IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, January8th, 2021
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
Tim Ballard, MD, Chief Medical Officer	Eastern Idaho Regional 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
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
Kelly McGrath, MD, MS, Chief Medical Officer	Clearwater Valley Hospital
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees

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

Name/Role:	Organization/Representing:
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
Curtis Sandy, MD FACEP, FAEMS, Medical & EMS Director	Portneuf Medical Center
Karen Sharpnack, Executive Director	Idaho Immunization Coalition
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
Wes Trexler for 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
Sage Dixon, District 1 Representative	Idaho House of Representatives
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
Lisa Sherick for Tim McMurtrey, Deputy of Operations	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
Josh Tewalt, Director	Idaho Department of Corrections

Staff and Other Stakeholders:

Name/Role:	Organization/Representing:
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
Sarah Leeds, Program Manager, Idaho Immunization Program	Idaho Department of Health and Welfare

Name/Role:	Organization/Representing:
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.
LaVona Andrew, ASL Interpreter	LaVona Andrew, LLC
Frances Bennett, ASL Interpreter	Frances Bennett Interpreting, LLC

Welcome and Opening Remarks
Dr. Patrice Burgess, Chair
Elke Shaw-Tulloch, Executive Secretary

Dr. Patrice Burgess welcomed the Idaho COVID-19 Vaccine Advisory Committee (CVAC) and other attendees and reviewed the CVAC goals.

Next, Dr. Burgess shared the provider education webinar schedule:

- Wednesdays @ 8:00 am (MT)
- Thursdays @ 12:00 pm (MT)
- Thursdays @ 6:00 pm (MT)
- Fridays @ 3:00 pm (MT)

More information about the webinars can be found at:
https://healthandwelfare.idaho.gov/providers/immunization-providers/covid-19-vaccination-providers

Elke Shaw-Tulloch thanked everyone for attending. She reviewed the process for gathering public input and sharing it with the CVAC. Written comments will continue to be accepted via the dedicated email address (covid19vaccinepubliccomment@dhw.idaho.gov), and comments received by 12:00 p.m. the Monday prior to the CVAC meeting will be forwarded to CVAC members. All input with be shared with CVAC members at this frequency. Elke also affirmed that ASL interpreters are available at all CVAC meetings.

Next, Dr. Burgess reviewed the results of the CVAC votes on **Healthcare Personnel (HCP) and Long-term Care Facility (LTCF) Staff and Resident** clarifications taken since the last meeting, as shown in red font below:

(1.1) Outpatient clinic staff essential for care of COVID-19 patients and maintaining hospital capacity
- Includes vaccine administrators

(1.4) Outpatient and inpatient medical staff not already included above who are unable to telework
- Includes school nurses, Idaho National Guard medical staff, blood center workers, psychiatric residential treatment facility staff, radiation therapists, and optometrists

(1.7) Public health and emergency management response workers who are unable to telework
- Includes Idaho National Guard deployed to support public health response
- Includes state and local public health COVID-19 responders unable to telework

The votes also clarified that LTCF staff and residents include residents of long-term care facilities within correctional or detention settings, residents in certified family homes, and participants in-group adult day care programs. All votes above have been approved by the Governor.

Elke reviewed DHW's process for further HCP and essential worker clarifications as follows:

- DHW receives numerous requests to include workers in specific industries as essential workers when these are already defined as essential critical infrastructure workforce by the Cybersecurity and Infrastructure Security Agency (CISA) in

https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf referenced by ACIP. These are not prioritization requests, but requests to clarify that an occupation is included in an existing healthcare provider definition or clarify that workers in a specific industry are considered essential workers.

- DHW will clarify that healthcare occupations listed in existing ACIP-referenced definitions are included in the appropriate category, and that essential critical infrastructure workers listed in the CISA guidance are included in the appropriate essential worker category.

CVAC's limited time is needed for prioritization decisions and many comments received are already classified per the resources above. Outliers or requests to change prioritization will continue to be presented to CVAC for a vote.

Dr. Burgess reviewed decisions already made by the CVAC:

- 11/6/20 Early distribution of vaccine to our existing ultra cold storage facilities
- 11/20/20 Approved 1a (Healthcare Personnel and LTCF)
- 12/04/20 Recommended activation of the CDC Pharmacy LTCF Partnerships
- 12/04/20 Approved and sub-prioritized Group 2 (ACIP Phase 1b) - Essential Workers
- 12/18/20 Finalized sub-prioritization – HCP and LTCF Staff and Residents
- 1/4/21 Finalized further clarifications to HCP and LTCF Staff and Residents (subsequently approved by the Governor)

Today, after review of new ACIP/CDC recommendations, CVAC will consider and vote on sub-prioritizations in CVAC Group 2 (ACIP Phase 1b).

