Alaska Vaccine Allocation Advisory Committee
December 29, 2020, 4 – 6 pm
Meeting Summary

1. Welcome and Introductions
   • Committee members, please introduce yourself in the chat
   • Review agenda and objectives

2. DHSS Presentation
   • Summary of public comment received to date
     Here is the box link for vaccine public comments:
     https://chd.box.com/s/u92eq07dzvq62znk1qyh3gwyos9hij1
   • Communications update and upcoming Public Comment opportunities
   • Implementation update
   • Clarifications on Phase 1a tier 3
   • Review ACIP recommendations for allocation of vaccines for Phase 1b and 1c
   • Review draft Alaska Phase 1b populations

3. Clarification on Phase 1a tier 3 - More details notes below
   Proposed clarification language for DHSS to consider for Phase 1a Tier 3
   Keep to the 3 criteria but make it clear that people who provide care in a home and community setting are eligible.
   1. Have direct patient (human) contact, or have direct contact with infectious materials from patients; and,
   2. Provide essential health care services in a hospital, clinic, home, or community based setting that cannot be offered remotely or performed via telework; and
   3. Provide essential health care service that cannot be postponed without serious negative impact to the patient’s health.

4. Committee member statements on draft Alaska Phase 1b populations
   • Each committee member has 2 minutes to provide comments – see summary of comments.

5. Committee discussion of draft Alaska Phase 1b populations
   See detailed edits to the Phase 1b tiers 1-4 based on the group discussion.

6. Committee member votes by poll on Alaska Phase 1b populations
   Committee members voted on each tier 1-4 in phase 1b separately. The votes were all 20-0 showing unanimous support for the recommendations.

7. Wrap-up and preparation for next meeting
   • Objective: develop draft Alaska Phase 1c populations
   • Next meeting date, January 5, 4 – 6 pm
Clarifications on Phase 1a tier 3

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, or provide care in a home and community based setting
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.

To be a qualifying worker in a health care setting, you must meet all of the following criteria:

This Tier applies to licensed, certified, and any 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.

Questions for AVAAC

• Did you intend for this tier to apply to people who care for animals or just humans? Clarify patient contact means human? Group intention was humans caring for humans

• Clarify what types of services cannot be postponed. Change the wording from ‘detrimental’ impact to ‘serious negative impact to patient health’. Remove long term. Have not separated out physical and mental health.

• Qualifying worker in health care setting. Including examples is creating questions in people’s minds about who is included. Should we include list of all health care workers or not include any examples? Group agrees to remove the words licensed and certified.

Proposed clarification language for DHSS to consider for Phase 1a Tier 3

Keep to the 3 criteria but make it clear that people who provide care in a home and community setting are eligible.

1. Have direct patient (human) contact, or have direct contact with infectious materials from patients; and,
2. Provide essential health care services in a hospital, clinic, home, or community-based setting that cannot be offered remotely or performed via telework; and
3. Provide essential health care service that cannot be postponed without serious negative impact to the patient’s health.
Individual member comments on Phase 1b draft framework

- Frontline essential workers – specifically add law enforcement. Public transit workers does this include cab drivers, rural aviation or only what is traditional transit? Why are persons 18-50 included in phase 1b
  - DHSS: Congregate settings both people serving and living.
  - Moved age 18-50 with 2 conditions to phase 1b due to message being heard from public and committee.
- Like having the 75+ in tier 1. Concern moving parts of 1c into 1b makes it larger but keeping in tiers helps keep intent. Like age breakdown for essential workers.
- No edits, agree strongly that age trumps other at risk. Agree with adding aviation and cab drivers in remote communities to transit.
- Health conditions, need to define this somewhere.
  - DHSS comment: ACIP had a list of health conditions that we can work from
- Like the age breakdown. Question phase 1b tier 4 – front line essential workers of any age.
- Include underserved communities in phase 1b tier 4
- Follows ACIP recommendations and made it Alaska. Make sure we have vaccine sites for at risk populations. Age stratification – deaths above age 70
- Good, comprehensive
- Balance societal needs and people at risk. Concerns about length but think the length is good so it allows people to see where they are in the process. Helpful from that respect.
- Like proposal, like underserved communities
- No edits, agree with document. Like age breakdown
- Nothing to add
- No edits
- Other critical workers, energy – in 1c. Might want to include them in rural communities.
- Clarify or state the word preschool intended to be included
- Sub-prioritization at the bottom is very important.
- Tier 1 focused on 75+. Worried tier 3 is very big
- Could we change tier 1 to 70+ based on deaths? Make tier 3 60-70
Proposed changes to Phase 1b Tier 1-4

