



## Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, October 23<sup>rd</sup>, 2020

12:00 – 2:00 p.m.

### SUMMARY REPORT

#### Meeting Participants in Attendance<sup>1</sup>

Chair: Patrice Burgess, MD  
Executive Medical Director  
St. Alphonsus Medical Group

Executive Secretary: Elke Shaw-Tulloch, MHS  
State Health Official & Administrator  
Division of Public Health  
Idaho Department of Health & Welfare

#### Members:

Name/Role:	Organization/Representing:
Darrel Anderson, Chair	Idaho Rebounds Committee
Paul Arnell, President	Cascadia Healthcare
Matt Bell, Vice President, Idaho Regional Director	Pacific Source
Sam Byrd, Executive Director	Centro de Comunidad y Justicia
Karen Cabell, DO, MBA, Chief Physician Executive	Kootenai Health
Rebecca Coyle, Executive Director	American Immunization Registry Association
Abby Davids, MD, MPH, AAHIVS Associate Program Director HIV & Viral Hepatitis, Fellowship Director	Family Medicine Residency of Idaho
Rachel Edwards, Secretary	Nez Perce Tribal Executive Committee
Karen Echeverria, Executive Director	Idaho School Boards Association
Aaron Gardner, MD, Chief Medical Officer	Just 4 Kids Urgent Care
Amy Gamett, RN, Clinical Services Division Administrator	Eastern Idaho Public Health PHD Representative
Rob Geddes, PharmD, Director Pharmacy Legislative and Regulatory Affairs	Albertsons Companies, Inc.
Randall Hudspeth, PhD, MBA, NP, FAANP Executive Director	Idaho Center of Nursing
Jeff Keller, MD, Chief Medical Officer	Centurion
Yvonne Ketchum-Ward, CEO	Idaho Primary Care Association
Mel Leviton, Executive Director	State Independent Living Council
David McClusky III, MD, Medical Director of Quality & Safety Former Founding Chair of Surgery Preceptor Vice-Chair	St. Luke's Wood River  ICOM ISU PA Program Idaho Board of Medicine
Kelly McGrath, MD, MS, Chief Medical Officer	Clearwater Valley Hospital
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees
Christine Neuhoff, Vice President and Chief Legal Officer	St. Luke's Health System

<sup>1</sup> A full list of Members is available at <https://coronavirus.idaho.gov/idaho-covid-19-vaccine-advisory-committee/>.

David Peterman, MD, CEO	Primary Health Medical Group
Kathryn Quinn, MHS, CHSP, Safety Officer	Saint Alphonsus Health System
Daniel Reed, MD, Director of Family Practice	Primary Health Medical Group
Curtis Sandy, MD FACEP, FAEMS, Medical & EMS Director	Portneuf Medical Center
Karen Sharpnack, Executive Director	Idaho Immunization Coalition
Dan Snell, MD, Chief Medical Officer	Portneuf Medical Center
Linda Swanstrom, Executive Director	Idaho State Dental Association
Nathan Thompson, PA-C	Idaho Academy of Physician's Assistants
Father Julio Vicente, Pastor	St. Edward the Confessor Parish
Elizabeth Wakeman, PhD, Associate Professor	College of Idaho
Brenda Ward, RN, Practice Manager	Minidoka Medical Center
Brian Whitlock, President and CEO	Idaho Hospital Association
Lupe Wissel, Director	AARP Idaho
Casi Wyatt, DO, FIDSA	Sawtooth Epidemiology and Infectious Diseases

Ex Officio Members:

Name/Role:	Organization/Representing:
Russ Barron, MBA, CPM, Executive Director, Idaho	Board of Nursing
Dean Cameron, Director	Idaho Department of Insurance
Kris Carter, DVM, MPVM, DACVPM Career Epidemiology Field Officer	CDC Division of Public Health, Idaho Department of Health & Welfare
Nicki Chopski, Executive Director	Idaho Board of Pharmacy
Alicia Estey, Chief of Staff and Vice President for Compliance, Legal, Public Health and Audit	Boise State University
Margie Gonzalez, Executive Director	Idaho Commission on Hispanic Affairs
Magni Hamso, MD, Medical Director for the Division of Medicaid	Idaho Department of Health & Welfare
Steve Malek, MD, Chair	Idaho Board of Medicine
Tim McMurtrey, Deputy of Operations Lisa Sherick	Department of Education
Danielle Pere, MPM, Bureau Chief	Division of Behavioral Health Idaho Department of Health & Welfare
Tamara Prisock, Administrator	Division of Licensing and Certification Idaho Department of Health & Welfare
Brad Richy, Director	Idaho Office of Emergency Management
Judy Taylor, Administrator	Idaho Commission on Aging

