



Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, March 19th, 2021

12:00 – 2:00 p.m.

SUMMARY REPORT

CVAC Members and Staff in Attendance¹

Chair: Patrice Burgess, MD
Executive Medical Director
St. Alphonsus Medical Group

Executive Secretary: Elke Shaw-Tulloch, MHS
State Health Official and Administrator
Division of Public Health
Idaho Department of Health and Welfare

Members (Voting):

Name/Role:	Organization/Representing:
Jen Visser for Darrel Anderson, Chair	Idaho Rebounds Committee
Matt Bell, Vice President, Idaho Regional Director	Pacific Source
Sam Byrd, Executive Director	Centro de Comunidad y Justicia
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
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
Christine Neuhoff, Vice President, Chief Legal Officer	St. Luke's Health System
Kathryn Quinn, MHS, CHSP, Safety Officer	Saint Alphonsus 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:
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
Elizabeth Wakeman, PhD, Associate Professor	College of Idaho
Brenda Ward, RN, Practice Manager	Minidoka Medical Center
Brian Whitlock, President and CEO	Idaho Hospital Association
Francoise Cleveland (partially) for Lupe Wissel, Director	AARP Idaho
Tom Coffman, MD for 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
Elise Alford for 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
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

Guest Presentation

Governor Brad Little

Governor Little joined the meeting to thank and commend the CVAC for its hard work over the last several months. While he was initially concerned about the large size of the Committee given the timeframe to complete its work, the diversity of representation was tremendously valuable, contributing to its success.

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

Dr. Patrice Burgess welcomed CVAC Members and other attendees. Elke Shaw-Tulloch welcomed everyone and thanked the Committee for its hard work. This is the last scheduled meeting of CVAC pending any future needs to reconvene. As CVAC's voting decisions will conclude at this meeting, public comment will no longer be gathered and distributed to the Committee.

Remaining COVID-19 Vaccine Prioritizations: Discussion and Votes

Dr. Patrice Burgess, Chair

Elke Shaw-Tulloch, Executive Secretary

Elke Shaw-Tulloch shared the results of the electronic vote taken between meetings: CVAC voting members recommended that the entire age 16 – 44 group with medical conditions be opened up after the age 45 – 54 general population group *instead of* further segmenting the age groups by approximately ten-year age bands, alternating between those with and without medical conditions. The vote counts were 24 to 6, which Elke announced at this week's vaccine press briefing.

Next, CVAC reviewed the remaining groups requiring prioritization votes:

- Congregate Living
 - Clarification on definition
 - Recommendation on prioritization
- Remaining Clarifying Votes
 - Restaurant and bar workers
 - Airport workers
 - Banks and financial services
 - Idaho Tax Commission employees
 - Idaho Power subset of frontline essential workers (outdoors)

Elke reviewed the congregate living settings already prioritized by CVAC:

Congregate Living Setting	Staff	Residents
Long-term care facilities (LTCFs) (including LTCF-like units in correctional or detention settings)	X	X
Independent living facilities attached to residential assisted living facilities	X	X (Federal Pharmacy Partnership)
Adult day care facility	X	X
Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)	X	X
Certified family homes (CFHs)	X	X
Residential schools/facilities providing behavioral health treatment	X	
Correctional and detention facilities	X	
Homeless shelters	X	X

Next, CVAC preliminary votes on congregate setting priority positioning were reviewed:

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

Population estimates for various congregate settings were provided to further inform decision making:

Congregate Setting	Population Estimate
Emergency shelters and transitional housing if not already included (e.g., domestic violence and abuse shelters).	Domestic violence shelters: 319 beds (likely already included with homeless shelters)
Dormitory* housing for workers.	First responders at training, Group 2.1. Farmworkers, Group 2.3. Unknown # of others.
Correctional and detention facilities.	12,695 not already included
Group housing for persons in substance misuse treatment or recovery or with mental illness who do not require hospitalization (e.g., SHIP and transitional housing).	487+ [SHIP housing = 211 beds; transitionalhousing.org lists 23 homes (not SHIP); est. 12 beds/home =276 beds
Residential treatment or recovery facility.	One licensed PRTF in Idaho (for teens), # beds not specified. Unknown other recovery facilities.
Dormitory* housing for students.	Unknown number currently living in dormitories. Most likely in 16–24 years of age group.