COVID-19 Vaccine Allocation: Phase 1b

The State of Alaska is using a phased approach to allocate the initial limited supplies of COVID-19 vaccine to Alaskans. At the national level, allocation recommendations are being made by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). To suitably adapt the ACIP recommendations for Alaska, the COVID-19 Vaccine Task Force, in cooperation with the Alaska State Hospital and Nursing Home Association, created the Alaska Vaccine Allocation Advisory Committee (AVAAC).

AVAAC includes representatives from emergency medicine, family medicine, infectious disease, EMS, long-term care, the American Association of Retired Persons, pharmacy, and medical ethics. AVAAC uses currently available science and guidance provided by DHSS, ACIP, the National Academy of Sciences, and other sources, to inform its COVID-19 vaccine allocation recommendations to DHSS. The AVAAC recommendations do not apply to Indian Health Service, Veterans Affairs, and Department of Defense COVID-19 vaccine allocations. AVAAC is guided by the following key elements designated in the ACIP framework:

- Maximize benefits and minimize harms: Protect the population’s health by reducing mortality and serious morbidity.
- Promote justice: Respect people and groups and promote solidarity and mutual responsibility.
- Mitigate health inequities: Strive for fairness and protect against systematic unfairness and inequity.
- Promote transparency: Respond to needs respectfully, fairly, effectively, and efficiently in ways that are accountable, transparent, and worthy of trust.

On December 2, 2020, ACIP recommended that during Phase 1a, COVID-19 vaccine should be offered to health care personnel (HCP) and residents of long-term care facilities (LTCF). Phase 1a recommendations were reviewed by AVAAC, were adopted by the Department of Health and Social Services (DHSS), and are currently being implemented across Alaska. A more thorough description of the people who are included in Phase 1a is available here.

On December 20, 2020, ACIP recommended that during Phase 1b and Phase 1c, the COVID-19 vaccine should be offered to the following groups:

- Phase 1b: persons aged ≥75 years and frontline essential workers*
- Phase 1c: persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and other essential workers

The State of Alaska Covid-19 Vaccine Task Force implementation teams will use the area deprivation index (ADI) to identify specific geographic areas within communities that experience higher levels of deprivation compared to the surrounding area. DHSS implementation teams will work with local authorities and health care providers to focus outreach efforts to ensure equitable access to vaccines for those populations identified in each phase and tier. These efforts will vary by community and may include offering alternative methods to vaccine enrollment, partnering with Federally Qualified Health Centers, local health authorities

Commented [TAB1]: I found this journal citation for the ADI: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447923/ and also this mapping tool: https://www.neighborhoodatlas.medicine.wisc.edu/mapping based on the ADI. We should include these citations, or others if you have them.
and other community-based organizations, to conduct specific outreach and vaccine clinics in community centers.

Given Alaska’s diverse and large geography, AVAAC and DHSS have adapted the ACIP recommendations to address the specific risk factors for COVID-19 in Alaska’s rural and urban communities. In some of its recommendations, AVAAC specifically identifies essential workers in small rural communities where the number of personnel available to operate critical infrastructure is limited because of the increased risk to community functioning if those individuals are unable to work due to COVID-19 infection or the need to quarantine. Similarly, AVAAC recommended that adults living in communities that are unserved by household water and sanitation receive the vaccine sooner than those with access to household water and sanitation.

