IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, February 19th, 2021
12:00 – 2:00 p.m.

SUMMARY REPORT

CVAC Members and Staff 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
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, 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
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
Alicia Estey, Chief of Staff and Vice President for Compliance, Legal, Public Health, and Audit	Boise State University
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
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
Brad Richy, Director	Idaho Office of Emergency Management
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
Sara Garrett, Project Manager I	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

Name/Role:	Organization/Representing:
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

Attendance Acknowledgement and Meeting Overview
Monica Revoczi, Facilitator

Monica Revoczi thanked all members and those listening in for attending. She encouraged COVID-19 Vaccine Advisory Committee members and staff to review the list of attending members found above the WebEx Events meeting chat pane. CVAC Member designees not previously mentioned were asked to introduce themselves in the chat.

Monica reviewed the meeting agenda and online participation functions and guidelines for the meeting. She asked that members engage in live discussion as much as possible and limit use of the chat to additional resource sharing and quick questions, allowing the main focus to remain on the group discussion.

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

Dr. Patrice Burgess welcomed CVAC members and other attendees. She affirmed that CVAC's robust collaboration will result in better vaccine recommendations to the Governor. 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
- 1/22/21 Voted on further clarifications for Idaho Group 1 and 2
- **2/5/21 Voted on further clarifications for Idaho Groups 1 and 2**

The *main work for CVAC today* is to discuss and vote on further clarifications for Idaho Groups 2 and begin discussions and take a preliminary vote on Idaho Group 3.

Elke Shaw-Tulloch thanked everyone for attending. She reviewed the existing process for gathering public input and sharing it with the CVAC. Public comments will only be accepted in writing to the dedicated email address: covid19vaccinepubliccomment@dhw.idaho.gov. Input received by 12:00 p.m. MST the Monday prior to each CVAC meeting will be forwarded to CVAC members. She also affirmed that ASL interpreters are available at all CVAC meetings.

Presentation of Online Votes for Idaho Group 2
Dr. Patrice Burgess, Chair
Elke Shaw-Tulloch, Executive Secretary

Dr. Burgess shared the results of the between-meeting voting survey addressing votes pending from the previous CVAC Meeting per the table below:

Category	Idaho Group/ Subgroup
Frontline Essential Workers & Adults 65 Years of Age and Old	
Frontline essential workers: workers who are in sectors essentia[l] substantially higher risk of exposure to SARS-CoV-2.	
First responders (firefighters/police) and safety (protective services/com	
• Coroner and medical examiners	
• Idaho Fish and Game and USDA law enforcement officers	
• Adult and child protective services	
• Child welfare workers	
• Community food, housing, and relief services	
Education: pre-K–12 school staff and teachers and daycare [childcare] workers	
• Residential schools/facilities providing behavioral health treatment	
Correctional and detention facility staff (other than medical)	
Adults 65 years of age and older	
Food and agriculture workers	
Food processing workers, includes USDA processing plant inspectors	
Grocery, convenience store, and food pantry workers	
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
Flight crews Y 19 N 11	2.3

Does not include faculty and staff who provide face-to-face services at postsecondary settings — Y 14 / N 17

Does not include public library workers — Y 8 / N 24

Group 2.3 does not include:

