



Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, December 18th, 2020
12:00 – 2:00 p.m.

SUMMARY REPORT

Meeting Participants in Attendance¹

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 |
| 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 |
| 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: |
|---|---|
| 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 |

| Name/Role: | Organization/Representing: |
|--|--|
| Chris Hahn, MD, Medical Director, State Epidemiologist | Idaho Department of Health and Welfare |
| 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. |
| Frances Bennett, ASL Interpreter | Frances Bennett Interpreting, LLC |
| LaVona Andrew, ASL Interpreter | LaVona Andrew, 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. She shared that on December 14th, Idaho received its first shipment of 13,650 doses of the COVID-19 vaccine from Pfizer BioNTech, after the Federal Drug Administration’s emergency use authorization (EUA) of the vaccine. The vaccine was sent from distributors to the Eastern Idaho Public Health District (EIPH), Saint Alphonsus, and St. Luke’s. Updated information on doses administered can be found at <https://coronavirus.idaho.gov>. She shared pictures of CVAC members/healthcare personnel who had already received the vaccine.

Dr. Burgess reviewed the decisions the CVAC has already made:

- Agreement for Idaho to accept early distribution of vaccine at our existing ultra cold storage facilities
- Sub-prioritization of the Healthcare Personnel (HCP) and Long Term Care Facility (LTCF) Group
- Sub-prioritization of the Essential Workers Group
- Recommendation to activate the Centers for Disease Control (CDC) Pharmacy LTCF Partnerships

Forthcoming issues for the CVAC to address include:

- Further clarification of subgroup prioritization and corresponding votes
- Anticipation of additional Advisory Committee on Immunization Practices (ACIP) guidance on priority groups
- Further sub-prioritization of Essential Workers based on input
- Sub-prioritization of ACIP phase 1c and additional groups

Elke Shaw-Tulloch thanked everyone for attending. She shared a process change with regard to public input: while written comments will continue to be accepted via the dedicated email address (covid19vaccinepubliccomment@dhw.idaho.gov), comments received by 5:00 p.m. the Monday prior to the CVAC meeting will be forwarded to CVAC members instead of 24-hours prior to support meeting preparation and CVAC review time. All input will be shared with CVAC members at this frequency. Elke also reported that ASL interpreters will now be present at all CVAC meetings.

Attendance Acknowledgement and Meeting Overview

Monica Revoczi

In lieu of introductions, Monica Revoczi encouraged CVAC members to review the list of attending members found above the WebEx Events meeting chat pane. 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 Updates

Sarah Leeds

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

- Arrival of COVID-19 vaccine in Idaho
- Initial metrics
- Pharmacy Partnership for Long-Term Care Program
- Dose allocations in the coming weeks
- Communications

Sarah shared that CVAC member Amy Gamett administered the first vaccine dose in Idaho. All of Idaho's 13,650 initially allocated doses have arrived. As of December 16th, 175 vaccination locations have enrolled (44 additional locations are in the enrollment process) and 944 doses have been administered and reported in IRIS (as of December 17th). (Note: Providers have 24 hours to enter vaccinations into patient e-records and 72 hours to enter into IRIS.)

Provider education webinars covering a wide variety of topics are offered weekly as follows:

- Wednesdays at 8:00 am MT
- Thursdays at 12:00 pm MT
- Thursdays at 6:00 pm MT
- Fridays at 3:00 pm MT

In addition, the Idaho Immunization Program offers virtual office hours for providers every Wednesday at noon. Education resources can be found at <https://healthandwelfare.idaho.gov/providers/immunization-providers/covid-19-vaccination-providers>. (Providers on CVAC: please refer to these forums for detailed instructions on the administration of the vaccine.)

The latest Idaho immunization numbers can also be found at <https://coronavirus.idaho.gov>. From there, providers can also access resources by clicking on "Idaho's COVID-19 Vaccine" and then the link "*Resources for COVID-19 Vaccine Providers.*"

Sarah reviewed and provided updates on 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 LTCFs and state and local public health jurisdictions for vaccinating LTCF residents and staff. Every state has the authority to activate the Program. The CVAC recommended at the December 4th meeting when Idaho would activate the Program, and Governor Little affirmed the CVAC's recommendation.

