



February 4, 2021

## Summary COVID-19 Vaccine Advisory Committee vaccine sequencing recommendations

### Summary

The 27-member COVID-19 Vaccine Advisory Committee (VAC) convened for four formal business meetings during the month of January 2021 and held three optional information sessions to discuss topics related to vaccine delivery.

VAC members were selected from a group of nearly 700 people for their professional background, lived experiences or expertise serving individuals that have been systemically impacted by COVID-19. The VAC was convened with the specific intent of centering equity in all vaccine sequencing decisions and helping OHA reach its strategic goal to eliminate health inequities by 2030.

On January 28, 2021, the VAC delivered its final recommendations for vaccine sequencing following 0-12 educators and staff, childcare providers, and adults 65 and older and before the general public.

### VAC statement of intention

The VAC frames its COVID-19 vaccine sequencing recommendations with the following statement of intention:

The VAC acknowledges structural racism and pressure from systems that are not ready to center this truth about the ways structural racism impacts the health of Black, Indigenous and People of Color (BIPOC) communities.

VAC sequencing was in consideration and in review of the data and needs of BIPOC communities and refugee communities. Vaccine distribution must include working with trusted community partners including community-based organizations, faith leaders and trusted entities where people feel comfortable. OHA must track and use data along the way to capture information about medical mistrust and barriers.

Local public health authorities are charged with engaging and working with vulnerable populations. This includes partnering with community-based organizations, federally qualified health centers and other local organizations to develop a community-informed, equity-informed vaccine distribution plan.

## VAC sequencing recommendations

The VAC used science and data to sequence populations for COVID-19 vaccine based on greatest risk for COVID-19 infection, hospitalizations and death.

Due to the disproportionate burden of COVID-19 cases, hospitalizations and deaths among BIPOC and Tribal communities, specifically Latino/a/x, Black/African American, Pacific Islander and American Indian/Alaska Native populations, it is critical to ensure that at every point of vaccine sequencing, vaccine delivery centers those most impacted. Failure to do so will only increase inequities.

Furthermore, measuring race is a proxy for the experience of racism. Structural racism has created systems and conditions that place BIPOC and Tribal communities into the kinds of jobs, housing and health problems that put people at higher risk, and creates barriers to accessible and adequate health care. COVID-19 has exploited those injustices and the kinds of vulnerabilities that racism creates for BIPOC and Tribal communities.

Priority population	VAC discussion themes
<b>Overall considerations</b>	
<ul style="list-style-type: none"> <li>• BIPOC and Tribal communities are disproportionately represented in the population groups sequenced below.</li> <li>• COVID-19 and immunization data are imperfect and work needs to be done to continually identify inequities.</li> <li>• Culturally and linguistically responsive vaccine communications and access are essential regardless of population that is being sequenced for vaccine.</li> </ul>	
<b>First group for sequencing, following 0-12 educators and staff, childcare providers and adults 65</b>	
Adults 16-64 with underlying health conditions	<ul style="list-style-type: none"> <li>• Need to prioritize individuals most likely to have serious or fatal outcomes as a result of COVID-19 infection.</li> <li>• Due to the impact of systemic racism on health, institutional racism within health care leading to inadequate care, BIPOC and Tribal communities bear a disproportionate burden of certain chronic conditions that place them at a higher risk of severe or fatal outcomes from COVID-19.</li> </ul>
Front-line workers who have been working throughout the pandemic to keep society	<ul style="list-style-type: none"> <li>• BIPOC and Tribal communities constitute many essential workers.</li> <li>• Specific concerns were raised for migrant and seasonal farmworkers and food processing facilities.</li> </ul>

running and who cannot work from home	<ul style="list-style-type: none"> <li>Manufacturing, construction, facilities/janitorial, food service, grocery stores, warehousing/distribution have had disparate impacts in Oregon outbreak data.</li> </ul>
Adults and youth in custody 16 years and older (must be included in 1b)*	<ul style="list-style-type: none"> <li>There are disproportionate incarceration rates for communities of color.</li> <li>Prison and jail settings have had numerous outbreaks putting those in custody at risk of COVID-19 exposure and risk of severe illness or death.</li> </ul>
People living in low income and congregate senior housing	<ul style="list-style-type: none"> <li>Older adults under 65 who live in congregate or low-income settings.</li> </ul>
<b>Following group for vaccine sequencing (before general population)</b>	
Multi-generational households	<ul style="list-style-type: none"> <li>Vaccinating multigenerational households is culturally responsive and operationally easier to reach individuals.</li> <li>Multigenerational households are traditional and valued among many BIPOC and Tribal communities.</li> </ul>

\*On February 2, a federal court ruled that adults in custody must be offered vaccines immediately as part of phase 1a.

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