Note: *Dormitory means a facility with numerous beds per room, communal bathrooms, and communal dining. It does not mean apartments with bathrooms and cooking facilities in each living unit, even if there is a common recreational area.

CVAC voted on whether to include all congregate housing settings above or all except for dormitory housing for students. The vote supported including all congregate settings: 12 to 11.

Next, CVAC considered and voted on whether to prioritize those living in congregate setting so that the whole setting, regardless of age or medical condition, can be vaccinated at once in Group 3 or to not prioritize these individuals separately and instead include them in the age band or age/condition in which they belong. CVAC supported the first option of vaccinating those all together, with a vote of 19 to 5. CVAC comments and discussion included multiple members expressing support for not requiring multiple efforts to vaccinate a single setting.

Next, CVAC considered five clarification votes brought forward based on public and other input received since the last meeting:

- 1) Should restaurant and bar workers be included in Group 3? (A “no” vote indicates that this group of workers would be eligible based on age and/or medical condition.) (n = approximately 1,000)
Yes: 7 No: 15
- 2) Should airport workers be included in Group 3? (A “no” vote indicates that airport workers will become eligible based on age and/or medical condition.) (n = 2,628 for Idaho; n = approximately 4,000 per Boise Airport request)
Yes: 5 No: 18
- 3) Should those working in banks and financial institutions be included in Group 3? (A “no” vote indicates that those working in banks and financial institutions will become eligible based on age and/or medical condition.) (n = approximately 28,000)
Yes: 2 No: 20
- 4) Should Idaho Tax Commission employees be included in Group 3? (A “no” vote indicates that Idaho Tax Commission employees will become eligible based on age and/or medical condition.) (n = 127)
Yes: 4 No: 19
- 5) Should Idaho Power employees who work outdoors but cannot perform their essential work without closely interacting with one other and at times with community members be included in Group 3? (A “no” vote indicates that these Idaho Power employees will become eligible based on age and/or medical condition.)
Yes: 7 No: 16

Please see the meeting slides for additional details.

COVID-19 Vaccine Administration Experience and Realities

Dr. Abby Davids, Rebecca Lemmon, Christine Neuhoff

CVAC Member **Dr. Davids** shared information about the **Family Medicine Residency of Idaho’s (FMRI’s) work and partnerships in vaccinating individuals experiencing homelessness**. She shared that FMRI is a Federally Qualified Healthcare Center (FQHC) and teaching health center with a family medicine residency. Interfaith Sanctuary (IFS) is a longstanding community partner of FMRI. Other partner shelters include:

- Women’s and Children’s Alliance
- Boise Rescue Mission – River of Life
- Boise Rescue Mission – City Light
- Boise Rescue Mission – Nampa Lighthouse
- Warming Shelter (day shelter open in winter only, run by IFS and Corpus Christi)

FMRI has been engaged in COVID-related outreach since the pandemic began. It has adopted a mobile clinic approach to delivering vaccinations to individuals experiencing homelessness. So far, 289 individuals have been vaccinated via mobile clinics (not including staff), with the highest uptake at the Warming Shelter and IFS. This is a slower pace than hoped.

Dr. Davids shared challenges/lessons learned in this work:

- There are high rates of vaccine hesitancy, but better uptake with J&J than Moderna/Pfizer
- Incentives are helpful (e.g., food, drinks, gift cards)
- Partnerships with trusted shelter staff are crucial
- Staff messaging has long-lasting impact
- Flexibility is key
- The pandemic affects those experiencing homelessness in disproportionate ways
- Building and maintaining trust in vulnerable populations takes years

Next, **Rebecca Lemmons, Director of Community Health and Well-Being at Saint Alphonsus** shared **equitable outreach efforts conducted by the hospital**. Rebecca's work spans public health districts 3 and 4. Approximately 300 mobile vaccination clinics have been held to date in conjunction with community partners such as churches, food pantries, community schools (with an emphasis on those with larger proportions of persons/families experiencing homelessness and migrant families), farms, etc. Rebecca also works in partnership with FMRI and Terry Reilly Health Services. Services to facilitate equitable access to vaccinations include:

- Navigation of appointments
- Transportation
- Language access needs (e.g., interpreters, transparent masks to allow lip reading, etc.)

