IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, November 20th, 2020
12:00 – 2:00 p.m.

SUMMARY REPORT

Meeting Participants in Attendance[1]

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

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

Members (Voting):

Name/Role:	Organization/Representing:
Darrel Anderson, Chair	Idaho Rebounds Committee
Richard Augustus, MD, Chief Medical Officer	West Valley Medical Center
Matt Bell, Vice President, Idaho Regional Director	Pacific Source
Karen Cabell, DO, MBA, Chief Physician Executive Jen Carr	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
Karen Echeverria, Executive Director	Idaho School Boards Association
Rachel Edwards, Secretary	Nez Perce Tribal Executive Committee
Amy Gamett, RN, Clinical Services Division Administrator	Eastern Idaho Public Health PHD Representative
Aaron Gardner, MD, Chief Medical Officer	Just 4 Kids Urgent Care
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
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees
Christine Neuhoff, Vice President and Chief Legal Officer	St. Luke's Health System
David Peterman, MD, CEO	Primary Health Medical Group

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

Name/Role:	Organization/Representing:
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
Linda Swanstrom, Executive Director	Idaho State Dental Association
Nathan Thompson, PA-C	Idaho Academy of Physician's Assistants
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
Magni Hamso, MD, Medical Director for the Division of Medicaid	Idaho Department of Health & Welfare
Anne Lawler for 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
Brad Richy, Director	Idaho Office of Emergency Management
Judy Taylor, Administrator	Idaho Commission on Aging
Josh Tewalt, Director	Idaho Department of Corrections

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 and Welfare
Bill Evans, IT Ops & Support Analyst III	Idaho Department of Health and Welfare
Niki Forbing-Orr, Public Information Officer	Idaho Department of Health and Welfare
Chris Hahn, MD, Medical Director, State Epidemiologist	Idaho Department of Health and Welfare
Sarah Leeds, Program Manager, Idaho Immunization Program	Idaho Department of Health and Welfare
Kathy Turner, PhD, Bureau Chief, Communicable Disease Prevention	Idaho Department of Health and Welfare
Angela Wickham, State Health Officer Liaison	Idaho Department of Health and 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 Idaho COVID-19 Vaccine Advisory Committee (CVAC). She thanked everyone for their engagement and for the work done between meetings.

Dr. Burgess reviewed the role of the CVAC: to 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

She affirmed per the CVAC Statement of Purpose that the Chair and Members have voting privileges, while the Executive Secretary, Ex-officio members, and Member designees, do not.

Elke Shaw-Tulloch again encouraged the public attending the meeting to provide input at the dedicated email address: covid19vaccinepubliccomment@dhw.idaho.gov. The CVAC will be asked to review and consider all input in alignment with the purpose of the group, provided that it is received at least 24 hours before the start time of the next meeting.

Attendance Acknowledgement and Meeting Overview
Monica Revoczi

Monica Revoczi encouraged CVAC members to review the list of attending members found above the Webex chat function. Anne Lawler, Executive Direction of the Idaho State Board of Medicine, was attending as the designee for Dr. Steve Malek. Monica asked any new designees to introduce themselves in the chat.

Monica provided an overview of the agenda and referenced the CVAC ground rules found at the bottom of the distributed CVAC agenda. She oriented the group to the Webex Events participation features required for this meeting.

Idaho COVID-19 Vaccine Program Goals, Principles, and Healthcare Personnel Rankings
Dr. Patrice Burgess, Chair

Dr. Burgess shared the final Idaho vaccine goals and principles. Final goals are as follows (blue font indicates changes based on recommendations from last CVAC Meeting):

