Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, March 5th, 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
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
Curtis Sandy, MD FACEP, FAEMS, Medical & EMS Director	Portneuf Medical Center
Karen Sharpnack, Executive Director	Idaho Immunization Coalition
Linda Swanstrom, Executive Director	Idaho State Dental Association
Nathan Thompson, PA-C	Idaho Academy of Physician's Assistants
Elizabeth Wakeman, PhD, Associate Professor	College of Idaho
Brian Whitlock, President and CEO	Idaho Hospital Association
Lupe Wissel, Director	AARP Idaho
Casi Wyatt, DO, FIDSA	Sawtooth Epidemiology and Infectious Diseases

Ex Officio Members:

Name/Role:	Organization/Representing:
Russ Barron, MBA, CPM, Executive Director	Idaho Board of Nursing
Pamela Murray 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
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
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
Kathy Turner, PhD, Bureau Chief, Communicable Disease Prevention	Idaho Department of Health and Welfare

Name/Role:	Organization/Representing:
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

Attendance Acknowledgement and Meeting Overview
Monica Revoczi, Facilitator

Monica Revoczi thanked all members and those listening in for attending. In lieu of introductions, 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. Monica also affirmed that the COVID-19 Vaccine Advisory Committee is not required to adhere to the Idaho open meeting law; however, it is being conducted in the most transparent manner possible.

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

Elke Shaw-Tulloch welcomed everyone and shared that there are many decisions to be made at this meeting. She expressed her gratitude for all CVAC Members and the leadership of Dr. Burgess.

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**
- **2/19/21 Voted on further clarifications for Idaho Group 2, began working in Idaho Group 3**

The *main work for CVAC today* is to discuss and vote on further clarifications for Idaho Group 2 and discuss and vote on Idaho Group 3 subgroups.

Elke 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. Elke also affirmed that ASL interpreters are available at all CVAC meetings.

Next, Elke provided information about Idaho's strategy for COVID-19 vaccine equity. The Equity Plan contains the following components:

- **IDENTIFY:** Identify the populations most impacted.
- **ENGAGE and COLLABORATE:** Engage and collaborate with leaders to promote vaccination uptake within their reach.
- **PARTNER**: Partner with stakeholders and partners from multiple fields and sectors that have a role in advancing vaccine equity.
- **COMMUNICATE:** Use effective communication strategies & approaches.
- **IMPROVE:** Improve access to vaccines at local community places.
- **CONNECT:** Connect with the communities to learn about their communication and outreach preference.
- **LISTEN:** Listen to learn. Incorporate information that addresses the communities' concerns into the communications messaging.
- **ADDRESS VACCINE HESITANCY AND ANTI-VACCINE VIEWS:** Understand the underlying reasons for vaccine hesitancy and anti-vaccinations and prepare to address them.
- **INCLUDE:** Include voices from the populations most impacted.

She provided examples of pharmacies reaching out to remote areas of the state (e.g., Yellow Pine, Horseshoe Bend) to ensure vaccine access.

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

National Level

Dr. Hahn began by sharing that Idaho is currently 27th in the country in vaccine administration per 100,00 population 18 years and older. She reviewed further ranking data from two sources (Becker's Hospital Review and Bloomberg) reporting Idaho at 14th and 15th place in the country, respectively, on the proportion of doses received that have been administered.

Dr. Hahn shared updates on the Johnson & Johnson (Janssen Biotech, Inc.[2]) vaccine. The Johnson & Johnson (J&J) vaccine was reviewed and recommended by FDA's advisory committee Friday, February 26th. FDA authorized it the following day (Saturday), and it was recommended by CDC's advisory committee and CDC on Sunday. Orders were processed the next Tuesday, and initial shipments arrived in Idaho yesterday (March 4th). Considerations for use of this vaccine include:

- It is not yet clear how much vaccine Idaho will be getting or when, making it currently challenging to plan
- The vaccine differs in many ways from the first two vaccines (Pfizer and Moderna – much more similar), increasing the role of:
    - Patient preference – CDC has emphasized that patients should be aware of which vaccine is being offered, ideally at the time appointments are made
    - Communication – more important regarding the differences between the vaccines
    - Public perception – likely to vary across populations, and may change over time, depending on how rollout proceeds, news from other states, etc.

