

Alaska Vaccine Allocation Advisory Committee
December 17, 2020 from 5 – 7 pm
Meeting Agenda

1. Introduce Facilitator (2 minutes)
2. Review Meeting Goal (3 minutes)
3. Review State Information (5 minutes)
 - Updates on allocation from the federal government (if available)
 - Roles and responsibilities
4. Review current requests for consideration to the Committee (10 minutes)
 - Written requests
 - Summary of public comment session
 - Comments and requests may include phase 1a & b and phase 2
5. Review draft Phase 1a, Tier 3 (3 minutes)
6. Committee Member statements on current Tier 3 draft (2 minutes per member, 50 minutes)
 - Comments
 - Recommendations
7. Discussion (20 minutes)
8. Present recommended language for inclusion in Tier 3 of Phase 1a (5 minutes)
9. Vote on Phase 1a Tier 3 recommendation (5 minutes)
10. Review Next Steps and Timeline: Phase 1b considerations (5 minutes)

Phase 1a, Tier 1

Phase 1a, Tier 1 vaccine doses will be allocated to every region in Alaska and includes the following populations.

- Long term care* facility staff members
- Long term care* facility residents
- Hospital-based frontline health care workers and hospital personnel who are frequently exposed to COVID-19 patients, particularly those performing the highest risk procedures or who spend extended periods of time bedside and whose absence from work would compromise the ability of the hospital to continue functioning.
 1. Personnel in this category include, but are not limited to:
 - a. ICU and COVID unit Nurses, LPNs, CNAs and patient care technicians
 - b. ICU and COVID unit Physicians
 - c. Inpatient physicians caring for COVID patients, including hospitalists
 - d. Respiratory Therapists
 - e. Emergency Department Personnel
 - f. Personnel working in operating and other procedural rooms in which aerosol generating procedures are conducted.
 - g. Other hospital staff working in COVID units such as PT/OT/ST Therapists, phlebotomists, etc.
 - h. Environmental services personnel
 - i. Facility security personnel

*Long Term Care facilities included Skilled Nursing Facilities, Assisted Living Homes, and Dept of Corrections infirmaries providing care that is similar to assisted living.

Phase 1a, Tier 2

Phase 1a, Tier 2 vaccine doses will be allocated to every region in Alaska and includes the following populations:

- Frontline EMS and Fire Service personnel providing medical services, who are frequently exposed to COVID-19 patients and whose absence from work would compromise the ability of these critical medical services to continue. This Tier includes personnel in certified ground-based and air medical services. This Tier also includes community health aides/health workers providing EMS services.
- Community Health Aides/Practitioners
- Health care workers providing vaccinations to identified populations in Phase 1a

Phase 1a, Tier 3

Phase 1a, Tier 3 vaccine doses will be allocated to every region in Alaska and includes the following populations:

Workers in health care settings at highest risk of contracting COVID-19 who are essential to the health care infrastructure and who regularly provide health care services that cannot be postponed or provided remotely.¹ To be a qualifying worker in a health care setting, you must meet **all** of the following criteria:

1. Have direct patient contact, or have direct contact with infectious materials from patients; **and**,
2. Provide essential services in a health care setting that cannot be offered remotely or performed via telework; **and**,
3. Provide a service in a health care setting that cannot be postponed without detrimental impact to the patient's short-term or long-term health outcomes.

This Tier applies to licensed, certified, and other workers in health care settings in the State of Alaska, who meet the above criteria. This includes direct support professionals who provide personal care or home and community-based services, laboratory technicians, phlebotomists, and workers performing COVID testing.

The terminology "workers in health care settings" is used instead of "health care workers or personnel" to guide health care organizations distributing the vaccine to consider the full spectrum of workers who meet these criteria. Health care organizations should evaluate all position types and duties to identify those who meet all three criteria regardless of where the work is performed (e.g. ambulatory, direct patient care, support services) or the employment status of the worker (e.g. contracted, part-time, paid or unpaid).

Special attention should be paid to workers in health care settings who are at high risk of exposure and may have inconsistent or limited use of PPE and those working in settings with inadequate environmental controls for recommended air exchange.

Important Note

It is not assumed that all workers in health care settings who hold a license or certification are eligible to receive the vaccine in Phase 1a.