To better guide the distribution of our limited COVID-19 vaccine supply, AVAAC has recommended the following four tiers for Phase 1b:

<table>
<thead>
<tr>
<th>Phase 1b, Tier 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Persons aged 70 years and older</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 1b, Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frontline essential workers* who are aged 50 years and older</td>
</tr>
<tr>
<td>o Frontline essential workers whose work-related duties must be performed on-site and involve being in close proximity (&lt;6 feet) to the public or to coworkers</td>
</tr>
<tr>
<td>▪ First responders and public safety personnel, including Alaska State Troopers, public safety officers, police, firefighters, Office of Children’s Services staff, and public health workers not vaccinated in Phase 1a who are in direct contact with individuals and families</td>
</tr>
<tr>
<td>▪ Education (Pre-K–12 teachers and school staff, childcare workers and support staff, including Indigenous language and culture educators)</td>
</tr>
<tr>
<td>▪ Food and agriculture (e.g., seafood, food distributors)</td>
</tr>
<tr>
<td>▪ U.S. Postal Service workers, contract rural postal workers, and pilots and essential staff of flights carrying mail to rural communities</td>
</tr>
<tr>
<td>▪ Public transit workers, including pilots and essential staff to operate essential air services to rural communities, drivers and dispatchers of taxi and cab services in rural communities</td>
</tr>
<tr>
<td>▪ Grocery store workers</td>
</tr>
<tr>
<td>▪ Water &amp; Wastewater operators located in rural communities</td>
</tr>
<tr>
<td>▪ Utility and power plant operators located in rural communities</td>
</tr>
<tr>
<td>• People living or working in other congregate settings not covered in Phase 1a, such as:</td>
</tr>
<tr>
<td>o Homeless shelters;</td>
</tr>
<tr>
<td>o Group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, physical disabilities, or substance use disorders;</td>
</tr>
<tr>
<td>o Transitional living homes;</td>
</tr>
<tr>
<td>o Substance misuse treatment residential facilities;</td>
</tr>
<tr>
<td>o Correctional settings; or</td>
</tr>
<tr>
<td>o Acute psychiatric facilities</td>
</tr>
</tbody>
</table>
### Phase 1b, Tier 3

- Persons aged 60–69 years
- All persons age 16 and older living in rural communities unserved by household water and sanitation
- Frontline essential workers* aged 16–50 years with two or more health conditions (include citation to ACIP list)
  - First responders and public safety personnel (including Alaska State Troopers, public safety officers, police, firefighters, Office of Children’s Services staff, and public health workers not vaccinated in Phase 1a who are in direct contact with individuals and families)
  - Education (Pre-K–12 teachers and school staff, childcare workers and support staff, Indigenous language and culture educators)
  - Food and agriculture (e.g., seafood, food distributors)
  - U.S. Postal Service workers, contract rural postal workers, and pilots and essential staff of flights carrying mail to rural communities
  - Public transit workers, including pilots and essential staff to operate essential air services to rural communities, **drivers and dispatchers of taxi and cab services in rural communities**
  - Grocery store workers
  - Water & Wastewater operators located in rural communities
  - Utility and power plant operators located in rural communities

### Phase 1b, Tier 4

- Persons aged 50 years and older with two or more health conditions
- Frontline essential workers aged 16–50 years not covered in Tier 1–3
  - Frontline essential workers work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers
    - First responders and public safety personnel (including Alaska State Troopers, public safety officers, police, firefighters, Office of Children’s Services staff, and public health workers not vaccinated in Phase 1a who are in direct contact with individuals and families)
    - Education (Pre-K–12 teachers and school staff, childcare workers and support staff, Indigenous language and culture educators)
    - Food and agriculture (e.g., seafood, food distributors)
    - U.S. Postal Service workers, contract rural postal workers, and pilots and essential staff of flights carrying mail to rural communities
    - Public transit workers, including pilots and essential staff to operate essential air services to rural communities, **drivers and dispatchers of taxi and cab services in rural communities**
    - Grocery store workers
    - Water & Wastewater operators located in rural communities
    - Utility and power plant operators located in rural communities


