Virginia COVID-19 Vaccination Prioritization Guidance

This guidance document was developed to plan for a COVID-19 vaccine distribution for the Commonwealth. The prioritization was developed to account for several planning assumptions:

- The vaccine amount the Commonwealth receives is a scarce resource.
- The Vaccination Prioritization Guidelines follow the recently released ACIP recommendations.
- Healthcare Workers in Phase 1a is further defined to aid in allocation of scares resources.
- Facility types are included to help determine those at highest risk for treating suspected or know COVID-19 patients, those working in areas that serve high risk populations, and those working in areas that are deemed critically important to the continuity of the healthcare system.
- Population estimates are included based on surveys conducted by facility type and to help plan for the Commonwealth's allocation.

Virginia Vaccination Prioritization Guidelines Phase 1a – Healthcare Workers and Long-Term Care Residents								
i.	Healthcare personnel who directly engage in the care of or interact with patients known or suspected of COVID-19, or who have direct exposure to potentially infectious materials from patients known or suspected to be infected with COVID-19. Healthcare personnel who interact with patients at higher risk for infection due to the patients' individual risk factors but are not known or suspected to be infected with COVID-19 (dialysis, residential care facilities and EMS)	Health Systems: 124,000 Residential Care facility staff (DBHDS, private psychiatric facilities, rehabilitation hospitals): 4,000 EMS: 27,000 Dialysis: 10,000 DOC: 4,500	169,500	Skilled nursing facilities Assisted Living Residential Care Communities Intermediate care facilities for individuals with developmental disabilities State Veterans Homes	158,000			
iii.	All other employees in populations included in other employees and contracted personnel not otherwise vaccinated per the above categories whose duties may require access to clinical setting at health	Health Systems: 55,000 Residential Care Facilities (DBHDS, private psychiatric facilities,	70,000					

	system facilities or who are	rehabilitation						
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	critical to the ongoing	hospitals): 5,000						
	operations of health system	EMS: 10,000						
	facilities.							
iv.	All other Healthcare	Home Health &	43,000					
	Personnel who interact	Hospice						
	with patients not known or	Ambulatory						
	suspected to be infected	Surgery Centers						
	with COVID-19.	FQHC						
		Public health						
		workers (patient						
		facing)						
		CSBs						
		Primary Care						
		Offices						
		Dental Practices						
		Pharmacies						
		Other						
	Phase 1b – Essential Workers							

Phase 1c – High Risk Adults