IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, November 6th, 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
Paul Arnell, President	Cascadia Healthcare
Richard Augustus, MD, Chief Medical Officer	West Valley Medical Center
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 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
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
Susan Ault for Yvonne Ketchum-Ward, CEO	Idaho Primary Care Association
Mel Leviton, Executive Director	State Independent Living Council
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
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

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

Name/Role:	Organization/Representing:
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
Elizabeth Wakeman, PhD, Associate Professor	College of Idaho
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
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

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
Joe Pollard, Health Data Analytics Program Manager	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

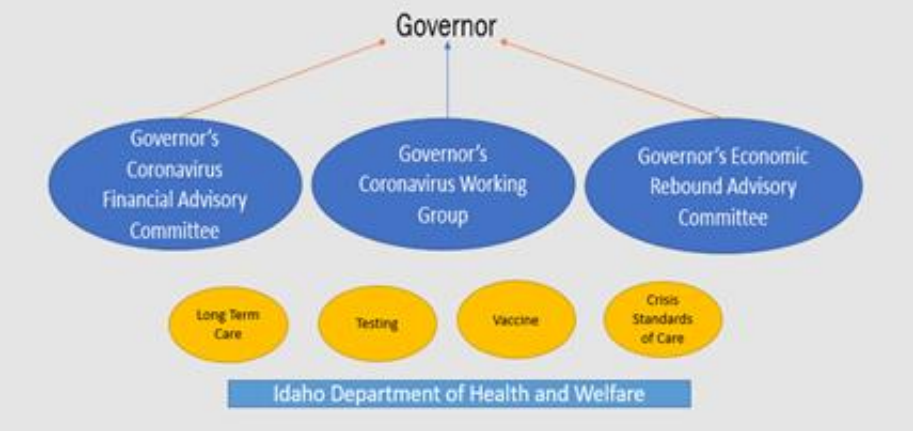
Dr. Patrice Burgess welcomed the Idaho COVID-19 Vaccine Advisory Committee (CVAC) and thanked everyone for their engagement and thoughtful discussions at our last meeting, for the public and CVAC input provided via email after the meeting, and for the Committee's time and input into the sub prioritization of the healthcare personnel rankings.

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 thanked everyone for attending. For context, she provided an overview of the various statewide groups working on Idaho's coronavirus response:



The groups in yellow support specific aspects of the broader response efforts. Elke also shared some of the deliverables provided by and to these groups, including:

- COVID-19 Testing Recommendations Report
- Patient Care Strategies for Scarce Resource Situations
- Mandatory Use of Face Coverings in Long Term Care Facilities Governor's Order
- COVID-19 Vaccination Plan

Elke 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.

Roll Call and Meeting Overview
Monica Revoczi

Monica Revoczi, the Advisory Committee's independent facilitator, affirmed CVAC Member and designee attendance via roll call.

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

COVID-19 Vaccine Discussion and Action

This item was intended to provide updates on recent federal vaccine developments and gather CVAC input on immediate issues. Please see presentation slides posted online at https://coronavirus.idaho.gov/idaho-covid-19-vaccine-advisory-committee/ for more details.

COVID-19 Vaccine – Prepositioning Request of Jurisdictions: Discussion and Consensus (Action Item)
Sarah Leeds, Dr. Patrice Burgess, Chair

Sarah Leeds provided an overview of the recent federal actions, and state level decisions required, with regard to vaccine "pre-positioning" (i.e., early distribution). Her slides provided the CVAC background and key considerations to understand pre-positioning complexities and implications, including ultra-cold storage requirements. Sarah shared the shortest possible potential authorization timeline of this vaccine:

- 11/16/2020 – EUA (Emergency Use Authorization) Request from manufacturer to FDA
- 11/30/2020 - VRBPAC recommends authorization of Vaccine A
- 12/1/2020 - ACIP (Advisory Committee on Immunization Practices) reviews and recommends use of Vaccine A

The prepositioning request of states is to identify sites that have ultra-cold freezer capacity to preposition/store the vaccine in the interim between the FDA authorization and ACIP recommendation steps (per above) and specify the number of requested doses. Upon receipt of the ACIP recommendation, states will be able to start allocating and redistributing vaccine to enrolled providers for administration.

