IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, January 22nd, 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
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees
Christine Neuhoff, Vice President, 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
Linda Swanstrom, Executive Director	Idaho State Dental Association
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
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
Michael Case for Magni Hamso, MD, Medical Director for the Division of Medicaid	Idaho Department of Health & Welfare
Anne Lawler for Steve Malek, MD, Chair	Idaho Board of Medicine
Tim McMurtrey, Deputy of Operations	Department of Education
Danielle Pere, MPM, Bureau Chief	Division of Behavioral Health Idaho Department of Health & Welfare

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
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
Sierra McIver, ASL Interpreter	Sierra McIver, 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 reviewed the *CVAC decisions that have been made*:

- 11/06/20 Early distribution of vaccine to our existing ultracold storage facilities
- 11/20/20 Approved 1a (Healthcare Personnel and LTCF), which is Idaho Group 1
- 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 - healthcare personnel and LTCF staff and residents
- 1/04/21 Finalized further clarifications to healthcare personnel and LTCF staff and residents
- 1/08/21 Voted to include age 65+ with frontline essential workers in Idaho Group 2

The *main work for CVAC today* is to discuss and vote on clarifications for Idaho Group 2.

Next, Dr. Burgess reviewed how to access provider education resources:

1) By visiting https://healthandwelfare.idaho.gov/providers/immunization-providers/covid-19-vaccination-providers, or
2) By visiting the main Idaho coronavirus website https://coronavirus.idaho.gov/covid-19-vaccine/ and clicking on "Enrolled COVID-19 Vaccine Provider Organizations."

Elke Shaw-Tulloch thanked everyone for attending. She shared information about new grants the Department of Health and Welfare is offering to vaccine providers working in local communities to support COVID-19 vaccine administration. The grants support strategies to:

1. Increase COVID-19 vaccine capacity throughout all Idaho counties/local public health districts
2. Ensure safe storage and handling of COVID-19 vaccine
3. Ensure equitable distribution and administration of COVID-19 vaccines

The grant reimburses providers $15 per first vaccine dose administered and $25 for second doses. To be eligible, providers must be enrolled through IRIS/Division of Public Health as a qualified vaccine provider organization and complete an attestation statement. Questions can be directed to COVID19vaccineprovider@dhw.idaho.gov.

Elke reviewed the process for gathering public input and sharing it with the CVAC. Written comments 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 each CVAC meeting will be forwarded to CVAC members. Elke also affirmed that ASL interpreters are available at all CVAC meetings.

Attendance Acknowledgement and Meeting Overview
Monica Revoczi, Facilitator

Monica Revoczi reviewed the meeting agenda and online participation functions and guidelines for the meeting. CVAC members were encouraged to review the list of attending members found above the WebEx Events meeting chat pane, CVAC Member designees were asked to introduce themselves in the chat if not already clear in the list of members.

Brief Overview of CVAC Office Hours Held 1/15/21
Elke Shaw-Tulloch

Elke provided a brief overview of the first CVAC Office Hours session held January 15th from 12:00 – 1:00 p.m. The purpose of the session was to allow a forum for CVAC Members to ask questions and have further discussion about the remaining votes deferred from the January 8th CVAC Meeting, upon which between-meeting electronic votes were requested to ensure timely vaccine planning progress. The meeting included:

- A recap of new vaccine developments during the week of 1-11-21
- A brief summary of CDC changes - more information will be provided today
- Open forum for dialogue per the above purpose – no decisions were planned or made

Presentation of Remaining Clarifications for Idaho Group 1 and 2 Vote Results
Dr. Patrice Burgess

Dr. Burgess shared the subgroup prioritizations resulting from the CVAC between-meeting clarification votes referenced in the above section (please see red font in the following two tables):

