended periods of time (i.e. 3 or more hours in a 24-hour day). Relevant roles are more likely to include crop selection, production and packaging vs. equipment maintenance

¹ See [Washington Essential Critical Infrastructure Workers](#) for most up-to-date list of essential worker groups

	<ul style="list-style-type: none"> • <i>Congregate food processing</i> – specifically those who work and/or live in a congregate setting interacting with high volume of co-workers (vs. animals) over extended periods of time (i.e. 3 or more hours in a 24-hour day). Also includes those working in fishing vessels. • <i>Workers in congregate grocery stores or food banks</i> - specifically those who work in a congregate setting interacting with high volume of co-workers over extended periods of time (i.e. 3 or more hours in a 24-hour day). We encourage considering prioritizing retail stores of higher density/volume vs. where people are more able to be socially distant (e.g., wineries, coffee shops). • <i>Congregate staff in correction facilities, prisons, jails, detention facilities, and court facilities</i> – specifically those who are interacting with high volume of individuals in a congregate interior setting over extended periods of time (i.e. 3 or more hours in a 24-hour day). We encourage considering the spectrum of staff (e.g. facility management, security, counselors) who fit this exposure criteria. • <i>Congregate public transit</i> - specifically those who work in an enclosed (vs. outdoor) congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e. 3 or more hours in a 24-hour day) to facilitate the transport of people. Settings may include bus, train, ferry, airport, and other high density transportation settings – or lower density settings where individuals are tightly constricted over an extended time, specifically taxis, limos and private vehicles over 4 people. Doesn't include those who can work remotely or in office where can practice being socially distant. • <i>First responders not covered by an earlier phase or tier</i> - specifically those who work in a congregate setting interacting with high volume of co-workers or general public over extended periods of time (i.e. 3 or more hours in a 24-hour day). This includes firefighters, law enforcement, social workers responding to public health and safety, and similar categories. It does not include administrators or those who can work remotely. • <i>Early learning and child care program workers</i> that are permitted to operate under DOH guidance for child care, youth development, and day camps that were not covered in 1B-1.
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Phase 1b Tier 2 also includes a subset of people with underlying conditions that put them at increased risk for severe illness if infected with COVID-19 leading to hospitalization, morbidity, and mortality that are anticipated to face challenges accessing care.

PHASE 1B-2 OBJECTIVE	PHASE 1B-2 GUIDANCE
<p>To prevent hospitalization and rates of severe morbidity and mortality</p>	<ul style="list-style-type: none"> • Pregnant people who are eligible as the CDC list of conditions include pregnancy and BMI >25 kg/m² • People with a disability that puts them at high risk. This includes individuals with Down syndrome, a developmental disability, or an intellectual disability, or who are deaf/hard of hearing, blind/low-vision, or deafblind, AND that disability or an underlying medical condition increases their risk for severe outcomes per the CDC's list of the conditions that put people at increased risk of severe illness from COVID-19 (note: this is a living document that may be updated as science evolves).

Phase 1b - Tier 3

Overarching Groups:

- **People 50 years and older with 2 or more co-morbidities or underlying conditions**
- **People 16 years and older with 2 or more co-morbidities or underlying conditions**

Phase 1b – Tier 3 includes people who have certain medical conditions that put them at increased risk for severe illness if infected with COVID leading to increased hospitalization, morbidity and mortality. The list of conditions is based upon research by CDC that is posted at the following site:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. It is a living document that may be updated as science evolves. This group is separated into two age groups because the start dates for each age group may be different.

