

**Alaska Vaccine Allocation Committee  
Dec. 3, 2020  
Meeting Summary**

**Members attending:**

Preston Simmons	Providence St. Joseph Health
Ryan Smith	South Peninsula Hospital
Ruth Johnson	Wildflower Court
Angelique Ramirez	Fairbanks Memorial Hospital
John Bramante	Central Peninsula Hospital
Tim Bateman	The Alaska Hospitalists Group
Mark Carr	Providence St. Joseph Health
Denise Evey	Fred Meyer (Kroger) Pharmacy
Mark Bohrer	Fred Meyer, District 9 Pharmacy Practice Coordinator
Mike Levy	EMS Medical Director (multiple orgs)
Nick Papacostas	American College of Emergency Physicians
Eli Powell	Alaska State Medical Society
Teresa Holt	AARP
Jocelyn Pemberton	The Alaska Hospitalists Group
Michael Cooper	Southcentral Foundation
Daniel Hartman	Southcentral Foundation
Paul Mueller	Eastern Aleutian Tribes
Ellen Hodges	YKHC
Nancy Merriman	Alaska Primary Care Association
Mark Peterson	Norton Sound Health Corporation
Elliot Bruhl	Southeast Alaska Regional Health Consortium
Bob Onders	Alaska Native Tribal Health Consortium

**Agenda items and summary**

**1. Introductions and opening remarks**

Jared Kosin, President/CEO ASHNHA  
 Jeannie Monk, Sr VP ASHNHA  
 Sondra LeClair, Section Chief, DHSS  
 Dr. Anne Zink, CMO, DHSS

**2. Review ACIP Framework for Allocation**

Alaska Allocation Committee uses the ACIP allocation framework to inform decisions made throughout the discussion tonight.

Three key elements of 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

### **3. Review Alaska-specific information as it applies to the framework**

#### • **Timeline and Estimated Allocations for Alaska**

- **December 15<sup>th</sup>**
  - Pfizer shipment
    - Current estimate 23,400 doses (24 trays)
- **December 22<sup>nd</sup>**
  - Pfizer shipment
    - o-all shipped first week
  - Moderna shipment
    - Current estimate 17,900 doses (124 boxes)
- **December 29<sup>th</sup>**
  - Pfizer shipment
    - o-all shipped first week
  - Moderna shipment
    - o-all shipped second week
- **Total Pfizer in December: 23,400**
- **Total Moderna in December: 17,900**
- **Total Overall in December: 41,300**

Note 1: Correction: Moderna is 179 boxes rather than 124 boxes

Note 2: Pfizer number does not include IHS allocation

### **4. Review current ACIP recommendations, including Interim Considerations**

#### **ACIP Recommendation (12/1/20):**

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel and 2) residents of long-term care facilities.

#### **Further ACIP Interim Guidance (published 12/3/20):**

##### **Healthcare Personnel (HCP):**

HCP with direct patient contact and thus who are unable to telework, including those who work in inpatient, outpatient, or community settings, who provide services to patients or patients' family members, or who handle infectious materials

- HCP working in residential care or long-term care facilities
- HCP with documented acute 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 HCP who remain susceptible to infection, as current evidence suggests reinfection is uncommon during this period after initial infection.

- Staggering delivery of vaccine to HCP in the facility so that personnel from a single department or unit are not all vaccinated at the same time.
- Based on greater reactogenicity observed following the second vaccine dose in clinical trials, staggering considerations may be more important following the second dose.
- Planning for personnel to have time away from work if they develop systemic symptoms following COVID-19 vaccination.