The CDC's Mortality and Morbidity Weekly Report (MMWR) for March 2nd reported the following highlights regarding the J&J vaccine:

- Expanded availability in community settings and mobile sites (freezers are not required)
- Option for those who prefer a single-dose vaccine
- Provides increased opportunity to improve equitable access to vaccine (e.g., for hard-to-reach communities)

[2] Janssen Biotech, Inc. – a pharmaceutical company owned by Johnson & Johnson

- Importance of ongoing work to engage with community leaders to identify and remove barriers to COVID-19 vaccination, including those related to vaccine access and vaccine confidence

Dr. Hahn shared additional considerations for the J&J vaccine per updates on the CDC's Clinical Considerations webpage:

1. Allergic considerations:
    - People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines. However, they may be able to receive the J&J vaccine.
    - People who have received one mRNA COVID-19 vaccine dose but for whom the second dose is contraindicated, who then choose to get J&J vaccine, should wait at least 28 days
    - People with contraindication to J&J vaccine may be considered for mRNA COVID-19 vaccination
2. Observation period of 30 minutes for:
    - History of an immediate allergic reaction of any severity to a vaccine or injectable therapy
    - People with a contraindication to an mRNA vaccine who receive J&J viral vector vaccine
    - History of anaphylaxis due to any cause

More details can be found at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

Dr. Hahn reported that the Vatican released a statement that it is "morally acceptable" to use the currently anti-COVID vaccines, even if they use cell lines from aborted fetuses in the research and production process. However, the U.S. Bishop Chairmen for Doctrine and for Pro-Life released a statement recommending use of the Pfizer or Moderna vaccines, which do not use these cell lines.

Finally, Dr. Hahn shared the updates on the Biden Administration's accelerating vaccine rollout plan. Highlights include:

- Defense Production Act is being utilized to expedite materials in vaccine production, such as equipment, machinery and supplies
- Department of Defense will provide daily logistical support to strengthen J&J's efforts
- J&J also will begin operating its manufacturing facilities 24/7 to maximize production output
- Merck will produce J&J vaccine
- Sanofi is producing Pfizer vaccine

<u>State Level: Idaho Immunization Program</u>

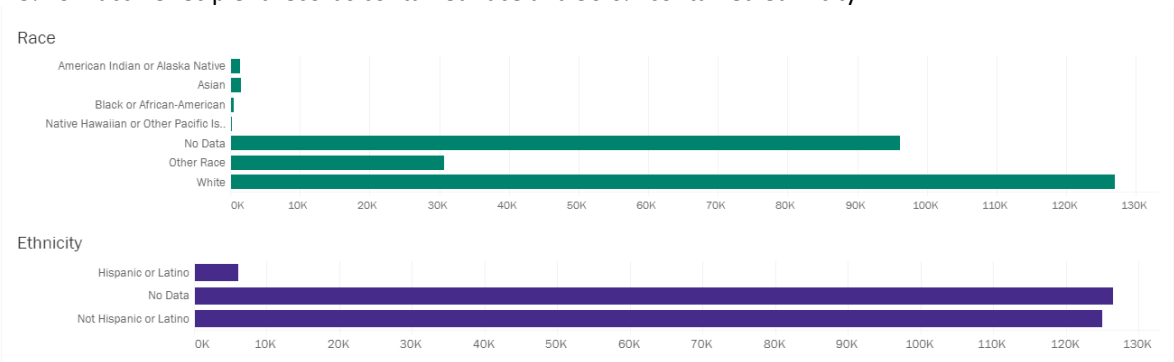
Sarah Leeds provided updates on provider enrollment, administration data, and allocation increases.

Currently, 436 Idaho provider locations are enrolled to provide COVID-19 vaccinations. District breakdowns are as follows:

- District 1 – 48 Enrolled
- District 2 – 26 Enrolled
- District 3 – 60 Enrolled
- District 4 – 126 Enrolled
- District 5 – 57 Enrolled
- District 6 – 57 Enrolled
- District 7 – 62 Enrolled

Approximately one-third of enrollees continue to be pharmacies. Thirty-six provider locations are currently in the process of being enrolled. This number is expected to increase now that the J&J vaccine has been approved. The Federal Retail Pharmacy Partnership's enrollment process is separate from Idaho's; pharmacies in that program are in addition to Idaho's totals.

