BONNEVILLE COUNTY
1250 Hollipark Drive
Idaho Falls, ID 83401
OFFICE (208) 522-0310
FAX (208) 525-7063

NOTICE OF SPECIAL MEETING

BOARD OF HEALTH - EASTERN IDAHO PUBLIC HEALTH

Notice is hereby given that Eastern Idaho Public Health's Board of Health will hold a special meeting via conference on Thursday, December 10, 2020, at 7:00 a.m. at its Bonneville County office, 1250 Hollipark Drive, Idaho Falls, Idaho. The meeting room will accommodate seating for approximately 6 people. Social distancing will be required and masks must be worn. Any person who does not wish to social distance or wear a mask will not be allowed to enter and is invited to observe the meeting through live streaming. No outdoor viewing option will be available. No verbal public comments will be accepted during the meeting. Written public comment can be submitted to EIPHBoard@eiph.idaho.gov before 5:00 pm on Wednesday, 12/09/20, for consideration at the meeting.

AGENDA
Thursday, December 10, 2020
7:00 a.m.

View Live on EIPH's YouTube Channel:
https://www.youtube.com/channel/UCaiWpioiGwhF95yxXgM01VA

1. Call to Order and Roll Call .... Chairman Reed
2. Approval of December 3, 2020 Board of Health Minutes (Action) .... Chairman Reed
3. Public Comment .... Chairman Reed
4. Crisis Standards of Care Presentation .... Dr. Aaron Gardner & Dr. Ken Krell
   a. Crisis Standards of Care Document
      https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Crisis-Standards-of-Care-Plan_Final_Posted_Signed.pdf
   b. Patient Care: Strategies for Scarce Resource Situations
      https://coronavirus.idaho.gov/wp-content/uploads/2020/10/2020_ID_CSC_Strategies_v2_Final_Posted-1.pdf
5. Reports from Regional Healthcare Partners .... Chairman Reed
   A. Eastern Idaho Regional Medical Center
   B. Idaho Falls Community Hospital
   C. Madison Memorial Hospital
   D. Steele Memorial Medical Center
   E. Teton Valley Health
6. COVID-19 Vaccine Update .... Amy Gamett
7. COVID-19 Update .... Geri Rackow & James Corbett
8. Consideration of Rescinding Orders of Restriction in Lemhi County (Action) .... Chairman Reed

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SPECIAL MEETING
BOARD OF HEALTH MEETING MINUTES
December 3, 2020
7:00 a.m.
Zoom Meeting

PRESENT:

BOARD OF HEALTH MEMBERS
Bryon Reed, Commissioner, Chairman
Bill Leake, Teton County, Trustee
Lee Miller, Commissioner
Ken Miner, Commissioner
Shayne Young, Commissioner
Barbara Nelson, MD, Vice Chair
Greg Shenton, Commissioner
Brent Mendenhall, Commissioner
Wayne Butts, Commissioner

STAFF MEMBERS
Geri Rackow
James Corbett
Angy Harwood
Cheryl O'Connell
Amy Gamett
Kellye Johnson

DRAFT

1. **Call Board Meeting to Order**
Chairman Reed called the meeting order at 7:00 a.m. This meeting is being held virtually and it is being streamed live through EIPH's YouTube channel. EIPH staff is present at the Idaho Falls office where there is also a space for the public to view in person.

2. **Approval of November 19, 2020 Board of Health Meeting Minutes**
MOTION: Dr. Barbara Nelson made a motion to approve the minutes of the November 19, 2020 meeting.
SECOND: Commissioner Mendenhall
ACTION: MOTION CARRIED UNANIMOUSLY

3. **Public Comment**
Commissioner Reed reviewed and discussed public comments received up through 5:00 p.m. December 2, 2020. There were very few public comments this week; they included suggestions and comments on how to deal with the pandemic and situation. Commissioner Reed thanked the public for the comments.