Sarah presented advantages and disadvantages of agreeing to early distribution:

- Advantages
  - Vaccine is in custody of jurisdiction as soon as ACIP recommendation is made, saving time as vaccination distribution begins
  - Allows for redistribution across the state in very small amounts as we determine vaccine uptake
  - Reduces chance for vaccine wastage
- Challenges
  - Could potentially be storing vaccine for an undetermined time if there is a lag between EUA and ACIP recommendation
  - Currently, there are only two ultra-cold freezers available in the state with storage capacity of 15,000 initial doses

CVAC Members offered the following input/considerations:

- Those who cannot store may only have to wait an additional 24 – 48 hours to receive vaccine
- This affirms the fragility of the vaccine
- This may be more of an optics issue
- Rejecting early distribution would have no negative impact on future distribution amounts
- This vaccine requires two doses, three weeks apart
- Amount of early distribution received is flexible; may even exceed the need for the first priority subgroup, depending partly on uptake

CVAC voting members were asked to weigh in on the question: "*Do you support the decision to accept pre-position vaccine after the Emergency Use Authorization (EUA) and prior to Advisory Committee on Immunization Practices (ACIP) approval?*" Voting results: 29 Yes, 6 No.

Review of Idaho COVID-19 Vaccine Program Goals, Principles, and Healthcare Personnel Rankings
Dr. Carolyn Bridges

Dr. Bridges began with a brief review of the existing federal and state COVID-19 vaccine guidance, and then provided an overview of the input received (between meetings), and related implications, on the Idaho Vaccine Program goals, principles, and healthcare personnel rankings. All CVAC and public input requested and received in the specified time frame between CVAC meetings was shared with all CVAC members, who then were asked to consider all input when individually ranking the healthcare personnel priority subgroup.

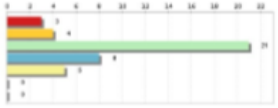
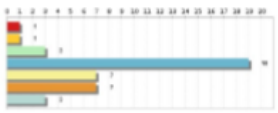
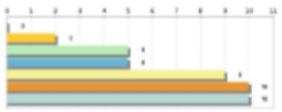
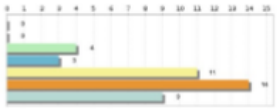
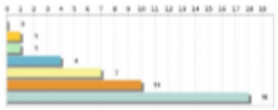
In review, the original goals for CVAC consideration are:

- Reduce transmission, severe illness and death
- Preserve functioning of healthcare system
- Recover functioning of society
- Protect persons at risk who have access and functional needs
- Ensure equitable distribution and the equity of opportunity to enjoy health and well-being

The original principles and factors considered are:

- Ethical frameworks published by others described above
- 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
- Feasibility of implementation for specific vaccine products

Dr. Bridges shared the CVAC initial healthcare personnel priority subgroup ranking results:
Preliminary Recommendations

	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	82.93% (34)	14.63% (6)	2.44% (1)	0% (0)	0% (0)	0% (0)	0% (0)		1.2
LTFC staff, and home care providers for adults age 65 years and other adults and children with high risk medical conditions	7.32% (3)	65.85% (27)	14.63% (6)	4.88% (2)	4.88% (2)	0% (0)	2.44% (1)		2.3
Emergency Medical Services (EMS)	7.32% (3)	9.76% (4)	51.22% (21)	19.51% (8)	12.2% (5)	0% (0)	0% (0)		3.2
Outpatient and inpatient medical staff not already included above who are unable to telework	2.44% (1)	2.44% (1)	7.32% (3)	46.34% (19)	17.07% (7)	17.07% (7)	7.32% (3)		4.5
Dentists, dental hygienists and dental assistants	0% (0)	4.88% (2)	12.2% (5)	12.2% (5)	21.95% (9)	24.39% (10)	24.39% (10)		5.2
Pharmacists, pharmacy technicians and pharmacy aides	0% (0)	0% (0)	9.76% (4)	7.32% (3)	26.83% (11)	34.15% (14)	21.95% (9)		5.5
Public health and emergency management response workers who are unable to telework	0% (0)	2.44% (1)	2.44% (1)	9.76% (4)	17.07% (7)	24.39% (10)	43.9% (18)		5.9