Category	Idaho Group/ Subgroup	ACIP Phase
Healthcare personnel (HCP)	1	1a
Hospital staff essential for care of COVID-19 patients and maintaining hospital capacity (includes support staff, clinical staff, and medical imaging professionals)	1.1	
Outpatient clinic staff essential for care of COVID-19 patients and maintaining hospital capacity (includes vaccine administrators)	1.1	
Long-term care facility staff (includes staff of adult day care facilities and intermediate care facilities for individuals with intellectual disabilities)	1.2	
Home care providers for adults ≥ 65 years of age, or for other adults or children with high-risk medical conditions (includes staff of certified family homes) • Includes adult family members who provide in-home personal care for adults 65 years of age and older or for other adults or children with high-risk medical conditions	1.2	
Emergency Medical Services (EMS)	1.3	
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) • Includes behavioral health workers (including counselors for substance abuse treatment centers and suicide prevention hotline workers)	1.4	
Dentists, dental hygienists and dental assistants	1.5	
Pharmacists, pharmacy technicians and pharmacy aides	1.6	
Public health and emergency management response workers who are unable to telework (includes Idaho National Guard deployed to support public health response, state and local public health COVID-19 responders who are unable to telework)	1.7	
Long-term care facility residents (Includes residents of long-term care facilities within correctional or detention settings, residents in certified family homes, and participants in group adult daycare programs)	1	

Category	Idaho Group/ Subgroup	ACIP Phase
Frontline Essential Workers & Adults 65 Years of Age and Older *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.*	2	1b + part of 1c
First responders (firefighters/police) and safety (protective services/community support) • Coroner and medical examiners • Includes mortuary and funeral service personnel • Idaho Fish and Game and USDA law enforcement officers • Adult and child protective services • Child welfare workers • Community food, housing, and relief services	2.1	
Education: pre-K–12 school staff and teachers and daycare [childcare] workers • Residential schools or facilities providing behavioral health treatment	2.1	
Correctional and detention facility staff (other than medical)	2.1	
Adults 65 years of age and older	2.2	
Homeless shelter residents	2.3	
Food and agriculture workers	2.3	
Food processing workers, includes USDA processing plant inspectors	2.3	
Grocery, convenience store, and food pantry workers	2.3	
Idaho National Guard (if not already included in group 1.4 or 1.7)	2.3	
Manufacturing workers	2.3	
Public transit workers	2.3	
U.S. Postal Service workers	2.3	

Introduction of Group 3 for Future Discussion and Votes
Dr. Patrice Burgess

Dr. Burgess affirmed that the next group for consideration will be Idaho Group 3 (modified ACIP Phase 1c), which is anticipated to contain:

- All other essential workers
- Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19
    - CDC lists conditions indicating adults who have "are at increased risk" and adults and children "might be at an increased risk" for severe COVID-19 illness (see https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)
    - Conditions that are rare may have insufficient data for statistical determination of risk

She reviewed the information delineating frontline and other essential workers per the last CVAC Meeting:

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

As discussed at the previous meeting, frontline essential workers are included in Idaho Group 2 (ACIP Phase 1b) and other essential workers are in ACIP Phase 1c and are to be discussed by CVAC in upcoming meetings.

COVID-19 Vaccine Progress: National, State (Idaho Immunization Program), and Local Public Health Districts
Dr. Christine Hahn
Sarah Leeds
Amy Gamett, PHD Representative

National Level

Dr. Hahn began by confirming that national vaccine availability and distribution has been slower than previously anticipated. National vaccine numbers (as of January 21st, 8pm ET) were as follows:

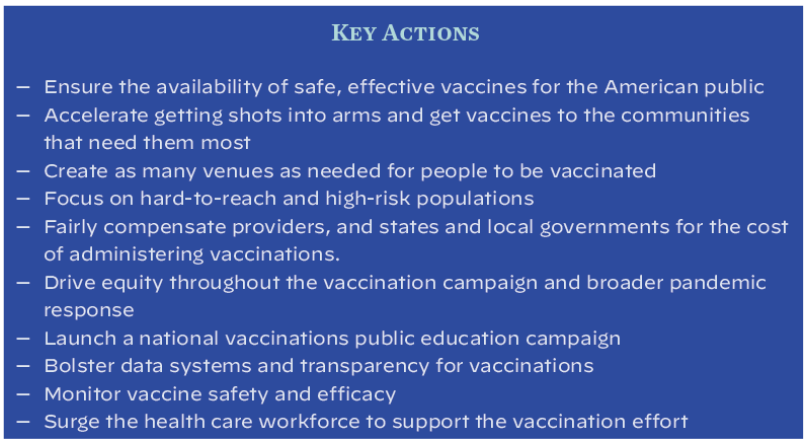
- Total doses distributed: 37,960,000
- Total doses administered: 17,546,374
- Number of people receiving 1 or more doses: 15,053,257
- Number of people receiving 2 doses: 2,394,961

Approximately 2 million more Pfizer doses have been administered than Moderna doses, although a small percentage of dose types given are unknown.