4. **Reports from Hospitals and Emergency Medical Services**
   a. Eastern Idaho Regional Medical Center (EIRMC)
   David Hoffenberg, Chief Operating Officer, reports they currently have 44 COVID patients, which is down from 54 over the weekend; 14 are in the ICU with 11 on ventilators. Patients are high acuity with long stays. They are very limited on the number of patients they can take from outside Bonneville County. Hospitals are struggling to transfer patients. EIRMC has opened additional overflow units to be able manage patients. They no longer have dedicated COVID units, patients are being treated where space is available, and the overflow areas have become their clean units. Human capital is their most precious resource and they are doing the best they can with the staff they have. They continue to have employees get sick while out in the community. Protecting the healthcare workers should be the primary concern of the Board of Health and the Community. Mr. Hoffenberg feels we will continue to see more and more admissions because we haven't truly seen the impact of the Thanksgiving weekend yet. They are planning to continue the overflow areas at least through the end of February. Pressure will come not only from COVID but also the flu and other respiratory infections.

b. Idaho Falls Community Hospital (IFCH)
Casey Jackman, Chief Operating Officer, reports they currently have 27 COVID patients; 20 on the medical floor and 7 in the ICU on ventilators. They have 3 ventilators not in use. IFCH had 5 deaths in November and have already had one in December. The COVID patients are from Bonneville, Fremont, Madison, and Bingham Counties. Due to concern regarding staffing resources, they have initiated their internal Incident Command and meet twice each day to review staffing resources. They have hired a large number of traveling nurses. Elective surgeries are limited to outpatients so they are not utilizing staff on the medical floor. They are also reallocating staff from other areas in the hospital to help on the floors. They continue to participate in the monoclonal antibody infusions.

c. Madison Memorial Hospital
Dr. Rachel Gonzales, Chief Executive Officer, reports Madison Memorial has gone from yellow to orange due to staffing resources. Their ICU has hit full capacity 3 times this week. 50% of patients were for COVID but they are also seeing overdoses and mental health issues.

d. Dr. Ken Krell
Dr. Krell provided the Board of Health with a clinician's point of view of the current status of our healthcare system, which in his opinion is at a breaking point. To those on the front line, the patients and the deaths are real and the toll on healthcare workers is personal. On many days EIRMC has had over 20 intubated patients. They are already rationing care, which is not the usual standard of care. Staff is working tirelessly and supporting each other but exhausted. Dr. Krell asked the Board of Health to take definitive action and do everything within their power to decrease the illness and deaths, including enforcement of mask mandates and gatherings. He stated that Idaho is on the verge of instituting Crisis Standards of Care.

5. Education Update

a. Superintendent Scott Woolstenhulme, Bonneville Joint School District 93
They have 12-18 COVID-19 cases reported daily between staff and students. They are having face-to-face instruction every day. Only 1-2 percent of the cases are contracted at the school. Teachers have done a good job holding the students to the expectations and students have done a good job wearing masks. Social distancing has been difficult, but teachers are doing the best they can.

b. Superintendent Chad Martin, Jefferson School District 251
They typically have between 100-150 out in quarantine at any one time. Very few of those are reporting positive tests. The spread has not been in the schools, but in the community and homes. Currently they have 30 students who have tested positive this week; they average 5-6 positive tests per day. Staffing is a concern, but they are doing the best they can. The rapid COVID-19 antigen tests supplied by the State have been helpful. He is also concerned about spikes after the Thanksgiving and Christmas breaks and feels the community still is not understanding the importance of wearing masks.

c. Superintendent Monte Woolstenhulme, Teton School District 401
Data from the school is available on their website. They get students from Wyoming, so they have frequent communication with their school districts and public health office. The states have different guidelines that impact the students. Their school plan has been aligned with EIPH risk levels, so they have gone from fully in-person to alternate day to fully remote at home and then back to in-person. Their school board has decided they will keep the in-person instruction. They are working on their operations. Teachers and staff are supporting students daily, but they have teachers out and limited substitute teachers is a challenge. Masks are mandatory. They are also concerned about the rise in numbers after the holidays.

d. Superintendent Byron Stutzman, Fremont School District 215
At this time, 26% of their staff and 2.3% of students have been infected with COVID-19. They feel it is important to keep the kids in school and continue to look for different ways to do that.

