NV COVID-19 PLAYBOOK VERSION 3:
Prioritization and Eligibility for COVID-19 Vaccination

Nevada's COVID-19 Vaccination Playbook Version 3 has been updated to incorporate recent recommendations provided by the CDC and other adjustments meant to tailor the plan to Nevada’s unique needs. This playbook remains a living, working document and may be revised throughout the course of the vaccination process based on data, science, and availability of the vaccine.

As outlined in this Playbook V3 briefing document, once Nevada’s “Tier 1/Phase 1a—Health Care Workforce & Support” is completed, vaccinations may begin to occur concurrently in two lanes: 1) Workforce; and 2) General Population. The population groups in each lane should be vaccinated in priority order.

IMPORTANT: Each county throughout Nevada may be at a different vaccination pace based on availability of vaccine, uptake in the population, and size of population groups in the two lanes.

FRONTLINE/ESSENTIAL WORKFORCE LANE
Due to limited number of initial COVID-19 vaccine doses allocated to Nevada, and considering the need to protect the functioning of Nevada’s critical infrastructure and the safety of workers in the state, it will be necessary to prioritize vaccine eligibility among and within the identified frontline/essential workforce categories.

Following the Centers for Disease Control and Prevention (CDC) Advisory Group on Immunization Practices (ACIP) recommendations, which specify prioritization within population groups should be based on the risk of acquiring infection and the risk of transmitting infection to others, the key determining factor to determine initial vaccination eligibility is if performing the employee’s position requires unavoidable, close and prolonged contact with others.

Therefore, within each eligible population listed, an individual whose position can work remotely or socially distancing is possible while performing work duties is not recommended to receive the COVID-19 vaccination in the initial prioritized rollouts.

Mere employment within a prioritized population category does NOT automatically make an individual eligible for initial vaccination. It is the responsibility of each organization/employer to evaluate each employee's position or each job title, using the exclusion criteria, to determine priority vaccination eligibility. The goal of these evaluations is to prioritize true frontline employees within an organization whose job cannot be made remote or accommodate social distancing and to conserve limited vaccine allocations for individuals facing higher risk.

Additional information regarding the ACIP recommendations can be found here.
A standardized criteria list and current CDC guidance was used to determine the groups populating the following priority lists:

1. Level of exposure to COVID-19
   a. Population has unavoidable, close contact with those who may have COVID-19

2. Length of exposure
   a. Population has unavoidable, sustained contact with those who may have COVID-19

3. Importance of job/special technical skill
   a. Population has a special technical skill that is not easily replaced (i.e., doctor, meat packing plant employee, utility worker, teacher)
   b. Population has a job that others in the community depend on for overall community safety and well-being

4. Likelihood of increasing community spread
   a. Populations that would increase spread within the community or within a closed, residential facility

5. Mortality rate
   a. Population has an increased likelihood of death from COVID-19

6. Morbidity rate
   a. Population has an increased likelihood of COVID-19 infection

7. Immune response
   a. Vaccine shown to provide a proper immune response in the population vaccinated (e.g., older people often do not show a strong immune response to vaccination)

**CURRENTLY VACCINATING:**

**TIER 1/PHASE 1A HEALTH CARE WORKFORCE AND SUPPORT**

Upon completion of Tier 1, vaccinations may begin to occur concurrently in the following two lanes:

**Essential Workforce & General Population**

The population groups in each lane will be vaccinated in priority order.
Prioritization Lanes

Frontline/Essential Workforce

PUBLIC SAFETY & SECURITY
- NV Dept. of Corrections Staff
- Law Enforcement, Public Safety, and National Security
- State and Local Emergency Operations Managers/Staff

FRONTLINE COMMUNITY SUPPORT
- Education (Pre-K & K-12) and Childcare – public/private/charter school settings
- Nevada System of Higher Education (NSHE) Frontline Educators, Staff & Students
- Community Support Frontline Staff (i.e. frontline workers who support food, shelter, court/legal and social services, and other necessities of life for needy groups and individuals)
- Continuity of Governance (State and Local)
- Essential Public Transportation
- Remaining Essential Public Health Workforce
- Mortuary Services

FRONTLINE SUPPLY CHAIN & LOGISTICS
- Agriculture and Food Processing
- End-to-End Essential Goods Supply Chain (includes manufacturing, transport, distribution and sale of essential items)
- Utilities and Communications Infrastructure
- Nevada Department of Transportation and Local Emergency Road Personnel
- Frontline Airport Operations
- Other Essential Transportation