PHASE 1B-3 OBJECTIVE	PHASE 1B-3 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	People 50 years and older with 2 or more co-morbidities or underlying conditions (See CDC's list of the conditions that put people at increased risk of severe illness from COVID-19.) People 16 years and older with 2 or more co-morbidities or underlying conditions

Phase 1b - Tier 4

Overarching Groups:

- **People (residents, staff, volunteers) in certain congregate living settings - specifically, correction facilities, prisons, jails, detention centers; group homes for people with disabilities); and congregate settings (e.g. shelters, temporary housing) for people experiencing homelessness that access services or live in such congregate settings (e.g. shelters, temporary housing)**

Phase 1b – Tier 4 includes people in congregate living settings where there is a high risk of exposure and transmission who have not been covered in earlier tiers. Exposure risk is due to factors such as setting (time inside vs. outside), proximity (to co-workers and/or customers), type of contact (physical, surface), duration, daily number of contacts, capability to assess possible infection (screening), consistent access to/ability to use protection, cleaning (frequency), barriers to healthcare access, etc.

PHASE 1B-4 OBJECTIVE	PHASE 1B-4 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality, including in settings that increase potential exposure - and to reduce negative societal impact by maintaining critical	Residents and staff in group homes for individuals with disabilities, including serious mental illness, development and intellectual disabilities, and physical disabilities as well as residential substance use disorder facilities not already covered in Phase 1 People in prisons, jails, detention centers, and similar congregate facilities and staff who work in such settings not already covered in previous phases or tiers

infrastructure for social and economic systems	People experiencing homelessness that access services or live in congregate settings (e.g., temporary housing, shelters) and staff who work in such settings People living or residing in domestic violence shelters and staff who work in such settings
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INTERIM COVID-19 Vaccine Allocation Phase Quick Reference

PHASE 1A	PHASE 2*	PHASE 3*	PHASE 4*
<p>TIER 1</p> <ul style="list-style-type: none"> High-risk workers in health care settings High-risk first responders Long-term care facility residents <p>TIER 2</p> <ul style="list-style-type: none"> All other workers at risk in health care settings 	<ul style="list-style-type: none"> Critical workers in other settings who are in industries essential to the functioning of society and are at risk of exposure not already covered in Phase 1 People 16 years and older with 1 comorbidity or underlying condition not already covered in Phase 1 People with disabilities that prevent them from adopting protective measures 	<ul style="list-style-type: none"> Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2 Young adults/children under 16 years (if vaccine is authorized for children under 16 years) 	<ul style="list-style-type: none"> Everyone residing in Washington State who did not have access to vaccine in previous phases
<p>PHASE 1B</p> <p>TIER 1</p> <ul style="list-style-type: none"> All people 65 years and older People 50 years and older living in multigenerational households Workers in childcare settings Pre-K-12 educators and school staff <p>TIER 2</p> <ul style="list-style-type: none"> High-risk critical workers who work in certain congregate settings: <ul style="list-style-type: none"> Agriculture; food processing; grocery stores; corrections, prisons, jails, or detention facilities; public transit; fire, law, social workers and other first responders People who are pregnant People with a disability that puts them at high risk <p>TIER 3</p> <ul style="list-style-type: none"> People 50 years and older with 2 or more comorbidities or underlying conditions People 16 years and older with 2 or more comorbidities or underlying conditions <p>TIER 4</p> <ul style="list-style-type: none"> People, staff, and volunteers in congregate living settings: <ul style="list-style-type: none"> Correctional facilities; group homes for people with disabilities; congregate settings for people experiencing homelessness that live in or access service in such settings 	<p>*Future phases are still tentative and will be finalized based on clinical trial data, federal guidance, vaccine supply projections, and ongoing community input.</p> <p>Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:</p> <ul style="list-style-type: none"> People of color People with limited English proficiency People in shared housing, crowded housing, and multi-generational homes People in poverty and low-wage earners People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19 People with access barriers to healthcare <p>Washington State has also developed a social vulnerability index which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.</p> <p>NOTE Immigration status and health insurance status do not impact an individual's eligibility.</p>		
<p>EQUITY IS A CROSS-CUTTING FOCUS</p> <p style="text-align: right;">Updated January 17, 2020</p>			

For a quick reference, please see [the visual framework time line](#).