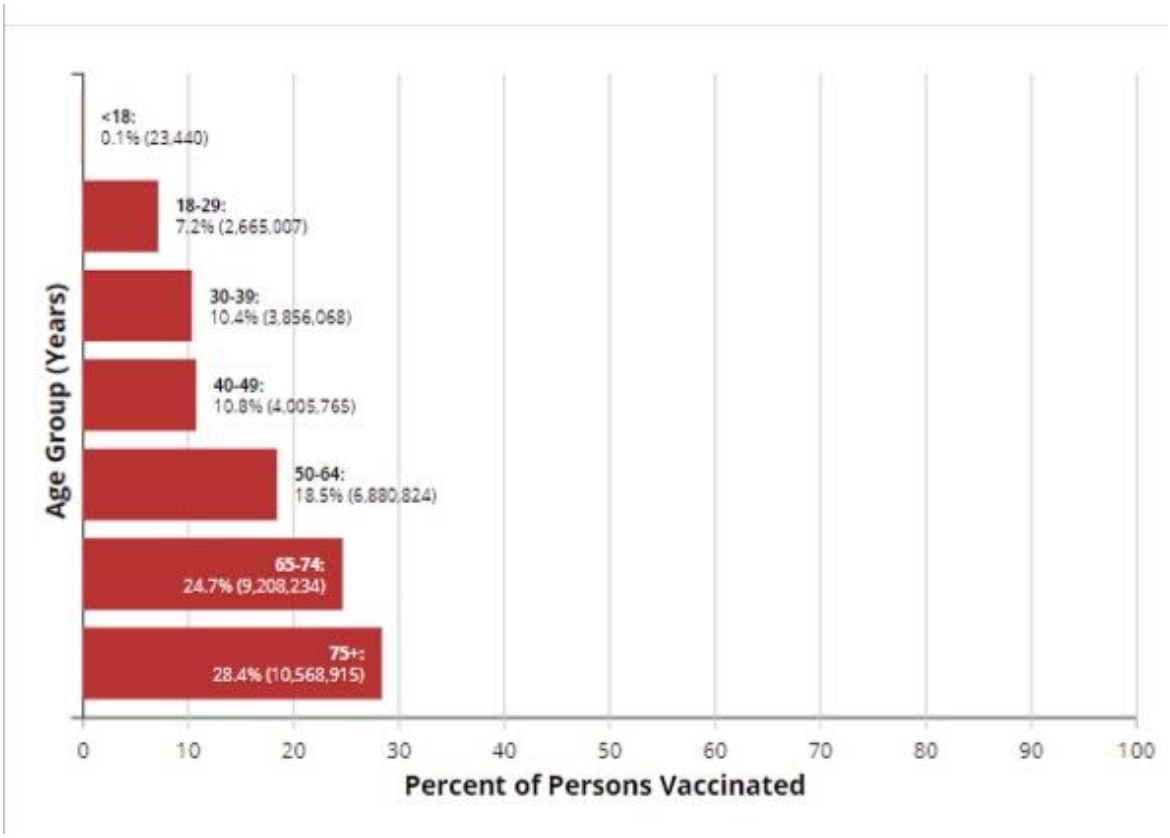
- Bureau of Reclamation dam workers — Y 12 / N 19
- "On-site" apartment staff — Y 5 / N 26
- Airbnb hosts — Y 1 / N 31
- Hotel workers — Y 8 / N 23