Attendance Acknowledgement and Meeting Overview
Monica Revoczi, Facilitator

Dr. Burgess stepped in for Monica Revoczi as her meeting connection temporarily disconnected. CVAC members were encouraged to review the list of attending members found above the WebEx Events meeting chat pane. Any new designees were asked to introduce themselves in the chat if not already clear in the list of members.

Dr. Burgess reviewed the agenda and WebEx Events participation features required for this meeting.

Idaho Immunization Program COVID-19 Vaccine Progress
Sarah Leeds, Program Manager

Sarah Leeds' Idaho Immunization Program (IIP) COVID-19 vaccine progress update included the following topics:

- Dose allocations for State and Pharmacy Partnership for Long-Term Care Program
- Allocation cadence moving forward

Sarah shared Idaho's weekly distribution allocation totals via the table below:

Actual COVID-19 Vaccine Allocations to State	Regional Distribution PHD1	Regional Distribution PHD2	Regional Distribution PHD3	Regional Distribution PHD4	Regional Distribution PHD5	Regional Distribution PHD6	Regional Distribution PHD7	Total Doses
Week of 12/14 - 1st Pfizer	1,950	975	1,950	4,875	1,950	975	975	**13,650**
Week of 12/21 - 1st Moderna	4,200	2,100	4,100	9,100	2,700	2,800	3,000	**28,000**
Week of 12/21 - 2nd Pfizer	-	-	-	975	-	-	975	**1,950**
Week of 12/28 - 2nd Moderna	1,300	400	1,000	4,000	400	600	2,000	**9,700**
Week of 12/28 - 3rd Pfizer	975	-	975	975	975	975	-	**4,875**
Week of 01/04/2021 - 3rd Moderna	1,300	500	1,800	3,300	900	800	1,100	**9,700**
Week of 01/04/2021 - 4th Pfizer	-	-	-	-	-	-	-	**-**
Total	9,725	3,975	9,825	23,225	6,925	6,150	8,050	**67,875**

Next, Sarah shared the weekly allocation schedule for vaccine doses provided to the LTCF Program:

Idaho's COVID-19 Vaccine Allocations to Federal Pharmacy Partnership for Long-Term Care Program	Total
Week of 12/21/2020 - Pfizer	**7,800**
Week of 12/28/2020 - Pfizer	**7,800**
Week of 01/04/2021 - Pfizer	**9,750**
Week of 01/11/2021 - Pfizer	**7,800**
Total	**33,150**

Vaccine clinics scheduled by Walgreens and CVS began December 28th.

Next, Sarah reviewed Idaho's vaccine delivery schedule for both doses of both vaccines:

COVID-19 Vaccine Deliver Calendars
Updated January 8th

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	December 13th	December 14th	December 15th	December 16th	December 17th	December 18th	December 19th	Total
Primary	No vaccine delivered	Pfizer-BioNTech 1,950	Pfizer-BioNTech 975		Pfizer-BioNTech 10,725		No vaccine delivered	Pfizer-BioNTech 13,650
Booster								
	December 20th	December 21st	December 22nd	December 23rd	December 24th	December 25th	December 26th	
Primary	No vaccine delivered	Moderna 400	Pfizer-BioNTech 975	Pfizer-BioNTech 975 Moderna 26,500		Christmas	No vaccine delivered	Pfizer-BioNTech 1,950 Moderna 26,900
Booster								
	December 27th	December 28th	December 29th	December 30th	December 31st	January 1st	January 2nd	
Primary	No vaccine delivered		Moderna 10,800	Pfizer-BioNTech 2,925	Pfizer-BioNTech 1,950	New Year's Day	No vaccine delivered	Pfizer-BioNTech 4,875 Moderna 10,800
Booster								
	January 3rd	January 4th	January 5th	January 6th	January 7th	January 8th	January 9th	
Primary	No vaccine delivered		*Moderna 9,700*				No vaccine delivered	*Moderna 9,700*
Booster		*Pfizer-BioNTech 13,650*				*Expected Pfizer-BioNTech 1,950*		*Pfizer-BioNTech 15,600*

Vaccine Ordering and Distribution Cadence (beginning Jan 4th)