Staff:

Name/Role:	Organization/Representing:
Carolyn Bridges, MD Member Immunization Committee Chair Member	Idaho Coronavirus Task Force American College of Physicians Advisory Committee of Immunization Practices, Immunization Schedules Working Group
Natalie Brown, Project Manager	CDC Foundation
Misty Daniels, Administrative Assistant 2	Idaho Department of Health & Welfare
Bill Evans, Information Technology	Idaho Department of Health & Welfare
Niki Forbing-Orr, Public Information Officer	Idaho Department of Health & Welfare
Chris Hahn, MD, Medical Director, State Epidemiologist	Idaho Department of Health & Welfare
Sarah Leeds, Program Manager, Idaho Immunization Program	Idaho Department of Health & Welfare
Kathy Turner, PhD, Bureau Chief, Communicable Disease Prevention	Idaho Department of Health & Welfare
Angela Wickham, State Health Officer Liaison	Idaho Department of Health & Welfare
Monica Revoczi, Facilitator	Interaction International, Inc.

**Welcome and Opening Remarks**

Committee Chair: Dr. Patrice Burgess

Executive Secretary: Elke Shaw-Tulloch

Dr. Patrice Burgess welcomed the group and reviewed the Idaho COVID-19 Vaccine Advisory Committee's (CVAC) purpose and goals. Per the Statement of Purpose, the CVAC's role is to review information and offer advice to assist in decision-making with regard to vaccine prioritization and distribution in Idaho. The CVAC will advise the Governor on and assist state and local entities with:

- Prioritization of vaccines when they are in limited supply
- Implementation of the vaccination plan
- Communication and delivery of vaccine
- Ensuring equitable access to COVID-19 vaccination across the state

The CVAC's role is not to dispute the efficacy, validity, or safety of the vaccine; there are federal vaccine experts who have been reviewing months of data who we will lean on for assurances.

The CVAC has broad statewide representation, including:

- Tribes
- Priority populations
- Healthcare systems and providers
- Immunization organizations
- Ex-officio - representing governmental agencies with roles in the pandemic response

Elke Shaw-Tulloch thanked everyone for attending. She reviewed the CVAC expectations:

- Term: Members serve for the duration of the pandemic (anticipate less than one year)
- Voting:
  - Members have voting privileges
  - Ex-officio members, or their designees, do not have voting privileges
  - Chair has voting privileges
  - Executive Secretary does not have voting privileges
  - Voting is by consensus

- Meeting frequency:
  - Anticipate every other week
  - Meetings will be ad hoc as called by the Chair and Executive Secretary as necessary to accommodate the rapidly evolving situation
- Feedback and decisions:
  - Committee will utilize a variety of feedback mechanisms, including chat features and voting via email
  - Recommendations by the committee will be used to support IDHW and the Governor's office in making decisions about COVID-19 vaccine

Elke encouraged the public participating in the call to provide input at the dedicated email address: [covid19vaccinepubliccomment@dhw.idaho.gov](mailto:covid19vaccinepubliccomment@dhw.idaho.gov). The CVAC will be asked to review and consider all input in alignment with the purpose of the group.

The goal for this first CVAC Meeting is to bring everyone to same level of understanding so that when we need to make decisions, we can rapidly pivot to do so. Dr. Burgess shared that, later in the agenda, we will be asking for input on and discussing the following topics:

- Do you approve of the goals of the vaccination plan?
- Do you approve of the principles of the vaccination plan?
- Discussion and consideration of sub-priority groups

### **Roll Call and Meeting Overview**

Monica Revoczi

Monica introduced herself as the Advisory Committee's independent facilitator. She is not employed by the Idaho Department of Health and Welfare or any other agency or organization. She reviewed the list of CVAC Members to affirm meeting attendance.

Monica provided an overview of the agenda and reviewed the Advisory Committee ground rules. She oriented the group to the Webex Events participation features required for this meeting.

### **Introduction and Context for the Advisory Committee**

Elke Shaw-Tulloch introduced both speakers below. Their presentation slides can be found at <https://coronavirus.idaho.gov/idaho-covid-19-vaccine-advisory-committee/>.