- Media covering the legislative session in person and other "frontline" reporters — Y 6 / N 24

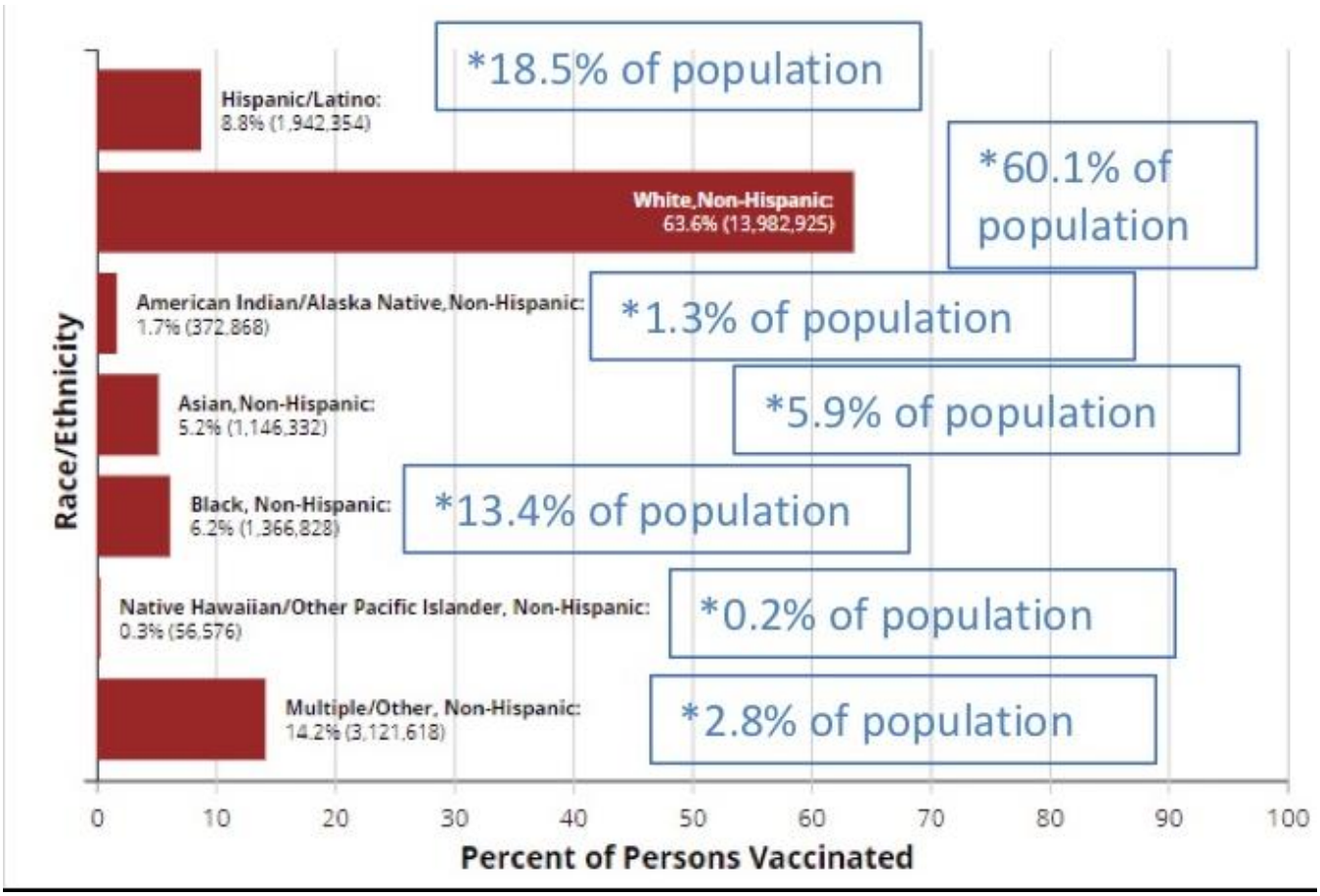
COVID-19 Vaccine Progress: National and State (Idaho Immunization Program)
Dr. Christine Hahn
Sarah Leeds

