



## Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, February 5<sup>th</sup>, 2021  
12:00 – 2:00 p.m.

### SUMMARY REPORT

#### Meeting Participants in Attendance<sup>1</sup>

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
Kelly Meacham, PA for Jeff Keller, MD, Chief Medical Officer	Centurion
Yvonne Ketchum-Ward, CEO	Idaho Primary Care Association
Mel Leviton, Executive Director	State Independent Living Council
Lenne Bonner, CEO, for Kelly McGrath, MD, MS, Chief Medical Officer	Clearwater Valley Hospital
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees
Christine Neuhoff, Vice President, Chief Legal Officer	St. Luke's Health System
David Peterman, MD, CEO	Primary Health Medical Group

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

Name/Role:	Organization/Representing:
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
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
Magni Hamso, MD, Medical Director for the Division of Medicaid	Idaho Department of Health & Welfare
Steve Malek, MD, Chair	Idaho Board of Medicine
Danielle Pere, MPM, Bureau Chief	Division of Behavioral Health Idaho Department of Health & Welfare
Tamara Prisock, Administrator	Division of Licensing and Certification Idaho Department of Health & Welfare
Brad Richy, Director	Idaho Office of Emergency Management

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
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. 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 Idaho Group 1 and 2**

The *main work for CVAC today* is to discuss and vote on further clarifications for Idaho Groups 1 and 2.

Elke Shaw-Tulloch thanked everyone for attending. She reviewed online public information on “when and where to get your vaccination.” A button with the same name is available on the IDHW COVID-19 vaccine webpage: <https://healthandwelfare.idaho.gov/covid-19-vaccination>.

Next, Elke reported on the Governor’s new Executive Order: Transparency in the Administration of the COVID-19 Vaccine. Starting on February 1<sup>st</sup>, 2021, and continuing thereafter until this order is rescinded or expires by operation of law, IDHW will obtain the following data from each enrolled COVID-19 vaccine provider:

- a. The total number of doses that a public health district has allocated to the health provider - obtained weekly
- b. The total number of allocated doses that the health provider has administered - obtained daily.
- c. The total number of allocated doses currently in inventory - obtained daily.
  - All enrolled COVID-19 vaccine providers are expected to provide the above-referenced information to IDHW in a timely and organized manner.
  - All enrolled COVID-19 vaccine providers are expected to administer doses within seven days of receipt.
  - Beginning no later than February 8<sup>th</sup>, 2021, IDHW will post the above information for each enrolled COVID-19 vaccine provider within the COVID-19 Vaccine Data Dashboard located at [coronavirus.idaho.gov](http://coronavirus.idaho.gov). IDHW will continue to post the required information every business day thereafter until this order is rescinded or expires by operation of law.
  - IDHW shall ensure that no personal health or identifying information of any recipient of a vaccine is posted on its website or otherwise made available to the public.

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](mailto: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. She also affirmed that ASL interpreters are available at all CVAC meetings. Elke reinforced *the importance of all input being channeled through this process*. Individuals or entities should not contact CVAC members and staff at their offices or homes. Providing input in this manner will not increase the likelihood that their concerns will be brought to the Committee. Providing input to the CVAC dedicated email box will ensure your comments/questions get directly to all CVAC members.

## **Attendance Acknowledgement and Meeting Overview**

Monica Revoczi, Facilitator

Monica Revoczi thanked all members and those listening in for attending. She encouraged the Committee 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 acknowledged the challenging work of CVAC members, affirming the multiple sources of information members take into account in every decision: the expertise and perspectives of all CVAC members representing a wide variety of community members/stakeholders, the substantial amount of public input received on a continuous basis, and data informing about the incidence, risks, and outcomes associated with COVID-19. She 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.