Workers in health care settings are eligible in Phase 1a **only** if they meet **all** the numbered criteria above. If a worker in a health care setting provides services that do not meet **all** the criteria above, they will not be eligible to receive the vaccine during Phase 1a. **They will be eligible to receive the vaccine in a future phase.**

¹ High-Risk Health Workers as defined in National Academies of Sciences, Engineering, and Medicine 2020. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>. Pages 113-117. Accessed at <https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine#resources>

For reference, the relevant section from the Framework for Equitable Allocation of COVID-19 Vaccine is copied below:

Population: High-Risk Health Workers

This group includes frontline health care workers (who are in hospitals, nursing homes, or providing home care) who either (1) work in situations where the risk of SARS-CoV-2 transmission is higher, or (2) are at an elevated risk of transmitting the infection to patients at higher risk of mortality and severe morbidity. These individuals—who are themselves unable to avoid exposure to the virus—play a critical role in ensuring that the health system can care for COVID-19 patients.

These groups include not only clinicians (e.g., nurses, physicians, respiratory technicians, dentists and hygienists) but also other workers in health care settings who meet the Phase 1a risk criteria (e.g., nursing assistants, environmental services staff, assisted living facility staff, long-term care facility staff, group home staff, and home caregivers). The health care settings employing these workers who are at increased risk of exposure to the virus may also include ambulatory and urgent care clinics; dialysis centers; blood, organ, and tissue donation facilities; and other non-hospital health care facilities. Finally, there are community and family settings where care for infected patients occurs. Not all the workers in these settings are paid for their labor, but, while they are caring for infected people, they all need to be protected from the virus.

Situations associated with higher risk of transmission include caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, treated, and housed, and performing procedures with higher risk of aerosolization such as endotracheal intubation, bronchoscopy, suctioning, turning the patient to the prone position, disconnecting the patient from the ventilator, invasive dental procedures and exams, invasive specimen collection, and cardiopulmonary resuscitation. In addition, there are other frontline health care workers who, if they have uncontrolled exposure to the patients or the public in the course of their work, should be in this initial phase. This group includes those individuals distributing or administering the vaccine—especially in areas of higher community transmission—such as pharmacists, plasma and blood donation workers, public health nurses, and other public health and emergency preparedness workers. The committee also includes morticians, funeral home workers, and other death care professionals involved in handling bodies as part of this high-risk group.

Notes from Committee Discussion, 12/17/20:

Discussion of Phase 1a, Tier 3 priority populations:

- During individual committee member comments, all members expressed gratitude and support for the draft Tier 3 description as written, with the following minor questions and modifications:
 - Clarify health care setting
 - Reconcile apparent contradiction between health care setting and home and community-based setting
 - Support opportunities for public to provide input into this committee's deliberations
 - Should guidance be provided to health care organizations on which workers within the tier should be vaccinated first?
 - DHSS can advise organizations
 - How to allocate additional supply when all workers within the tier have been vaccinated?
 - DHSS can advise organizations; generally, supply should go to other workers in healthcare settings

Clarify health care setting

- Reference Definition of Healthcare Settings (CDC website): Settings include but are not limited to acute-care hospitals; long-term care facilities, such as nursing homes and skilled nursing facilities; physician and nurse practitioner practices; birth centers; specialty care; dental offices, urgent-care centers; outpatient clinics; home healthcare (i.e., care provided at home by professional healthcare providers), emergency medical services, surgery centers, behavioral health treatment facilities. Settings include specific sites within non-healthcare settings where healthcare is routinely delivered (e.g., a medical clinic embedded within a workplace or school)
- Settings include places where home and community-based care is delivered
- Health care that is delivered into the community at a home or community location
- Anywhere people seek or receive medical evaluation and/or treatment
- Physicians who have outpatient and inpatient practices who cover ER call who didn't make the vaccine list yet at hospitals
- Home health providers should be higher on list including Direct Support Professionals
- Prioritize workers in remote or rural health care settings
- Would be useful for DHSS to provide a Secondary document to guide decisions or provide examples
- Enrolled providers are those who are providing vaccine. DHSS will take on operationally the communication about who the vaccine providers are who can give vaccine to those eligible
- Communication strategy will be different depending on who is in the tier
- Mindful of who is not included in this committee and seeking to think broadly about who is at highest risk, and to incorporate suggestions from public comment

Preliminary Discussion of Phase 1b

- The committee will take up discussion of Phase 1b at its next meeting
- A set of guiding principles will help the committee to focus its discussion; these will come from the next round of recommendations from ACIP, due out this weekend
- DHSS suggests using the National Academy of Science Framework for Equitable Allocation of COVID-19 Vaccine report as a framework and to supplement recommendations from ACIP