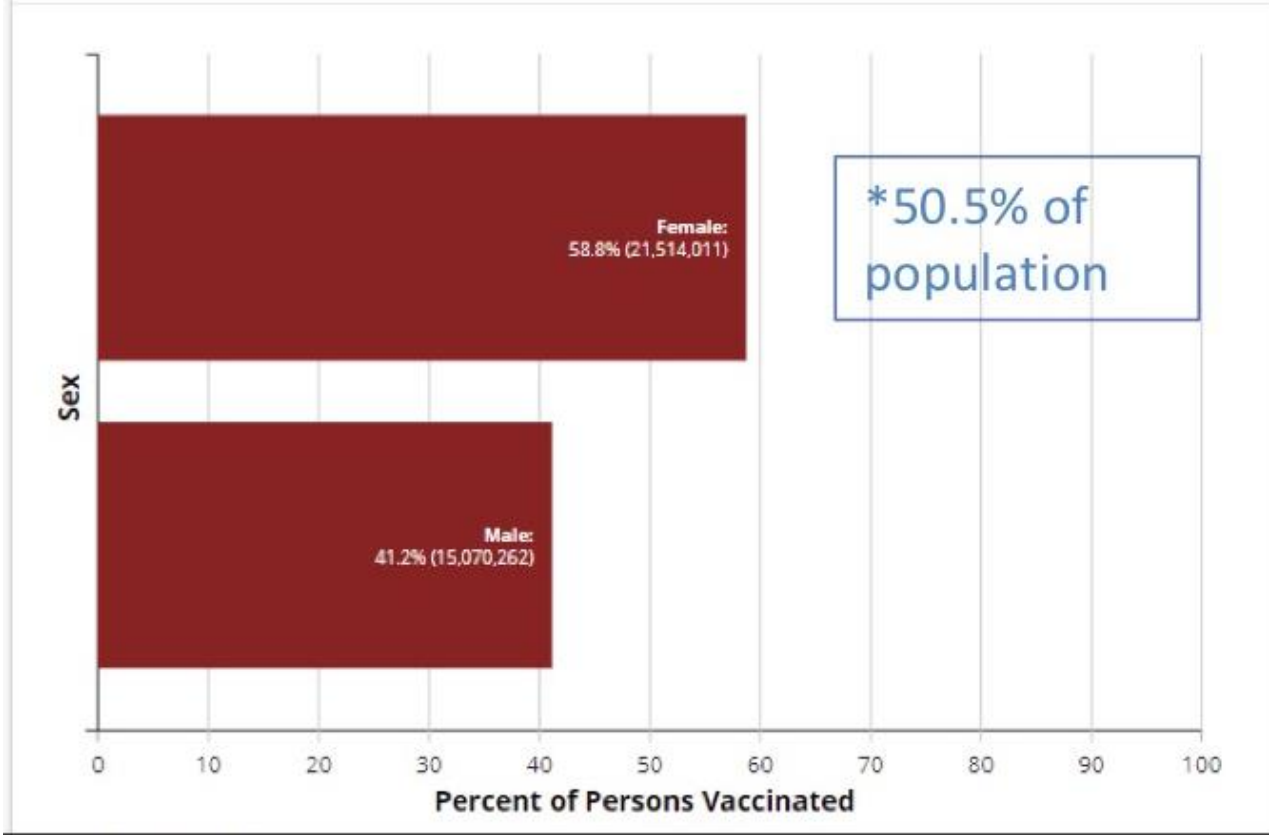
National Level

Dr. Hahn began by sharing that Idaho's vaccine allocation is currently ranked 47th in the country at 18,838 doses per 100,000 adult population. As stated in previous meetings, this is partly due to Idaho's relatively high proportion of population under 18 years. Nationally, 73,337,450 doses have been distributed. Vaccine types are currently almost equally split between Pfizer and Moderna. Idaho currently ranks 39th for the number of doses administered per 100,000 adult population.

National data from the CDC website – per the three tables to follow – shows that currently the largest age group proportions that have been vaccinated are 75+ year of age (28.4%) and 65 – 74 (24.7%). In terms of race/ethnicity, 63.6% of those vaccinated are white/non-Hispanic, 8.8% Hispanic/Latino, and 6.2% black/non-Hispanic. The latter two groups are significantly underrepresented in accordance with their proportion in the population. Close to sixty percent of those vaccinated are female (50.5% of the population).


<18:
0.1% (23,440)
18-29:
7.2% (2,665,007)
30-39:
10.4% (3,856,068)
40-49:
10.8% (4,005,765)
50-64:
18.5% (6,880,824)
65-74:
24.7% (9,208,234)
75+:
28.4% (10,568,915)
Age Group (Years)
0
10
20
30
40
50
60
70
80
90
100
Percent of Persons Vaccinated


*18.5% of population
Hispanic/Latino:
8.8% (1,942,354)
*60.1% of population
White,Non-Hispanic:
63.6% (13,982,925)
American Indian/Alaska Native,Non-Hispanic:
1.7% (372,868)
*1.3% of population
Asian,Non-Hispanic:
5.2% (1,146,332)
*5.9% of population
Black, Non-Hispanic:
6.2% (1,366,828)
*13.4% of population
Native Hawaiian/Other Pacific Islander, Non-Hispanic:
0.3% (56,576)
*0.2% of population
Multiple/Other, Non-Hispanic:
14.2% (3,121,618)
*2.8% of population
Race/Ethnicity
0
10
20
30
40
50
60
70
80
90
100
Percent of Persons Vaccinated



Dr. Hahn also reminded the group that the Johnson & Johnson (Janssen Biotech, Inc.) vaccine will be reviewed by the FDA on February 26th and could be authorized as soon as February 27th. ACIP could meet to finalize the FDA's recommendation as early as February 28th. The Johnson & Johnson vaccine can be stored in refrigerator temperatures and requires a single dose. Efficacy statistics show:

- 66% overall (57% in the South African cohort – the first country to use this vaccine)
- 85% against severe disease
- 100% against hospitalization in the US cohort

Please see Dr. Hahn's slides for more details, and more information can be found at https://www.jnj.com/johnson-johnson-announces-single-shot-janssen-covid-19-vaccine-candidate-met-primary-endpoints-in-interim-analysis-of-its-phase-3-ensemble-trial.

State Level: Idaho Immunization Program

Elke Shaw-Tulloch shared that a new partnership between the Idaho Office of Emergency Management, FEMA, and a federal Incident Management Assistance Team is working to determine capacity for vaccine delivery and assist planning of administration logistics. In addition, the state is assessing capacity and plans for vaccine administration modalities to ascertain:

- Readiness for Group 2.3 remaining frontline essential workers
- Readiness for Group 3 and beyond, as well as additional vaccine

A statewide registration tool is also under development to address challenges with getting appointments and to help adjust for unexpected changes to vaccine supply.

