

**Table 1. Provisional Vaccine Allocation Groups**

<b>Group</b>	<b>Rationale</b>	<b>Ethical Principles</b>
Adults aged $\geq 65$ years who are residents of long-term care facilities. Consider offering vaccination to all residents and staff on site.	At greatest risk of severe illness and death. In Ireland, in the first wave of COVID-19, 56% of deaths occurred in this setting.	In line with the principle of minimising harm, vaccination of this group would protect those at greatest risk of a poor outcome from infection. It adheres to the principle of moral equality and the principle of fairness in recognising the disproportionate burden this group has carried.
Frontline healthcare workers (HCWs)* in direct patient contact roles (including vaccinators) or who risk exposure to bodily fluids or aerosols.	At very high or high risk of exposure and/or transmission. In the first wave over 30% cases were in healthcare workers.	The principle of minimising harm is realised, as benefit will accrue to healthcare workers and the patients they care for, producing a multiplier effect. Society also has a reciprocity-based duty to protect those who bear additional risks to safeguard the welfare of others.
Aged 70 and older in the following order: 85 and older 80-84 75-79 70-74	At higher risk of hospitalisation and death.	The principle of minimising harm, moral equality and fairness are relevant as this group are at greater risk of carrying disproportionate burdens from the pandemic.
Other HCWs not in direct patient contact.	Provide essential health services, protect patients.	Maintenance of healthcare services, minimises harm by preventing injury, illness and death from causes other than COVID, and the principle of reciprocity is upheld.
Aged 65-69. Prioritise those with medical conditions** which put them at high risk of severe disease.	At higher risk of hospitalisation and death.	By protecting those at greatest risk of poor outcomes from the disease the principle of minimising harm is upheld.
Key workers (to be further refined).	Providing services essential to the vaccination programme (e.g. logistical support)	Upholds principle of minimising harm by protecting the continuing functioning of essential services. The principle of reciprocity is upheld.
Aged 18-64 years with medical conditions** which put them at high risk of severe disease.	At higher risk of hospitalisation.	By protecting those at greatest risk of poor outcomes from the disease the principle of minimising

		harm is upheld.
Residents of long-term care facilities aged 18-64	High risk of transmission.	The principles of moral equality and fairness are applicable, given the higher risk of exposure to infection and the potential vulnerability of some who may not be able to adequately protect their own interests.
Aged 18-64 years living working in crowded accommodation where self-isolation and social distancing is difficult to maintain.	Disadvantaged sociodemographic groups more likely to experience a higher burden of infection.	The principles of moral equality, minimising harm (especially in the context of multi-generational households) and fairness are relevant. Prioritising this group recognises that structural inequalities make some people more vulnerable than others to COVID-19
Key workers in essential jobs who cannot avoid a high risk of exposure to COVID-19. They include workers in the food supply system, public and commercial transport and other vital services	High risk of exposure as unable to work without physical distancing.	The principle of minimising harm is upheld by reducing societal and economic disruption and the principle of reciprocity recognises the additional risk these groups bear in order to provide essential services
Those who are essential to education and who face disease exposure -primary and second level school staff, special needs assistants, childcare workers, maintenance workers, school bus drivers etc.	To maintain the opening of full-time education of all children who have been disproportionately impacted from the pandemic.	Maintaining children's educational and social development and facilitating parents' employment adheres to the principle of minimising harm. The principle of reciprocity is also relevant given the potential additional risk being borne by such groups.
Aged 55-64 years.	Based on risk of hospitalisation.	The principles of moral equality, minimising harm and fairness apply.
Those in occupations important to the functioning of society, e.g., third level institutions, entertainment and goods-producing industries who work in settings where protective measures can be followed without much difficulty.	Moderate risk of exposure.	The principle of minimising harm is upheld as protecting workers needed to maintain critical infrastructure and other important services will enable social and economic activity. The principle of fairness and moral equality also apply.

Aged 18-54 years who did not have access to the vaccine in prior phases.	If evidence demonstrates the vaccine(s) prevent transmission, those aged 18-34 should be prioritised due to their increased level of social contact and role in transmission.	The principle of minimising harm is relevant should it become clear that a vaccine can impact on transmission of the virus as this would indirectly protect the most vulnerable in society as well as restore social and economic activity.
Children, adolescents up to 18 years and pregnant women (to be refined).	If evidence demonstrates safety and efficacy.	The principles of moral equality, minimising harm (if vaccines are shown to be safe and effective in these groups) and fairness

\*Includes health care workers who work in and out of all healthcare settings

\*\*Chronic heart disease, including hypertension with cardiac involvement; chronic respiratory disease, including asthma requiring continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission; Type 1 and 2 diabetes; chronic neurological disease; chronic kidney disease; body mass index  $\geq 40$ ; immunosuppression due to disease or treatment; chronic liver disease.