Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, December 4th, 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 and Idaho Health Care Association
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	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
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

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

Name/Role:	Organization/Representing:
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
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
Anne Lawler for Steve Malek, MD, Chair	Idaho Board of Medicine
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
Josh Tewalt, Director	Idaho Department of Corrections

Staff and Other Stakeholders:

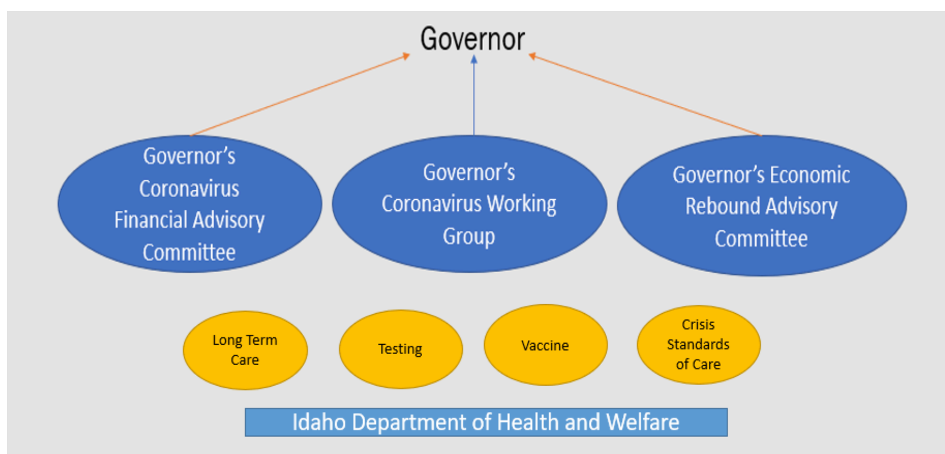
Name/Role:	Organization/Representing:
Carolyn Bridges, MD Member Immunization Committee Chair Member	 Idaho Coronavirus Task Force American College of Physicians Advisory Committee of Immunization Practices, Immunization Schedules Working Group
Natalie Brown, Project Manager	CDC Foundation
Zachary Clark, Public Information Officer	Idaho Department of Health and Welfare
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

Name/Role:	Organization/Representing:
Glen Hutchinson, IT Ops & Support Analyst I	Idaho Department of Health and Welfare
Sarah Leeds, Program Manager, Idaho Immunization Program	Idaho Department of Health and Welfare
Kelly Petroff, Communication Director	Idaho Department of Health and Welfare
Zachary Prettyman, IT Infrastructure Engineer	Idaho Department of Health and Welfare
Sara Stover, Senior Policy Advisor	Idaho Office of the Governor
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 CVAC's role as advising the Governor and the Idaho Department of Health and Welfare in various aspects of vaccine distribution, including equity.

Elke Shaw-Tulloch thanked everyone for attending. She reviewed the various statewide groups working on Idaho's coronavirus response:



The groups in yellow support specific aspects of the broader response efforts.

Dr. Burgess provided an overview of the status of the CVAC's scope of work. She reviewed decisions the CVAC has made:

- Idaho accepts early distribution of vaccine at our existing ultra cold storage facilities
- CVAC sub-prioritized Phase 1a of those to receive the vaccine
- CVAC Voting Member Rankings of Sub-prioritization of Essential Workers Group (revealed in today's meeting)

She reminded the group that decisions may need to be revisited/further clarified in alignment with any changing direction or information at the national level. She also noted that, to avoid confusion, Idaho's naming of subgroups will be simplified to groups 1, 2, 3 and so forth. Issues that still need to be addressed by the CVAC include:

- Review of the ACIP recommendations for priority group Phase 1a and LTC residents
- When to activate the CDC Pharmacy LTCF Partnerships (for discussion and recommendation in today's meeting)

CVAC talking points to ensure accurate and consistent communication are in progress and will be distributed once ready.

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.