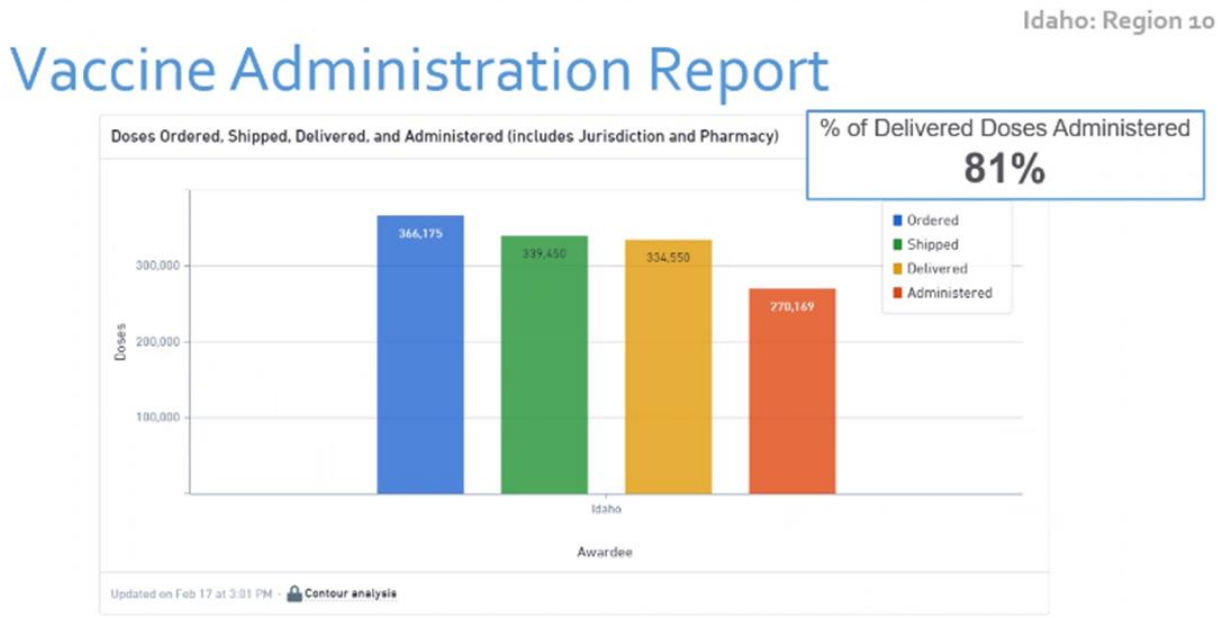
Sarah Leeds provided updates on provider enrollment, administration data, and allocation increases.

Currently, Idaho has enrolled 424 provider locations, increased from 399 two weeks ago. District breakdowns are as follows:

- District 1 – 47 Enrolled
- District 2 – 23 Enrolled
- District 3 – 59 Enrolled
- District 4 – 123 Enrolled
- District 5 – 54 Enrolled
- District 6 – 56 Enrolled
- District 7 – 58 Enrolled

As last reported, one-third of enrollees are still pharmacies. Forty-one provider locations are currently in the process of being enrolled.

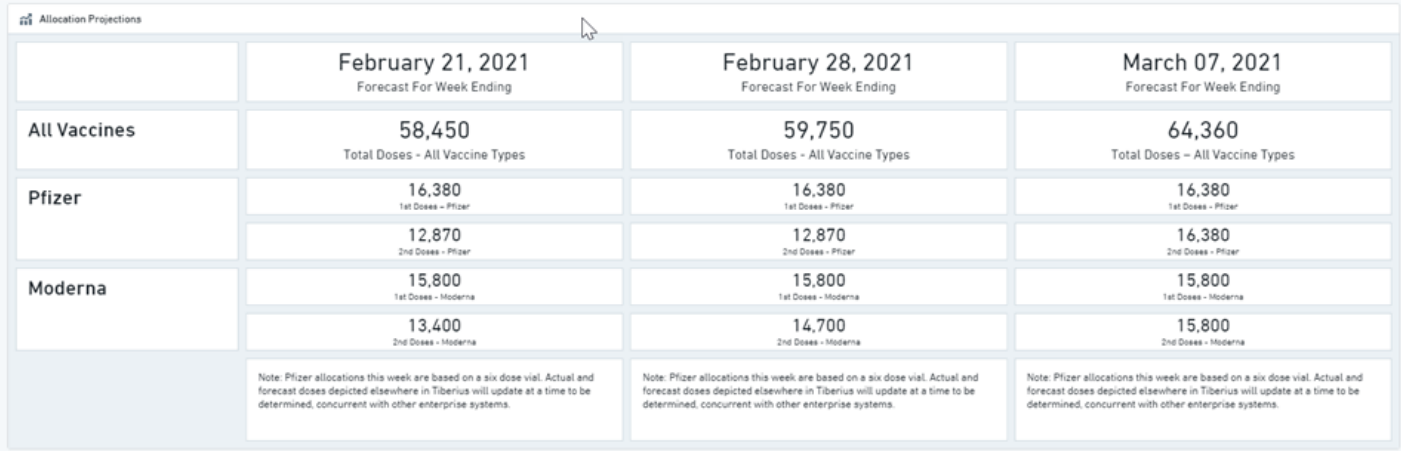
As shown in the graph below, 81% of Idaho's delivered doses have been administered:



Although extreme weather around the country has impacted shipments this week, there seems to be adequate flexibility in the timing of second dose administration. Sarah reported the following anticipated allocation and capacity increases for Idaho:

- 25% increase in Pfizer doses this week (not including the 6th dose/vial): 3 trays (3,510 doses)
- Extra/sixth dosage per vial increases doses per tray from 975 to 1,170
- Increases in allocation in Federal Pharmacy Partnership Program
  - Anticipating 10,000 doses for Idaho
  - Adding Cardinal Chain Pharmacies to Walmart and Albertson's/Savon

Sarah reported it is now possible to create three-week allocation forecasts through Tiberius, Idaho's micro-planning tool. She shared the following schedule for Pfizer and Moderna vaccines:



Allocation Projections

	February 21, 2021 Forecast For Week Ending	February 28, 2021 Forecast For Week Ending	March 07, 2021 Forecast For Week Ending
All Vaccines	58,450 Total Doses - All Vaccine Types	59,750 Total Doses - All Vaccine Types	64,360 Total Doses – All Vaccine Types
Pfizer	16,380 1st Doses - Pfizer	16,380 1st Doses - Pfizer	16,380 1st Doses - Pfizer
	12,870 2nd Doses - Pfizer	12,870 2nd Doses - Pfizer	16,380 2nd Doses - Pfizer
Moderna	15,800 1st Doses - Moderna	15,800 1st Doses - Moderna	15,800 1st Doses - Moderna
	13,400 2nd Doses - Moderna	14,700 2nd Doses - Moderna	15,800 2nd Doses - Moderna
	Note: Pfizer allocations this week are based on a six dose vial. Actual and forecast doses depicted elsewhere in Tiberius will update at a time to be determined, concurrent with other enterprise systems.	Note: Pfizer allocations this week are based on a six dose vial. Actual and forecast doses depicted elsewhere in Tiberius will update at a time to be determined, concurrent with other enterprise systems.	Note: Pfizer allocations this week are based on a six dose vial. Actual and forecast doses depicted elsewhere in Tiberius will update at a time to be determined, concurrent with other enterprise systems.

Three-week forecasts may not be possible in the early weeks of Janssen vaccine distribution. Idaho expects smaller amounts initially with a gradual increase. Nationally, 100 million doses are expected through June.

"A Day in the Life": Vaccination Administration Realities
Amy Gamett, Clinical Services Division Administrator, Eastern Idaho Public Health

CVAC Member Amy Gamett shared the following areas of focus, challenges, and success of the first two months of vaccine administration in the Easter Idaho Public Health District (EIPH):

Month	Focus	Challenges	Successes
December	• Long Term Care Facilities • Vaccine distribution to hospitals • Priority group 1 • Clinics provided 7 days a week • Clinic logistics	• Connecting with clinic staff over the holidays • HCW apprehension being the "first" vaccinated	• Partnership with an EMS agency for end-of-day doses • Early vaccination of several long-term care facilities
January	• Continuation of early targeted priority groups • Expanded to education and K-12 school staff and teachers • Connected School districts with partners for "large" clinics, including rural school districts • Implemented the Health Department's own "large" clinics • Developed a plan for Medical Reserve Corps and other volunteers in clinics	• Clarifying "education staff" • Some partners struggled with logistics of a "large" clinic • **Managing second dose no-shows and reschedules**	• **Successful test run of online link for school staff to schedule their appointments directly through our EMR** • Throughput for large clinics was much higher than anticipated.

She shared that management of second-dose no-shows and rescheduling has been exceptionally challenging.

In February, the focus has been on:

- Age 65+ population
- Managing high demand and limited vaccine
- Messaging
- Scheduling – approximately 60% is done online and 40% over the phone. More than 2000 appointments can be scheduled in 20 minutes.

Despite finding that the scheduling process for earlier groups did not work as well for this group, EIPH had a successful 65+ kickoff February 1st, with 739 vaccinations given by 24 staff and volunteers over nine hours. The largest EIPH clinic to date this month has vaccinated 1049 individuals in one day. Paperwork is completed in cars, social distancing is carefully managed, and vaccine recipients wait 15 minutes post-vaccination in case of adverse reactions.

Amy provided more information about the evolving EIPH scheduling process. EIPH had started a vaccine eligibility notification list in December. In February, EIPH created and messaged a "wait list": individuals on a prior notification list were included, and others were directed to sign-up over the phone or online. On February 12, 2021, the process changed: EIPH began calling and texting those eligible to receive the vaccine with a message to call back to schedule appointments. By February 18, 2021, EIPH was two-thirds through the waitlist, and while some counties' current lists are complete, others continue to have individuals submit to the waitlist.