The deadline to give notice for Week 2 Activation was 12/14. Idaho met this deadline, giving notice to CDC to activate the Pharmacy Partnership for LTC, beginning with Week 2 Pfizer/BioNTech allocations and vaccinating in facilities the week of December 28th. Sarah shared that almost half of the states were on the same schedule as Idaho with the Pfizer vaccine, while 14 jurisdictions started earlier (the week prior). Three states have opted out of

the Partnership.

Next, Sarah reviewed recent Pfizer vaccine allotment changes. On Wednesday, December 16th, there was a nationwide reduction in Pfizer doses for Week 2. For Idaho, the 17,550 originally-allotted doses were reduced to 9,750 for the week of 12/21.

She shared the implications of the allocation change for activation of the Pharmacy Partnership for LTC Program:

- Originally:
 - First week of activation – 50% of needed doses transferred from state allocation to Program
 - Second week – 25% of needed doses transferred
 - Third week – 25% of needed doses transferred
- Now (in accordance with CDC's revised requirements):
 - 25% of needed doses transferred over four weeks
 - 7,800 doses transferred from Idaho's Pfizer allocation to Pharmacy Partnership Program
 - Vaccination of LTCF staff and residents will still begin on 12/28
 - 1,950 Pfizer doses remaining for administration to healthcare workers – this has major implications, and it is hoped this will be increased.

On a positive note, assuming issuance of the EUA and subsequently anticipated ACIP recommendation, 28,000 doses of the Moderna vaccine are reserved for distribution to Idaho next week. These will arrive in shipments of 100 doses and do not require ultra-cold storage.

Next, Sarah reviewed the process for managing vaccine inventory and second dose allocations. (Note: the data in the corresponding slide is based on previous CDC allotments; Idaho no longer anticipates any "rollover," or allocated but not ordered or distributed, amounts.)

COVID-19 vaccine information is currently being communicated and continuously updated through the following channels:

- Social Media
- Blog
- Print and broadcast media
- FAQ documents
- Education campaigns
 - Vaccine safety
 - Vaccine hesitancy
 - Idaho details
 - How will I know when I can get my vaccine?
 - Where are doses being shipped in Idaho?
 - How much vaccine is Idaho getting?
 - Etc.
 - Refuting vaccine misinformation

Next steps for Idaho include:

- Continued provider enrollment and education
- Advocating for increased allocations
- Vaccination data dashboard updates (continuous)
- Further communications

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

- Vaccine providers should check IRIS to confirm the vaccine used for the first dose before administering the second dose.

- How frequently are the online listings of enrolled providers updated? When/how will health districts be informed of new providers enrolled?
 - Updated spreadsheets are uploaded daily, Monday – Friday, to SharePoint. There are two tabs of information in the spreadsheets.
- Why did the state decide on the Pfizer vaccine for LTCFs?
 - The pharmacy program is better poised for large shipments and can handle cold storage requirements.
- Are there six doses of vaccine per vial?
 - The CDC has tentatively confirmed that these “extra” doses can be administered. Vials must not be mixed.
- Can vaccine providers receive both Pfizer and Moderna vaccines?
 - The state immunization program prefers to have only one brand per provider (for tracking purposes), but if the PHDs want the state to distribute both to some providers, they can. It requires specific tracking to ensure patients get the same brand for both doses.
- How will LTCF residents and staff not serviced by the pharmacy partnership be vaccinated?
 - All CVS locations are committed to serving LTCFs. Public health districts and their partners will ensure vaccine access for non-participating LTCFs and LTCF staff if not serviced by the pharmacy partnership program.

Please see the presentation slides for further details. The IIP will post updates on IRIS.