FRONTLINE COMMERCE & SERVICE INDUSTRIES
- Food Service and Hospitality
- Hygiene Products and Services
- Depository Credit Institution Workforce

FRONTLINE INFRASTRUCTURE
- Infrastructure, Shelter and Housing (Construction)
- Essential Mining Operations

OTHER
- Community Support Administrative Staff
- NSHE Students living in campus-sponsored residential settings (e.g., dorms, campus-sponsored apartments, etc.)
- NSHE Remaining Workforce

General Population

NEVADANS 70 YEARS & OLDER

NEVADANS 65-69 YEARS

NEVADANS 16-64 YEARS WITH UNDERLYING CONDITIONS;
INDIVIDUALS WITH DISABILITIES;
NEVADANS EXPERIENCING HOMELESSNESS

HEALTHY ADULTS, 16-64 YEARS

NDOC INMATES & TRANSITIONAL OFFENDER GROUP HOUSING
NDOC inmates will be vaccinated following the same tiered prioritization as the general
VACCINATION PRIORITY GROUP DESCRIPTIONS

Health Care Workforce and Support
The health care workforce includes paid and non-paid clinical and non-clinical employees, volunteers, interns, etc.

- General Medical & Surgical Hospital
- Psychiatric & Substance Abuse Hospitals
- Emergency Medical Services Personnel
- Frontline Public Health Workforce
- Laboratory Workers
- Pharmacists & Pharmacy Technicians
- Outpatient & Home Health Providers

Long Term Care Facility Staff & Residents (LTCF)
LTCF’s include nursing homes, skilled nursing facilities, behavioral health centers, and assisted living facilities. Individuals with disabilities living in group settings will be prioritized within this group. These settings include Intensive Supported Living Arrangements (ISLA) and Supported Living Arrangements (SLA) for staff and residents.

<table>
<thead>
<tr>
<th>PUBLIC SAFETY &amp; SECURITY</th>
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<tbody>
<tr>
<td>NEVADA DEPARTMENT OF CORRECTIONS STAFF</td>
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<tr>
<td>LAW ENFORCEMENT, PUBLIC SAFETY AND NATIONAL SECURITY</td>
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<tr>
<td>STATE AND LOCAL EMERGENCY OPERATIONS MANAGERS/STAFF</td>
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<tr>
<th>FRONTLINE COMMUNITY SUPPORT</th>
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<tr>
<td>EDUCATION (Pre-K &amp; K-12) &amp; CHILDCARE (public/private/charter school settings)</td>
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<tr>
<td>NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) FRONTLINE EDUCATORS, STAFF &amp; STUDENTS</td>
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<tr>
<td>COMMUNITY SUPPORT FRONTLINE STAFF (e.g. Frontline workers who support food, shelter, court/legal and social services, and other necessities of life for needy groups and individuals)</td>
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<td>CONTINUITY OF GOVERNANCE (STATE &amp; LOCAL)</td>
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<td>ESSENTIAL PUBLIC TRANSPORTATION</td>
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<td>REMAINING ESSENTIAL PUBLIC HEALTH WORKFORCE</td>
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<td>MORTUARY SERVICES</td>
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<td>AGRICULTURE AND FOOD PROCESSING</td>
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<td>END-TO-END ESSENTIAL GOODS SUPPLY CHAIN (includes manufacturing, transport, distribution and sale of essential items)</td>
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<td><strong>FRONTLINE COMMERCE &amp; SERVICE INDUSTRIES</strong></td>
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<td><strong>FOOD SERVICE AND HOSPITALITY</strong></td>
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Restaurant and quick serve food operations, including dark kitchen and food prep centers, carry-out, and delivery food workers.

