Alaska Vaccine Allocation Advisory Committee  
January 5, 2021, 4 – 6 pm  
Meeting Summary

Objectives
• Review draft framework for Phase 1c
• Draft AVAAC recommendations for Phase 1c

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

DHSS presentation & discussion
• Update on public comment opportunities  
  Monday, January 11, 2021 from 4pm to 5pm: Public Comment Meeting

• Implementation update
  Many challenges with implementation, big task and progress is being made. Encourage people to go to the COVID vax website at http://dhss.alaska.gov/dph/epi/id/pages/COVID-19/vaccine.aspx

• Review DHSS changes to Phase 1b & rationale
  DHSS made decision to lower the tier 1 age group minimum to 65 based on several factors.
  • Other states are also moving to 65 and older for the next phase.
  • Tribal system is already going with 65 and older so it makes it consistent across the state.
  • Alaska has vaccine available and appt slots so decided to continue to message to tier 3 while beginning phase 1b for 65 and older.
  Committee expresses support with the change to 65 and older. DHSS acknowledges the challenges in the distribution. Comments from committee members on page 2.

• Discuss definition for educators – see below page 2
• Discuss guiding principles – see below page 3
• Review ACIP recommendations for Phase 1c -see below page 5
• Review draft Alaska Phase 1c framework – see below page 8

Committee member statements on draft Alaska Phase 1c populations - page 5
Each committee member has 2 minutes to provide comments

Committee discussion of draft Alaska Phase 1c populations

Wrap-up and preparation for next meeting
• Objective: finalize Alaska Phase 1c populations
• Next meeting date, January 12, 4 – 6 pm
Member comments on change of age group to 65 and older

- I support this change to 65. It makes sense from mission standpoint (vaccinate those most vulnerable and those who will burden healthcare the most) and is the most actionable.
- Agree with 1b Tier 1 change, and agree with asynchronous approach
- Totally agree with the change to 65
- agree with 65
- agree 65
- I also support 65
- Agree with the change to 65. Most THOs are using 65 for their IHS allocation too. Makes it consistent.
- I also agree.
- Difficulty is that perception of the public is often more powerful than the truth of the matter.
- I also support the move to 65
- I agree and support the move to age 65.
- I agree and support the move to age 65.
- Important for the public to know that this decision process needs to be nimble given how the distribution is occurring from the Feds.
- Also, vaccine in the freezer doesn’t do anyone any good, that’s why we went ahead with expanding our tiers
- I heard on the news this morning about the contracts the State has made with a couple communications companies. Perhaps they are already helping but if not, one would think you could lean on them for help.

Education clarification

Current language in phase 1b tier 2:
Education (PreK–12 educators and school staff, childcare workers and support staff, including Indigenous language and culture educators).
Concerns expressed about not including post-secondary educators – college, university, career and technical educators. In reviewing ACIP education definition these groups are included.

Education – This is the definition that was used by ACIP.

- Workers who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teacher aides, special education and special needs teachers, ESOL teachers, para-educators, apprenticeship supervisors, and specialists.

Clarification needed. Did the AVAAC intend to exclude post-secondary from Phase 1b or was this an issue not discussed. Was the intention to include educators within college, university, career and technical education?

Member comments

- I support their addition to the education group.
- Are remote/virtual educators excluded? Yes, the focus is on people whose work must be done in “close proximity”
• I would follow the ACIP clarification
• I support college/university/career and technical college students and staff/teachers/specialists
• Are remote/virtual educators excluded?
• I would follow the ACIP clarification
• I support college/university/career and technical college students and staff/teachers/specialists
• I lean more towards following ACIP guidelines.
• I support the ACIP clarification
• I think we should stay as close to ACIP as possible
• I could argue both positions. Following ACIP seems most reasonable. I have no prob with DHSS decision on this
• Include post-secondary educators
• Agree w staying w/close to ACIP
• Alignment with ACIP is best

Proposed language – Add to education definition: Pre-K-12 “and post-secondary educators” The intent of the committee is that this includes college, university, career and technical education

Request to provide clarification that it is acceptable for health care administrators to get vaccinated if they are walking around hospitals/clinics and are within 6 feet of patients.
  o Vaccine team says it is up to the person to confirm that they can answer the 3 questions.