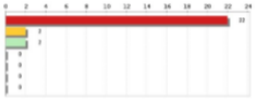
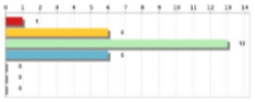
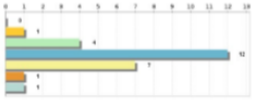
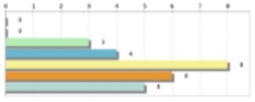
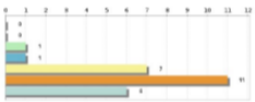
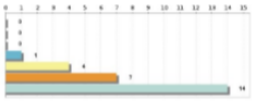
- Reduce transmission, severe illness and death
- Preserve functioning of the healthcare system
- Recover functioning of society and the economy
- Protect persons at risk who have access and functional needs
- Ensure equitable distribution within groups prioritized for vaccination phases and equity in the opportunity for health and well-being
- Ensure transparency regarding vaccine decision-making

Final vaccine prioritization principles, which did not change since the last CVAC Meeting, are:

- Ethical frameworks published by others
- Risk of severe disease or death (e.g., because of age, medical conditions, race or ethnicity)
- Risk of exposure to COVID-19-infected persons based on occupation, the ability to physically distance, access to personal protective equipment (PPE), and living circumstances (e.g., congregate or crowded living conditions)

- Risk of exposing others who are at increased risk of severe disease or death (e.g., live with or caregiver for those at increased risk)
- Impact of occupation on resuming community functioning
- Maintenance of community safety, including law and order

Next, Dr. Burgess shared the final HCP ranking results based on the survey sent to voting CVAC members after the last meeting:

	1 - Highest Priority	2	3	4	5	6	7 - Lowest Priority		Mean Score
Hospital and clinic staff essential for care of COVID-19 patients and maintaining hospital capacity	84.62% (22)	7.69% (2)	7.69% (2)	0% (0)	0% (0)	0% (0)	0% (0)		1.2
LTCF staff, and home care providers for adults age 65 years and other adults and children with high risk medical conditions	11.54% (3)	65.39% (17)	11.54% (3)	7.69% (2)	0% (0)	3.85% (1)	0% (0)		2.3
Emergency Medical Services (EMS)	3.85% (1)	23.08% (6)	50% (13)	23.08% (6)	0% (0)	0% (0)	0% (0)		2.9
Outpatient and inpatient medical staff not already included above who are unable to telework	0% (0)	3.85% (1)	15.39% (4)	46.15% (12)	26.92% (7)	3.85% (1)	3.85% (1)		4.2
Dentists, dental hygienists and dental assistants	0% (0)	0% (0)	11.54% (3)	15.39% (4)	30.77% (8)	23.08% (6)	19.23% (5)		5.2
Pharmacists, pharmacy technicians and pharmacy aides	0% (0)	0% (0)	3.85% (1)	3.85% (1)	26.92% (7)	42.31% (11)	23.08% (6)		5.8
Public health and emergency management response workers who are unable to telework	0% (0)	0% (0)	0% (0)	3.85% (1)	15.39% (4)	26.92% (7)	53.85% (14)		6.3

Statistics based on **26** respondents;

The final ranking sequence is the same as the initial ranking presented at the last meeting.

Dr. Burgess emphasized that because it is critical to keep this work moving forward quickly while still allowing for all perspectives to be shared and considered, these rankings will be considered final unless significant new information becomes available from national experts.

Initial Regional COVID-19 Vaccine Dose Allocations for Phase 1A Healthcare Personnel
Sarah Leeds

Sarah provided updates to the CVAC on the following:

- Early distribution – clarification of purpose
- Provider enrollment
- Initial doses allocation
- Potential allocation considerations for next meeting

Highlights from her presentation included (please see Sarah's slides for more details):

- A overview of the variables influencing the phased approach to COVID-19 vaccination
- A reminder of the importance of providers ("vaccinators") ensuring they are enrolled to be ready to start vaccinating once vaccine is available for Phase 1a
- Three scenarios of how and when the first vaccine(s) will be available. Scenario three of three seems currently most likely, assuming the first two vaccine candidates receive FDA Emergency Use Authorization (EUA) in 2020. Idaho is prepared for all three scenarios and will continue to accommodate new developments, as needed.