Sarah shared the following data on Idaho's current vaccine race and ethnicity data (as of March 2nd), noting that 62.5% of vaccine recipient records contained race and 50.6% contained ethnicity:



The IIP continued to educate providers about gathering and reporting this data. The Program is also conducting regular reviews of provider data submissions and providing outreach accordingly.

Sarah shared first doses distributed this week to Idaho-enrolled providers by vaccine type (ending March 6th, 2021):

COVID-19 1st Dose Vaccine Allocations	Total Doses	PHD1	PHD2	PHD3	PHD4	PHD5	PHD6	PHD7
Moderna	15,800	2,700	1,200	2,300	4,600	1,600	2,100	1,300
Pfizer	18,720	3,510	1,170	3,510	4,680	2,340	1,170	2,340
Janssen	13,300	2,400	1,000	2,100	3,700	1,500	1,200	1,400
Total	**47,820**	8,610	3,370	7,910	12,980	5,440	4,470	5,040

As of February 28, 2021, an additional 14,850 doses were projected to be distributed to Idaho through the Federal Retail Pharmacy Program.

Three-week forecasts for Idaho are as follows:

	March 07, 2021 Forecast For Week Ending	March 14, 2021 Forecast For Week Ending	March 21, 2021 Forecast For Week Ending
All Vaccines	67,870 Total Doses - All Vaccine Types	70,210 Total Doses - All Vaccine Types	71,380 Total Doses – All Vaccine Types
Pfizer	19,890 1st Doses – Pfizer	19,890 1st Doses - Pfizer	19,890 1st Doses - Pfizer
	16,380 2nd Doses - Pfizer	18,720 2nd Doses - Pfizer	19,890 2nd Doses - Pfizer
Moderna	15,800 1st Doses - Moderna	15,800 1st Doses - Moderna	15,800 1st Doses - Moderna
	15,800 2nd Doses - Moderna	15,800 2nd Doses - Moderna	15,800 2nd Doses - Moderna
Janssen	0 1st Doses - Janssen	0 1st Doses - Janssen	0 1st Doses - Janssen

Once the Janssen supply and distribution stabilizes (expected by March 21st), it will be possible to add their allocation to Idaho's forecast. These doses should significantly increase Idaho's supply. The IIP is working with partners to anticipate and ensure capacity for this increase.

Finally, Sarah reported that Idaho has developed a statewide vaccine registration tool. This is not a scheduling tool – rather, it places registrants on a waitlist to be contacted once eligible and appointments/vaccine doses are available. It can be found at the top of the https://coronavirus.idaho.gov/ webpage.

Further Clarification and Votes for Idaho Group 2: Discussion and Votes
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.

CVAC voting members were asked to consider and vote on one clarification within Idaho's second vaccination priority group, as follows:

Should **FAA Airway Transportation System Specialists (ATSS)** be included in Group 2.1, First responders and safety? (A "no" vote indicates that FAA ATSS would be included in Idaho Group 3/ACIP Phase 1c.) (n = 50)

Yes: 11 No: 15

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

Elke Shaw-Tulloch introduced the discussion by sharing that the group will have several prioritization paths to consider today, and larger conceptual decisions will be followed by further refinement decisions. She reviewed the population subgroups included in ICIP Phase 1c/Idaho Group 3:

- 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 reviewed the results of the preliminary Group 3 vote taken at the last CVAC Meeting:

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~~	~~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~~	~~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	**168,364**
D	Age group only	• 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**

2 Straw Poll Votes

2 Straw Poll Votes

Leading Straw Poll Votes: Configuring and bringing more options to you today

Based on these results and further input received from the public, CVAC members, and the Governor and public health, it became apparent there was an interest in focusing on age and medical conditions in the initial Group 3 prioritization. Considerations to guide further prioritization include:

- Simplicity and equity
- Self-attestation – a person can declare they have a medical condition that falls within stated criteria and no doctor's note is required (All states in Idaho's national region, Region 10, support self-attestation.)
- Efficient vaccine administration