#### Presentation: Overview of COVID-19 Vaccine Planning Status

Sarah Leeds

Sarah presented information about the following topics related to vaccine planning:

- Idaho's COVID-19 vaccine planning status
- Current high-priority work underway:
  - Provider recruitment and enrollment
  - Vaccination capacity assessment
  - Priority subgroup identification
  - Supplies assessment
  - Data collection and reminder system preparation
- Vaccine distribution flowcharts
- Roles in pharmacies

Questions from the CVAC with corresponding answers included:

- Does the prep mod data interface with hospitals who will be entering that data?
  - This is being worked on to ensure effective data exchange

- Who determined the phases of vaccine enrollment?
  - The current phases reflect both the needs of Idaho stakeholders and provider capacity. Also, the phases overlap somewhat and are not listed in priority order.
- Do correctional facilities that appear in Phase 2 of enrollment refer to providers, employees, or incarcerated populations?
  - This is still being clarified and will depend partly on the facility’s needs. However, the listing of phases reflects vaccine providers, not groups to be vaccinated.
- Where do educational facilities and teachers fit?
  - This will be detailed in Dr. Bridges’ presentation
- Are LTCF residents currently in Phase 1 or 2?
  - This may depend on whether they establish vaccine contracts with the state versus pharmacies.
- Pharmacies will be available to vaccinate Long Term Care Facility (LTCF) residents and others. They are not currently concerned about the availability of enough vaccine. However, if LTCFs will be served by pharmacies within a 75-mile radius, what are the options for those farther away?
  - This is being examined and may depend on whether the establish vaccine contracts with the state versus pharmacies.
  - Based on CVS/Walgreens contract with CDC, they will be receiving allocation to take care of the LTCFs that designate their desire to work through CDC. This will occur simultaneously with the allocation the State receives during Phase 1.
- Is there a plan for distribution of ultracold vaccine to rural areas such as a medical van system?
  - Ultra-cold vaccines have special storage requirements. The Immunization Program is working with CDC, the Idaho Public Health Preparedness and Response Program, local public health districts, and other providers to understand local level capacity to store and administer ultra-cold vaccine in appropriate time frames that meet manufacturer’s storage and handling requirements. The Immunization Program is considering all options to ensure that Idahoans who live in rural and frontier areas who want the COVID-19 vaccine will have access to it as it is allocated to the various prioritized population subgroups (such as healthcare workers, LTCF residents, people over 65 years, etc.).

Additional comments in response to Sarah’s presentation included:

- Redundancy in data collection will help manage and track receiving both required doses, including the vaccine type/brand, which must remain the same for both doses.
- We may have to allow variance in rural areas. If ultracold vaccines are being used and additional doses are not used according to the priorities outlined, they cannot be wasted and should be administered to willing individuals.
- EMS agencies could be a resource for vaccine administration as well, especially in the rural areas.
- Adding healthcare providers to Phase 1 may help address member concerns.

#### Vaccine Priority Populations: Presentation and Discussion/Initial Input

Dr. Carolyn Bridges

Dr. Bridges provided comprehensive information on the following:

- Overview of vaccine program assumptions and vaccines in development and storage/handling challenges
- Overview of Vaccine Prioritization Frameworks
  - CDC current statements on vaccine prioritization
  - World Health Organization
  - Johns Hopkins Framework for Vaccine prioritization
  - National Academy of Medicine prioritization framework
- Draft Idaho healthcare personnel (HCP) vaccine sub-prioritization

Dr. Bridges asked for the group's input on the goals and principles for Idaho COVID-19 Vaccination Program. (The goals are not in prioritized order.) The following comments were offered:

- Consider the goal of fostering public trust of the vaccine
- Consider the goal of enhancing consumer confidence, thereby enhancing the economic viability of the state

Dr. Bridges clarified that the draft goals were specific to COVID-19 vaccine prioritization planning and that although communications was an important component of the vaccination program, communications was not considered a goal in helping to determine vaccine prioritization per se in the current draft. In addition, economic considerations were folded into the goal of recovering the functioning of society.

Next, Advisory Committee Members asked questions and shared comments about the sub-prioritization of healthcare personnel (currently in proposed ranked order; population numbers to be refined pending further data):