e. Superintendent George Boland, Idaho Falls School District 91
They are seeing an increase in the number of cases, with last week being the highest at 40 cases. They currently have 647 students isolating. Cases are increasing at the high school and elementary school levels. They have had 57 certificated and 67 classified employees test positive since the first of the year. They currently have 7 positive cases with teachers and a total of 54 teachers isolating. The infections are occurring in the community rather than in the schools. They are having good response to the mitigation strategies. They are maintaining operational even though the substitute pool is small. Their concern is they will see a surge following the Thanksgiving break. They will continue to work with EIPH confirming cases and doing notifications.

f. Brett Cook, BYU-Idaho
Out of 20,000 people they currently have 48 active student cases and 7 employee cases. They are providing meals, tutoring, and remote access for students during quarantine. There is a mask mandate in all buildings on campus and outside the University if physical distancing is not possible. He feels they have 98-99% compliance with masks. Express Lab provides drive through testing on campus, with rapid tests available beginning tomorrow.

All the Superintendents expressed appreciation for the staff at EIPH and the guidance Ms. Rackow and Mr. Corbett have provided to them.

There is a concern about the inconsistency with the extracurricular activities within the schools, but most are following the Governors orders.

6. COVID-19 Update

- Ms. Rackow reviewed COVID activity across the nation and shared that based on the White House Profile, Idaho is ranked 21st highest for new cases per 100,000 population. Idaho is ranked number 1 for test positivity rate in the nation.
- Ms. Rackow reviewed new guidance from the CDC that reduces quarantine for closes contact cases. Idaho's local Public Health District are working with the state's epidemiology staff to determine what guidance to put out, the goal is to be consistent.
- EIPH has partnered with the U.S. Department of Health and Human Service to make available 10,000 COVID-19 tests in Eastern Idaho. EIPH is working with local partners to deploy the tests. In addition, there will be a drive through testing at EIPH's Idaho Falls office beginning December 10th. It is PCR testing and is available to any individual needing a test at no charge. The tests will be provided until December 31st or until they are gone.
- Mr. Corbett reviewed the new data dashboard and provided instruction for the new website.
- Ms. Rackow reviewed the active case rates for the counties. Lemhi County numbers have reduced for the past 10 days. All the other counties have gone up.
- Contacting Tracing continues to be a challenge as people often do not respond to our calls or texts. We have incorporated information on our website for people so that if we cannot talk with a case, we can text them the instructions for isolating and notifying their own contacts.
- The Idaho Falls City Council recently passed a resolution supporting the efforts of the Governor and EIPH to help control the pandemic. The City has a phone line people may call and talk with City staff on COVID-related issues within the city.

The meeting adjourned at 9:24 a.m. The next meeting is scheduled for Thursday, December 10, 2020 at 7:00 a.m.

Commissioner Bryon Reed, Chairman

Geri L. Rackow, Secretary

DRAFT

Crisis Standards of Care

BOARD OF HEALTH CRISIS STANDARDS OF CARE UPDATE

DECEMBER 10TH, 2020

INTRO / DISCLOSURES

- Aaron Gardner MD, MS, FAAP
  Pediatric Critical Care/Pediatric Urgent Care
  Just 4 Kids Urgent Care/Home Health & Hospice
- Chief Medical Officer
  ASPR Incident Management Team
  HHS / ASPR / EMMO / IMT-W
- AAP COCAD Executive Committee
- SIDMAC Member
- I do not represent HHS, AAP, IDHW, or EIPH

Crisis Standards of Care

“CRISIS STANDARDS OF CARE”

. . . a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive or catastrophic disaster.

“CRISIS STANDARDS OF CARE”

This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period.

"CRISIS STANDARDS OF CARE"

The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers & protections for healthcare providers in the <u>necessary tasks of allocating and using scarce medical resources</u> and implementing alternate care facility operations.