Looking forward, EIPH is managing the following dynamics/challenges:

- The 65+ group overlaps with the next priority group
- Logistics of 2nd dose rescheduling and no shows
- Vaccine shipping delays
- Smaller counties priority groups being completed earlier than more populous counties
- Group 2.3
    - Managing volume
    - Stratification and equitable distribution
    - Confirmation of eligibility

Further Clarification and Votes for Idaho Group 2

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 reminded the group that additional clarifications that align with CDC or CISA guidance are made by DHW.

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

- Prepared options will be presented to CVAC based on new ACIP/CDC recommendations, stakeholder input, and public comment
- All CVAC members will discuss the presented options
- CVAC voting members will vote for preferred groups
- If one proposed group yields a simple majority, that will be considered a final vote (per the CVAC Charter)
  - All recommendations (including accompanying notes and discussion) go to the Governor for final approval, modification, or rejection
  - If there is no CVAC conclusion at the end of a meeting, the Governor may use his authority to decide after reviewing the deliberations of that CVAC meeting

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

1. Should **instructors for CPR, AED, and basic life support** be included in Group 2.1, First responders and safety? *(A "no" vote indicates that instructors for CPR, AED, basic life support would be included in Idaho Group 3/ACIP Phase 1c in Public Safety.)* (Number is currently unknown.)
   Yes: 3 No: 25

   CVAC member and staff comments to inform this vote:
   - Many CPR instructors are also first responders, but not all.

2. Should **Red Cross Emergency Operations Center workers** be included in Group 2.1, Community food, housing, relief services? *(A "no" vote indicates that Red Cross Emergency Operations Center workers would be included in Idaho Group 3/ACIP Phase 1c in Shelter and Housing.)* (n = 259)
   Yes: 6 No: 23

   CVAC member and staff comments to inform this vote:
   - 259 is the total number of frontline essential workers for the Red Cross in Idaho. If the Emergency Operations Center is activated, it would be likely be virtual.

3. Should **Social Security Administration staff who are unable to telework and are serving vulnerable populations** be included in Group 2.1, Community food, housing, and relief services? *(A "no" vote indicates that Social Security Administration staff would be included in Idaho Group 3/ACIP Phase 1c.) (n = 27)*
   Yes: 15 No: 11

4. Should **plumbers** be included in Group 2.3, Frontline essential workers? *(A 'no' vote indicates that plumbers would be included in Idaho Group 3/ACIP Phase 1c in Shelter and Housing.)* (n = approximately 2,050)
   Yes: 0 No: 28

   CVAC member and staff comments to inform this vote:
   - Epidemiological data does not identify this group as high risk.
   - It appears feasible for this group to physically distance and wear masks.

5. Should **janitorial and cleaning staff** be included in the sector in which they work?

   Yes: 15 No: 14

   CVAC member and staff comments to inform this vote:
   - Sectors employing janitors include healthcare, legal, education, food production, etc.

Idaho Priority Group 3: Considerations and Initial Discussion
Dr. Patrice Burgess, Chair
Elke Shaw-Tulloch, Executive Secretary

Elke Shaw-Tulloch reviewed the population subgroups included in ICIP Phase 1c:

- Persons aged 16–64 years with medical conditions *that increase the risk* for severe COVID-19
- All other essential workers, including:
  - Transportation and logistics
  - Water and wastewater
  - Food service
  - Shelter and housing (e.g., construction)
  - Finance (e.g., bank tellers)
  - Information technology and communications
  - Energy
  - Legal
  - Media
  - Public safety (e.g., engineers)
  - Public health workers

Next, Dr. Burgess shared the process to begin discussing and developing Idaho's Group 3 sub-prioritization:

- Review background for Idaho Group 3/ACIP Phase 1c
- First round:
  - Pick from four approaches
    - Follow ACIP Phase 1c
    - Follow ACIP Phase 1c with ranking populations
    - Modify ACIP Phase 1c with ranking populations
    - Completely different approach
- Second round:
  - Take two votes for new population groups not yet considered
    - Will need further discussion and consideration on placement depending on round one of voting
    - Later considerations for next meeting:
  - Other essential workers clarifications

For further context, Elke reviewed the high-risk conditions that increase the risk of severe COVID-19 per the CDC:

- Cancer (having cancer)
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m^2 or higher but < 40 kg/m^2)
- Severe Obesity (BMI ≥ 40 kg/m^2)
- Pregnancy
- Sickle cell disease
- Smoking (current or former cigarette smoker, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#smoking)
- Type 2 diabetes mellitus

Data to help understand the risk of various health conditions is often compiled from multiple sources. Current Idaho estimates indicate:

	Idaho Adults aged *18-49* with medical conditions which increase risk of severe COVID-19 complications, BRFSS 2018-2020 (aggregate)	Idaho Adults aged *50-64* with medical conditions which increase risk of severe COVID-19 complications, BRFSS 2018-2020 (aggregate)
One high-risk condition	243,590	106,531
Two or more high-risk conditions	54,377	61,833
At least one high risk condition [sum of above]	297,967	168,364

Please see the slides for more details on various conditions and corresponding Idaho population estimates.