- Does this include home care providers, include family caregivers (i.e., family caring for vulnerable adults)?
  - Home care providers for adults age 65 and older and other adults and children with high risk medical conditions includes healthcare personnel employed as home care providers, but did not include unpaid family members.
- How will veterinarians be prioritized?
  - They are currently not part of the healthcare personal sub-prioritization.
- Local and volunteer LTC ombudsmen will also need to be vaccinated. They have responsibility to visit LTCFs and meet with residents.
  - "LTCF personnel" is used broadly and includes volunteers. However, this can be further clarified.
- Adult protection workers are included in the last HCP category.
- Are healthcare workers in jail/prison facilities captured in the HCP prioritization table?
  - Yes, this will be further clarified.
- Depending upon the role of the pharmacist/pharmacy techs, it seems they ought to be higher on the priority list. Should they be in the same category as dentists and dental hygienists?
  - Dental work is very high risk, and also generates aerosols.
  - They are currently treated the same (same row on the chart currently represents equal priority).
- What is the estimated number of dosages we will receive? Also, what amount of dosages are CVS and Walgreens expecting?
  - We do not yet have answers to these questions of vaccine doses available at a given time.
  - Vaccine designated for LTCF residents that is provided by CDC and Walgreens for administration will depend on when vaccine is available that is appropriate for LTCF residents and on the number of LTCFs that elect to request vaccination of their residents through the CDC partnership with CVS and Walgreens.
- Pharmacists giving vaccines would be providing direct patient care and move into one of the higher categories.
  - Dr. Bridges stated that the pharmacists included in a higher group would be vaccinated in that group (e.g., pharmacists working in a hospital or clinic essential for care of COVID-19 patients and maintaining hospital capacity would be vaccinated in that initial category with others working in that same setting).
- Home care providers should include family care workers, community support workers and personal care attendants for people who receive home and community based services (HCBS). Do LTCFs include workers in other congregate care settings such as ICF/IDs and group homes, not just SNFs?
  - Yes, LTCF includes skilled nursing facilities, assisted living facilities, and ICF/IDs.
- Public Health staff providing vaccines should be up with pharmacists. Or consider vaccinators as a group?
- How has the estimated rate of vaccine utilization been factored into this work?
  - For the draft vaccine sub-prioritization, likely acceptance rates of vaccines were not considered. However, national data estimates that about half of the population, including about half of HCPs, would accept COVID vaccination in the first 6 – 12 months of vaccine availability.

- Where do those who have already had COVID fit?
  - Manufacturers are looking at the safety and effectiveness of COVID-19 vaccination of people with and without prior COVID-19 infection. More data is needed to help inform vaccination recommendations.
- Although the vaccine is free, vaccine administration fees may be billed by vaccine providers to insurers. The vaccine will be distributed with syringes, needles, shot cards, and limited face masks and face shields for vaccine administration.
- A question was raised asking if vaccines issued under emergency use authorization (versus FDA approved) will be covered by payors. Dr. Bridges stated that this issue is being addressed by Congress.
- Family caregivers are providing similar services as home care providers, only they are not getting paid.
- More information was provided to clarify what access and functional needs means (e.g., transportation, non-native English speakers, literacy, cognitive ability, etc.).

### **Informing Others of the Advisory Committee’s Work: What do Committee Members Need to Resonate Messages with People in their Spheres of Influence**

Due to time constraints, this item will be deferred to the next Advisory Committee Meeting. Members are encouraged to begin thinking about this and bring input to the next meeting.

### **Wrap Up**

#### Meeting Summary

Monica reviewed the meeting purpose: to provide a common foundation of information to the group and begin to gather feedback on Idaho vaccination goals, principles, and initial healthcare personnel sub-group prioritization.

#### Action Items and Next Steps

Monica shared the following next steps and requests:

1. Advisory Committee Members will receive a dedicated email address to submit further input on goals and healthcare personnel prioritization by 10/26/2020.
2. Advisory Committee Members and the public are invited to submit written comments on healthcare personnel prioritization through designated email addresses by COB 10/28/2020 (public comment email: covid19vaccinepubliccomment@dhw.idaho.gov).
3. All input received will be compiled and sent to the Advisory Committee for consideration by 11/2/2020

#### Next Meeting Date and Topics

The next meeting is scheduled for:

Friday, November 6<sup>th</sup>  
12:00 – 2:00 p.m.

Anticipated topics include:

- Share Advisory Committee responses/ranking re: healthcare personnel prioritization
- Discuss prioritization of other vaccine prioritization sub-groups
- Discussion on Informing Others of the Advisory Committee’s Work

A package of materials for the November 6<sup>th</sup> will be sent Monday, November 2<sup>nd</sup>.

### Closing Remarks and Adjourn

Dr. Burgess thanked everyone for their participation. She affirmed the importance of the CVAC to be prepared to fully participate in meetings and weigh in between meetings to assist the rapid progress required for this effort.

Elke Shaw-Tulloch expressed the Idaho Department of Health and Welfare's appreciation for the CVAC's participation and commitment.

The meeting adjourned at 1:55 p.m.