CSC ASSUMPTIONS

- Resources are unavailable or undeliverable to healthcare facilities
- Similar strategies being invoked by other healthcare delivery systems
- Patient transfer not possible
- Access to medical countermeasures (vaccine, meds, antidotes, blood) likely to be limited
- Available local, regional, state, federal resource caches have been distributed—no short-term resupply

CSC AND SURGE CAPACITY

Magnitude of Surge	Minor	Moderate	Major
% Increase Capacity	20%	100%	200%
Response	Conventional	Contingency	Crisis
Standard of care			
Response Strategies	Conserve Substitute	Conserve Substitute Adapt Re-use	Conserve Substitute Adapt Re-use Reallocate

CSC GUIDELINES

- Prioritize population health
- Respect ethical principles
- Liability protection for health care providers and institutions
- Triage models for allocation of scarce resources
- Formal recognition of catastrophic disaster enables specific legal authority

WHY IT MATTERS

DUTY TO PLAN

Note that in an important ethical sense, entering a crisis standard of care mode is not optional – it is a forced choice, based on the emerging situation. Under such circumstances, failing to make substantive adjustments to care operations – i.e., not to adopt crisis standards of care – is very likely to result in greater death, injury or illness.

CURRENT LANDSCAPE

- All HHS Regions are experiencing significant shortfalls in resources (space, staff, and stuff).
- Suburban and rural areas have been hit particularly hard (fewer resources at baseline).
- Deployed assets include: contract staffing, alternate care sites, corporate teams, National Guard, Department of Defense, Public Health Service, and National Disaster Medical System.

CURRENT LANDSCAPE

- Federal and regional resources are completely extended and are nearly exhausted.
  - Teams have been re-deployed multiple times.
  - Responder fatigue, injury, and illness.
- Patient peaks correspond with staff shortage peaks.
- Several states have activated CSC.

CRISIS STANDARDS OF CARE

INDICATORS

Conventional	• One or more counties/public health districts at or near capacity. • Patient transfer is temporarily affected.
Contingency	• Local jurisdictions initiate resource requests. • Medical countermeasure availability declining. • One or more hospitals on diversion or damaged. • Patient transfer across all or part of state is limited.
Crisis	• One or more counties or healthcare entities is experiencing crisis level shortages of space, staff, or supplies. • Medical countermeasures depleted. • Patient transfers insufficient or impossible statewide. • Local jurisdiction resource requests unfillable or undeliverable. • Multiple healthcare access points impacted.

PATIENT CARE

Strategies for Scarce Resource Situations

MECHANICAL VENTILATION FOR ADULTS

STRATEGIES FOR SCARCE RESOURCE SITUATIONS

CRISIS STANDARDS OF CARE

RECOMMENDATIONS	Strategy	Conventional	Contingency	Crisis
Increase Hospital Stocks of Ventilators and Ventilator Circuits, ECMO or Bypass Circuits	Prepare			
Access Alternative Sources for Ventilators/Specialized Equipment • Obtain specialized equipment from vendors, health care partners, regional, state, or Federal stockpiles via usual emergency management processes and provide just in time training and quick reference materials for obtained equipment.	Substitute			
Decrease Demand for Ventilators • Increase threshold for intubation/ventilation. • Decrease elective procedures that require post-operative intubation. • Decrease elective procedures that utilize anesthesia machines. • Use non-invasive ventilatory support when possible. • Attempt earlier weaning from ventilator.	Conserve			
Re-use Ventilator Circuits • Appropriate cleaning must precede sterilization. • If using gas (ethylene oxide) sterilization, allow full 12 hour aeration cycle to avoid accumulation of toxic byproducts on surfaces. • Use irradiation or other techniques as appropriate.	Re-use			
Use Alternative Respiratory Support Technologies • Use transport ventilators with appropriate alarms – especially for stable patients without complex ventilation requirements.	Adapt			
• Use anesthesia machines for mechanical ventilation as appropriate/capable. • Use bi-level (BiPAP) equipment to provide mechanical ventilation. • Consider bag-valve ventilation as an emergent transitional measure while awaiting definitive solution/ equipment (as appropriate to situation – extremely labor intensive and may consume large amounts of oxygen).				

ACTIVATION PROCESS

- During an anticipated public health emergency, such as a pandemic, the SIDMAC may convene multiple times before CSC is activated (i.e., during conventional or contingency care).
- The process to activate CSC will include partners and stakeholders from across the state's unified command structure, healthcare system, public health, DHW, the Governor's office, and others.