Next, Dr. Hahn presented detailed national data on the status of vaccination efforts in Long Term Care Facilities (LTCFs) as of January 21st from the Walgreens and CVS pharmacy websites. Please see Dr. Hahn's slides for details.

Dr. Hahn shared that Idaho is currently 44th in the country for vaccine allocation/distribution at 9970 per 100,000 population. In comparison, Alaska is first in the county at 21,096 doses per 100,000. (However, Alaska and some other territories have received a whole month of vaccine supply at once due to the challenges of remote shipping.) This may indicate that national vaccine allocations are not necessarily population-based, although adjustments for population over 18 years may account for some of this discrepancy. Idaho currently ranks 46th in the country for total doses administered and 31st for people with two doses per population. Data indicates several eastern states are really struggling in this area.

Finally, Dr. Hahn reported on the new Whitehouse strategy for the COVID-19 response. The entire document can be found at https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf. Below are the key actions addressed in the new strategy:



State Level: Idaho Immunization Program

Sarah Leeds provided updates on provider enrollment, administration data, and state-level distribution processes.

Provider enrollment updates are as follows:

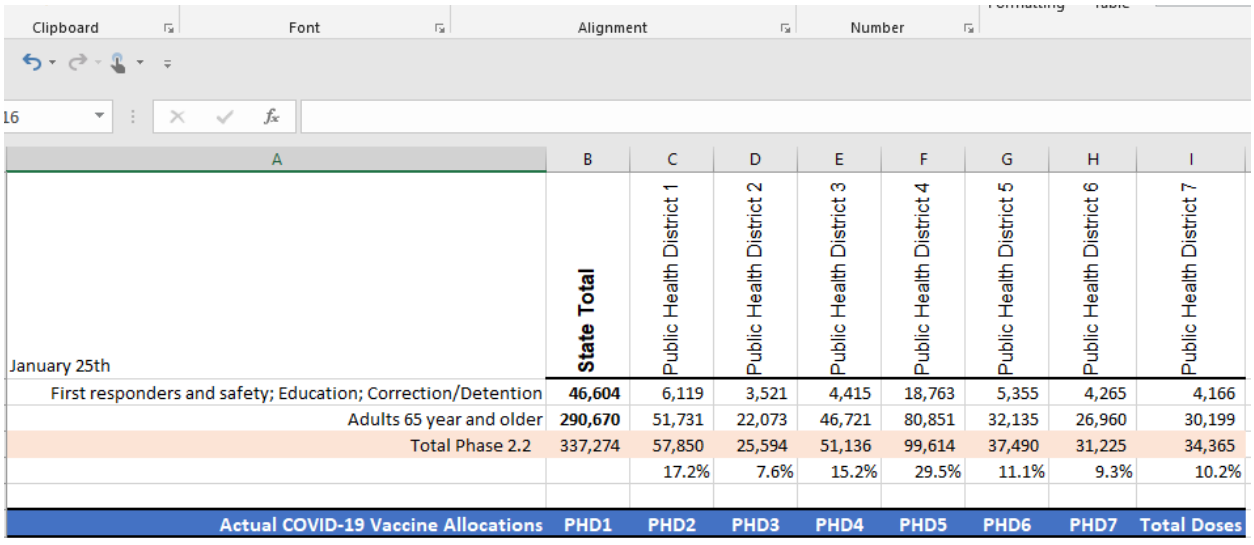
- 310 Enrolled Provider Locations
  - District 1 – 40 Enrolled
  - District 2 – 15 enrolled
  - District 3 – 51 enrolled
  - District 4 – 73 enrolled
  - District 5 – 44 enrolled
  - District 6 – 45 enrolled
  - District 7 – 42 enrolled
- 49 provider locations are in process

As of yesterday, Idaho's immunization status was:

- 68,627 have received at least one dose
- 54,895 have received only one dose
- 13,732 have received both doses
- Total doses administered is 82,475

Sarah shared the detailed vaccine allocation, ordering, and distribution timetable developed to optimize vaccine distribution and administration efficiency. Please see Sarah's presentation slide for more details.