Here is the link to the document that ACIP used to define the critical infrastructure workers:
https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructu re_Workers_Final3_508_0.pdf

Reconciliation of Guiding Principles
These have evolved over the past few weeks and in the transition need to be sure nothing was missed.

Guiding Principles 12/17

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

Guiding Principles 12/29

Science
  • Maximize benefits and minimize harms
  • Protect the population’s health by reducing mortality and morbidity and preserving societal functioning
Implementation
- Assure feasibility of vaccine distribution
- Uphold community and individual values

Ethics
- Achieve equitable access for all Alaskans
- Ensure transparency and promote education on both the science and implementation

Guiding Principles: reconciled 1/5/21 - Recommendation

Science
- Maximize benefits and minimize harms
- Protect the population’s health by reducing mortality and morbidity and preserving societal functioning

Implementation
- Assure feasibility of vaccine distribution
- Uphold community and individual values

Ethics
- Achieve equitable access for all Alaskans by promoting justice and mitigating health inequities
- Ensure transparency and promote education on both the science and implementation

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html

Member comments
- These changes make good sense to me. It returns and makes it closer to ACIP in the process.
- Excellent language in guiding principles, support all (no edits)
- Agree this language is good. Let's finalize these and not revisit.
- I’m fine with that. Regarding equity, there was discussion at the end of last meeting that seemed to point to equity being a focus on the delivery side/implementation. Is that still the case? Hard for us to direct the equity aspect other than to acknowledge it is a goal.
- No edits
  - Equity is also an important implementation issue, not just an ethics issue.
    - DHSS response: The phase 1b framework document includes only information about the populations; the guidance for implementation is in another document that is the ‘root document’ and is our playbook for implementation. This includes actions to support equitable distributions, tools and references in one place. This document will be provided to the committee this week.
    - I like it. We should be prepared to be called out on the transparency question since this meeting isn’t public.
    - Sounds great.
    - Agree

Possible new language
How will transparency be promoted? Through education?

Maybe "Ensure transparency through promoting education." Or Ensure transparency as a separate bullet?
Add back in the word “Uphold” to go with “community and personal values”

**Discussion Phase 1c** – See track changes with proposed edits/additions to phase 1c on page 8

**Changes from ACIP recommendations**
- **Persons aged 65-74 years (moved to DHSS Phase 1b)**

**Other categories:**
- Persons aged 16-49 years with high risk conditions*
  - Age reduced to 49 since people 50 and older are already included in phase 1b

**Other essential workers not recommended in Phase 1b**
- Transportation and logistics
- Food Service
- Shelter & Housing (construction)
- Finance
- IT & Communication
- Energy
- Media
- Legal
- Public Safety (Engineers)
- **Public health workers**
- **Essential Government Employees**
- Manufacturing (non-food) – Was moved out of 1b.
- Other health care workers not included in phase 1a or b
- Other categories of educators not included in phase 1a or b
- Anyone who is considered an essential worker who wasn’t included in phase 1a or b