Unofficial numbers of initial doses are 51,975 ultra-cold Pfizer doses, with the assumption that these doses will be provided to inpatient healthcare workers and long-term care facility staff, based on CDC's Phase 1a population prioritizations and CVAC subgroup prioritizations. Sarah provided the current breakdowns by Idaho public health districts (PHDs):

Regional Distribution	Inpatient HCWs & LTCFs	Rounded Number of Doses	Number of Trays with 975 doses
PHD1	14.69%	7,590	8
PHD2	7.36%	3,803	4
PHD3	14.66%	7,578	7
PHD4	33.53%	17,327	18
PHD5	10.44%	5,392	6
PHD6	9.56%	4,940	5
PHD7	9.76%	5,046	5
State Totals	100%	51,675	53

CVAC Members raised the following discussion points/questions regarding the initial allocation of COVID-19 vaccine:

- An equal number of doses will be held back to ensure those receiving the first dose have the required second dose available
- We should keep in mind hospitals may be at capacity and have staffing issues within the next 2 weeks
- 32,000 doses for hospital and clinic staff caring for COVID patients seems extremely low. Most COVID patients are tested and treated in outpatient clinics

- Are both the Pfizer and Moderna vaccine equally safe for all populations?
  - Although final safety data is not yet available, there have been no serious cases reported and both vaccines currently appear very comparable. Both companies have safety information available on their websites.
- Will the state be providing freezers to ensure safe storage of the ultra-cold vaccine?
  - Yes, seven freezers have been purchased – one per Idaho health district. The current delivery ETA to each PHD is December 8th or 9th.
- Will Phase 1 vaccinators like FQHCs be asked to vaccinate in LTCFs and hospitals?
  - Yes, we are working on this and FQHCs need to enroll.
- How are community partners being identified and is there a mechanism for them to volunteer?
  - We are working on this.
- Will hospitals have liability protections for administering the vaccine?
  - This is currently being examined and more will be communicated to the group once determined. A CVAC Member added that vaccines used under a EUA are covered by the Countermeasures Injury Compensation Program.
- How will LTCF residents be vaccinated by Walgreens and CVS?
  - Idaho has opted to be part of this pharmacy partnership, which will be activated when the vaccine allocation indicates the need.

Dr. Burgess asked voting CVAC Members to weigh in on the following question: *Based on the assumption that Idaho will have a limited number of allocated doses in the coming weeks from the CDC and those doses will go to Idaho's Phase 1A subgroup rankings, do you approve this distribution plan to each region of the state for this initial allocation of doses?* Twenty-three voted yes and one voted no.

Informing Others of the Advisory Committee's Work: What Information do Committee Members Need to Share with People in their Spheres of Influence?
Dr. Patrice Burgess, Chair and Elke Shaw-Tulloch, Executive Secretary

CVAC Members were asked to give input on the following questions:

a) What are Committee Members hearing from their colleagues about potential vaccine distribution to healthcare personnel?
b) What are the best channels/methods/messages to reach healthcare personnel to:
    i. Promote confidence in decisions to get vaccinated, and
    ii. Give them confidence to recommend vaccination to their patients, when vaccines are available to them?

CVAC Members shared the following input and questions:

- Clarify the definition of healthcare personnel and clearly differentiate between hospital versus clinic staff.
- Communicate that the first groups to be vaccinated must be HCP and LTCFs – this seems to resonate with others outside the group. CVAC is on the right path.
- Answer how many doses are coming and when they will be available.
- There are many nurses and hospital-based providers who are still expressing reluctance to be vaccinated. Primary concerns are safety of vaccine and lack of information.
- It would be helpful for the Committee to create an education slide deck with details of phase 1, 2, and 3 trials, accompanied by effectiveness and safety data.
- Information can be disseminated through regional public information officer groups.
- Idaho Center for Nursing has a contact list email for most of its 27,000 members.
- Use professional organizations and boards to help distribute information.
- Information about how ongoing safety monitoring of vaccines will be conducted would be helpful.
- FDA messaging on this process is pretty good: https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained.
- Create talking points for CVAC Members to help communicate key, consistent, accurate information. This will help address the huge amount of misinformation going around.
- Pacific Source will be communicating with providers about the vaccine, and can include the forthcoming CVAC talking points.