Sarah discussed Idaho's allocation across Public Health Districts (PHDs) for first responders and safety, education, and corrections/detention workers (Idaho Group 2.2), per the following table as of January 25th. The table also shows the actual distribution allocation totals for next week.



January 25th	State Total	Public Health District 1	Public Health District 2	Public Health District 3	Public Health District 4	Public Health District 5	Public Health District 6	Public Health District 7
First responders and safety; Education; Correction/Detention	**46,604**	6,119	3,521	4,415	18,763	5,355	4,265	4,166
Adults 65 year and older	**290,670**	51,731	22,073	46,721	80,851	32,135	26,960	30,199
Total Phase 2.2	337,274	57,850	25,594	51,136	99,614	37,490	31,225	34,365
		17.2%	7.6%	15.2%	29.5%	11.1%	9.3%	10.2%
Actual COVID-19 Vaccine Allocations	**PHD1**	**PHD2**	**PHD3**	**PHD4**	**PHD5**	**PHD6**	**PHD7**	**Total Doses**

Moving forward, Idaho is currently expecting 20,925 doses weekly, with second doses arriving 2.2 to 3.5 weeks later, depending on Pfizer or Moderna. Also, population estimates are subject to change. Additional vaccine-related changes are expected in the near future as the new administration rolls out its pandemic response strategies.

Public Health District and Local Level

Amy Gamett, Clinical Services Division Administrator for the Eastern Idaho Public Health District, provided an update on local vaccination efforts. Vaccine is being administered in alignment with the priority groups established by the CVAC and Governor. However, some smaller districts are moving through their priority groups more quickly.

Providers continue to enroll with the Idaho Immunization Program, which will help increase capacity and throughput as more vaccine becomes available. Most enrolled providers are willing to vaccinate all vaccine priority groups. Mass clinics are underway (or planned) in the majority of health districts. Health Districts are coordinating with and assisting other enrolled providers, and strategies are in place to reach rural communities. PHDs are coordinating with community partners, Medical Reserve Corps volunteers, and Idaho National Guard to assist with clinics.

Processes are in place to connect patients to vaccinations, including:

- Providing information through call centers, websites, traditional media, social media
- Providing the option for notification when priority groups are eligible to receive vaccine
  - Facilitating appointment scheduling: directly scheduling patients via phone or online
  - Directly connecting patients to providers
  - Publishing provider lists/info

(Note: PrepMod is not widely used as many providers have their own Electronic Health Record software for scheduling.)

Amy shared the primary challenges at the local level, which are in many cases influenced by decisions at higher levels:

- Transitioning from smaller target groups to larger populations - districts ask for the public's patience while vaccines doses are extremely limited
- Very limited vaccine supply and current allocations are far below the demand and capacity
  - Priority group 2.2 is very large (individuals aged 65+) = 290,670
  - Current weekly vaccine allocation = 20,925
  - It is estimated it will take approximately ten weeks to complete this priority group
- Data entry/reporting lags must be taken into account:
  - Lag time between CDC reporting of vaccine allocation until received by local providers
  - Lag time between vaccine dose administered and reported
  - New enrolled providers (IRIS data entry, EMR interface)

Based on COVID-19 vaccination experience so far, PHDs are estimating 70-80% vaccine uptake.

CVAC Members and staff raised the following comments/questions regarding vaccine progress:

- DHW is monitoring high-performing states to glean best practices.
- EMS personnel have received vaccine administration training and are now able to assist.

- Do we report the percentage of doses given compared to the number distributed? It seems we have received many more doses than the 82,475 doses reported as given.
  - The proportion of vaccine administered versus received is not currently reported on the website. Once the shipments become more regular, we may be able to provide those data.
- Are doses from past allocations that haven't been utilized by districts taken into account?
  - All vaccine is tracked and monitored and PHDs are in contact with all providers regarding inventory levels.
- What type of targeted communication is being done for those who may not otherwise be connected to the healthcare system/primary care physicians or the internet?
  - Local partners are working diligently to communicate to target populations. We will be discussing this further at the next meeting.