## **Population Subgroup Risk Epidemiology: Quick Review of COVID-19 Incidence in Idaho**

Dr. Kathryn Turner, Deputy State Epidemiologist

Dr. Turner provided occupational analysis data from Washington state and California. Washington findings showed that 25% of cases (with employment data) were employed in the health care and social assistance sectors. Other sectors with larger proportions of cases were:

- Agriculture, forestry, fishing, and hunting
- Construction

There is likely little overlap between the groups contained in the analysis and the age 65+ group.

California mortality analysis data revealed those at highest risk worked in the following occupations:

- Food or agriculture
- Transportation or logistics
- Facilities
- Manufacturing

Data also showed risk increased 40% after states began reopening after pandemic-prompted shutdowns. (Keep in mind the data does not imply that occupation was the exposure source.)

Next, Dr. Turner shared research findings bridging occupation/employment characteristics with increased risk of severe COVID-19 illness. It appears that essential workers who cannot work from home are at higher risk for severe COVID-19.

With regard to underlying health conditions, hospitalizations are highest for those who are obese, have hypertension, and have diabetes, respectively. Adjusting for the presence of an individual underlying medical condition, higher hospitalization rates were observed for adults aged  $\geq 65$  or 45–64 years (versus 18–44 years), males (versus females), and non-Hispanic black and other race/ethnicities (versus non-Hispanic white).

Please see Dr. Turner's slides for additional details on these findings and resources for further information.

## Request for Reconsiderations of Previous CVAC Votes

Dr. Patrice Burgess  
Elke Shaw-Tulloch

Dr. Burgess reviewed the current similarities and differences between CDC/ACIP and Idaho CVAC recommended population sub-prioritizations, reminding the group that the main difference is that CDC currently specifies adults over 75+ in group 1b (equivalent to Idaho Group 2), while CVAC voted for 65+. However, the CDC appears to be considering adopting the 65+ grouping, as well.

Elke shared that, after the last CVAC meeting, further investigation and reflection on the size of the “*adult family members who provide in-home personal care*” group (current Idaho population estimate is 286,458) suggested the need to give this group further consideration. Although it is not definitively known how many in this group also fall into other priority groups (e.g., healthcare workers), this is still a very large proportion of Idaho’s population (approximately 20% according to the CDC Behavioral Risk Factor Surveillance System, or BRFSS, survey data) and may delay other sensitive populations in getting vaccinated.

CVAC Members and staff raised the following comments:

- It appears we are putting this group above others. This vote being prioritized in Group 1.2 would move “adult family members who provide in-home personal care” *ahead* of some of the adults they care for. A 40-year-old who cares for a 60-year-old with high-risk medical conditions would be eligible *before* the 60-year-old with the high-risk condition.
- There is no certification of need of full-time care.
- Since the Governor had not yet approved this group, they have not yet been eligible for vaccination despite their previously proposed position in the prioritization matrix.
- This could encompass “everyone.” Perhaps this group can be divided by age, with 65+ prioritized first.
- Sick caregivers will leave those they are caring for at risk and without help.

CVAC voting members decided to not to keep this group in the current position of Group 1.2.  
Vote results were Yes: 2, No: 22.

Elke introduced the second reconsideration vote. The governor asked CVAC to reconsider the previous “no” vote on prioritizing “*a subset of essential gas, electric, and water utility workers in Group 2.3*”. Reasons included their critical role to infrastructure and some needing to work indoors.

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

- Although the honor system will likely be used if approved, it would be best to limit to the smaller group of 566 workers as opposed to the approximately 2000 considered in the previous vote. This includes about 250 employees from Idaho Power Company, representing about one quarter of its workforce.
- Could put the onus on companies to provide certifications for eligible employees.
- These workers are often first responders in emergencies (e.g., car accidents).
- These workers are essential to hospitals maintaining operations.
- Those in control rooms or operations centers qualify as first responders.

CVAC voting members decided to include this subset of essential utility workers in Group 2.3 (n = approximately 566).  
Vote results were Yes: 24, No: 5.