Attendance Acknowledgement and Meeting Overview
Monica Revoczi

Monica Revoczi encouraged CVAC members to review the list of attending members found above the WebEx Events meeting chat function. Monica asked any new designees to introduce themselves in the chat if not already clear in the list of members.

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.

Vaccine Planning Update – COVID-19 Vaccine Allocation for Initial Distribution
Sarah Leeds

Sarah Leeds' update included the following topics:

- Overview of plan, roles, responsibilities, and timelines
- Initial doses allocation update
- Pharmacy Partnership for Long-Term Care Program

She began with a review of the respective roles of Idaho agencies/groups/stakeholders in vaccine planning:

- CVAC: advise the Governor on and assist state and local entities with:
  - Sub Prioritization of vaccines when they are in limited supply
  - Communication and messaging of vaccine
  - Ensuring equitable access to COVID-19 vaccination across Idaho
- DHW: statewide logistics and planning, distribution, provider training, reporting, communications
- Local Public Health Districts and enrolled providers:
  - Vaccine administration
  - Regional logistics and planning (for local public health)
  - Organizational logistics and planning (for enrolled providers)
  - Vaccine storage and handling, reporting

Next, Sarah reviewed key upcoming dates/milestones in vaccine planning:

- December 4th – Sites for early distribution identified to CDC (remember – lead time in early versus regular distribution is 24 to 48 hours)
- December 10th – Vaccines & Related Biological Products Committee reviews Pfizer vaccine data
- December 11th and beyond – window for Pfizer EUA review by FDA and ACIP
  - Immediately after FDA and ACIP approval and recommendation– first shipments of Pfizer vaccine to providers identified by state
- December 17th – VRBPAC reviews Moderna EUA
- December 18th and beyond – window for Moderna EUA review by FDA and ACIP
  - Immediately after FDA and ACIP approval and recommendation - shipments of first Moderna vaccine to providers identified by state

The current national allocation formula for vaccine distribution is: of the total number of doses established for US distribution, 10% are held back for emergency reserve and the remaining 90% is divided by 2 to account for dose 1 and dose 2. Vaccine will be distributed to states and territories on a population pro rata basis. Per the CDC, the first national distribution of Pfizer vaccine is 6.4 million doses.

The 13,650 doses Idaho expects in the first Pfizer allocation are proposed to be distributed among public health districts as follows:

Regional Distribution	Percent of Total Inpatient HCWs & LTCF staff	Rounded Number of Doses	Number of Trays with 975 doses
PHD1	14.69%	1,950	2
PHD2	7.36%	975	1
PHD3	14.66%	1,950	2
PHD4	33.53%	4,875	5
PHD5	10.44%	1,950	2
PHD6	9.56%	975	1
PHD7	9.76%	975	1
State Totals	100%	13,650	14

The significant change in Idaho's anticipated doses since the last CVAC meeting was due to changes to national allocation numbers for the first distribution and clarification of the distribution formula.

Sarah reviewed the Pharmacy Partnership for Long-term Care Program. This federal program provides end-to-end management of COVID-19 vaccination at long-term care (LTC) facilities (including skilled nursing facilities, assisted living facilities, and resident assisted living facilities). The CDC has established contractual agreements for the partnership with Walgreens and CVS pharmacies. These agreements include cold chain management, on-site vaccination, reporting requirements, etc. The partnership reduces burden on LTC facilities and state and local public health jurisdictions for vaccination. Every state has the authority to activate the Program. The CVAC will recommend when Idaho activates the Program, and Governor Little will make the final decision. Dr. Bridges will discuss the CDC requirements for activation in her forthcoming presentation.

CVAC Members and staff raised the following discussion points/questions regarding the Pharmacy Partnership:

- The 13,650 initial vaccinations refers to people vaccinated, not individual doses (two required per person). The second dose is secured for those receiving the first, and tracking systems will assist with reminders, etc. Allocation is based on total population for all phases.