Workers in cafeterias used to feed workers or other congregate settings not already captured in an occupation group above. *Specific to Nevada: frontline casino and resort employees not in food service who have prolonged/sustained customer interaction.*
<p>| HYGIENE PRODUCTS AND SERVICES | Workers who produce hygiene products; workers in laundromats, laundry services, and dry cleaners, workers providing personal and household goods, repair, and maintenance; workers providing disinfection services for essential facilities and modes of transportation and who support the sanitation of all food manufacturing processes and operations from wholesale to retail; workers necessary for the installation, maintenance, distribution, and manufacturing of water and space heating equipment and components; support required for continuity of services, including commercial disinfectant services, janitorial and cleaning personnel, and support personnel functions that need freedom of movement to access facilities; workers supporting the production of home cleaning, pest control, and other essential products necessary to clean, disinfect, sanitize, and ensure the cleanliness of residential homes, shelters, and commercial facilities. |
| DEPOSITORY CREDIT INSTITUTION WORKFORCE | Workers who are needed to provide, process, and maintain systems for processing, verifying, and recording financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; and public lending. Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial and/or lending services, including ATMs, lending and money transmission, lockbox banking, and armored car services. |
| FRONTLINE INFRASTRUCTURE |
| INFRASTRUCTURE, SHELTER &amp; HOUSING (CONSTRUCTION) | Workers performing housing and commercial construction related activities, including those supporting the sale, transportation, and installation of manufactured homes. Workers supporting government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry. Workers such as plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians, technicians for elevators, escalators and moving walkways, landscapers, and other service providers |</p>
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<tr>
<th>Category</th>
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<tr>
<td>ESSENTIAL MINING OPERATIONS</td>
<td>Frontline mining and processing operations and supplier/vendor industries essential to such operations.</td>
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<td>OTHER</td>
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<tr>
<td>COMMUNITY SUPPORT ADMINISTRATIVE STAFF</td>
<td>Food Bank, state service office (e.g., DETR, WIC, DWSS, DMV, ADSD, etc.), and Community Coalition administrative and other support staff who can and have been working from home.</td>
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<td>NSHE STUDENTS LIVING IN CAMPUS-SPOONRED RESIDENTIAL SETTINGS</td>
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<tr>
<td>NSHE REMAINING WORKFORCE</td>
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**PEOPLE WITH UNDERLYING HEALTH CONDITIONS**

NSIP worked with PHP and the Chronic Disease Prevention and Health Promotion Section to identify people with underlying health conditions; NSIP will continue to engage these partners to message about vaccine confidence and availability to those with underlying health conditions. Additionally, NSIP reached out to a wide variety of partners across the state seeking help in reaching this population once a vaccine is available, including health insurers who can easily and quickly reach covered members. NSIP maintains this list and is engaging partners in the planning process as appropriate. NSIP is using CDC guidance to identify the specific underlying health conditions causing the person to be at **increased risk for severe illness from COVID-19**:

- **CANCER**
- **CHRONIC KIDNEY DISEASE**
- **COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE), CYSTIC FIBROSIS, PULMONARY FIBROSIS, AND OTHER CHRONIC LUNG DISEASES**
- **DOWN SYNDROME**
- **HEART CONDITIONS, SUCH AS HEART FAILURE, CORONARY HEART DISEASE, OR CARDIOMYOPATHIES**
- **IMMUNOCOMPROMISED FROM SOLID ORGAN TRANSPLANT**
- **OBESITY (BODY MASS INDEX, BMI, OF 30–39) AND SEVERE OBESITY (BMI OF 40 OR GREATER)**
- **PREGNANCY**
- **SICKLE CELL DISEASE**
- **TYPE 2 DIABETES MELLITUS SMOKING**
Cancer – Anyone currently undergoing treatment for cancer is at increased risk for severe illness from COVID-19. People with cancer who are treated with chemotherapy are at more risk because of their weakened immune system. An estimated 16,450 Nevadans were newly diagnosed with cancer in 2020 (American Cancer Society Facts and Figures, 2020).

Chronic Kidney Disease – Anyone with Chronic Kidney Disease at any stage is at increased risk for severe illness from COVID-19 because they have a weakened immune system.

COPD (chronic obstructive pulmonary disease), Cystic Fibrosis, Pulmonary Fibrosis, and other chronic lung diseases – Anyone with COPD or a related chronic lung disease at any stage is at increased risk for severe illness from COVID-19 because they specifically have very weak lung health, and COVID-19 is a respiratory disease (i.e., a disease that targets the lungs).

Down Syndrome – Revisions were made on December 23, 2020 to reflect recent data supporting increased risk of severe illness among persons with Down syndrome from the virus that causes COVID-19.

Heart conditions, such as heart failure, coronary heart disease, or cardiomyopathies – Anyone with any heart condition, including hypertension (high blood pressure) or stroke, could have an increased risk for severe illness from COVID-19 because they have weakened immune systems. In Nevada, cardiovascular disease is the leading cause of disease and death among adults.

