

COVID-19 Vaccination Allocation Guidelines

Goal

Reduce severe morbidity and mortality and negative impact to Auburn University due to the transmission of SARS-CoV-2, treat individuals fairly, and promote social equity, legitimacy, trust, and respect.

Principles

Fairness: Decisions will incorporate input from affected groups, especially those at the highest risk levels and those affected most by the pandemic.

Transparency: The obligation to communicate with the university community openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework, as they are being developed and deployed.

Evidence-based: Vaccination phases, specifying who receives the vaccine when, will be based on the best available scientific evidence, regarding risk of disease, transmission, and societal impact.

Prioritization: Triaging of vaccine administration based on a phased approach that identifies and prioritizes individuals with an initial focus on healthcare, first responders, and critical populations responsible for ongoing university operations.

Vaccination Program Planning

There are many unknowns and unanswered questions at this time regarding the COVID-19 vaccine. For example, it is not yet known which vaccines will be available, in what volumes, at what time, and with what efficacy. It is also not known how the COVID-19 outbreak will continue to evolve and how it might affect university operations. This guideline is written with the assumption that there will be a full return to campus operations with the start of the Spring 2021 semester. It is important to understand that these guidelines may need to be modified to fit changing operations, vaccine availability, or prioritization of critical university operations.

Statement on Phased Allocation

Auburn University is taking a phased approach to the COVID-19 vaccine rollout. The concept of a phased approach takes into consideration that vaccine doses may initially be limited. Allocation of doses must first focus on individuals working in high-risk healthcare settings and campus first responders. The vaccine supply is projected to increase quickly over the proceeding months, allowing vaccination efforts to be expanded to additional critical populations and eventually to the campus in general. The purpose of this document is to aid and provide structure to decision-making regarding a phased vaccine distribution. This document is dynamic, and subject to change, as vaccine data continues to emerge, and national guidance evolves. Ensuring access to the COVID-19 vaccination is central to Auburn's vaccine planning efforts.

The university has based this phased allocation on guidance from the Centers for Disease Control's [COVID-19 Vaccination Program Interim Playbook](#) and the Department of Homeland Security's [Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19](#).

Vaccination Program Implementation Committee

Reaching intended vaccine recipients is essential to achieving desired levels of COVID-19 vaccination coverage. Collaboration with campus partners is critical in order to ensure access to vaccinations, information about campus stakeholders, and the logistical requirements for providing them access to COVID-19 vaccination services. The university has established a COVID-19 Vaccination Program Implementation Committee to enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery. Committee membership includes members of the COVID-19 Task Force and COVID-19 Resource Team.

Vaccination Program Strategy

Auburn University's vaccination program is structured around the concept of a phased response, whereby vaccine may be available as indicated below. Further prioritization within phases based on vaccine availability, risk analysis and medical assessment may be required.

Phase 1a and 1b: Potentially Limited Doses Available

In the initial phases of the COVID-19 Vaccination Program, initial doses of vaccine will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency. The key considerations in planning for this phase are:

1. COVID-19 vaccine supply may be limited.
2. COVID-19 vaccine administration efforts must concentrate on the initial areas of focus to achieve vaccination coverage in those groups.
3. Inventory, distribution, and any repositioning of vaccine will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.

The university will employ strategies to address these constraints, including:

1. Concentrating early COVID-19 vaccine administration efforts on designated critical individuals.
2. Providing COVID-19 vaccination services in closed point-of-dispensing (POD) settings that allow for the maximum number of people to be vaccinated while maintaining physical distancing and other infection control procedures.

Phase 1c: Larger Number of Doses Available, Supply Increasing but Likely Not Meeting Demand

As the supply of available vaccine increases, distribution will expand, increasing access to vaccination services for a larger number of individuals. When larger quantities of vaccine become available, there will be two simultaneous objectives:

1. Provide access to COVID-19 vaccination for critical individuals to achieve high COVID-19 vaccination coverage on campus.
2. Ensure high uptake in specific areas, particularly in groups that are higher risk for severe outcomes from COVID-19.

Phase 2a: Larger Number of Doses Available, Supply Likely to Meet Demand

As the supply of vaccine moves closer to reaching demand, distribution will continue to expand and access to vaccination services will be available to most of the population. As larger quantities of vaccine become more widely available the objective will be to provide access to the COVID-19 vaccination for all individuals involved in critical university operations to achieve full coverage on campus.

Phase 2b: Doses are Widely Available, Supply Likely Meets or Exceeds Demands

As the supply of vaccine reaches demand, providing access to all individuals on campus will be a priority with the goal of having vaccinations available to anyone.

Phase 3: Likely Sufficient Supply, Slowing Demand

Ultimately, COVID-19 vaccine will be widely available and integrated into routine vaccination programs. The key considerations in planning for Phase 3 are:

- Likely sufficient COVID-19 vaccine supply where supply might exceed demand.
- Broad vaccine administration network for increased access by family members and dependents and by the community at large.

Other Resources

[COVID-19 Vaccination Program Interim Playbook](#) – Centers for Disease Control's

[Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19](#) – Department of Homeland Security

[Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States](#) – Johns Hopkins Bloomberg School of Public Health – Center for Health Study