IDAHO CSC ACTIVATION

Crisis Standards of Care: Information Flow for Activation

- Idaho Office of Emergency Management, Idaho Department of Health and Welfare — Unified Command
- Idaho Hospitals, Chief Executive Officers, Chief Medical Officers — Idaho Hospital Association
- Long Term Care Facilities, Urgent Care Clinics, Medical Clinics — Local Public Health Districts
- Hospital clinicians, Board of Medicine, Deputy Attorney General — SIDMAC

Department of Health and Welfare

CSC Activation Advisory Committee

- Governors Office, Idaho Department of Health and Welfare Operations Center, State of Idaho Disaster Medical Advisory Committee, Idaho Office of Emergency Management, Public Health Districts, Healthcare Systems, Board of Medicine, Idaho Hospital Association, Emergency Medical Services

The Idaho Department of Health and Welfare (DHW) will receive information from entities for situational awareness related to scarce resources in an emergency. This information will be reviewed by DHW to determine when resources are critically limited or unavailable. DHW will convene the CSC Activation Advisory Committee to determine if a recommendation should be made to activate CSC. If the Activation Advisory Committee determines that activation is appropriate, they will make that recommendation to DHW Director Jeppesen who will activate the temporary emergency rule for CSC. This allows hospitals and healthcare systems to implement crisis standards of care as warranted.

IDAHO CSC ACTIVATION

- Authority given to Director of IDHW
- Emergency Meeting of IDHW BOH Dec11th
  - Review CSC for Health Entities
  - Adoption of Temporary Rule
    - The activation of crisis standards of care allows healthcare entities to implement crisis strategies to address scarce resource situations when the usual standard of care cannot be provided.

IDAHO CSC ACTIVATION

Proposed Rule Activation

6

Excerpt:

- ACTIVATION OF CRISIS STANDARDS OF CARE.
- If the Department's senior leadership determines that all options for addressing resource limitations have been pursued, and critical shortages persist for which crisis standards of care activation is requested, the Director will convene the Committee.
- 01. Scarce Resource Limitation. The party or parties requesting crisis standards of care activation will present to the Committee the scarce resource limitation for which crisis standards of care activation is requested and the measures that have been taken to address the limitation.
- 02. Options for State and Federal Assistance. Department staff and the Idaho Office of Emergency Management will present all options for state and federal assistance that can and have been pursued, including review of any applicable checklists.
- 03. Recommendation to Activate. If the Committee determines that all available contingency actions have been taken and no further options remain to address the resource limitations and that the scarcity is sufficient to warrant a shift from the usual standard of care to crisis standards of care, the Committee will make a recommendation to the Director to issue a declaration of crisis standards of care.
- 04. Communications to Activate. Crisis standards of care will be activated by a declaration from the Director.

ROUGH
ROAD
AHEAD

EMERGING THEMES

- CSC plans not aligning with clinical realities.
- Surge response chaotic but effective.
- Interhospital collaboration is crucial.
- Situational awareness of patient load and resource availability is a challenge.
- Multiple CSC challenges exist—especially decision-making for triage or allocation of life-sustaining care.
- Healthcare workers are profoundly psychologically affected by CSC issues.

LOOKING AHEAD - 1

- CSC planning must be more operational.
- Clinicians must be taught that CSC involves making the best decision one can when in an unfamiliar situation that involves risk to the patient or provider.
- Clinicians and their legal advisors must resolve differences in understanding of legal aspects of CSC.

LOOKING AHEAD - 2

- Leaders need better situational awareness of patient load, resources, and changing guidance/policies.
- In a crisis a CLEAR declaration is needed that a CSC context exists.
  - Specific clinical guidance about scope of declaration.
  - Must factor that a timely declaration may not be made.

LOOKING AHEAD - 3

- Triage decisions cannot wait for cumbersome committee structure.
- Education is needed on difference between triage decisions on busy days and shift to CSC (conventional-contingency-crisis).
- Planning for critical staff shortages is a HIGH priority.
- Find ways to engage families in essential end-of-life discussions.

LOOKING AHEAD - 4

We must find ways to lessen the emotional burden on healthcare workers caused by the combined stress of the surge and moral injury of CSC.

Thank You!