#### **Long-Term Care Facilities**

- Skilled nursing facilities should be prioritized among LTCFs as they provide care to the most medically vulnerable residents.
- After skilled nursing facilities, consider broadening to other facilities, including:
  - Assisted living facilities
  - Intermediate care facilities for individuals with developmental disabilities
  - Residential care facilities
  - State Veterans Homes

#### **5. Review current allocations in Alaska’s Draft Allocation Guidance (11-25-20 draft)**

**Tier 1:** 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.

Examples of personnel who may be included in this category:

- 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, environmental services, phlebotomists, etc.
- h. Facility security personnel

**Tier 2:** Frontline Emergency Medical Services and Fire Service personnel who are frequently exposed to COVID-19 patients and whose absence from work would compromise the ability of these critical services to continue. This Tier includes personnel in certified ground-based and air medical services. This Tier also includes community health aides providing EMS services.

**Tier 3:** Long-term care facility staff members who have the highest degree of overall contact with residents aged ≥65 years.

**Tier 4:** Health care workers providing COVID-19 vaccine to prioritized populations in Phase 1.

### **Estimated number of people in each group in Alaska.**

Hospital staff	13,441
EMS	3,674
Paramedics	625
Pharmacists	815
Pharmacy technicians	1803
Community Health Aides	438
SNF residents and staff	1322
ALF residents and staff	7260
Other health care workers	~35,000

Hospital survey - Hospital staff with patient interaction and that indicated willingness to receive the vaccine in Phase 1a. The total number returned from all 24 hospitals in Alaska was 8351.

### **6. Committee member statements (2 minutes per member)**

Each committee member had an opportunity to share their thoughts on recommendations.

Summary of comments:

- Keep 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 in first tier
- Move health care workers with the highest level of exposure to known or potential COVID-19 patients, either in an in-patient or out-patient setting, from Phase 1b to 1a
- Move Long term care staff to first tier. Protect staff first; if staff are protected it is easier to protect residents
- Move LTC residents to Phase 1a Tier 1
- Move long term care residents including Pioneer Home to first tier
- Need to add Assisted living workers with other health care workers
- Respiratory therapists are a very limited resource in Alaska
- Consider critical staffing categories when planning tiers
- Use data on who is getting sick to guide which health care workers get vaccine first. COVID-19–Associated Hospitalizations Among Health Care Personnel — COVID-NET, 13 States, March 1–May 31, 2020: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e3.htm>
- Housekeeping and maintenance have a high rate of hospitalization among the health care worker category
- Look at length of appointments/exposure – 15 minutes vs 2 hours
- Target areas that are having an outbreak – geographic areas with biggest outbreaks
- Avoid use language of “prioritize” to something more neutral. Identified for initial vaccination.
- Be sure to list support personnel and environmental services as a line under health care workers (housekeeping and maintenance)
- Move PCA's and those providing home health care up out of tier IB when looking at their high rate of hospitalization
- LTC residents have been isolated for 9 months.
- Vaccinations may not prevent vectors. Vaccinating staff only may mean they can still be vectors so important to vaccinate LTC residents along with staff.

- There is evidence of vaccine effectiveness in the elderly since LTC residents are at highest risk for hospitalization and mortality it seems appropriate to include residents in the first group.
- "Community Health Workers" providing EMS need to be included as part of EMS to support rural communities that may not have Community health aides.
- Use ACIP guidelines and include all health care workers in tier 1
- Move EMS to tier 1

**7. Discuss recommended revisions**

Group discussion on how to revise Phase 1a recommendations based on member comments and new information.

**8. Vote on Phase 1a**

The committee voted on groups to be included in Phase 1A Tier 1 and 2. 19 members voted and the vote was unanimous.

**Tier 1**

- Long-term care facility residents (includes Pioneer Homes and other assisted living homes)
- Long term care facility staff (includes Pioneer Homes and other assisted living homes)
- Hospital based front-line health care workers at highest risk (as written in document). Add phrase "Inclusive of but not limited to" before list of examples.

**Tier 2**

- EMS and Fire personnel providing medical services
- Community Health Aides/Practitioners
- Individuals who are required to perform vaccinations

**9. Closing/Review (5 minutes)**

Thanks to all the committee members for participating and for DHSS team in preparation of materials.

The committee will meet Dec. 10 at 4 pm to: review the final language for Tier 1 and Tier 2, and identify additional groups that will be incorporated in Phase 1a.