Immunocompromised from solid organ transplant – Anyone who has had a solid organ transplant is at risk of having a weakened immune system, because the body is relearning with the new organ, which increases their risk for severe illness from COVID-19.

Obesity (Body Mass Index, BMI, of 30–39) and Severe Obesity (BMI of 40 or greater) – Obesity and severe obesity are risk factors for many chronic conditions and increase a person’s risk of suffering severe illness from COVID-19. According to 2019 data from the Behavioral Risk Factors Surveillance System (BRFSS), approximately 30% of Nevada adults are considered obese based on BMI.

Pregnancy – Based on what we know at this time, pregnant people are at increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there might be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

Sickle Cell Disease – Anyone who has been diagnosed with sickle cell disease is at increased risk for severe illness from COVID-19 because they have a weakened immune system.

Type 2 Diabetes mellitus – People who have a blood sugar level (A1C) between 5.7% and 6.4% are in the prediabetes stage and anyone with an A1C level higher than 6.5% is indicated to have diabetes. Having Type 2 diabetes, specifically, weakens the immune system and puts the person at increased risk of severe illness from COVID-19. Having Type 1 or gestational diabetes might increase the risk of severe illness. In 2019, approximately 11% of adults in Nevada reported being told by a health professional they have diabetes (excluding prediabetes and gestational diabetes).

Smoking – Smoking is a risk factor for many chronic conditions and can increase a person’s risk for severe illness from COVID-19. Smoking weakens lung health and COVID-19 is a respiratory disease (i.e., a disease that targets the lungs). Both former (have smoked at least 100 cigarettes in their lifetime) and current (smoke cigarettes every day or some days) smokers face heightened risk. From the most recent data available (2016 BRFSS), approximately 17% of adults in Nevada reported smoking.

FREQUENTLY ASKED QUESTIONS

Q: When will the general public be able to get vaccinated? How will I know when it’s my turn?

A: Due to the limited supply, DHHS has prioritized how the vaccine will be distributed. Supply of the vaccine will increase substantially over the next few months. Those eligible to receive the vaccine will progress as supply increases. If you would like to be notified when you are eligible for the vaccine, please complete this survey which will be shared with the jurisdiction where you live: Nevada COVID 19 Vaccine Interest Form Nevada will use a variety of methods to ensure that all Nevadans who are interested in vaccination have access when it is their turn. That includes traditional media outlets, social media, health care provider offices, and community partners.

Q: Why do we need a vaccine if physical distancing and wearing masks can help prevent coronavirus spread?

A: Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like covering your mouth and nose with a mask and physical distancing, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC’s recommendations to protect yourself and others will offer the best protection from COVID-19.
Q: How many shots of COVID-19 vaccine will be needed?
A: The approved Pfizer-BioNTech vaccine and the Moderna vaccine in the United States both require two shots to be fully effective.

Q: How will I know when to return for my second dose?
A: The VaxText text messaging resource is a free service. By texting ENROLL to 1-833-829-8398, vaccine recipients can opt in to receive a weekly text reminder for their second dose of COVID-19 vaccine or a reminder for when they are overdue for their second dose, in English or Spanish. In addition to VaxText, the State of Nevada plans to use multiple ways to notify you of your second dose. COVID-19 vaccination record cards (reminder cards) will be provided when you receive the COVID-19 vaccine. The card provides room for a written reminder for a second-dose appointment. If you have a smartphone, consider taking a photo of your vaccination record and entering the date the next vaccine dose is due in your calendar. To ensure the best protection from COVID-19, it is very important to not skip the second dose. The second dose must be from the same vaccine manufacturer, so it will be important to ensure that where you receive your second dose has the right vaccine.

Q: If I've recovered from COVID-19, do I still need to get a vaccine?
A: Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before. Individuals are advised to talk to their health care provider about whether or not they should get vaccinated for COVID-19 if they have already had the virus. At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long. We won't know how long immunity produced by vaccination lasts until we have a vaccine and more data on how well it works.

Q: What are the side effects of the COVID-19 vaccine?
A: Among the 36,000+ people who have received an mRNA COVID-19 vaccine through phase 3 clinical trials (Moderna and Pfizer–BioNTech trials), no serious safety concerns have been reported. Some participants reported transient side effects including sore arm, fever, muscle pain and fatigue that resolved in 24 hours. Older adults reported fewer and milder side effects. In a small percentage of cases these side effects were severe — defined as preventing daily activities.

For more information go to NVCOVIDFighter.org