Tuesday:	Anticipated allocation in Tiberius (prior to dose transfer to Pharmacy Partnership for LTCF)	Sunday-Monday:	Orders placed for allocation
Wednesday:	Allocation validation (after doses transferred and allocation set)	Sunday:	Ordering opens for booster doses
Thursday:	Ordering opens for allocation of primary doses	Monday-Thursday:	Vaccine delivered
Thursday-Sunday:	Planning of doses distribution by PHD determined		

Notes
The federal Pharmacy Partnership for Long-term Care Facilities was activated by Idaho on December 13th. Each week for four weeks, 7,800 doses of Pfizer-BioNTech COVID-19 vaccine allocated to Idaho will be transferred to the Partnership. As of January 8th, 31,200 doses have been transferred. An additional 1,950 doses were transferred to cover some facilities who missed the deadline, wanted to enroll, and the pharmacy agreed to vaccinate the staff and residents.

Sarah shared expected vaccine allocations moving forward.

- 19,450 primary doses weekly: 9,700 doses of Moderna and 9,750 doses of Pfizer-BioNTech
- Reserved "second doses" also arrive in this cadence[2]
- This may change, as of news stories this morning
- All doses may be pushed out together, rather than reserving some vaccine for second doses.

CVAC Members and staff raised the following comments/questions:

- Need to move down the list quickly and administer more quickly.
- Offer 50% of available appointments to current phase, and open up next phase as soon as we have any doses available or not having full utilization of appointments with the current phase.
- We have to make getting vaccinated EASY for defined groups in order to be successful.
- We have 94 senior meal sites throughout the state that could be utilized for senior clinics.

- If we have received 67,875 doses to date, and as of today it looks like we have administered 28,194 doses as per the website, why the delay in the distribution? If 67,875 of total dose was received by the State and 33,150 went to the LTCF program, has Idaho actually received 101,025 doses? Bloomberg is reporting that Idaho has received over 100,000 doses, which would fit better with 67,000 to State plus 33,000 to LCTFs. (https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/).
  - As a clarifying point, the state does not receive any COVID-19 vaccine. We work with our enrolled COVID-19 vaccinators to determine where to order/ship the allocated doses each week. We are hearing that our providers have been vaccinating at a deliberate pace as they got oriented to these brand new vaccines. It's also important to consider that much of the critical details on storage, handling, and administration couldn't be provided to vaccinators in writing by Pfizer and Moderna until after the EUAs were issued. They have told us that they needed to take time to get oriented to these complex storage and handling requirements. Also, they've done an excellent job of minimizing vaccine wastage. We have reports of very minimal numbers of wasted doses. Each week, we've seen an increase in doses administered: 40+% in week 2 and then another 30+% in week 3. Lastly, doses allocated for the federal pharmacy partnership for LTCFs have not been reported in the registry yet (this work is ongoing).
- Do we know the percentage of LTCF/nursing homes residents who have refused the vaccine?
  - No, but we are ascertaining the information as we start to get information on the vaccination effort from our federal partners.
- Will large employers such as Simplot be vaccinating their essential workers on site?
  - This will be determined case by case; in some cases, yes.
- Can we find out which Public Health Districts have run through all their HC providers?
  - None of the Districts have "run through" all their HC providers, but all Districts have expanded efforts to include other Idahoans as of 1/12/21, per the new CVAC/Governor recommendations.
- Where are healthcare students and faculty identified? Some hospitals do not want clinical experiences unless students and faculty are immunized.
  - Facilities that want to utilize students are asked to work with the schools to ensure those students are vaccinated prior to clinical duties, if at all possible.

[2] Note: DHW learned 1-15-2021 that Idaho will not see a large increase in COVID-19 vaccine doses from the previously announced release of second doses. However, we have been notified by the federal government that Idaho will see a 2-5 percent increase in the number of doses we will receive each week, which amounts to about 950 extra doses each week. At this time, Idaho is anticipating receiving 20,950 doses each week for the foreseeable future.

Along with other states, Idaho is requesting more accurate, timely, and forward-looking estimates of doses Idaho will receive from the federal government. DHW has committed to being transparent as we quickly work to support enrolled provider organizations as they vaccinate as many people as possible during this rapidly evolving situation.