Today, there will be a series of votes, presented as follows:

1. Decision tree – walk through a series of decisions
2. Simple votes – if/then decisions
3. Review and re-evaluate the final product

The main pathways of consideration will be:

- Age only
- Age plus medical conditions
- Essential Workers

The first vote regarding age, with accompanying results, was as follows:

Option	Persons to be Included	Vote Count
A	Age only bands	8
B	Age/Condition	24

CVAC comments and discussion included:

- While an age-only approach would be easier to implement, including health risks supports equity and builds healthcare system capacity.
- We must remember that age is an independent factor (e.g., a healthy 55-year-old is likely at higher risk than a 29-year-old with a high-risk health condition).

- The focus on "at least one health risk condition" is supported by ACIP: some conditions alone have higher risk than others in combination.
- Primary Health effectively uses an algorithm to stratify those with health risk conditions within age groups.
- Public input has been influential in highlighting the need to prioritize health risk conditions.

Next, CVAC considered which conditions would qualify as "high risk": CDC top tier only or also those that *might* put persons at higher risk. The options and accompanying votes were are follows:

Option	Conditions	Vote Count
A	Use CDC top tier conditions (conditions that put people at *"increased risk"*)	5
B	CDC all conditions (conditions that put people at "*increased risk"* and that *"might put them at increased risk"* for severe illness)	21

CVAC comments and discussion included:

- Those with developmental disabilities are at significantly higher risk. (See also next vote.)
- Some of the CDC's classifications of conditions is based on the amount of COVID-related data we have, which is impacted by disease prevalence (e.g., we have more data on Type 2 diabetes outcomes). Therefore, the data is constantly changing/evolving.
- Medical care is not a reward for poor behavior.
- For smokers, should there be parameters on when smoking began?
- A high proportion of Idahoans are overweight by BMI definitions (62%), impacting the number eligible with high-risk conditions.

Next, CVAC unanimously voted to recommend that *adults with disabilities be included* in the list of medical conditions.

CVAC then considered whether to vaccinate only those with high-risk conditions by decreasing age band first or to alternate between those with high-risk conditions and general population within each descending age band.

Option	Persons to be Included	Vote Counts
A	Age/Condition ONLY	6
B	Age/Condition ALTERNATING with Age Only Bands	23

CVAC comments and discussion included:

- This is the approach adopted by Primary Health for the 65+ group.
- This vote could result in prioritizing a healthy 55-year-old ahead of a frail 45-year-old.
- The accompanying slides show examples of how to implement this, but this depends on further CVAC decisions and vaccine availability.
- Perhaps prioritize high-risk only under 40 years of age.

Then, CVAC considered and voted on how to prioritize the remaining essential workers (n = approximately 231,000).

Option	Essential Workers	Vote Count
A	**Do not** prioritize remaining essential workers separately and assume they are included in the group on which you just voted (e.g., age band or age/condition)	21
B	**Prioritize** remaining essential workers separately from the groups in which you just voted. (if yes, before or after)	7

Finally, CVAC began consideration of how to prioritize persons living in congregate settings. Options and votes were as follows:

Option	Congregate Settings	Vote Count
A	**Do not** prioritize congregate living separately in Group 3 and assume they are included in the group on which you just voted (e.g., age band or age/condition)	13
B	Prioritize congregate living **after** groups as voted	6
C	Prioritize congregate living **in conjunction with** groups as voted	10
D	Prioritize congregate living **before** groups as voted	0

CVAC comments and discussion included:

- This includes settings such as group homes, psychiatric institutions, jails and prisons, dorms, etc.
- The biggest group is persons in jail or prison (n = approximately 13,255, including juvenile facilities). It is important to consider the implications of going in and out to vaccinate different age groups. It may make more sense to vaccinate everyone in a single facility at once.
- There is a high risk of transmission in these settings due to shared living spaces and new people coming in and out of these facilities.
- Will need to clarify the inclusion of "large" foster homes.

Please see the meeting slides for more details.

Wrap Up

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

Friday, March 12th, 2021
12:00 – 1:00 p.m.
Discussion only – no votes will be taken.

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 12th meeting will be sent Tuesday, March 9th.

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