- ➢ How as a state will we communicate this to the public?
  - The DHW communication team is working on this. Multiple channels will be used.
- ➢ How is allocation determined based on the population?
  - Using the percentages voted on at the last CVAC meeting (see PHD distribution table from 11/20/2020).
- ➢ How many doses are anticipated in future vaccine distributions? The current allotment may not entirely cover the first subgroup (formerly group 1a).
  - Only the first subtier of the first subgroup is expected to receive the vaccine with the first allotment. As discussed previously, actual vaccine uptake is currently unknown. Also, there will be some flexibility of distribution at the local level to ensure no vaccine is wasted.

Please see the presentation slides for further details.

Share CVAC Voting Member Rankings of Subprioritization of Essential Workers Group
Dr. Patrice Burgess, Chair

Dr. Burgess shared the final CVAC ranking results of the essential workers subgroup:

COVID-19 Vaccine Advisory Committee Essential Workers Prioritization

Please rank the following essential worker sub-groups in their order of priority in receiving the COVID-19 vaccine. (1=highest priority; 7=lowest priority)

	1- Highest Priority	2	3	4	5	6	7- Lowest Priority	Mean
First responders (except EMS which are already in Phase 1a) and safety (fire/police/protective services/community support)	62.96% (17)	11.11% (3)	14.82% (4)	7.41% (2)	3.7% (1)	0% (0)	0% (0)	1.8
Pre-K-12 school staff and teachers and daycare workers	3.7% (1)	44.44% (12)	22.22% (6)	18.52% (5)	3.7% (1)	3.7% (1)	3.7% (1)	3.0
Correctional and detention facility staff (except medical staff which are already in Phase 1a)	11.11% (3)	22.22% (6)	25.93% (7)	7.41% (2)	14.82% (4)	14.82% (4)	3.7% (1)	3.5
Food processing workers	7.41% (2)	7.41% (2)	7.41% (2)	33.33% (9)	33.33% (9)	7.41% (2)	3.7% (1)	4.1
Grocery and convenience store workers	3.7% (1)	3.7% (1)	14.82% (4)	22.22% (6)	22.22% (6)	29.63% (8)	3.7% (1)	4.6
Idaho National Guard	3.7% (1)	7.41% (2)	11.11% (3)	11.11% (3)	11.11% (3)	25.93% (7)	29.63% (8)	5.1
Other essential workers not already included and unable to telework or social distance at work	7.41% (2)	3.7% (1)	3.7% (1)	0% (0)	11.11% (3)	18.52% (5)	55.56% (15)	5.8

In affirmation of the CVAC decision-making process, Dr. Burgess emphasized that rankings will be considered final unless significant new information becomes available on the national level.

ACIP Deliberations and Phase 1A Vote, 12/01/2020
Dr. Christine Hahn

To provide national context for the CVAC's work, Dr. Hahn began by reviewing the CDC's Advisory Committee on Immunization Practices (ACIP) objectives, meeting frequency, and structure (subgroups, etc.). ACIP's recent meetings and deliberations include:

- **6/24/2020 meeting** – overview of COVID-19 disease, immunology, epidemiology, vaccines, and presentation of prioritization considerations
- **7/29/2020 meeting** – update on COVID-19 vaccine trials, safety considerations, FDA EUA process, epidemiology of disease in essential workers including HCP
- **8/26/2020 meeting** – update on COVID-19 epidemiology of disease, vaccines in development, allocation strategies
- **9/22/2020 meeting** – overview of COVID-19 vaccine safety, epidemiology including presentation of disparities, vaccine equity, prioritization framework; presentation and discussion on Phase 1 allocation
- **11/23/2020 meeting and publication** – review of "Evidence to Recommendations Framework" and ACIP's *"Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine– United States, 2020"* published in MMWR
- **12/1/2020 emergency meeting –** vote on allocation of initial supplies of COVID-19 vaccine: Phase 1a

Dr. Hahn also shared the ethical principles guiding ACIP decision-making (see also link shared during and after the meeting).

On November 23rd, ACIP made a significant change in direction by recommending LTCF residents be added to the first tier of the first vaccination subgroup (Phase 1a), resulting in healthcare personnel and LTCF residents being prioritized equally. Phase 1b still covers essential workers and Phase 1c adults with high-risk medical conditions and adults over 65 years.

