

# Vaccine Allocation – RSV, Flu, COVID-19

## Overview

This document describes the Department of Health’s (DOH) vaccine allocation strategy for fall respiratory immunization products during times of limited supply. This includes a strategy to address (a) phased in or limited supply at the beginning of the season or start-up of a new product, and (b) limited supply or production issues leading to limited product availability for a specified period.

During times of limited availability of a vaccine or immunization product, our goal is to balance accessibility, supply, and demand. The goal is to implement an approach that equitably offers products across the state and mitigates disparities in access. Allocation strategies are used until supply meets demand.

Limitations of allocation strategies:

- Allocation addresses prioritization for processing order requests; however, it does not address issues with lack of demand or lack of orders during ordering periods. Other interventions are required to increase demand for or access to products to meet equitable immunization goals.
- Allocated amounts available for ordering each week are determined by the Centers for Disease Control and Prevention (CDC) and are not at the discretion of DOH.

## Assumptions

- Vaccine orders submitted to DOH will be processed weekly or bi-weekly according to the allocation plan.
- Additional allocation for COVID-19 and nirsevimab are dependent on utilization of available allocation (i.e., placing orders against allocation available from CDC).
  - Expect to receive allocation of COVID-19 vaccine weekly to start, moving to bi-weekly.
  - Expect to receive allocation of flu vaccine every two weeks until full prebook amounts are received.
  - Expect sufficient nirsevimab supply at the start of the season with bi-weekly allocation. Provider ordering to begin September 3 with administration to occur October – March.
- End allocation prioritization when supply meets demand and will return to routine processing of orders.

# COVID-19 & Flu Vaccine Allocation Strategies

## Allocation Criteria for Childhood Vaccine

During the ordering period, a pro-rata distribution will be applied to promote equitable distribution of doses throughout the state. The following factors will be used to develop a proportional amount to allocate by county:

- Population size recommended for vaccine, by county
- Social Vulnerability Index (SVI) score, by county
- Number of providers in Childhood Vaccine Program, by county

Each order will be reviewed at the county level. Previous ordering history, wastage/returns, current inventory, utilization of allocation, and extenuating circumstances (e.g., mobile provider) will be considered in the order approval process.

## Allocation & Ordering Cycle Process for Childhood Vaccine

As DOH receives allocation from CDC, the following steps will be applied:

- Once allocation is received, 5% of the allocation will be reserved for tribal clinics, and 5-10% of the allocation will be reserved for DOH sponsored events. A pro-rata distribution will be applied to the remaining allocation to determine targets for each county. Any unused allocation by tribal partners or DOH sponsored events will be added to the county pro-rata distribution totals.

% Allocation	Recipient	Additional information
85-90%	DOH Childhood Vaccine Program Providers	Pro rata distribution at the county level
5-10%	DOH Sponsored Events	Care-A-Van events Contracted providers
5%	Tribal Partners	

- Communication about open ordering period and directions for ordering will be communicated in the Vaccine Blurbs newsletter.
- Order Status Queue – providers must be current with all accountability requirements to be eligible for available allocation and have their orders approved.
  - “Local Review”: First queue for Provider Support Specialists to review accountability requirements (temp logs, inventory, etc.) and move forward.
  - “Pending State Approval Status”: Provider must be in second queue (i.e.: compliant with accountability requirements) to be eligible for approval of doses during the current allocation cycle.
- At the closing date, orders with “Pending State Approval Status” will be pulled from the IIS and processed according to the pro-rata allocation.
- Orders will be processed according to the pro-rata allocation amounts.
  - With limited supply, large orders may be reduced.
  - Goal is to maximize the number of providers receiving some doses within the county allocation.
  - Consideration will be given to practice size and mobile providers.
- If allocation remains for a county, tribe, or DOH, without additional orders to process for the ordering cycle, the unused allocation will be redistributed to existing orders. A small amount

of allocation may be reserved for the following week to process anticipated orders to meet distribution goals, as needed.

- Overall quantities ordered and shipped will be tracked for the season to monitor distribution and variances to allocation goals.
- Allocation will end as supply meets demand.

## **Allocation Criteria for Adult Vaccine**

A limited number of doses will be made available for each vaccine during the season. The number of doses available was determined by the following:

- Vaccine budget available.
- Provider vaccine selection and prioritization indicated in provider agreements.
- Previous ordering history and wastage data.

During the ordering period, a pro-rata distribution will be applied to promote equitable distribution of doses and funding throughout the state. The following factors will be used to develop a proportional amount to allocate by county:

- Population size recommended for vaccine by county
- Uninsurance rate for persons 19-64 years per county
- Social Vulnerability Index (SVI) score by county
- Vaccination rates 19+ by county

Pro-rata methodology: For each metric, each county is scored between -1 and 1 with 0 being the midpoint of the data range for the above factors, -1 is the lowest uninsurance rate, lowest vaccination rate, and highest SVI in the dataset, and 1 represents the highest uninsurance rate, highest vaccination rate and lowest SVI. A score is calculated for each county for each variable, which are then summed together. The sums are then redistributed on a scale from [1,2] and multiplied by the population of the county. The adjusted populations are then normalized to a sum of 1 and multiplied by the funding or doses available for pro rata distribution to calculate the weighted allocation.

Each order will be reviewed at the county level. Vaccine prioritization, previous ordering history, wastage/returns, number of uninsured individuals served, current inventory, utilization of allocation, and extenuating circumstances (e.g., mobile provider) will be considered in the order approval process.