*Commented [JM8]: Intent is to include tribal and VPSO, wildlife officers - those who interact with people

*Commented [TAB9]: This still seems broad. Should it read: Seafood industry workers and those directly involved in distributing food

*Commented [TAB10]: Should this also be for urban communities?

*Commented [JM12]: Intent is to include tribal and VPSO, wildlife officers - those who interact with people

*Commented [JM13]: This still seems broad. Should it read: Seafood industry workers and those directly involved in distributing food

*Commented [TAB14]: Should this also be for urban communities?

*Commented [JM15]: This is a reference for defining rural in Alaska. It shares the various definitions so DHSS can pick the one they want to use for this purpose. https://www.ers.usda.gov/webdocs/DataFiles/53180/25556.pdf?v=0

*Commented [TAB11]: This is a reference for defining rural in Alaska. It shares the various definitions so DHSS can pick the one they want to use for this purpose.
**Frontline essential workers are defined as people who are working in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2 because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers.**

Where sub-prioritization of frontline essential workers is needed due to limited vaccine supply, consider:

- Workers in locations with limited access to health care and sanitation resources, such as people working in rural locations, off the road system, and/or in communities without piped water
- Workers in locations where high rates of transmission is occurring
- Workers who are at increased risk for severe illness based on age or underlying medical conditions (see: [https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/D3-COVID-Oliver.pdf](https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/D3-COVID-Oliver.pdf))

**Essential air services as defined by the U.S. Department of Transportation. See:** [https://www.transportation.gov/policy/aviation-policy/small-community-rural-air-service/essential-air-service](https://www.transportation.gov/policy/aviation-policy/small-community-rural-air-service/essential-air-service)

± A served community is one in which ≥55% of homes are served by a piped, septic tank and well, or covered haul system. An unserved community is one where ≥45% homes have not been served either via pipe, septic tank and well, or covered haul system. See: [https://dec.alaska.gov/water/water-sewer-challenge/rural-communities/](https://dec.alaska.gov/water/water-sewer-challenge/rural-communities/)

‡ Adults with high risk medical conditions: Adults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death ([https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html)).

Additional Notes:

- Settings and roles within each tier should have equal priority.
- The list order within tiers does not imply priority group ranking.
- Persons with a documented SARS-CoV-2 infection in the preceding 90 days may choose to delay vaccination until near the end of the 90 day period in order to facilitate vaccination of those who remain susceptible to infection, as current evidence suggests reinfection is uncommon during this period after initial infection.

References:

4. Evidence Table for COVID-19 Vaccines Allocation in Phases 1b and 1c of the Vaccination Program. [https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html)
6. CDC MMWR The Advisory Committee on Immunization Practices’ Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Available at: [https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152e2-H.pdf](https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152e2-H.pdf)
Data shared on proposed changes for ages

Tier 1  Ages 70+

Figure. COVID-19 Counts and Rate of Deaths by Age and Number of Underlying High-Risk Medical Conditions — Alaska, January 1 through October 15, 2020