Next, Dr. Hahn shared the following information about the CDC's Morbidity and Mortality Weekly Report (MMWR) and corresponding recommendations re: vaccinating healthcare personnel and LTCF residents (link shared during and after the meeting):

- Healthcare personnel (HCP) are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials
- HCP comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services)
- Jurisdictions might consider first offering vaccine to HCP whose duties require proximity (within 6 feet) to other persons
- Public health authorities and health care systems should work together to ensure COVID-19 vaccine access to HCP who are not affiliated with hospitals
- LTCF residents are defined as adults who reside in facilities that provide a range of services, including medical and personal care to persons who are unable to live independently
- Depending upon the number of initial vaccine doses available, jurisdictions might consider first offering vaccination to residents and HCP in skilled nursing facilities because of high medical acuity and COVID-19–associated mortality among residents in these settings
- ACIP members called for additional active safety monitoring in LTCFs to ensure timely reporting and evaluation of adverse events after immunization
- Vaccines that require cold and ultracold storage, specialized handling, and large minimum orders are most feasibly maintained in centralized vaccination clinics, such as acute health care settings, or through the federal Pharmacy Partnership for LTC Program
- ACIP will consider vaccine-specific recommendations and additional populations for vaccine allocation beyond Phase 1a when an FDA-authorized vaccine is available

Dr. Hahn also shared the ACIP recommendation of staggering vaccine administration to HCP to better mitigate capacity issues should any vaccine recipients experience post-vaccination symptoms. Dr. Burgess added that HCP experiencing symptoms would not be able to pass facility pre-screenings, and therefore, would not be able to work even it they felt they could.

Please see Dr. Hahn's slides and associated links provided for further details.

Discussion on When to Activate the CDC Pharmacy LTCF Partnerships
Dr. Carolyn Bridges

Dr. Bridges began by reviewing a few key contextual factors concerning the LTCF Pharmacy Partnership:

- CDC is now recommending that LTCF residents be included in COVID-19 Vaccination Program Phase 1a along with healthcare personnel (HCP)
  - LTCF = skilled nursing homes (SNF), assisted living facilities (ALF), and intermediate care facilities (IIC)
- States make decisions regarding sub-prioritization among group 1a
- BioNTech/Pfizer and Moderna vaccines are the first COVID-19 vaccines expected to be available in the U.S.
  - BioNTech/Pfizer vaccine first doses expected to be shipped December 15
    - Significant challenges to ensure cold-chain is maintained
  - Moderna doses likely to follow soon after
- CDC pharmacy partnership for LTCF can provide end-to-end vaccination of LTCF residents and unvaccinated staff. Over 90% of Idaho's LTCFs have opted-in to this program

Dr. Bridges shared the following factors re: LTCF vaccination:

- Over 1/3 of COVID-19 deaths have been in LTCF residents, accounting for 40% of nationwide deaths
- CDC pharmacy partnership is poised to vaccinate a large percentage of LTCF residents and unvaccinated healthcare personnel (HCP)
- CDC pharmacy partnership requires 2 weeks notice to be started. Once the pharmacy program has been initiated, facilities must schedule their vaccinations with pharmacies and family members/residents must first consent to vaccination.
- Requires that 50% of needed vaccine is available in the Idaho vaccine allocation ("vaccine doses bank") within a week of activation
- CDC estimated number of Idaho LTCF staff: 14,910
- CDC estimated number of LTCF residents: 14,910 (Note: this is slightly different from Idaho's estimate's; CDC has requested we use their numbers)

The following table shows the doses and proposed distribution sites in Idaho for the first three weeks of the vaccine program:

	Week 1	Week 2	Week 3
Expected Pfizer allocation (doses)	13,650	15,600	19,500
Expected Moderna allocation (doses)	0	28,000	12,400
TOTAL expected allocation	13,650	43,600	31,900
Proposed distribution sites*	PHDs for HCP	PHDs for HCP LTCFs	PHDs for HCP LTCFs

Dr. Bridges noted that this proposal is based on the expected distribution shown above. Also, in most public health districts (PHDs), vaccine will be shipped to the local PHD main facility; in PHD4 (Ada, Elmore, Boise, and Valley Counties), the vaccine will be shipped to two local hospitals for storage.