Rebecca shared that many strategies have been used to address vaccine hesitancy, including:

- Conducting listening sessions to better understand vaccination concerns
- Co-investing with partners to launch information campaigns
- Identifying and partnering with "vaccine champions": ambassadors in the communities of focus
- Interviewing those who have received the vaccine and sharing these stories with others
- Prescheduling mobile events and having Community Health Workers present to help address needs and concerns

Additional strategies shared by other CVAC members included:

- Peer-to-peer support
- Plain language documents available in multiple languages
- Understanding that addressing vaccine hesitancy is a long-term proposition
- Understanding that some are waiting until their entire family is eligible to be vaccinated
- Encouraging conversations with primary care providers, and offering vaccination immediately after

CVAC member Christine Neuhoff shared information and experience from St. Luke's Health System's vaccination efforts and experiences. Currently, there are eight vaccination sites positioned throughout the state. One large site is at the former Washington Group Plaza in Boise, which has the capacity to administer up to 14,000 shots per week. Administration data for February and March (to date) shows large peaks in shots given over the weekends. Christine reported that, as of this week, St. Luke's has administered 88,100 vaccinations, which is approximately 95% of the amount of vaccine received. St. Luke's is currently using an online scheduling system that involves completing a "COVID-19 Vaccination Interest and Eligibility Questionnaire" to register and get in line, which is followed up by a call from St. Luke's when an appointment time is available.

COVID-19 Vaccine Progress: National and State (Idaho Immunization Program)

Dr. Christine Hahn

Sarah Leeds

National Level

Dr. Hahn began by sharing that AstraZeneca is expected to apply for authorization in the U.S. soon and, if approved, it could be available for administration as early as next month (April).

Gibraltar is currently the country with the highest *proportion of population vaccinated* at 59.75%. The U.S. leads the world in the *number of people vaccinated* at approximately 38 million.

Idaho is currently 36th in the country in vaccine administration per 100,000 population 18 years and older. Idaho ranks 26th in the country for doses administered to those 65 years of age and older per 100,000 population. In comparison, Oregon ranks 50th on this metric, reflecting at least in part its vaccine prioritization plan. While state-to-state comparisons in percent of population fully vaccinated are widely publicized, it is important to understand that the range across states is relatively small and that the majority of states are very close.

Dr. Hahn shared updates on the Johnson & Johnson (Janssen Biotech, Inc.²) rollout. While supply remains somewhat unpredictable (for now), demand across the country seems high and there have not yet been any unexpected safety concerns.

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

State Level: Idaho Immunization Program

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

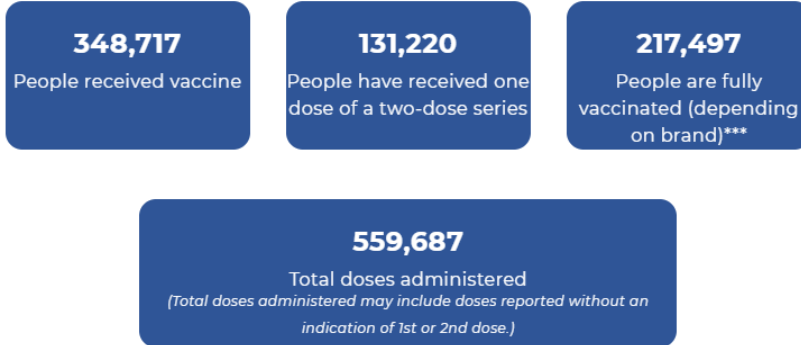
Currently, 466 Idaho provider locations are enrolled to provide COVID-19 vaccinations. District breakdowns are as follows:

- District 1 – 51 Enrolled
- District 2 – 27 Enrolled
- District 3 – 65 Enrolled
- District 4 – 138 Enrolled
- District 5 – 59 Enrolled
- District 6 – 60 Enrolled
- District 7 – 66 Enrolled

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

As of March 18th, Idaho’s vaccine numbers are as follows:

Vaccine Data At A Glance



***"Fully vaccinated" includes people who have received both doses of Moderna or Pfizer vaccines, or a single dose of the Janssen vaccine.