## **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 ranked 47<sup>th</sup> in the country, partly due to its relatively high proportion of population under 18 years. In comparison, Maine's total doses distributed per 100,000 population is almost 19,000 while Idaho's is 14,646. Most in the country vaccinated to date are healthcare personnel and Long Term Care Facility (LTCF) residents and staff. Almost two thirds are females, 26% are 50 – 64 years, and 29% are 65 and over.

Dr. Hahn shared highlights of the Biden administration's vaccine expansion/acceleration strategy:

- Expanding Vaccine Supply
  - Increase in doses sent to states, Tribes, and territories each week
- Launching the First Phase of the Federal Retail Pharmacy Program
  - Starting Feb 11
  - Select pharmacies
- Increasing Reimbursement to States
  - FEMA directed to reimburse for National Guard and emergency costs, PPE, and other costs

Dr. Hahn also shared the news that a third vaccine from Johnson and Johnson (Janssen Biotech, Inc.) has been submitted to request FDA Emergency Use Authorization (EUA). This is a one-dose vaccine. The FDA will meet to consider this on February 26<sup>th</sup>. 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>.

Please see Dr. Hahn's slides for more details.

### State Level: Idaho Immunization Program

Sarah Leeds provided updates on provider enrollment, administration data, and allocation increases, and the retail pharmacy partnership.

Provider enrollment is up 12.5% over two weeks ago. Current numbers are:

- District 1 – 45 Enrolled
- District 2 – 23 Enrolled
- District 3 – 58 Enrolled
- District 4 – 114 Enrolled
- District 5 – 53 Enrolled
- District 6 – 53 Enrolled
- District 7 – 53 Enrolled

One-third of enrollees are pharmacies. Forty-nine provider locations are in process

As of yesterday (2/4/2021), Idaho's immunization status was:

- 120,587 have received at least one dose
- 91,575 have received only one dose
- 29,012 have received both doses
- Total doses administered is 149,599

As of 2/2/2021, Idaho is 41<sup>st</sup> in the country for percent of doses distributed that have been administered. Sarah reported on anticipated allocation increases: 25,425 doses are expected next week, representing a 5% increase over this week's allocation and a 17.7% increase over two weeks ago. The IIP expects consistent allocations for the next few weeks.

Finally, Sarah provided an update on the Federal Retail Pharmacy Program. The initial federal allocation of doses will be delivered 2/11/2021. For now, Idaho doses will go to Walmart and Albertson's chain pharmacies. Next week, 1 million additional doses are expected across all US jurisdictions.

The following question was raised:

- When will the health care facilities have accessible websites for people who are blind, low vision, and have other disabilities?
  - This question will be referred to the healthcare facilities themselves, or to the Idaho Hospital Association. There is no single answer to this.

**“A Day in the Life”: Vaccination Administration Realities**

Dr. David Peterman, Primary Health  
Kathryn Quinn, Saint Alphonsus

Two CVAC members presented their strategies and experiences of vaccine administration at their respective organizations.

Dr. Peterman shared that Primary Health staff administer vaccine using existing clinics, staff, and processes. Currently, twenty clinics are administering vaccine in all types of Idaho neighborhoods. Student nurses and Idaho National Guard staff are being brought in to supplement Primary Health Medical Group (PHMG) staff. Clinics continue to see approximately 1,000 urgent care patients daily, 40% of whom need COVID care (PPE, separate areas, etc.). Close to 100% of vaccine is administered within seven days of receipt.

Dedicated staff involved in vaccine administration include:

- Existing staff on weekdays
- Special weekend staff: Provider, 2-3 Student nurses, PHMG nurse, CSR

Hourly throughput varies by location and day. Please see the table below for numbers.

	Urgent Care Open Daily	Weekend Vaccine Clinics	Weekly Total
Locations open	6	3	---
Vaccines given per week	2,350	1,600	3,950

\*Note: numbers have continued to increase since the development of this presentation.