COVID-19 mortality rates are highest in older ad

Table 3. Demographic Distribution of Cases

<table>
<thead>
<tr>
<th>Demographic</th>
<th>All Cases</th>
<th>All Cases (Percent)</th>
<th>Hospitalized Cases</th>
<th>Hospitalized Cases (Percent)</th>
<th>Deceased Cases</th>
<th>Deceased Cases (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23,218</td>
<td>52.1%</td>
<td>538</td>
<td>54.7%</td>
<td>123</td>
<td>61.5%</td>
</tr>
<tr>
<td>Female</td>
<td>21,344</td>
<td>47.9%</td>
<td>445</td>
<td>45.2%</td>
<td>77</td>
<td>38.5%</td>
</tr>
<tr>
<td>Unknown Sex</td>
<td>19</td>
<td>0.0%</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Group</td>
<td>Count</td>
<td>Percentage</td>
<td>Cases</td>
<td>Case Percentage</td>
<td>Deaths</td>
<td>Death Percentage</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>------------</td>
<td>-------</td>
<td>----------------</td>
<td>--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>&lt;10 Years</td>
<td>2,740</td>
<td>6.1%</td>
<td>9</td>
<td>0.9%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>5,202</td>
<td>11.7%</td>
<td>8</td>
<td>0.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>20-29 Years</td>
<td>9,165</td>
<td>20.6%</td>
<td>47</td>
<td>4.8%</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>30-39 Years</td>
<td>8,611</td>
<td>19.3%</td>
<td>86</td>
<td>8.7%</td>
<td>5</td>
<td>2.5%</td>
</tr>
<tr>
<td>40-49 Years</td>
<td>6,272</td>
<td>14.1%</td>
<td>90</td>
<td>9.1%</td>
<td>8</td>
<td>4.0%</td>
</tr>
<tr>
<td>50-59 Years</td>
<td>5,784</td>
<td>13.0%</td>
<td>157</td>
<td>16.0%</td>
<td>14</td>
<td>7.0%</td>
</tr>
<tr>
<td>60-69 Years</td>
<td>4,177</td>
<td>9.4%</td>
<td>220</td>
<td>22.4%</td>
<td>40</td>
<td>20.0%</td>
</tr>
<tr>
<td>70-79 Years</td>
<td>1,851</td>
<td>4.2%</td>
<td>215</td>
<td>21.8%</td>
<td>60</td>
<td>30.0%</td>
</tr>
<tr>
<td>80+ Years</td>
<td>779</td>
<td>1.7%</td>
<td>152</td>
<td>15.4%</td>
<td>70</td>
<td>35.0%</td>
</tr>
<tr>
<td>Unknown Age</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percentage</th>
<th>Cases</th>
<th>Case Percentage</th>
<th>Deaths</th>
<th>Death Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13,907</td>
<td>31.2%</td>
<td>316</td>
<td>32.1%</td>
<td>74</td>
<td>37.0%</td>
</tr>
<tr>
<td>Black</td>
<td>1,170</td>
<td>2.6%</td>
<td>37</td>
<td>3.8%</td>
<td>8</td>
<td>4.0%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>8,975</td>
<td>20.1%</td>
<td>257</td>
<td>26.1%</td>
<td>73</td>
<td>36.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1,805</td>
<td>4.0%</td>
<td>93</td>
<td>9.5%</td>
<td>19</td>
<td>9.5%</td>
</tr>
<tr>
<td>NHOPI</td>
<td>1,290</td>
<td>2.9%</td>
<td>111</td>
<td>11.3%</td>
<td>12</td>
<td>6.0%</td>
</tr>
<tr>
<td>Multiple</td>
<td>3,536</td>
<td>7.9%</td>
<td>64</td>
<td>6.5%</td>
<td>5</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other</td>
<td>5,773</td>
<td>12.9%</td>
<td>45</td>
<td>4.6%</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>UI Race</td>
<td>7,660</td>
<td>17.2%</td>
<td>53</td>
<td>5.4%</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>465</td>
<td>1.0%</td>
<td>8</td>
<td>0.8%</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>44,581</td>
<td>100.0%</td>
<td>984</td>
<td>100.0%</td>
<td>200</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Footnotes:
1. Alaska resident cases only.

Source:
Alaska Department of Health and Social Services.
Last updated on 12/29/2020.