

## 10 Things Healthcare Professionals Need to Know about U.S. COVID-19 Vaccination Plans

Updated Nov. 9, 2020 [Print](#)

In the United States, there is not yet an authorized or approved vaccine to prevent coronavirus disease 2019 (COVID-19). The federal government, through Operation Warp Speed [\[1\]](#), has been working since the pandemic started to make one or more COVID-19 vaccines available as soon as possible. Although CDC does not have a role in developing COVID-19 vaccines, CDC has been working closely with health departments and partners to develop vaccination plans for when a vaccine is available.

With the possibility of one or more COVID-19 vaccines becoming available before the end of the year, here are 10 things healthcare professionals need to know about where those plans currently stand.

- 1 Many COVID-19 vaccine candidates are in development, and clinical trials are being conducted simultaneously with large-scale manufacturing. It is not known which vaccines will be authorized or approved—CDC is planning for many possibilities.

CDC is working with partners at all levels, including healthcare associations, on flexible COVID-19 vaccination programs that can accommodate different vaccines and multiple scenarios. CDC is in contact with your state public health department and immunization program manager, and we will continue to stay in contact throughout this entire process.

- 2 The safety of COVID-19 vaccines is a top priority.

The current vaccine safety system is strong and robust, with the capacity to effectively monitor COVID-19 vaccine safety. Existing data systems have validated analytic methods that can rapidly detect statistical signals for possible vaccine safety problems. These systems are being scaled up to fully meet the needs of the nation. Additional systems and data sources are also being developed to further enhance safety monitoring capabilities. CDC is committed to ensuring that COVID-19 vaccines are safe. [Learn more about how CDC works to ensure the safety of vaccines in the United States.](#)

- 3 As a patient's most trusted source of information about vaccines, you will play a critical role in helping build confidence in COVID-19 vaccination.

As you talk with patients, acknowledge the disruption COVID-19 has had on all our lives. This allows you to establish common concerns that can be addressed by vaccination. It's understandable that patients will have questions and CDC is developing resources to help you address these concerns.

- 4 At least at first, COVID-19 vaccines may be used under an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA).

[Learn more about FDA's Emergency Use Authorization authority \[1\]](#) and watch a video on what an EUA is.

- 5 Once FDA authorizes or approves use of COVID-19 vaccine(s), limited quantities will become available very quickly because of advance planning by the U.S.

government and other entities.

Typically, it can take months for a vaccine to become available after it receives FDA authorization or approval, but in the case of a COVID-19 vaccine, it could be a matter of days. CDC is already planning, in collaboration with many partners, for delivering vaccines. With funding from the federal government, manufacturing capacity for selected vaccine candidates is being advanced while they are still in development rather than waiting to scale up after approval or authorization.

**6** Limited COVID-19 vaccine doses may be available this year, but supply will increase substantially in 2021.

The goal is for everyone to be able to easily get a COVID-19 vaccine as soon as large quantities are available. The federal government began investing in select vaccine manufacturers [↗](#) to help them increase their ability to quickly make and distribute a large amount of COVID-19 vaccine.

**7** If there is limited supply, some groups may be recommended to get a COVID-19 vaccine first.

Experts are working on figuring out how to give these limited vaccines in a fair, ethical, and transparent way. The National Academies of Sciences, Engineering, and Medicine (NASEM) gave input [↗](#) to the Advisory Committee on Immunization Practices (ACIP). ACIP will issue recommendations to CDC once a vaccine is authorized or approved for use.

**8** All interested vaccination providers may not receive vaccines immediately.

If there is a limited supply of COVID-19 vaccines, doses will likely be distributed to providers that serve groups identified to get vaccinated first. There will be an application and onboarding process for those interested in providing COVID-19 vaccines. There are specific logistical requirements, including requirements for vaccine storage and handling, product tracking, administration, and reporting. It will be important to work with your state and local health department to get the latest information on vaccine distribution and availability in your community.

**9** At first, COVID-19 vaccines may not be authorized, approved, or recommended for children.

Only non-pregnant adults participated in early clinical trials [↗](#) for various COVID-19 vaccines. However, clinical trials continue to expand who is recruited to participate. The groups recommended to receive the vaccines could change in the future.

**10** COVID-19 vaccine planning is being updated as new information becomes available.

CDC will continue to update this website as plans develop.