First doses are scheduled when vaccine is in-hand. Second dose appointments are scheduled at the time of first dose. PHMG staff have been reaching out to eligible groups with scheduling instructions. For example, the age 65+ outreach strategy is:

- Identify most vulnerable patients
- Contact approximately 500 per day with invitation sent via phone, text, email
- Follow-up calls to patients who don't respond

As of February 3<sup>rd</sup>, Primary Health clinics have given more than 8,800 doses (10,200 at the time of CVAC presentation), with an additional 9,300 future appointments scheduled (10,100 at the time of presentation). Primary Health has the ability to double or triple weekly total when vaccine allocations increase.

Kathryn Quinn shared that vaccine availability has re-energized Saint Alphonsus staff in their COVID-19 response. She shared the Saint Alphonsus timeline for Idaho. Vaccination planning began far in advance of receiving the first vaccine allocations. The first vaccine shipment was received on Monday, December 14<sup>th</sup>, and the first vaccinations were administered that day. The first mass vaccination clinic was held in Boise on Tuesday, December 15<sup>th</sup>, during which 428 doses were administered to high priority staff (e.g., COVID care areas, Emergency Department).

As of Wednesday, February 3<sup>rd</sup>, mass vaccination clinics are being held in the Boise and Nampa hospitals. The biggest clinic to date was January 29<sup>th</sup> in Boise, where 952 doses were administered in a 12-hour period, via six vaccinator stations and staffed by 78 people. The total number of doses given is 18,312 (over 20,00 at time of presentation). High-throughput mass vaccination activity is key to achieving the goal of using vaccine within 7 days of receipt. Typical challenges experienced include no-shows for first and second vaccine appointments and rescheduling. Saint Alphonsus operational strategies for optimizing the vaccination process include:

Issue/Bottlenecks in Clinics	Resolution
Vaccine Dose Management – Get to Zero	Ongoing dose count during clinic operations – you cannot count vaccine too many times Last hour of clinic: <ul style="list-style-type: none"> <li>• Continuous dose counting at vaccination station</li> <li>• Continuous counting of who is checking in</li> </ul>
Booster Schedule	Scheduling 2 <sup>nd</sup> dose appointments at the time of the 1 <sup>st</sup> dose
Documentation	Most significant bottleneck to throughput Paired documentation staff with vaccinator – vaccinators do not have to document

Kathryn shared lessons learned over the first weeks of vaccination administration:

- The parts that we expected to be challenging – are challenging:
  - Priority groups
  - Insufficient vaccine supply
  - Confusing messages in the public
- Rely on our experience as healthcare leaders:
  - We know how to design clinics around patient interaction, wayfinding, optimizing throughput, etc.
  - We have responded to complex events and we know how to mobilize a focused effort.
  - We have subject matter experts at multiple levels of leadership across our health system (Idaho and Oregon) and they know where the process will break down/succeed.
- Team-oriented focus on actionable strategies – we are building the plane as we are flying it.
- Vaccine demand is variable – but there is enough high demand in the various priority groups that we must be prepared to mobilize.
- You cannot count vaccine doses too many times!

Kathryn affirmed the primary focus is always getting doses in arms as quickly as possible. Future concerns/areas of work include:

- Additional vaccine manufacturers coming onboard – adding to complex resource management
- Mobilizing sufficient mass vaccination effort for larger priority groups (e.g., 16-64)
- Pediatric vaccination
- Generally, the future of COVID/COVID vaccinations

CVAC Meetings will continue to feature “A Day in the Life” presentations from a variety of vaccinators/sites.



## Further Clarification for Idaho Groups 1 and 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.

In accordance with CDC or CISA guidance, Elke reviewed the DHW subgroup clarifications for Idaho groups 1 and 2:

- Included healthcare students doing rotations in clinical settings in Group 1 healthcare personnel for those settings.
- Included the following in Group 1.4, “outpatient and inpatient medical staff not already included in previous groups and who are unable to telework”
  - Outpatient substance abuse treatment providers
  - Physical therapists and physical therapy assistants
  - Eye bank workers
  - Speech pathologists
  - Pediatric home health providers
- Included the following in Group 2.1, “first responders (other than EMS) and safety (fire/police/protective services/community support)”
  - Search and rescue team members
  - TSA Workers
  - Animal control officers
- Included the following in Group 2.3, “public transit workers”
  - Regional transit bus drivers

