

Preliminary Vaccine Priority Group Recommendations

Appendix D

US Department of Health and Human Services National Vaccine Advisory Committee (NVAC) and the Advisory Committee on Immunization Practices (ACIP) Recommendations for Prioritization of Pandemic Influenza Vaccine

VACCINE PRIORITY GROUP RECOMMENDATIONS¹

Tier	Subtier	Description	Rationale
I	A	<ul style="list-style-type: none"> ● Vaccine and antiviral manufacturers and others essential to manufacturing and critical support ● Medical workers and public health workers who are involved in direct patient contact, other support services workers essential for patient care and vaccinations 	<ul style="list-style-type: none"> ● Need to assure maximum production of vaccine and antiviral drugs ● Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand.
	B	<ul style="list-style-type: none"> ● Persons >65 years with 1 or more influenza high-risk conditions, not including essential hypertension ● Persons 6 months to 64 years, with 2 or more influenza high-risk conditions, not including essential hypertension ● Persons 6 months or older with history of hospitalizations for pneumonia or influenza or other influenza high-risk condition in the past year 	<ul style="list-style-type: none"> ● These groups are at high risk of hospitalization and death. Excludes elderly in nursing homes and those who are immunocompromised and would not likely be protected by vaccination.
	C	<ul style="list-style-type: none"> ● Pregnant women ● Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine ● Household contacts of children <6 months old 	<ul style="list-style-type: none"> ● In past pandemics and for annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive the vaccine. ● Vaccination of household contact of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.
	D	<ul style="list-style-type: none"> ● Public health emergency response workers critical to pandemic response ● Key government leaders 	<ul style="list-style-type: none"> ● Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities ● Preserving decision-making capacity also critical for managing and implementing a response

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Tier	Subtier	Description	Rationale
2	A	<ul style="list-style-type: none"> ● Healthy persons ≥65 years ● Persons 6 months to 64 years with one high-risk condition ● Healthy persons 6-23 months old 	<ul style="list-style-type: none"> ● Groups that are also at increased risk but not as high risk as population in Tier 1B
	B	<ul style="list-style-type: none"> ● Other public health emergency responders ● Public safety workers including police, fire, 911 dispatchers, and correctional facility staff ● Utility workers essential for maintenance of power, water, and sewage system functioning ● Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation ● Telecommunications/IT workers for essential network operations and maintenance 	<ul style="list-style-type: none"> ● Includes critical infrastructure groups that have impact on maintaining health (eg, public safety or transportation of medical supplies and food); implementing a pandemic response; and on maintaining social functions
3		<ul style="list-style-type: none"> ● Other key government health decision makers ● Funeral directors/embalmers 	<ul style="list-style-type: none"> ● Other important societal groups for a pandemic response but of lower priority
4		<ul style="list-style-type: none"> ● Healthy persons 2-64 years not included in above categories 	<ul style="list-style-type: none"> ● All persons not included in other groups based on objective to vaccinate all those who want protection

* The committee focused its deliberations on the US civilian population. ACIP and NVAC recognize that Department of Defense needs should be highly prioritized. DoD Health Affairs indicates that 1.5 million service members would require immunization to continue current combat operations and preserve critical components of the military medical system. Should the military be called upon to support civil authorities domestically, immunization of a greater proportion of the total force will become necessary. These factors should be considered in the designation of a proportion of the initial vaccine supply for the military. Other groups also were not explicitly considered in these deliberations on prioritization. These include American citizens living overseas, noncitizens in the US, and other groups providing national security services such as the border patrol and customs service.

This priority list is preliminary and may be modified based on additional input from the public. These are recommended priority lists. However, the Committee noted that “the specific composition of some priority groups may differ between states and localities based on their needs and that priority groups should be reconsidered when a pandemic occurs and information is obtained on its epidemiology and impacts.”

References

1. Dept. of Health and Human Services. HHS pandemic influenza plan, Appendix D: NVAC/ACIP recommendations for prioritization of pandemic influenza vaccine and NVAC recommendations on pandemic antiviral drug use. Available at: <http://www.hhs.gov/pandemicflu/plan/appendixd.html>. Accessed Feb. 9, 2007.