

# Risk Guides Committee Recs for COVID-19 Vaccine

— Final NASEM report also recommends campaigns to counter vaccine hesitancy

by [Molly Walker](#), Associate Editor, MedPage Today

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High-risk healthcare workers and first responders should receive the COVID-19 vaccine first, followed by people with "significant" risk of severe disease due to chronic conditions and

older adults in congregate settings, the National Academies of Sciences, Engineering, and Medicine (NASEM) said on Friday.

The "jump-start" phase is comprised of workers who not only have a high risk of acquiring COVID-19, but also "have a hugely important role to play in terms of keeping our healthcare system available for people in the midst of this pandemic," said committee co-chair Helene Gayle, MD.

The [final recommendations](#) about the four "phases" of vaccine allocation [appeared mostly unchanged from a draft](#) released in early September, after 1,400 written comments and a [5-hour online public session](#) attended by nearly 2,500 people.

Notably, although the National Academies' sponsorship lends the recommendations considerable prestige, governments are under no obligation to follow them.

Committee co-chair William Foege, MD, said the first months will be "very difficult," noting that there will be "small amounts" of vaccine and getting to a point "when we have lots of vaccine and can meet demand" will take time. That's in contrast to promises by the White House's Operation Warp Speed that [shipments necessary for the first phase](#) will begin instantly upon FDA authorization or approval.

A press conference provided some clarification about how the vaccine "phases" would work, as well as addressing other recommendations from the NASEM panel about programmatic implications and vaccine hesitancy.

For example, if one family member in the group was in a higher "phase" than others, the entire family should be vaccinated for the sake of "efficiency."

"We recognize people living in the same household and people who are at greatest risk are ... living in households where social distancing is not possible. We want to give consideration for whole families in this framework," said Gayle.

NASEM also recommended that the CDC's [Social Vulnerability Index](#) should be used to locate the highest-risk populations in terms of social vulnerability by geographic area, even down to the neighborhood level. But in terms of entire populations, like a village of American Indian/Alaska Natives, "it would not make sense" to vaccinate "a small part of the high-priority people; you would vaccinate everybody," said Foege.

He added that the report includes recommendations that some of the vaccine be held back by CDC "in order to address hotspots or areas of high social vulnerability."

Gayle urged states to use the NASEM framework as "a guideline" that will be further refined after CDC's Advisory Committee on Immunization Practices (ACIP) makes its final recommendations on vaccine allocation. ACIP [recently said they are holding off](#) until the FDA issues an emergency use authorization for a COVID-19 vaccine.

Other unknowns ACIP will need to address include the lack of data among children under age 18, and how protective the vaccine may be for adults age 80 and older, which will "take time," Foege noted.

NASEM explained its final recommendations for the four phases, with Gayle stating that both healthcare workers and first responders are at high risk of acquiring infection, but "have a hugely important role to play in terms of keeping our health system available for people in the midst of this pandemic."

The committee discussed both distribution plans, recommending that the Department of Health and Human Services (HHS) leverage and expand existing networks to ensure "equitable allocation, distribution, and administration" of the vaccine, and said it should be provided and administered at no cost to those being vaccinated.

The committee also proposed a strategy to combat vaccine hesitancy by recommending that HHS create and appropriately fund a "COVID-19 risk communication and community engagement program."

Gayle acknowledged the "huge amount of skepticism because of the speed of the development of the vaccine," and NASEM recommended a "nationally branded, multi-dimensional campaign" that used "evidence-based social marketing and behavioral science techniques."

[A joint Association of Medical Colleges and American Hospital Association statement](#) added that the two organizations "strongly urge federal, state, and local government agencies, along with doctors, nurses, and hospitals and health systems, to deploy resources now to engage communities, build trust, create partnerships, and develop the bidirectional communication channels necessary to orient the vaccination effort toward success."

Another part of the report addressed global considerations, including that a proportion of the U.S. vaccine supply allocation be reserved for use overseas and that the U.S. opt in to the [global COVAX initiative](#).

Foegen said information from the rest of the world will be critical, in case there is evidence that the virus is mutating and a new vaccine has to be developed.

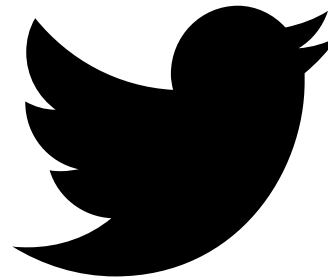
"This is the biggest public health challenge we've faced in our lifetime," he said.

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[Molly Walker](#) is an associate editor, who covers infectious diseases for MedPage Today. She has a passion for

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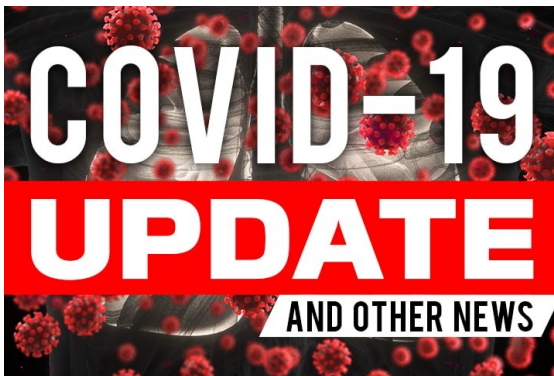
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