- Do we have a timeframe goal for the percentage of certain subgroups vaccinated?
  - DHW is working to coordinate with all PHDs. Goals include administering doses within seven days of receipt.
- Are districts assessing throughput based on their vaccine provider capacity?
  - Yes, providers are tracking throughputs, and many are reporting it being higher than originally estimated given experience with early clinics. Current vaccine supply is what is driving timelines, not throughput. When supply increases, throughput will become key in moving vaccine.
- How will it be decided who in the 65+ list gets the vaccine first? In other words, how do we prioritize this priority group? How will they sign up: through their health district, or directly with an administrator?
  - CVAC did not further sub-prioritize this group. To find out when and where you can get your vaccine, please see: https:///healthandwelfare.idaho.gov/covid-19-vaccination.
- Are there significant differences between the CDC vaccine administration data and Idaho data? Is the data delayed as in many other states?
  - There is not a significant delay. The CDC data are 24-48 hours behind ours.
- Are we set up to handle an increase in allocations (if and when they come), ensuring no delay in vaccine administration?
  - Yes, providers have considerable capacity to increase throughput. Also, additional vaccination providers are being enrolled every day.
- Are second dose allotments deducted from the overall allocation to Idaho or are they in addition to it?
  - Second dose allotments are "automatic" right now based on first dose allotments. They are not taken off the top of our allocation.
- Re: administering vaccine within seven days of receipt, does this mean we are to use our second dose allocations as first doses so that we don't lag? Should providers use second dose allocations as first in these cases?
  - Second doses are specifically matched to first dose allocations. Providers should not use second doses as first doses.
- Is there a need for additional medical professionals to administer vaccines? The Board of Medicine has received a request to update the scope of practice temporarily to allow administering COVID vaccines.
  - All options available are welcome. Anything to increase capacity would be helpful - especially if supply continues to increase.

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

Elke Shaw-Tulloch began by grounding the group in the CVAC Goals:

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

Additional key considerations include limited vaccine supply, epidemiological data, and logistics.

Elke affirmed that the current prioritization focus is on Idaho groups 1 and 2 for now, and that CVAC votes are reviewed with the Governor as soon as possible for a final decision.

Dr. Burgess reviewed the subgroup prioritization discussion and voting process:

1. Prepared options will be presented to CVAC based on new ACIP/CDC recommendations, stakeholder input, and public comment
2. All CVAC members will discuss the presented options
3. CVAC voting members will vote for preferred groups
4. If one proposed group gets a clear majority, that will be considered a final vote
5. If no clear majority:
    - Further CVAC discussion will take place
    - CVAC will re-vote
    - Majority rules on the second vote
    - All recommendations go to the Governor for final approval, including all notes and discussion

In accordance with CDC or CISA guidance, Dr. Burgess reviewed the following recent DHW subgroup clarifications for Idaho groups 1 and 2:

- Healthcare students doing rotations in clinical settings are included as healthcare personnel for those settings
- Included in outpatient and inpatient medical staff not already included in previous groups and who are unable to telework are:
    - Outpatient substance abuse treatment providers
    - Physical therapists and physical therapy assistants
    - Eye bank workers
    - Speech pathologists
    - Pediatric home health providers
- Group 2.1 (first responders - other than EMS - and safety: fire/police/protective services/community support) includes:
    - Search and rescue team members
    - TSA Workers
    - Animal control officers
- Group 2.3, public transit workers includes regional transit bus drivers

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[2], as follows:

1. Should clergy who enter healthcare facilities to provide religious support to patients (e.g., give last rites) be included in Group 1? [Other clergy are included in Group 2.1 community support.]
   Yes: 27 No: 0

   CVAC Member and staff comments/questions to inform voting:
   - How do we delineate between clergy who do and do not enter healthcare facilities?
       - Primarily through the honor system and may ask for identification.

2. Should foster parents be included in Group 2.1, community support? [A 'no' vote indicates foster parents would fall into ACIP Phase 3, general public, unless otherwise included in an earlier group.]
   Since the initial vote was very close, the group engaged in additional discussion and placed a second (final) vote.
   First Vote - Yes: 12 No: 15 Second Vote – Yes: 3. No: 25

[2] One CVAC voting member was unable to vote through the WebEx system and submitted votes separately. These votes are added to the totals accordingly.