- Has the state (or the CDC) done any studies on the concerns of healthcare workers and the best ways to convey information about the vaccine's effectiveness and safety? This is the first new widely distributed vaccine in most of their lifetimes, so there is not a high awareness of the rigor of the safety protocols that were in place for the studies and that high standards have to be met before EUA is given.
    - This is a new situation with lots of complex factors. CDC is working on information to send out. Vaccine companies have been very transparent – see their websites for more information.
- Will staff in COVID only wings of SNFs be included with hospital staff working COVID only?
    - Inpatient healthcare staff numbers are total employee numbers on hospital licensing application submitted to the Idaho Division of Licensing and Certification. Healthcare providers for SNFs, RALFs, and ICFs were estimated by staff per bed estimate ratios. Getting accurate outpatient clinic staff numbers is challenging. Survey data seem to underestimate some categories and overestimate others. We are working with data from the census, HRSA, licensing boards, and professional associations for better estimates.

CVAC Members are invited to provide further input on this topic.

COVID-19 Vaccine Updates
Dr. Carolyn Bridges

Dr. Bridges shared information and the status of the major vaccine candidates. She highlighted the dosage, storage, effectiveness, and safety details pertaining to the Pfizer and Moderna vaccines. These vaccines are extremely comparable and currently look very promising. The expected national vaccine dosage numbers for 2020 are 50 million for Pfizer and 20 million for Moderna.

Discussion of Subprioritization of Next Vaccine Priority Group
Dr. Carolyn Bridges

Dr. Bridges reviewed the CDC/ACIP and Idaho goals and principles in vaccine prioritization, reminding the group of the importance of maintaining alignment with these. She presented the next groups for consideration for COVID-19 vaccination, including Idaho population estimates and related assumptions. The primary groups include:

- Adults 65 and older
- Adults 18 – 64 with one or more high risk conditions
- Essential workers not in phase 1a
- Essential workers not in phase 1a who have a high risk condition

ACIP will be meeting November 23rd to further address vaccine prioritization. Major developments will be communicated to the CVAC.

Next, Dr. Bridges shared information on the critical infrastructure sectors to help inform the Committee's understanding of essential workers. Of particular focus in ACIP meetings are workers in corrections, food processing, education (including daycare), and commercial facilities.

Initial grouping for prioritization of Phase 1b include:

- Adults 65 and older, living in the community
- Adults 18 – 64 with one or more high risk conditions
- Adults to 50 – 64 years
- Essential workers not in Phase 1a
- Essential workers not in Phase 1a who have a high risk condition
- First responders (not including EMS in Phase 1a) and safety (fire/police/protective services/community support)
- Teachers (includes daycare)
- Food processing workers
- Grocery store/convenience store workers
- Idaho National Guard
- Correctional/detention facility staff (not including medical staff in Phase 1a)
- Other essential workers not already included and unable to telework

Dr. Bridges also shared interim estimates for other Idaho populations to consider, including:

- People living in migrant housing
- Homeless persons
- Family caregivers of persons at high risk
- Persons in high risk groups based on race/ethnicity
- Adults with conditions that might put them at increased risk
- People with disabilities

To help further understand the risk faced by various subgroups, Dr. Bridges presented national data on percentages of cases and percentages of deaths by age group. Adults aged 65 and older represent only 16% of COVID-19 cases, but nearly 80% of COVID-19 deaths. She shared corresponding Idaho numbers of cases for the same, plus hospitalizations and also relative ratios of hospitalizations and deaths. She shared a list of chronic conditions that increase risk of hospitalization and their associated degree of increased risk, and national statistics on risk of hospitalization by race and ethnicity.