## More Information

[COVID-19 Vaccination Resources for Jurisdictions and Health Care Professionals](#)

[Vaccine Storage and Handling Toolkit](#)

[CDC Vaccine Administration Information](#)

[COVID-19 Partner Call: Vaccination Planning – What You Should Know](#)

# Coronavirus Disease 2019 (COVID-19)

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## How CDC Is Making COVID-19 Vaccine Recommendations

Updated Nov. 25, 2020



CDC is making coronavirus disease 2019 (COVID-19) vaccination recommendations for the United States based on input from the Advisory Committee on Immunization Practices (ACIP). ACIP is a federal advisory committee made up of medical and public health experts who develop recommendations on the use of vaccines in the U.S. public. ACIP holds regular meetings, which are open to the public and provide opportunity for public comment.

### ACIP's role

CDC's vaccine recommendation process >



**ACIP Resources:** Meeting agendas, minutes, live meetings, and presentation slides

Since the pandemic began, ACIP has been holding special meetings to review U.S. data on COVID-19 and the vaccines in development to help prevent it. Before making recommendations, ACIP plans to review all available clinical trial information, including descriptions of

- Who is receiving each candidate vaccine (age, race, ethnicity, underlying medical conditions)
- How different groups respond to the vaccine
- Side effects experienced

If the Food and Drug Administration (FDA) authorizes or approves a COVID-19 vaccine, ACIP will quickly hold a public meeting to review all available data about that vaccine (sign up to receive email updates whenever ACIP's Meeting Information is updated). From these data, ACIP will then vote on whether to recommend the vaccine and, if so, who should receive it. Included in ACIP's recommendations will be guidance on who should receive COVID-19 vaccines if supply is limited. Recommendations must go to the director of CDC for approval before becoming official CDC policy.

## Goals for vaccination if supply is limited

ACIP has set the following goals for recommending which groups should receive COVID-19 vaccines if supply is limited:

- Decrease death and serious disease as much as possible
- Preserve functioning of society
- Reduce the extra burden the disease is having on people already facing disparities
- Increase the chance for everyone to enjoy health and well-being

## Ethical principles

ACIP has identified four ethical principles to guide their decision-making process if supply is limited:

- **Maximize benefits and minimize harms** — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- **Mitigate health inequities** — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- **Promote justice** — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- **Promote transparency** — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

Learn more about ACIP's Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine.

## Groups considered for early vaccination if supply is limited

ACIP is considering four groups to possibly recommend for early COVID-19 vaccination if supply is limited:

- Healthcare personnel
- Workers in essential and critical industries
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years and older

**Healthcare personnel** continue to be on the front line of the nation's fight against this deadly pandemic. By providing critical care to those infected with the virus that causes COVID-19, many healthcare personnel have a high risk of being exposed to and getting sick with COVID-19. Healthcare personnel who get COVID-19 can also spread the virus to their patients seeking care for medical conditions that, in turn, increase their patients' risk for severe COVID-19 illness. Early vaccine access is critical to ensuring the health and safety of this essential workforce of approximately 21 million people, protecting not only them but also their patients, communities, and the broader health of our country. Learn who is included under the broad term "healthcare personnel."

**Workers in essential and critical industries** are considered part of America's critical infrastructure, as defined by the Cybersecurity & Infrastructure Security Agency [\[1\]](#). Current data show that many of these workers are at increased risk for getting COVID-19. Early vaccine access is critical not only to protect them but also to maintain the essential services they provide U.S. communities.

**People with certain underlying medical conditions** are at increased risk for severe COVID-19 illness, regardless of their age. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or that they may even die. Early vaccine access is critical to ensuring the health and safety of this population that is disproportionately affected by COVID-19.

**Among adults, the risk for severe illness and death from COVID-19 increases with age, with older adults at highest risk.** Early vaccine access is critical to help protect this population that is disproportionately affected by COVID-19.

## Other frameworks

Input from the public and the following professional groups is informing ACIP's discussions on who should receive COVID-19 vaccines if supply is limited:

- **Johns Hopkins Bloomberg School of Public Health: Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States** [\[2\]](#)
- **The National Academies of Sciences, Engineering, and Medicine: Framework for Equitable Allocation of COVID-19 Vaccine** [\[3\]](#)
- **World Health Organization (WHO) Strategic Advisory Group of Experts (SAGE): WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination** [\[4\]](#) [\[5\]](#)
- **WHO SAGE: WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply** [\[6\]](#) [\[7\]](#)