Dr. Bridges pointed out the following observations about the data:

- Overall, there was a high level of consensus for these rankings:
  - Hospital and clinic staff essential for care of COVID-19 patients and maintaining hospital capacity – rank 1.2
  - LTCF staff and home care givers/aids for adults 65+ and other high risk adults and children – rank 2.3
  - EMS – rank 3.2
  - Public health/emergency management – rank 5.9
- There was less consensus among:
  - Outpatient and inpatient HCP not in category 1 – rank 4.5
  - Dental staff – rank 5.2
  - Pharmacy staff – rank 5.5

Discussion and Consensus on Idaho COVID-19 Vaccine Program Goals, Principles, and Healthcare Personnel Rankings – Action Items
Dr. Patrice Burgess, Chair

With regard to the Goals, the following additional comments were shared/emphasized:

- In the third goal, add "economic viability/recovery." Possible wording could be: "Recover functioning of society while enhancing consumer confidence in support of economic vitality of the state" or "Recover functioning and economic health of society."
- To more accurately express equity in the fifth goal, specify "equitable distribution within high risk groups"
- Emphasize need to provide clear, transparent, balanced information to the public about the risks and benefits of the vaccine (i.e., maximum transparency of state decision-making)

CVAC voting members voted unanimously to adopt goals 1, 2, and 4. The following additional votes were taken to clarify the desire of the group on specific goal modifications:

- Add the concept of "economic recovery" to goal 3: 22 (yes) and 7 (no)
- Add the clarification of "prioritized tiers or groups" to goal 5: 27 (yes) and 1 (no)
- Add a sixth goal to address transparency: 27 (yes) and 2 (no)

The internal CVAC planning team will draft language to address the modifications voted on by Committee.

No new input was received with regard to the principles. The CVAC voted unanimously (26 to 0) to adopt them as written.

CVAC members shared/emphasized the following regarding the healthcare personnel rankings:

- Need to more clearly indicate where primary care providers fit in the subgroups (in the first group)
- Because risk to providers during dental cleaning/work is so high, these professionals should be moved above EMS. The length of time spent in high-risk settings amplifies this concern. This subpopulation should be placed at least above outpatient/inpatient staff.
- EMS workers, especially in smaller, rural counties, often represent the community's medical system safety net. One infected paramedic may put the entire community's 911 support in jeopardy. This may warrant ranking them higher than indicated in the initial ranking results. Specific risk factors to consider for this group include high intensity and uncontrolled environments, high risk exposures from intubation and other aerosolizing procedures, going into homes with additional family members, prolonged transports in confined spaces, sometimes not having adequate PPE, and agency staffing being at a bare minimum in many small communities.
- Consider adding a category for vaccinators (e.g., pharmacists)
- Family member home care providers are not explicitly included in the first prioritized group
- It would be helpful to provide data regarding exposure risks to inform rankings

A majority of voting CVAC members indicated the desire to revisit the rankings one final time. Dr. Bridges will provide additional information to the CVAC for clarification/consideration re: the above input.

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

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?

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.

Discussion of Subprioritization of Next Vaccine Priority Group

Dr. Carolyn Bridges

Due to time constraints, this item will be deferred to the next Advisory Committee Meeting.

Wrap Up

The next meeting is scheduled for:

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

Anticipated topics include:

- Share final 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 20th will be sent Monday, November 16th.

Dr. Burgess and Elke Shaw-Tulloch expressed their appreciation for everyone's participation. The meeting was adjourned.