- Committee discussed maintaining transparency to the public and providing ample opportunity for public input
 - What level of transparency is sufficient and will keep the process efficient to get vaccines out quickly?
 - Committee requested to discuss by email and decide whether to hold a public session on December 29th where each member would have 2 minutes to comment on recommendations for Phase 1 b and then the vote would be conducted
 - The more we customize the national guidance to fit Alaska the more the committee will need to describe how and why it has deviated for the public to understand its recommendations
 - Assume everyone is listening to everything
- The committee agrees to continue being guided by the three elements of the ACIP framework:
 - Science
 - COVID-19 disease burden
 - Balance of benefits/harms of vaccine
 - Implementation
 - Values of target group
 - Feasibility
 - Ethics
 - Maximize benefits and minimize harms
 - Promote justice
 - Mitigate health inequities

Next meetings

- Public comment session to be scheduled – Monday Dec. 28
- Week of December 28th – 1b vote

Reference documents

1. National Institutes of Health/CDC/National Academies of Sciences, Engineering and Medicine. A framework for equitable allocation
 - The free PDF can be downloaded here: https://www.nap.edu/login.php?record_id=25917
 - The full website, which includes an explanation of how this was developed and by whom, as well as an FAQ section here: <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>
2. ACIP framework a. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e3.htm>
3. Guidance on the prioritization of initial doses of COVID-19 vaccine(s) <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-initial-doses-covid-19-vaccines.html>
4. Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940936/Priority_groups_for_coronavirus_COVID-19_vaccination_-_advice_from_the_JCVI_2_December_2020.pdf

5. Document from Minnesota Dept Health vaccine advisory group utilizing ACIP/NASEM guidance, great short description of rationale, good language at the end for 'additional clinical considerations'. <https://www.health.state.mn.us/diseases/coronavirus/vaccine/phase1aguide.pdf>
6. Michigan COVID-19 Vaccination Interim Prioritization Guidance: https://www.michigan.gov/documents/coronavirus/MI_COVID-19_Vaccination_Prioritization_Guidance_710349_7.pdf
7. Johns Hopkins has also weighed in, and although this is several months old, some of the ethical considerations may still apply. a. <https://www.centerforhealthsecurity.org/our-work/publications/interim-framework-for-covid-19-vaccine-allocation-and-distribution-in-the-us>
8. CDC page on health equity considerations <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
9. CDC social determinants of health: <https://www.cdc.gov/socialdeterminants/about.html>
10. Age and underlying health conditions are major risk factors for worse outcomes:
 - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>
11. Data from the CDC on demographic trends in cases and deaths: <https://covid.cdc.gov/covid-data-tracker/#demographics>

Summary of public comments from session held on 12-17-20

Spoken Comment 12-17-20

- School nurses and health aides
- Rural EMS – included in tier 2 but vaccine hasn't been allocated
- Office of Children Services – remote social workers who visit homes
- Rural EMS that are not certified such as those who live outside of organized communities – Interior region. Not represented by another other way
- Don't include teachers but prioritize older people first

Written comments 12-17-20

Congregate settings besides LTC such as prisons

Teachers

Outpatient clinic – Medical Park Family Care

Home Health providers

Alaska air carrier's staff

Educators

People on immunosuppressants

All individuals that deal with the public – teachers, postal workers, students, store workers

Anesthesiologists

Private medical staff

Teachers as front line workers

Teachers

Elderly with suppressed immune system and co-morbidities

Anesthesiologists

Teachers, day care and child care employees

Community midwives, child care workers, teachers

Teachers, especially if going back to in person school

Outpatient physicians specifically internal medicine

Outpatient primary care doctors

Pilots, teachers, daycare workers

Teachers, day care workers

Schools including janitors and bus drivers

Incarcerated individuals

Elders in rural communities

Elderly living in congregate living settings

People providing essential services such as seafood processors, bartenders/wait staff, grocery clerks

People who work with children

Outpatient primary care providers, nurses, MA, & other staff

Outpatient health care workers and physicians

Providers giving face to face care to patients and 65 year plus family members

Child care workers

Outpatient providers doing face to face care

Critical infrastructure employees – defined in CISA

K-12 school staff

Primary care especially in rural communities

Outpatient medical offices

Schools

ACIP's goals for recommending which groups should receive COVID-19 vaccines if supply is limited:

- *Decrease death and serious disease as much as possible.*
- *Preserve functioning of society.*
- *Reduce the extra burden the disease is having on people already facing disparities.*
- *Increase the chance for everyone to enjoy health and well-being.*

ACIP's ethical principles to guide decision-making process if supply is limited:

- *Maximize benefits and minimize harms* — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- *Mitigate health inequities* — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- *Promote justice* — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- *Promote transparency* — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.