Dr. Burgess presented four initial options for CVAC consideration to begin determining Idaho's direction for Group 3. The group discussed and CVAC Voting Members submitted preliminary votes, yielding the following (see comments below table):

Option	Persons to be Included	Estimated Idaho Population Group Size (Based on category of condition, what we know about pop numbers and age)
A	Align with ACIP: Persons 16-64 years of age with Medical Conditions *and* Essential Workers Votes: 2	297,967 (16-64 w/ at least one high-risk medical conditions) + 82,844 (other essential workers) = **380,811**
B	Persons 50-64 years of age with at least one High-Risk Medical Conditions as defined by CDC *and* Essential Workers Votes: 2	168,364 + 82,844 (other essential workers) = **251,208**
C	Persons 50-64 years of age with at least one High-Risk Medical Conditions as defined by CDC *before* Essential Workers Votes: 11	**168,364**
D	Age group only Votes: 12	• 55-64 next = **218,360** • then, 45-54 = **201,766** • then, 35-44 = **227,172** • then, 25-34 = **236,490** • then, 18-24 = **164,406**

There are several important things to remember:

- Today's discussion was intended to *begin* this complex discussion and the vote is not a final indication of Idaho's Group 3 prioritization approach. This is a complicated matter that will require further consideration and discussion.
- Options A and B above, while yielding few preliminary votes, suggest that including high-risk medical conditions is under consideration.

CVAC comments and discussion included:

- Including current and/or past smokers dramatically inflates high-risk condition population estimates. It may be possible to consider these in a different way.
- Many individuals with disabilities have other high-risk conditions.
- Age may be the easiest/best way for vaccinators to verify eligibility.
- Age is still a strong indicator of risk.
- Use hospitalization/death data to help determine stratification in addition to age.
- We must be careful not to omit certain groups from consideration because we lack national or other data (e.g., population estimates for disabled persons living in congregate housing).
- We must consider the volume of vaccine required if we open up by age only.
- Consider prioritizing based on morbidity by age ("hybrid" option): stratify the population by age and high-risk condition. Apply this criteria to the scheduling process. Then, open up by age only.
- Post/communicate criteria and have individuals attest to their eligibility (honor system).
- We must address socio-economic factors and access to computers.
- We must keep in mind ethics/equity given minoritized populations often at higher risk of comorbidities and complications from COVID. If we simply prioritize by age, we may risk moving away from equity and prioritizing those groups that have suffered the greatest burden of COVID19, even though it would be easier to implement vaccination just by age.
- Remember that it is a matter of months until everyone who wants to be vaccinated will be eligible.
- Providers can manage age plus disease eligibility with invitations to patients (for those connected to primary care). This underscores the importance of getting vaccines to primary care providers. Primary care provider expertise should be leveraged in determining vaccine eligibility.
- We must account for those who do not have primary care physicians.
- Primary care physicians could vaccinate those with high-risk conditions, while pharmacies could focus on general public age-based vaccination.

Although premature at this time given the initial CVAC feedback on Group 3, Dr. Burgess and Elke previewed the following two additional subgroups to be considered in upcoming deliberations:

Option	Persons to be Included	Estimated Idaho Population Group Size
A	Persons residing in congregate settings not already included (e.g., jails, prisons, certain group homes, other)	**13,182+** Correctional and detention facility adult residents not already included: **12,695** Group housing for persons in recovery or with mental illness that do not require hospitalization: **487+** SHIP housing = 211 beds; Transitionalhousing.org lists 23 homes for Idaho (not SHIP). Estimate 12 beds/home = 276 beds. Seasonal workers not already included who live in group housing. Unknown number at this time, varies with season.
B	Persons 50–64 years old living in multi-generational households	There are ~18,788 multigenerational households in Idaho. (ACS 2019). The number of persons aged 50–64 in these households is not available. The term multigenerational requires 3 generations; likely most of these households have at least one person in this age group.

Wrap Up

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

There are no specific CVAC action items at this time.

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 March 5th meeting will be sent Monday, March 1st.

Dr. Burgess thanked everyone for their attendance and Members for their input. Elke expressed appreciation for everyone's participation.

The meeting was adjourned.