Next, she shared the population estimates and the proposal approach to activating the federal Pharmacy Partnership for LTC Program in Idaho:

	CDC's estimates of population size	Doses needed to be allocated to "turn on" federal LTCF vaccination program (50% of total need)	Estimated week that sufficient doses will be allocated to turn on LTCF vaccination	Estimated number of doses that would be designated for LTCFs and PHDs in first week of Pharmacy Partnership for LTC program
Idaho LTCF staff*	14,910		Week 2	14,910 to LTCF
Idaho LTCF residents*	14,910			28,690 to PHD for HCP
TOTAL	29,820	14,910		43,600

*CDC estimates include skilled nursing facilities (SNF), assisted living facilities (ALF), and intermediate care facilities (ICF/IID). Number of staff is estimated by CDC based on estimated number of residents.

The following key considerations will help inform the CVAC in recommending timing of LTCF resident vaccination:

- Initial Idaho vaccine allocations are small, but will increase in the next several weeks as vaccine production ramps up
- As allocations increase, allotted vaccine will be banked for the LTCF residents and staff as the first allocations are administered
  - The CDC pharmacy partnership LTCF program is anticipated to be turned on in the second week of distribution per the tables on the following slides
  - This is when it is anticipated there will be enough doses to cover 50% of LTCF residents and staff
- Ongoing training of vaccine providers on the specifics of Pfizer and Moderna vaccine storage, handling, and administration at the same time
- Idaho must designate which vaccine the CDC pharmacy vaccination program would use: *either* Moderna or Pfizer/BioNTech
- First vaccine that is anticipated to be available is Pfizer/BioNTech
- Ultra-cold chain storage challenges
- May best be used in high throughput settings with access to ultra-cold storage
- States that turn on the program agree to let pharmacy partners "optimize use of remaining vaccine to align with ACIP and jurisdiction guidance and allow for pharmacy partner staff providing vaccinations to be vaccinated"
- Most - over 90% - of LTCFs are participating
- Public health districts and their partners will still need to ensure vaccine access for non-participating LTCF and for LTCF staff where plans are in place to vaccinate them earlier in Phase 1a

Dr. Burgess asked the CVAC to weigh in on the following:

Given these considerations and considering that the CVAC has previously voted to prioritize first "Hospital and clinic staff essential for care of COVID-19 patients and maintaining hospital capacity:"

Does the CVAC recommend Idaho activate the CDC pharmacy partnership program?

(A yes vote by CVAC supports a plan to provide COVID-19 vaccine allocations to the CDC pharmacy partnership program for LTCF residents and unvaccinated LTCF staff starting when there are enough doses available to vaccinate 50% of residents and staff.)

Prior to voting, the CVAC raised the following discussion points and questions:

- Per the approach described in the presentation, week one of vaccine allocation will go to HCPs and in week 2, some of the allocation will go to LTCFs as the pharmacy program ramps up.
- Most vaccine-related symptoms are mild and resolve in 24 – 48 hours.
- Once other vaccines are approved, they will also be available in Idaho's allocation
- Infections in LTCFs put a disproportionate strain on the healthcare system given residents' high risk of serious illness. Vaccinating LTCFs must be a top priority: it protects residents and healthcare capacity.
- The LTCF category includes correctional facility residents.

- Idaho LTCF stats (link was shared during and after the meeting) - as of today, there have been:
  - Overall, 283 outbreaks with 6,116 total cases
  - 67 facilities have resolved outbreaks.
  - 18 of the 67 resolved outbreaks included only 1 resident or staff member reported with COVID-19, and there was no further spread in the facility
  - 458 COVID-19-related deaths associated with 124 facilities
  - Currently, 5,295 people reported with COVID-19 associated with 216 long-term care facilities
- Forty five percent of deaths have been in LTC/nursing home facilities

➢ Will vaccine recipients be tested for COVID-19 infection prior to vaccination?
  - Probably not.