## **Allocation & Ordering Cycle Process for Adult Vaccine**

As DOH receives allocation from CDC, the following steps will be applied:

- Once allocation is received, 5% of the allocation will be reserved for tribal clinics, and 15% of the allocation will be reserved for DOH sponsored events. A pro-rata distribution will be applied to the remaining allocation for enrolled providers who prioritized COVID-19 and flu vaccine in their provider agreement to determine targets by county. Any unused allocation by tribal partners or DOH sponsored events will be added to the county pro-rata distribution totals.

% Allocation	Recipient	Additional information
80%	DOH Adult Vaccine Program Providers who prioritized these vaccines	Pro rata distribution at the county level
15%	DOH Sponsored Events	Care-A-Van events Contracted providers
5%	Tribal Partners	

- Communication about the open ordering period and directions for ordering will be communicated in the AVP newsletter.
- Order Status Queue – providers must be current with all accountability requirements to be eligible for available allocation and have their orders approved.
  - “Local Review”: First queue for Provider Support Specialists to review accountability requirements (temp logs, inventory reporting etc.) and move forward.
  - “Pending State Approval Status”: Provider must be in second queue (i.e.: compliant with accountability requirements) to be eligible for approval of doses during the current cycle.
- At the closing date, orders with “Pending State Approval Status” will be pulled from the IIS and processed according to the pro-rata allocation amounts.
  - With limited supply, large orders may be reduced.
  - Goal is to maximize the number of providers receiving some doses within the county allocation.
  - Consideration will be given to practice size and mobile providers.
- If allocation remains for a county, tribe, or DOH, without additional orders to process for the ordering cycle, the unused allocation will be redistributed to existing orders. A small amount of allocation may be reserved for the following week to process anticipated orders to meet distribution goals, as needed.
- Overall quantities ordered and shipped will be tracked for the season to monitor distribution and variances to allocation goals.
- Allocation will end as supply meets demand.

## Nirsevimab (RSV) Allocation Strategies

### Assumptions

- Limited availability in September with broader availability by October.
- Receive allocation of nirsevimab every two weeks. Expect to receive sufficient supply for the season. Administration of nirsevimab is recommended from October – March.
- Vaccine orders submitted to DOH will be processed bi-weekly, moving to weekly if there is remaining allocation.
- Additional allocation of nirsevimab is dependent on utilization of available allocation (i.e., placing orders against allocation available from CDC).
- Unused allocation week to week will be redistributed to support unmet order requests.
- End allocation when supply meets demand and return to routine processing of orders.

## Allocation Criteria

During the ordering period, a pro-rata distribution will be applied to promote equitable distribution of doses throughout the state. The following factors will be used to develop a proportional amount to allocate by county:

- Population size recommended for vaccine, by county
- Social Vulnerability Index (SVI) score, by county
- Number of providers in Childhood Vaccine Program, by county

Each order will be reviewed at the county level. Previous ordering history, wastage/returns, current inventory, and utilization of allocation will be considered in the order approval process.

## Allocation & Ordering Cycle Process for Nirsevimab

As DOH receives allocation from CDC, the following steps will be applied:

- Once allocation is received, 10% of the allocation will be reserved for tribal clinics, and 40% of the allocation will be reserved for birthing hospitals. A pro-rata distribution will be applied to the remaining allocation to determine targets by county. Any unused allocation by tribal partners or birthing hospitals will be added to the county pro-rata distribution totals.

% Allocation	Recipient	Additional information
50%	DOH Childhood Vaccine Program Providers	Pro rata distribution at the county level
40%	Birthing Hospitals	35% 50 mgs 5% 100 mgs Adjust based on demand
10%	Tribal Partners	Adjust based on demand

- Communication about open ordering period and directions for ordering will be communicated in the Vaccine Blurbs newsletter.
- Order Status Queue – providers must be current with all accountability requirements to be eligible for available allocation and have their orders approved.
  - “Local Review”: First queue for Provider Support Specialists to review accountability requirements (temp logs, inventory, etc.) and move forward.
  - “Pending State Approval Status”: Provider must be in second queue (i.e.: compliant with accountability requirements) to be eligible for approval of doses during the current cycle.
- At the closing date, orders with “Pending State Approval Status” will be pulled from the IIS and processed according to the pro-rata allocation.
- Orders will be processed according to the pro-rata allocation amounts.
  - With limited supply, large orders may be reduced.
  - The goal is to maximize the number of providers receiving some doses within the county allocation.
  - Consideration will be given to practice size.
- If allocation remains for a county or tribe, without additional orders to process for the

ordering cycle, the unused allocation will be redistributed to existing orders. A small amount of allocation may be reserved for the following week to process anticipated orders to meet distribution goals, as needed.

- Overall quantities ordered and shipped will be tracked for the season to monitor distribution and variances to allocation goals.
- Allocation will end as supply meets demand.

## Conclusion

This allocation plan aims to distribute COVID-19, Flu, and RSV products fairly and efficiently across Washington State. This strategy involves federal, state, and local agencies, as well as private sector partnerships, to minimize the impact of these diseases and improve public health safety. It also seeks to responsibly manage limited vaccine supplies to ensure those most at risk for respiratory illnesses and severe outcomes are protected. The plan's goal is to prevent outbreaks and maintain the overall health and safety of individuals in Washington State.



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