

**JYNNEOS Vaccine Allocation Summary as of 9-20-2022**

Geographical Region	Vials Allocated							Total to date	%Total to date
	Phase 0	Phase 1 (6-28-22)	Phase 2A (7-8-22)	Phase 2B (7-15-22)	Phase 3A (7-29-22)	Phase 3B+3C (8-16-22)	Phase 4A (9-20-22)		
<b>Washington State Allotment</b>	<b>44</b>	<b>796</b>	<b>2710</b>	<b>3680</b>	<b>6900</b>	<b>2080</b>	<b>2580</b>	<b>18790</b>	<b>100.0%</b>
Adams						0	0	0	0.0%
Asotin						0	0	0	0.0%
Benton-Franklin			180		80	20	0	280	1.5%
Chelan-Douglas					20	20	20	60	0.3%
Clallam					20	0	0	20	0.1%
Clark			320		240	50	0	610	3.2%
Columbia						0	0	0	0.0%
Cowlitz					40	20	0	60	0.3%
Garfield						0	0	0	0.0%
Grant					20	0	20	40	0.2%
Grays Harbor		4			20	0	0	24	0.1%
Island					20	20	0	40	0.2%
Jefferson						20	0	20	0.1%
King	2	500	920	3300	4420	1900	1620	12662	67.4%
Kitsap	2			40	60	20	20	142	0.8%
Kittitas					20	10	0	30	0.2%
Klickitat						10	0	10	0.1%
Lewis					20	0	0	20	0.1%
Lincoln						0	0	0	0.0%
Mason					20	0	0	20	0.1%
Okanogan					20	0	0	20	0.1%
Pacific						10	0	10	0.1%
Pierce			440		460	160	180	1240	6.6%
San Juan			40			0	0	40	0.2%
Skagit					20	20	0	40	0.2%
Skamania						0	0	0	0.0%
Snohomish		20	440		300	80	100	940	5.0%
Spokane			320		260	20	140	740	3.9%
NE Tri-County					20	0	0	20	0.1%
Thurston			200			0	0	200	1.1%
Wahkiakum						0	0	0	0.0%
Walla Walla					20	20	20	60	0.3%
Whatcom				40	40	20	60	160	0.9%
Whitman					20	0	0	20	0.1%
Yakima			20		120	40	40	220	1.2%
State DOH Reserve	40	272	-170	300	620	-380	360	1042	5.5%
<b>Totals</b>	<b>44</b>	<b>796</b>	<b>2710</b>	<b>3680</b>	<b>6900</b>	<b>2080</b>	<b>2580</b>	<b>18790</b>	
<i>Difference from allotment</i>	0	0	0	0	0	0	0	0	
<b># of LHJ locations</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>3</b>	<b>23</b>	<b>18</b>	<b>10</b>	<b>28</b>	

- Notes:**
- Phase 4A: on September 16, 2022, the criteria for usage expanded to create greater flexibility in reaching the 85% utilization rate required to order additional vaccine under Phase 4 of the National Vaccine Strategy. Jurisdictions may now include vaccine administered, vaccine redistributed beyond sites that have received a direct shipment, and vaccines reserved for second doses, in their 85% calculation. LHJ requests for vaccine, current inventory and the previous 75% case/25% risk allocation formula were all used to determine phase 4 allocation amounts.
  - Adjustments made 8-25-22 to account for 16,210 vials of total allocation.
  - HHS released all of Phase 3B and 3C allocations to states to order against. Releasing these remaining doses all at once was intended to support intradermal vaccination, compensate for those vials that do not yield five doses, and allow HHS to move more quickly to Phase 4 anticipated to start week of 8-22-22. The state must demonstrate 85% usage of current supply in order to access the next wave (phase 4) of vaccine. Total Phase 4 will be approximately 7,718 vials in three tranches. The first tranche (4A) will be 2,580 vials when we can demonstrate 85% use of existing vaccine supply.
  - We originally anticipated receiving 5200 + 5200 = 10,400 vials for phase 3B and 3C. With new intradermal dosing, HHS divided this by 5 and our new phase 3B + 3C allocation is now 2,080 vials. We additionally had 380 vials under DOH reserve. This means we have 2460 vials to allocate in 3B+3C+reserve. This is a significant reduction in what we were expecting.
  - Phase 3B and 3C allocation factored 25% population at risk (MSM w/STI infection, SVI) and 75% case counts for each local health jurisdiction, consideration for LHJ requests for vaccine, and inventory on hand. Burden for STI infection (e.g., syphilis and gonorrhea) is greater for certain communities of color and vulnerable groups and weighted in phase 3 allocation. Social Vulnerability Index was used as another equity consideration included in the allocation model.
  - First dose prioritization strategy: In the setting of limited vaccine supply, DOH recommends prioritizing the administration of first vaccine doses rather than retaining inventory for second doses. This means that some people may have their second dose of vaccine delayed beyond 28 days until vaccine supply increases. Exceptions include people with moderate to severe immunosuppression, for whom the second dose should be administered as close to 28 days after the first dose as possible. This is to support outbreak control during limited vaccine supply.
  - Intradermal vaccination is now allowed for adults (18+) under FDA EUA, and should be implemented when appropriate/possible. Do not delay current vaccination plans as you prepare providers to implement intradermal vaccination.
  - Plan vaccination activities that prioritize equitable access to disproportionately impacted groups.

- Jurisdictions are asked to reserve 10% (or 100 doses, whichever is smaller) for future PEP or transfer needs to other jurisdictions.
- Phase 3B+3C is weighted similar to phase 2B by weighting 75% case counts and 25% population at risk. We returned to this weight to provide more vaccine in areas impacted by cases. We also asked LHJs about inventory on hand, vaccination plans, and their request for vaccine, and considered this in the allocation for 3B+3C. Phase 3A was weighted 75% population at risk and 25% case counts. For Phases 1-2A, considerations were taken to pre-position vaccine in regions to support redistribution as new cases identified.
- **State DOH reserve is to support any tribe, county, or state partner (e.g., DOC) without vaccine and in need of vaccine for PEP. Please reach out if there's a need: [mcm@doh.wa.gov](mailto:mcm@doh.wa.gov) or for tribes and UIHOs please email [lisa.balleaux@doh.wa.gov](mailto:lisa.balleaux@doh.wa.gov).**