- Is there a delay between vaccine receipt and delivery? Is the infrastructure in place to move quickly down the stages or is that going to slow us down?
  - There is no delay between receipt and delivery. All doses are delivered directly from either Pfizer to provider or McKesson (for Moderna vaccine) to provider. Because Pfizer has a minimum shipment of 975 doses, some of our providers and Public Health Districts need to redistribute the vaccine and that could take a few days to redistribute over a large geographic area. We are hopeful that Pfizer begins to distribute doses in shipments of 125 doses (they have said we can expect this in early 2021). This will help to reduce the need for redistribution, thus allowing vaccine to be administered more quickly to areas that cannot support administering 975 doses.

Please see the presentation slides for further details.

Vaccine Adverse Event Reporting in Idaho
Dr. Christine Hahn

Dr. Hahn began by sharing the next three COVID-19 vaccines in advanced stages of development (phase 3 clinical trials) in the U.S.: AstraZeneca, Janssen, and Novavax. Others are also in various stages of development.

Next, she provided information on national vaccine safety monitoring systems:

	Monitoring systems	Population	Healthcare workers	LTCF residents
early	**VAERS** (CDC & FDA) VA ADERS DoD VAECS CDC NHSN	General U.S. population, VA and DoD patient populations, NHSN acute care and long-term care facilities	Yes	Yes
early	**V-safe** (CDC)	All COVID-19 vaccine recipients eligible	Yes	Limited
later	**VSD** (CDC)	Insured patients in VSD sites	Yes	Limited
later	**FDA-CMS**	Medicare recipients (90+% of 65 y/o in the U.S., including 650K LTCF residents)	Limited	Yes
later	**BEST & PRISM** (FDA)	Insured patients in BEST & PRISM sites	Yes	Limited
later	**VA EHR & data warehouse**	Enrolled VA patients	Limited	Yes
later	**DoD DMSS**	Active duty military (limited info on beneficiaries [i.e., family members, retirees])	Yes	Limited
later	**Genesis HealthCare** (Brown U. & NIH-NIA)	Long-term care facility residents (~35,000 long stay residents)	No	Yes

Source: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/COVID-04-Shimabukuro.pdf

Only moderate or severe reactions are reported. We are already receiving information from VAERS and V-safe. Dr. Hahn shared the following features of these two systems:

<u>VAERS</u>
- Co-managed by CDC and FDA
- Healthcare providers required to report adverse events, including administration errors
- Vaccine recipients can also report directly into VAERS

<u>V-safe</u>
- Smartphone-based tool that uses text messaging and web surveys
- Vaccine recipients voluntarily participate to report any side effects
- CDC may call back and get more information

Then, Dr. Hahn shared the latest CDC Morbidity and Mortality Weekly Report (MMWR) covering U.S. adverse reaction after first dose data for December 14 – 23, 2020:

- 21 cases of anaphylaxis
- Most (86%) had symptom onset < 30 minutes of vaccination
- Most persons with anaphylaxis (81%) had a history of allergies or allergic reactions, including some with previous anaphylaxis events
- More common in women

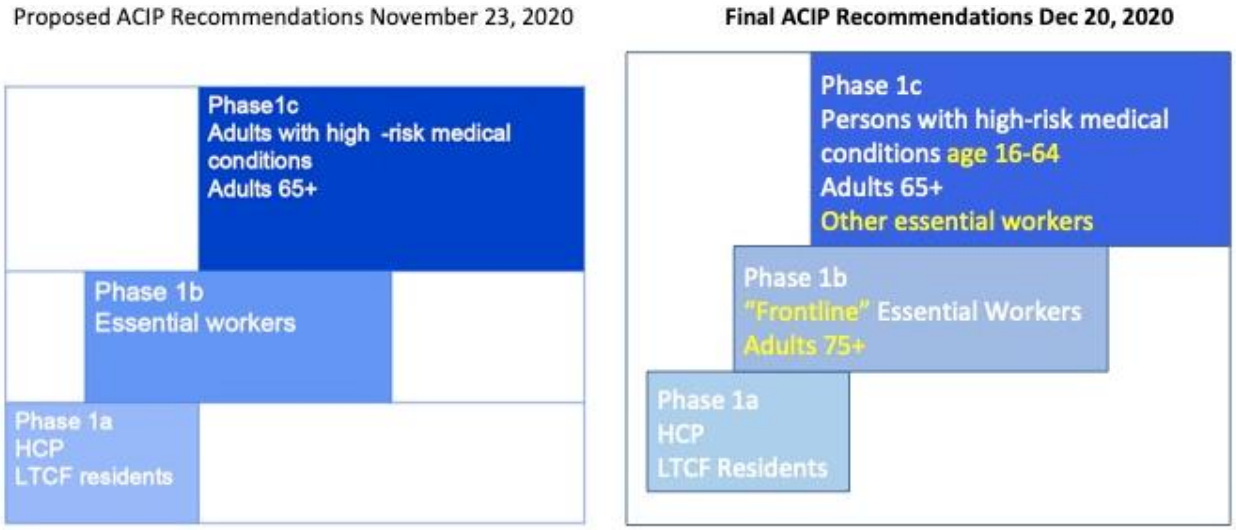
In Idaho, staff members are coordinating to ensure follow-up of reports from:

- V-Safe to VAERS
- VAERS
- Idaho's syndromic surveillance system
- Direct reporting to Idaho public health by providers

Medical providers are required by law to report severe reactions. We have received ten VAERS reports so far in Idaho.

Advisory Committee on Immunization Practices (ACIP) Recommendations Update
Dr. Christine Hahn

Dr. Hahn shared that on December 20th, ACIP recommended Phase 1b and 1c groups include the following subpopulations (yellow font indicates significant changes to previous recommendations):



In addition, Dr. Hahn shared the following clarification of frontline versus other essential workers:

Frontline Essential Workers (~30M)

- First Responders (Firefighters, Police)
- Education (teachers, support staff, daycare)
- Food & Agriculture
- Manufacturing
- Corrections workers
- U.S. Postal service workers
- Public transit workers
- Grocery store workers

Other Essential Workers (~57M)

- Transportation and logistics
- Food Service
- Shelter & Housing (construction)
- Finance
- IT & Communication
- Energy
- Media
- Legal
- Public Safety (Engineers)
- Water & Wastewater

Frontline Essential Workers: workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf

COVID-19 Population Subgroup Risk Epidemiology
Dr. Kathryn Turner

To inform CVAC decision-making, Dr. Turner provided a wealth of COVID-19 incidence and outcome data. Primary considerations include age, risk of exposure, and health status. Other key confounding factors include:

- Race and ethnicity
- Lower socioeconomic status
- Access to care
- Paid leave policies

Idaho statistics show that those aged 18 – 24 have the highest incidence of COVID-19 (per 100,000 population by age group), followed by those aged 25 – 29, 40 – 44, and 85+, respectively. Children under 12 were by far the least likely to contract COVID-19. Those aged 65+ are substantially more likely to be hospitalized, with the rate of hospitalization per 100,000 per age group rising sharply in each subsequently older age group. Fatality rates also corresponded to hospitalization trends, with rates rising most significantly after age 70, and continuing sharply higher with each subsequent age group. For comparison, those aged 70 – 74 who contract COVID-19 are eleven times as likely to be hospitalized and 413 times more likely to die than the 18 – 24 comparison group.

National data on essential workers shows that 8 – 11% of them are 65+ years. New York data gathered after the first NYC COVID-19 pandemic wave yielded high seroprevalence among frontline essential workers, with the highest proportions found among correctional staff, EMTs, and police dispatchers, respectively. These statistics show the high risk of exposure and transmission related to this group. With regard to estimated exposure risk of workers, those with the highest risk were categorized as healthcare support, practitioners, and technicians; and protective care and services. Data was also compared by estimated frequency of exposure.

U.S. data on hospitalizations among those with underlying medical conditions showed that those with obesity, hypertension, and diabetes (respectively) were most likely to require hospitalization. Clearly, having multiple underlying conditions increased risk of hospitalization, with the greatest risk seen in the 65+ age group. U.S. data adjusted for the presence of an individual underlying medical condition showed higher hospitalization rates for adults aged ≥65 or 45–64 years (vs. 18–44 years), males (vs. females), and non-Hispanic black and other race/ethnicities (vs. non-Hispanic whites).

Please see Dr. Turner's slides for detailed data.

Idaho Priority Subgroups
Dr. Patrice Burgess, Chair
Elke Shaw-Tulloch, Executive Secretary

Dr. Burgess reviewed the following topics to be covered:

- Discussion on Phase Transition Timing
- Discussion and vote on Phase 2 (ACIP 1b) - next priority group
- Discussion and votes on refinements/clarifications of certain populations

In alignment with CDC guidance, the CVAC was encouraged to examine the following factors when considering expanding vaccine availability to priority groups in the next phase:

- Demand in the current phase appears to be decreasing (e.g., decrease in appointments)
- Supply exceeds population number (e.g., more vaccine doses available than needed to complete vaccination of persons in the current phase)
- Most people in the current phase are vaccinated (e.g., 70% of the target population in a phase)
- Jurisdictions have actively worked to increase both access and demand among populations in a specific phase but vaccine supply still exceeds demand
- Vaccine supply within a certain location is in danger of going unused unless vaccination is expanded to persons in the next phase

However, once transitioning to the next phase has begun, it does not preclude those in previous phases from getting vaccinated. Yvonne Ketchum-Ward added that Idaho clinics are being asked to write policies for implementing transitioning, including who can quickly be identified to receive vaccine if additional doses are available.