ACIP Recommendations

Dr. Christine Hahn

Dr. Hahn shared the December 3rd, 2020 ACIP interim recommendation elevating LTCF residents to the first phase of vaccination in addition to healthcare personnel (HCP). (Note: There is no recommendation re: the type of vaccine to be administered.) In the December 3rd CDC Morbidity and Mortality Weekly Report (MMWR), the following HCP and LTCF definitions were confirmed:

- Health care personnel 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.
- 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.

On December 12th, the ACIP voted to recommend the Pfizer vaccine for persons as young as 16 under the EUA. While vaccinating youth is not the current focus of vaccination prioritization, some healthcare organizations could have employees in this age group.

Finally, Dr. Hahn shared CDC guidance on triaging various vaccination considerations:

Appendix: Triage of persons presenting for Pfizer–BioNTech COVID–19 vaccination

| | MAY PROCEED WITH VACCINATION | PRECAUTION TO VACCINATION | CONTRAINDICATION TO VACCINATION |
|------------|---|--|--|
| CONDITIONS | <p>CONDITIONS</p> <ul style="list-style-type: none"> Immunocompromising conditions Pregnancy Lactation <p>ACTIONS</p> <ul style="list-style-type: none"> Additional information provided* 15 minute observation period | <p>CONDITIONS</p> <ul style="list-style-type: none"> Moderate/severe acute illness <p>ACTIONS</p> <ul style="list-style-type: none"> Risk assessment Potential deferral of vaccination 15 minute observation period if vaccinated | <p>CONDITIONS</p> <ul style="list-style-type: none"> None <p>ACTIONS</p> <ul style="list-style-type: none"> N/A |
| ALLERGIES | <p>ALLERGIES</p> <ul style="list-style-type: none"> History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies History of allergy to oral medications (including the oral equivalent of an injectable medication) Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) Family history of anaphylaxis Any other history of anaphylaxis that is not related to a vaccine or injectable therapy <p>ACTIONS</p> <ul style="list-style-type: none"> 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause 15 minute observation period: Persons with allergic reaction, but not anaphylaxis | <p>ALLERGIES</p> <ul style="list-style-type: none"> History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine) History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy <p>ACTIONS:</p> <ul style="list-style-type: none"> Risk assessment Potential deferral of vaccination 30 minute observation period if vaccinated | <p>ALLERGIES</p> <ul style="list-style-type: none"> History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine <p>ACTIONS</p> <ul style="list-style-type: none"> Do not vaccinate |

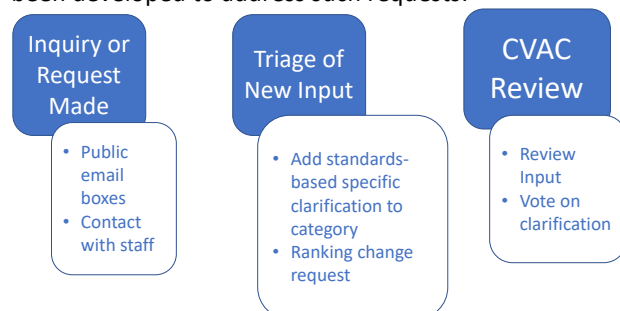
* See Special Populations section for information on patient counseling in these groups

Please see Dr. Hahn’s slides for additional details and numerous reference links for more information.

Clarification of Subgroup Prioritizations and Corresponding Votes

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

In addition to the public and CVAC direct comment email portals, Dr. Burgess and Elke Shaw-Tulloch have received comments and requests pertaining to the refinement of currently subprioritized groups. The following process has been developed to address such requests:



CVAC voting members were asked to consider and vote on several clarifications for the Healthcare Personnel and Long-Term Care Facility Residents group. Seven subgroups were discussed and voted upon, as follows:

1. Family members of healthcare personnel and others in ACIP phase 1a or 1b [Clarification: based on the goals and principles of CVAC, family members of healthcare personnel **should not be included** in the initial phase of vaccine. Family members should be vaccinated when the group in which they belong is in scheduled.]
Yes: 29 No: 0
2. Medical imaging professionals [clarification to include in 1.1]
Yes: 28 No: 0
3. Regulated medical waste workers (who enter hospital and medical facilities, including patient rooms) [clarification to include in 1.1. instead of general essential worker because of intra- and inter-hospital and medical facility activities]
Yes: 5 No: 26
4. Group adult day care staff [not addressed, congregate setting adults needing care, from multiple households; recommend to include]
Yes: 20 No: 10
5. Intermediate care facility for individuals with intellectual disabilities staff [these staff have not been specifically addressed, ACIP “other residential care” category; clarification to include]
Yes: 21 No: 8
6. Staff of certified family homes [clarification to include these staff as part of home care providers]
Yes: 27 No: 3
7. Drivers who transport adults 65 years of age and older, or other adults or children with high-risk medical conditions, to medical appointments [clarification to include drivers as part of home care providers]
Yes: 9 No: 22

Dr. Burgess affirmed that the CVAC may need to meet more frequently to address further areas requiring rapid input and recommendations. Elke added that more information will be provided to the group as it becomes available.

Idaho Public Health District Vaccine Plans

Amy Gamett

Amy Gamett began by sharing a map of Idaho’s seven public health districts (PHDs). She reviewed the first dose allocations of the Pfizer vaccine for each PHD and each PHD’s methods for managing the ultra-cold storage and handling requirements. She provided a breakdown of doses by facility in each PHD and corresponding groups to be vaccinated, in alignment with CVAC and state guidance.

Amy reminded the group of the challenges faced by the PHDs, including the five-day window to vaccinate when doses are re-distributed in smaller quantities, the overall limited doses statewide, and the generally fluid environment in which all this work is taking place. In addition, PHD vaccine planning is made even more challenging due to the uncertainty of how many providers will enroll.

Moving forward, the PHDs will continue to:

- Engage with hospitals, HCPs, and LCTFs not enrolled with a pharmacy partner to facilitate vaccination
- Provide referrals to the Idaho Immunization Program for medical partners considering enrolling to provide vaccinations
- Plan and prepare for vaccination clinics as vaccine becomes more readily available to other priority groups

CVAC Members and staff raised the following comments/questions:

- The PHDs are doing amazing work!
- It is critical to communicate as much information as possible to the public.

- How will independent outpatient HCPs know when and how to get vaccinated?
 - While this may vary across PHDs, the focus is on staying within the priority category guidance. Independent HCPs are encouraged to contact their PHDs if they haven't received information yet. Email contact information can be found online.
- What are the plans for rollout and communication to later-prioritized subgroups?
 - With things changing so rapidly, the current focus is on the top priority groups for now. However, both the Department of Health and Welfare and the PHDs are working to identify and collaborate with partners to build the infrastructure needed to vaccinate future subgroups.

Please see Amy's slides for more details on the vaccination activities of each PHD.

Vaccine Safety and Effectiveness

Dr. Carolyn Bridges

Dr. Bridges provided a comprehensive overview of the safety and effectiveness of the BioNTech/Pfizer and Moderna vaccines. She compared and contrasted various characteristics such as the dosing gap, storage and handling, and other key requirements. Dr. Bridges reviewed the types and frequency of adverse reactions, the vast majority of which are very mild and of short duration. Reactions are more likely after the second dosage, and in those younger than 65 years. Severe reactions appear extremely rare. Vaccine recipients are advised to stay under observation for 15 minutes after vaccination; those with a history of severe allergic reactions to injectable medication should be monitored for 30 minutes.

The CDC provides public training materials once vaccines have FDA emergency use authorization (EUA) and/or are licensed by the 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>

Please reference Dr. Bridges' slides for more details. Further information on considerations specific to LTCF residents and HCP who may experience vaccine-related side effects can be found at

www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.

Wrap Up

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

Friday, January 8th, 2021

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.

The package of materials for the January 8th meeting will be sent Monday, January 4th.

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 and reminded the group of the fluid, rapidly changing nature of this work.

The meeting was adjourned.