Sarah shared first doses distributed this week to Idaho-enrolled providers by vaccine type (week ending March 19th, 2021):

Allocation 03/16/21 (Received week of 3/21/21)									
Actual COVID-19 1st Dose Vaccine Allocations	Total Doses	PHD1	PHD2	PHD3	PHD4	PHD5	PHD6	PHD7	
Moderna	15,800	1,700	1,100	2,900	4,200	1,900	1,500	2,500	
Pfizer	22,230	3,510	1,170	3,510	7,020	2,340	2,340	2,340	
Janssen	1,900	300	100	300	600	200	200	200	
Total	39,930	5,510	2,370	6,710	11,820	4,440	4,040	5,040	

Notes:
Doses were allocated on population percentages and rounded for minimum dose order quantities; however, orders may be placed on need as determined by the PHD and IIP

To date, the Federal Retail Pharmacy Program has been allocated 64,520 cumulative first doses. It is expected that Federal partners will experience a significant increase (approximately double) in allocation in the coming two to four weeks. Sarah affirmed there is provider capacity to increase throughput accordingly.

Three-week forecasts for Idaho are as follows:

The allocation projections are forecasts for the weeks ending in the dates below, and are provided to assist awardees in planning vaccine distribution. Second dose forecasts do not reflect previous transfers made to retail pharmacies or other jurisdictions. Doses available in the Microplanning Application and the VTrckS Order Cap may be less, as they reflect doses available net of transfers. Actual allocated quantities may vary depending on the availability of vaccine at the time of allocation.

Allocation Projections			
	March 21, 2021 <small>Forecast For Week Ending</small>	March 28, 2021 <small>Forecast For Week Ending</small>	April 04, 2021 <small>Forecast For Week Ending</small>
All Vaccines	75,620 <small>Total Doses - All Vaccine Types</small>	76,060 <small>Total Doses - All Vaccine Types</small>	76,060 <small>Total Doses - All Vaccine Types</small>
Pfizer	22,230 <small>1st Doses - Pfizer</small>	22,230 <small>1st Doses - Pfizer</small>	22,230 <small>1st Doses - Pfizer</small>
	19,890 <small>2nd Doses - Pfizer</small>	22,230 <small>2nd Doses - Pfizer</small>	22,230 <small>2nd Doses - Pfizer</small>
Moderna	15,800 <small>1st Doses - Moderna</small>	15,800 <small>1st Doses - Moderna</small>	15,800 <small>1st Doses - Moderna</small>
	15,800 <small>2nd Doses - Moderna</small>	15,800 <small>2nd Doses - Moderna</small>	15,800 <small>2nd Doses - Moderna</small>
Janssen	1,900 <small>1st Doses - Janssen</small>	0 <small>1st Doses - Janssen</small>	0 <small>1st Doses - Janssen</small>

Finally, Sarah summarized Idaho’s COVID-19 vaccination-related progress and accomplishments to date:

- Provider enrollment
- Fortifying Idaho’s Immunization Information System (IRIS) to ensure readiness for COVID vaccine tracking, including data integrity and race/ethnicity data capture

- Provider capacity, safety, and reporting grants
- Statewide vaccination registration system
- Provider education
- Priority population group identification and ranking
- Monumental scale of work: nationally, 155 million COVID-19 vaccine doses ordered in 14 weeks, which is equivalent to TWO YEARS of vaccines for children's program vaccine ordering

Wrap Up

Monica summarized the meeting. Meeting slides will be sent to members after the meeting and posted online.

Dr. Burgess affirmed that this is the last scheduled CVAC meeting. CVAC may be reconvened in the future, if needed. A total of twelve regular/voting CVAC meetings were held and additional office hours sessions were offered to allow for additional discussion. She expressed her gratitude for members' hard and sustained work over this time. No further requests for clarifications will be taken at this time as the prioritization work has been completed.

Elke shared a recap of all the organizations, subject matter experts, and perspective that were included in CVAC's membership and decision-making. She thanked members for being thoughtful partners in doing this challenging work together. Finally, Elke recognized the core staff team who supported the work of each CVAC meeting and required activities in between.

The meeting was adjourned.