Next, Dr. Burgess reviewed the Idaho CVAC vaccination goals and the recent ACIP revised recommendations covered in Dr. Hahn's first presentation. CVAC was asked to discuss and then vote on the following options for inclusion in Idaho's second vaccine prioritization group:

Option	Persons to be Included	Estimated Idaho Population Group Size	Totals
A	Group 2 (previous ACIP 1b) remains the same; all remaining essential workers as voted by CVAC 12/4	215,985 *(frontline)* + 82,844 *(other essential workers)*	*298,829*
B	Next phase aligns with CDC's new phase 1b ("frontline" essential workers and age 75+)	215,985 *(frontline)* + 114,804 *(75+)*	*330,789*
C	1b expands CDC's 1b to include both "frontline" essential workers and age 65+	215,985 *(frontline)* + 114,804 *(75+)* + 175,866 *(65-74)*	*506,655*
D	1b changed to include only 65+	114,804 *(75+)* + 175,866 *(65-74)*	*290,670*
E	Other grouping of high-risk populations, not listed above		

CVAC Members and staff raised the following comments/questions:

- One Idaho estimate shows a 63% vaccine uptake among HCPs.
- We need to keep uptake percentages in mind. It appears non-HCPs may be more likely to take the vaccine.
- It would be ideal to have teachers vaccinated before the next school year starts.
- When prioritizing, we should keep in mind the importance of who is transmitting in addition to outcomes.
- Those over 65 are much more likely to get really sick and not recover.
- We want to avoid crisis standards of care.

- Please provide a clear definition of farmworker, and where exactly will the farmworker population be considered in the vaccine plan? If dairy workers are not considered farmworkers where are they in the plan? Is the Advisory Committee also involved with outreach to the vulnerable populations, and if not do we know of a group that will be providing direct outreach to populations like farmworkers/dairyworkers?
  - Farmworkers are essential workers. They are not generally included in frontline workers.
- Regarding frontline workers, we hear that there is little evidence that the vaccines eliminate the risk of carrying and spreading COVID-19. The vaccine has been proven to strongly reduce the severity of symptoms. Would that warrant focusing on those at higher risk of hospitalization over frontline?
  - While the data is not strong, it is likely there is some protection against carrying and spreading virus.
- Regarding school staff, what about university level professors, instructors, etc.?
  - I am a college professor and I am inclined to think that it does not make sense to vaccinate the professors unless we can vaccinate the students and staff, as well.

A clear majority of CVAC voting members selected Option C: to expand CDC's group 1b to include both frontline essential workers and those age 65+. The votes broke down as follows:
Option A: 0
Option B: 3
Option C: 25
Option D: 3
Option E: 1

Next, CVAC voting members were asked to consider and vote on several clarifications within Idaho's second vaccination priority group. Four subgroups were discussed and voted upon, as follows:

1. Include these groups as part of category 2.1:
   - Coroner or medical examiner
   - Idaho Fish and Game and USDA officers
   - Adult and child protective services
   - Child welfare workers
   - Community food, housing & relief services

   Yes: 20 No: 8

2. Staff of residential schools or facilities providing behavioral health treatment are included in 2.2.
   Yes: 29 No: 0

3. USDA food processing plant inspectors are included in 2.4.
   Yes: 24 No: 6

4. Food pantry workers are included in 2.5.
   Yes: 28 No: 2

Due to time constraints, the remaining votes will be completed between meetings.

Wrap Up

Monica summarized the meeting. The next meeting is scheduled for:
Friday, January 22nd, 2021
12:00 – 2:00 p.m.

CVAC action items will be confirmed and sent after the meeting. Meeting slides will also be provided. Members and the public are always invited to submit written input for consideration through their respective email addresses.

The package of materials for the January 22nd meeting will be sent Tuesday, January 19th (one day later than usual due to the MLK Day Holiday).

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 expressed appreciation for everyone's participation.

The meeting was adjourned.