Dr. Bridges invited Dr. Elizabeth Wakeman, Professor of Ethics at the University of Idaho, to share ethical and moral dilemmas in vaccine prioritization. Facts and values (as expressed in the goals) are the primary driving factors, although coming to one right answer should not be the focus. Among the five Idaho goals, while ensuring equity and transparency applies to all decisions, it may be advisable to prioritize the remaining goals to help neutralize members fighting for their respective constituents.

Dr. Bridges shared examples of matrixes showing how each Phase 1b subgroup could be rated according to the goals for the group's consideration. She encouraged CVAC members to do the same exercise on their own when considering the ranking of each.

In summary, Dr. Bridges shared the following key factors for CVAC Members' consideration as they progress with their ranking activities:

- Recognizing these decisions are very difficult, keep in mind that vaccine supply will continue to expand through the next several months, ultimately allowing all persons to receive vaccine who want to be vaccinated
- Considering CDC goals, how can we best maximize benefits and minimize harms?
- Considering the Idaho COVID-19 vaccination goals and principles, what additional information would be helpful to prioritize among Phase 1b groups?
- Are there goals or principles that should be weighted more heavily than others?
- Are there risks (e.g., of exposure or severe disease or risk to society) that should be weighted more heavily than others?
- What formats would help you with considering prioritization (e.g., grids by group and vaccination program goal or other format)?

Please see Dr. Bridges' slides for more details on these topics.

CVAC Members shared the following comments and questions:

- Educators include preschool, kindergarten, middle school, secondary school, and substitute teachers.
- It is a misconception that unhoused people don't work and contribute to the economy.
- Correctional and custody employees also present the most significant risk to introducing infection to the incarcerated population.

- How are members of the military being vaccinated?
  - DOD has its own vaccination program. INL is not included in this.
- Will the vaccine work for those with COVID-19 antibodies?
  - The expectation is that everyone would receive the vaccine. However, we will need to wait for CDC's recommendations on this. The vaccine trials for both Moderna and Pfizer included persons with and without prior COVID-19 infection.
- How will we know which vaccine is best or most effective for particular populations? Are both of these vaccines equally as effective/safe for all populations?
  - Currently available information indicates that these vaccines are very comparable.
- Have we done any surveys to ascertain the percentage of eligible people that will take the vaccine? We may not have a shortage at all. If only 50% of eligible people opt in, that is a very different picture than if 90% opt in.
  - One predictive factor for uptake is vaccine effectiveness. Previous estimates for the flu vaccine are 50 – 60%. These numbers may be higher for the COVID-19 vaccine due to its effectiveness.

Wrap Up

The next meeting is scheduled for:
Friday, December 4th
12:00 – 2:00 p.m.

Anticipated topics include:

- Share ranking recommendation of Phase 1B
- Discuss communication to support deployment of vaccine for Phase 1B
- Share further vaccine updates
- Discuss the next vaccine priority subgroup

Next steps will include:

1. All Advisory Committee Members and the public are invited to submit written input for consideration in the *prioritization of Phase 1B* through respective email addresses by COB Monday 11/23/2020.
2. All input received will be compiled and sent to all Advisory Committee Members, as well as any additional information that becomes available from CDC, for review by 11/25/2020.
3. A survey link for subprioritization of Phase 1b will be sent to voting CVAC members on 11/25/2020. Please submit your rankings by COB 11/30/2020.

A package of materials for the December 4th meeting will be sent Tuesday, December 1st.

Dr. Burgess and Elke Shaw-Tulloch expressed their appreciation for everyone's participation and willingness to be flexible in doing this challenging work. The meeting was adjourned.