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 majority, that will be considered a final vote (per the CVAC Charter)
  - All recommendations go to the Governor for final approval, including all notes and discussion
  - If no CVAC conclusion at end of a meeting, the Governor may use his authority to decide after reviewing the deliberations of that CVAC meeting

Dr. Burgess reviewed that the next Idaho prioritization group – Group 3 – will include the following:

- 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

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

1. Should **interpreters (ASL or other language)** should be vaccinated with the sector and setting in which they work (n = approximately 280)?  
Yes: 22 No: 5

CVAC member and staff comments to inform voting:

- Most work on a contract basis. Client organizations may need to provide documentation to affirm their employment circumstances/environments.

2. Should **construction workers** should be vaccinated with the sector for which they are doing the construction (n = approximately 49,844 for the industry)?  
Yes: 6 No: 22

3. Should **licensed massage therapists** be included with physical therapists in Group 1.4 (n = 2,434)? (*A “no” vote indicates that licensed massage therapists would be included in future ACIP Phase, general public, unless otherwise included in earlier group.*)  
Yes: 8 No: 20

4. Should **certified pilates instructors** be included with physical therapists in Group 1.4 (number unknown)? (*A “no” vote indicates that Pilates instructors would be included in future ACIP Phase, general public, unless otherwise included in earlier group.*)  
Yes: 0 No: 28

5. Should **immigration legal services** be included in Group 2.1, “relief services” frontline essential workers (number unknown)? (*A “no” vote indicates that immigration legal services would be included in Idaho Group 3/ACIP Phase 1c in the legal sector.*)  
Yes: 9 No: 20

6. Should **staff at institutions of higher education exposed to large volume of students** be included in Group 2.1, education? (*A “no” vote indicates higher education institutions would be included in future ACIP Phase, general public, unless otherwise included in earlier group.*)  
\*No vote was taken during the meeting as further discussion/consideration is required.

CVAC member and staff comments to inform this vote:

- We must clarify if this applies to private institutions, as well.
- “Employees” may be a more accurate way to articulate this vote. Or consider “faculty and staff.”
- Do not support this if it means this group will get ahead of 65+.
- If this results in a “no” vote, this group will likely be deferred to Group 2.3 or Group 3.
- Need to further define “large volume of students” and specify those capable of teaching online versus those who must be in person.
- Currently, 40 – 60% of classes at public institutions are being taught online.
- Concerned that all will be vaccinated, not just those who must be in-person.
- Come back to this vote later once better defined. It currently contains too many people.

The remaining votes will be considered and made electronically between meetings per the action items outlined in the next section. They will include:

- Staff of institutions of higher education
- Public library workers

- Bureau of Reclamation dam workers
- “On-site” apartment staff
- Airbnb hosts
- Hotel workers
- Flight crews
- Media covering the legislative session in person or other “frontline” reporters

### **Idaho Priority Group 3: Considerations and Initial Discussion**

Dr. Patrice Burgess, Chair

Elke Shaw-Tulloch, Executive Secretary

Due to time constraints, this item will be deferred to the next meeting.

### **Wrap Up**

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

Friday, February 19<sup>th</sup>, 2021

12:00 – 2:00 p.m.

CVAC action items before the next meeting are:

1. Submit further input/discussion on pending prioritization votes via assigned email by COB Tuesday 2/9/21.
2. Input received will be compiled and sent to all Advisory Committee Members for review by Wednesday 2/10/21.
3. Survey link for completing pending votes will be sent to CVAC Voting Members on Thursday 2/11/21.
4. Please submit votes by COB Monday 2/15/21.

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 19<sup>th</sup> meeting will be sent Tuesday, February 16<sup>th</sup> rather than Monday due to the Presidents’ Day Holiday.

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

The meeting was adjourned.