**Member Comments on Phase 1c**
- Where do the healthy people who are 54 and under without any high risk conditions.  
  - They would fall into Phase 2. People between the ages of 16-54 who are not essential workers and do not have high risk conditions would go into phase 2.
- Should water/wastewater/utility be included here
- Ellen – Support including water/wastewater/utility/fuel trucks – non rural since rural were already included.
- Does food service include restaurants? Want to be sure they are included.
  - Yes servers, wait staff.
- Spiritual care workers and religious entities? Are they included anywhere?
- Agree with changes
- Support the framework
- Echo the need for spiritual care worker, clergy, chaplains, religious leaders in whatever setting they are leading.
• External chaplains. May not fall under an employee category in a health care organization.
• Agree with what is written.
• Agree with everything, include police chaplain
• Certified” chaplains/spiritual care personnel should be included, but not opened to all. Health care setting.
• Transportation workers in all areas – cab, pilots, Uber, Lyft.
• Transportation and logistics not covered in phase 1b tier 2 (broaden definition from phase 1b to add cabs, pilots, logistics, cargo, contract Lyft/uber in all areas of the state)
• clergy in health care/law enforcement/first responders
• Police Chaplains, the major role I see them in is a field response to help grieving family members or provide peer support after graphic or particularly troubling scenes
• Clergy and chaplains who are involved in home visits and end of life care may be considered
• Support both clergy and aviation
• What about funeral parlor staff? Doing in person funerals. Where do they fit?
• Those who may deem themselves “chaplains” or “spiritual care” personnel don’t always have any form of certification or license to speak of. If there is a need to limit this category, we may be able to say that “certified” chaplains/spiritual care personnel should be included. In healthcare only, whether in a facility or in homes.
• Were clergy/spiritual care providers in healthcare settings to have been included in 1a
• Does this apply to who are aged 50 years and older and whose work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers? Or does it apply to all workers in the category?
  o Yes, the same criteria regarding proximity applies.
How is Alaska doing on vaccination?

NY times also tracks the percentage vaccinated by states:

Vaccine tracker website:
https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/

Alaska vaccine dashboard:
https://www.arcgis.com/apps/opsdashboard/index.html#/84691dc5b0184827af0fd8e4c20034d9

CDC COVID data tracker: https://covid.cdc.gov/covid-data-tracker/#vaccinations

AK is 4th per capita among states. Alaska is doing well with vaccines compared to other states.
Always need more vaccine providers. Just found out January allocation a week ago and doing a lot to
providers get ready to order.
Providers enrolled and ready to go. Public vaccination clinics just started yesterday and opening for scheduling to over 65 starting tomorrow.
Mass vaccination clinics where we can get 1000’s of people through in a short time and rely on
commercial and other practices for the on-going.
DHSS in total agreement on mass clinics in urban areas. Continuing conversations. ANC has 32,000
people age 65 and older.
EMS providers can become vaccine providers.
Clinics in senior housing would be great
Email COVIDvaccine.gov to get information on enrolling or check out the COVID website.
COVID-19 Vaccine Allocation: Phase 1c

- Persons aged 16–49 years with 2 or more high-risk medical conditions§,
- **Essential workers** whose work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers not recommended in previous phases.
  - Transportation and logistics not covered in phase 1b (broaden definition from phase 1b to add cabs, pilots, logistics, cargo, contract Lyft/Uber in all areas of the state)
  - Food Service, includes restaurant workers
  - Shelter & Housing (construction)
  - Finance
  - IT & Communication
  - Energy
  - Media
  - Legal
  - Public Safety (Engineers)
  - Public health workers not included in previous phases
  - Essential government workers
  - Manufacturing non-food as defined by commerce, includes mining living in congregate settings
  - Other health care workers not included in phase 1a or b
  - Other categories of educators not included in phase 1a or b
  - Anyone who is considered an essential worker who wasn’t included in phase 1a or b
  - Water/wastewater/utility/fuel drivers for included in phase 1b (non-rural since rural already included.
  - Spiritual care workers, clergy, chaplains in any setting or restricted to health care/law enforcement/first responders or home visits.
  - Funeral workers

People between the ages of 16-54 who are not essential workers and do not have high risk conditions would go into phase 2.

*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 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-12-20/03-COVID-Oliver.pdf](https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/03-COVID-Oliver.pdf))

§ Adults of any age with the following conditions are at increased risk for severe COVID-19–associated illness: cancer; chronic kidney disease; chronic obstructive pulmonary disease (COPD); Down Syndrome,
heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] ≥30 kg/m2 but <40 kg/m2); severe obesity (BMI ≥40 kg/m2); sickle cell disease; smoking; type 2 diabetes mellitus; and pregnancy (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.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.