CVAC Member and staff comments/questions to inform voting:

- How many foster parents are there in Idaho? And we having problems placing COVID+ children? Would we be thinking of them as child welfare workers who are already included as first responders? Foster parents have to be okay with the children being exposed to potentially high-risk parents during visitation, etc. so foster parents' desire to be prioritized earlier is understandable.
  - Sometimes children are removed from homes late at night or in the middle of the night - this can be very traumatic for the children. It may be possible to make rapid antigen tests available. (More discussion can be pursued on testing options offline.) Crisis foster homes should already be included in community support

3. Should the subset of gas, electric, and water utility workers who respond to emergencies (e.g., broken mains, downed power lines) be included in Group 2.1 with first responders? [A 'no' vote indicates that this subset of gas, electric, and water utility workers would fall into Idaho Group 3 (ACIP Phase 1c), "other essential workers", along with other energy, water, and wastewater sector workers.]
   Yes: 8 No: 18

   CVAC Member and staff comments/questions to inform voting:
   - It is estimated about 1000 workers (electric and water) fall into this category
   - These are truly frontline workers who keep society up and running. They work with homeowners and cannot work from home.
   - Do utility workers who respond to emergencies enter customers' homes? What exposure does this group have on emergency calls? Does this work really have high interaction with the general public versus just their work team? Don't most of these workers work outside or would have limited contact if they had to go inside? It seems their public exposure would be very limited and, while these are essential tasks, they are not frontline essential workers. The exposure risk to many other people is very low.
     - Consider that public exposure is also limited for Fish and Game as well, but we have them in this category.
     - The CDC/ACIP does specify the consideration of likelihood of interface with others.

4. Should non-USPS package delivery services (e.g., UPS, FedEx, Amazon Prime) be included in Group 2.3, U.S. Postal Service workers? [A 'no' vote indicates the non-USPS package delivery services would fall into ACIP Phase 1c, other essential workers in transportation and logistics.]
   Yes: 0 No: 27

   CVAC Member and staff comments/questions to inform voting:
   - This group is estimated to contain approximately 3,400 workers.
   - USPS has a legal obligation to serve while private entities can opt out if not beneficial to their companies.
   - Do these workers have much face-to-face interaction or are they primarily doing door drop off without interaction?

CVAC Members and staff discussed these additional groups/considerations in the time remaining:

- The more people we add to earlier groups, the longer it will take to get to the health marginalized.
- We cannot get our police and law enforcement personnel shots. Adding more people to groups who have quite limited exposure does not make sense.
- We need to get clarification on whether there will be residence verification/ID requirements in order to get a vaccine. Also, how will hospitals provide second doses to inpatients?

- Nursing and allied health students in field placements/practicums have been included in priority groups with their professional peers. Will this same logic apply to students in other field placements as their professional peers are prioritized? For example, may student teachers be vaccinated with other K-12 teachers? To be clear, this would only apply to students in field placements where they have the same exposure as their professional peers.
    - Healthcare students were a priority because hospitals with known COVID patients were not allowing students in.

- Are school board members included in "education?" They are in school buildings every week. Some health districts have included them, while others have not.
    - Wasn't the original intent to impact teachers who have prolonged exposure to students who would be asymptomatic carriers?
    - Board Members, while important, are not essential workers.
    - Medical students are seeing patients. Are school board members teaching students?
    - PHDs are doing the best they can to follow and interpret statewide guidance.

- We need to clarify whether residential colleges (e.g., liberal arts colleges that normally require a certain number of students to live on campus) would be considered "residential educational facilities." Should we clarify that residential schools for behavioral health are the only ones included beyond those schools (of all kinds) providing pre-K - 12 education?
    - Some college professors are getting vaccinated even though they are able to telework. This is apparently happening under the clarification of "residential schools."
    - The bullet was intended to reflect residential schools that are providing behavioral health treatment or other facilities that are providing behavioral health treatment.
    - Higher education faculty are still being discussed to determine their priority level.

- Where are language and ASL interpreters in health and legal settings in the priority listing?
    - Interpreters who work in specific occupations (medical, legal, etc.) fall within that occupational category. Hospitals considered interpreters to be part of their staff.

Wrap Up

Monica summarized the meeting. The next meeting is scheduled for:
Friday, February 5th, 2021
12:00 – 2:00 p.m.

Meeting slides will be sent to members after the 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 February 5th meeting will be sent Monday, February 1st.

Monica thanked 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.