➢ What percentage of the Phase 1a population will be covered by the initial vaccine allotments?
  - Thirty percent, but within three weeks, there should be enough vaccine to cover all HCPs and LTCFs.

➢ If Idaho has to designate a single vaccine, wouldn't it make sense to select Moderna?
  - Part of the decision depends on storage, number of providers enrolled, number of doses of each we have, etc.

➢ Are LTCFs not admitting new patients, but the vaccine would allow them to open to admissions?
  - LCTFs are admitting, but having staff out sick and COVID-19 outbreaks limits the number of available beds.

➢ Would home and community based services workers and non-emergency medical transportation drivers fall under HCP or essential workers in Phase 2? Under outpatient medical staff unable to work remotely?
  - It includes home care providers for adults age 65 years, or any age with high-risk medical condition, in addition to hospital and clinic staff.

➢ If there will be enough vaccine available in the first three weeks to cover all of Phase 1a, how will vaccinating others be rolled out?
  - For facilities that did not choose to participate in the pharmacy partnership program, they are working with the PHDs to determine who will provide vaccinations

➢ Is the vaccine recommended for people who have been previously infected with COVID-19?
  - The MMWR guidance is that those with infection within the last 90 days may consider holding off.

➢ What is the estimated vaccine update in the first three weeks of vaccine availability?
  - Although this is very challenging to estimate (see discussion in previous meetings), interest may well increase once the initial group receives doses. We must be nimble to ensure we have enough if uptake is high and are ready to re-allocate to the next priority subgroup if it is low.

➢ How long will vaccine-induced immunity last?
  - We don't currently know.

➢ Will the CVAC weigh in on which vaccine will be selected?
  - The Idaho Immunization Program will do those assessments to continuously guide the recommended vaccine(s).

CVAC Voting Members voted unanimously to support the proposed CDC Pharmacy Program activation approach (31 Yes, 0 No).

Please see Dr. Bridges' slides for additional details.

Overview of BioNTech/Pfizer and Moderna Vaccine Studies
Dr. Carolyn Bridges

Dr. Bridges provided a comprehensive overview of the first two vaccines expected to be available in the U.S.: BioNTech/Pfizer and Moderna. Both are mRNA vaccines. Preliminary information from the manufacturers indicates that both vaccines are likely to be very effective. BioNTech/Pfizer vaccine in particular has significant cold-chain challenges that must be overcome in order to most effectively use this vaccine.

The CDC will provide public training materials once the vaccine(s) have FDA emergency use authorization (EUA) and/or are licensed by FDA. Links to CDC training materials and future materials can be found at: https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf

Dr. Bridges' presentation contained substantial details about safety and effectiveness, including side effects and antibody production. She also shared details about safe storage and handling and ancillary supplies required to administer the vaccines

Participants were encouraged to reference Dr. Bridges slides for more details.

Wrap Up

Monica summarized the meeting. The next meeting is scheduled for:

Friday, December 18th
12:00 – 2:00 p.m.

While there are no current CVAC action items to complete prior to the next meeting, Members and the public are always invited to submit written input for consideration through their respective email addresses.

A package of materials for the December 18th meeting will be sent Monday, December 14th.

Two Parking Lot items were captured:

- What is the public health strategy to get the lower priority populations vaccinated?
- One thing that came up during ACIP about the safety monitoring systems - there is a need to clarify for providers, particularly non-pediatric providers, what they are and how to report adverse events.

Monica acknowledged the team of staff working to coordinate, prepare for, and support the CVAC meetings. Team member names can be found in the meeting summary reports.

Dr. Burgess thanked everyone for their attendance and Members for their input. Elke Shaw-Tulloch expressed appreciation for everyone's participation and reminded the group of the fluid, rapidly changing nature of this work.

The meeting was adjourned.