|  |
| --- |
| Text  Description automatically generated |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **PRESS RELEASE** | Contact: Susan Gilbert | | For Immediate Release | 1-845-424-4040, ext. 244 | |  | [communications@thehastingscenter.org](mailto:communications@thehastingscenter.org) | |  | | | **New Guidance for Middle-Tier Covid-19 Vaccine Allocation Focuses on Equity and Effectiveness in Reaching High-Risk Populations** *Ethical Considerations for Public Health Decision-makers* | | | |

NEW YORK, January 15 -- The Hastings Center, a nonpartisan, nonprofit research organization that helped establish the field of bioethics in 1969, today released [new guidance](https://www.thehastingscenter.org/covid19-regional-ethics-guidelines/) for local public health authorities and health care systems to help ensure equitable and effective prioritization of Covid-19 vaccine access, based on risk factors, in the months ahead.

The document provides detailed guidance supporting vaccine allocation to prioritized groups beyond initial allocation to health care workers and long-term care facilities, and before widespread availability of the vaccine to the general public.

The guidance draws on the March 2020 Hastings Center Ethical Framework for Covid-19 response, which articulates public health duties – to plan, to safeguard, to guide, and to collaborate – during the pandemic. The new guidance explains how these duties apply in the context of vaccine allocation:

· **Equity.** Fairness in how benefits and burdens are distributed across a society should be a cross-cutting consideration at all phases of vaccine allocation.

· **Alternative to blunt age cutoffs.** Covid-19 is perilous to adults age 75 and older and to people with multiple comorbidities. Recent efforts to widely expand vaccine access to all people age 65 and older could crowd out those at highest risk unless there is special attention to ensuring access for people 75 and older and people with multiple comorbidities.

· **Focus on high-risk environments.** A population-health approach to equitable and effective vaccine allocation would next prioritize people who live or work in high-risk environments such as prisons and detention facilities, meatpacking facilities, or neighborhoods with high infection rates. Overlooking populations at known high risk of infection, transmission, or severe illness is a failure of public health duties.

· **Proactive response to vaccine hesitancy** as part of ethical and effective vaccine allocation.

· **Prioritization of home health workers** as frontline health care workers.

“Health care leaders, county public health systems, and community health centers, are responsible for vaccine allocation in accordance with state-level allocation plans. These state plans are not uniform. As vaccine allocation moves from hospitals and long-term care facilities into multiple sites and to every county, public health and health care leaders should facilitate the vaccination of at-risk populations in the communities they serve, using prioritization criteria that reflect shared values and goals,” said Nancy Berlinger, the Hastings Center research scholar who directed the work.

The project was made possible by the Impact Fund at The Hastings Center.

###

For more information please contact:

Susan Gilbert  
Director of Communications  
The Hastings Center  
[communications@thehastingscenter.org](mailto:communications@thehastingscenter.org)  
845-424-4040, ext. 244