QUESTIONS OR COMMENTS

IDAHO

Select another state

Idaho

How to read this graphic

New Confirmed Cases | New Deaths

RECENT OPENING AND CLOSING POLICY DECISIONS

● Restriction/closing ● Opening ● Deferring decisions to county ● Other

← Previous | Next →

New Deaths

30

20

10

0

0 deaths

0 cumulative deaths

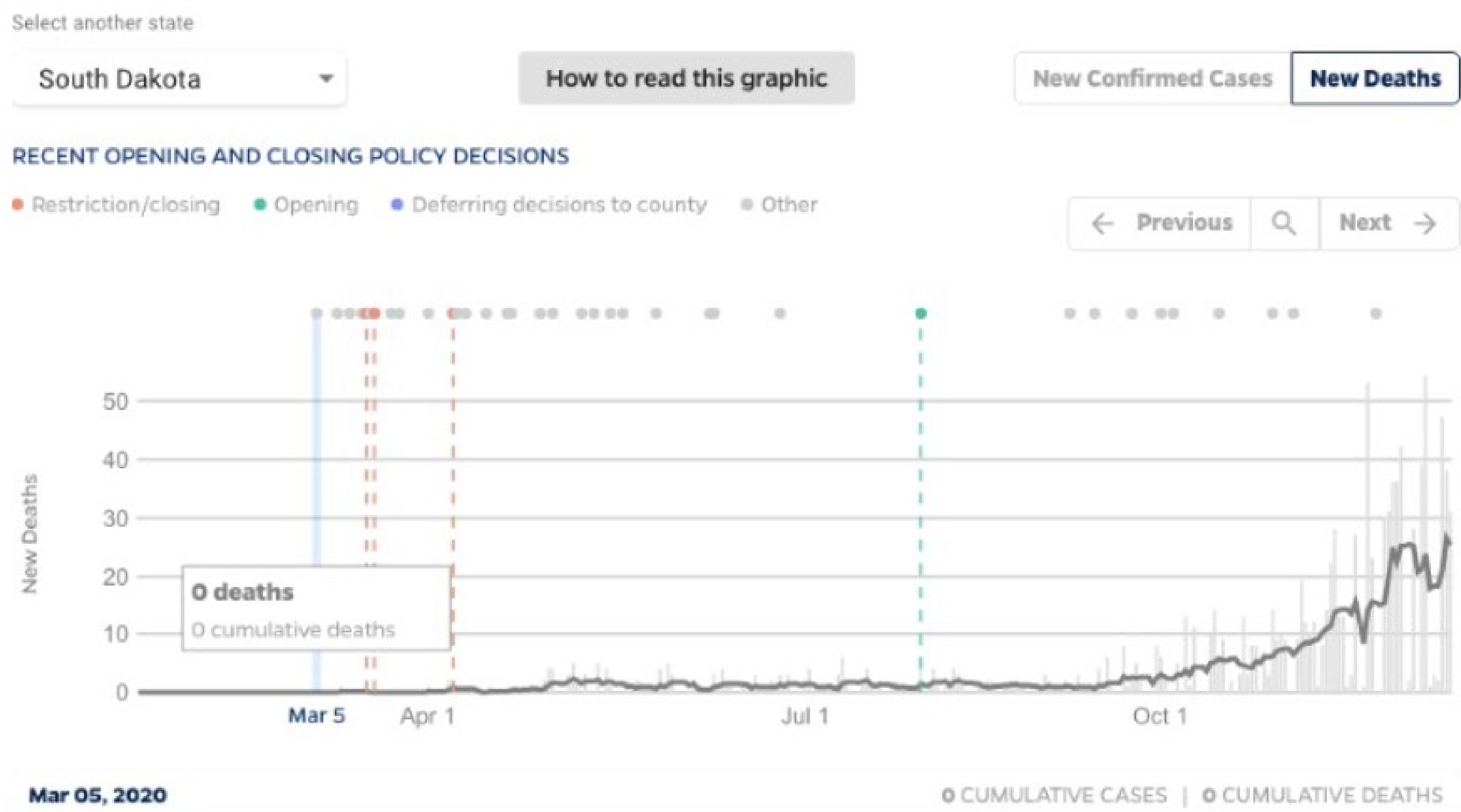
Mar 4 Apr 1 Jul 1 Oct 1

Mar 04, 2020

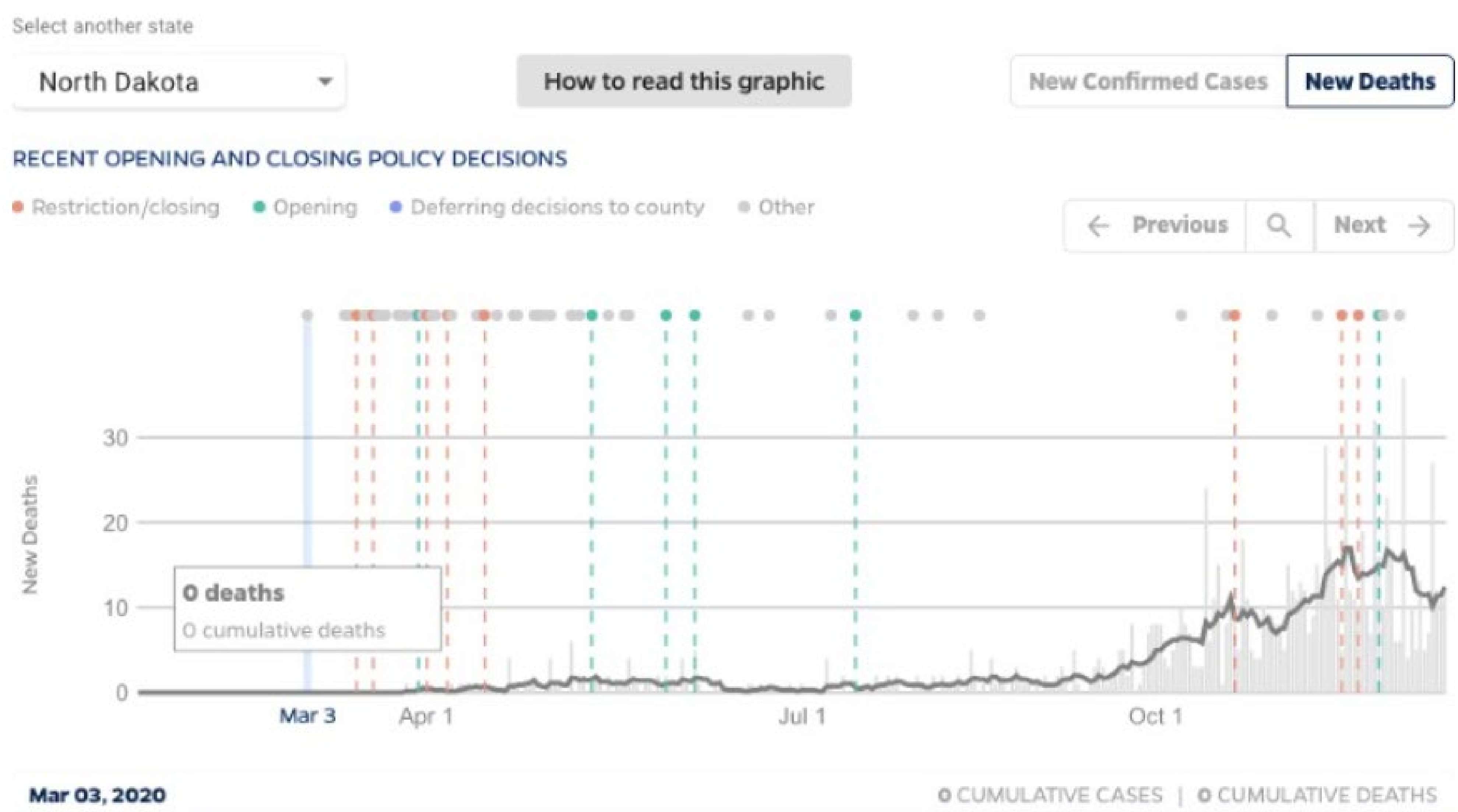
0 CUMULATIVE CASES | 0 CUMULATIVE DEATHS

- Governor Brad Little announced the creation of new Coronavirus Working Group that will support Idahos public health agencies and increase coordination and communication.

SOUTH DAKOTA



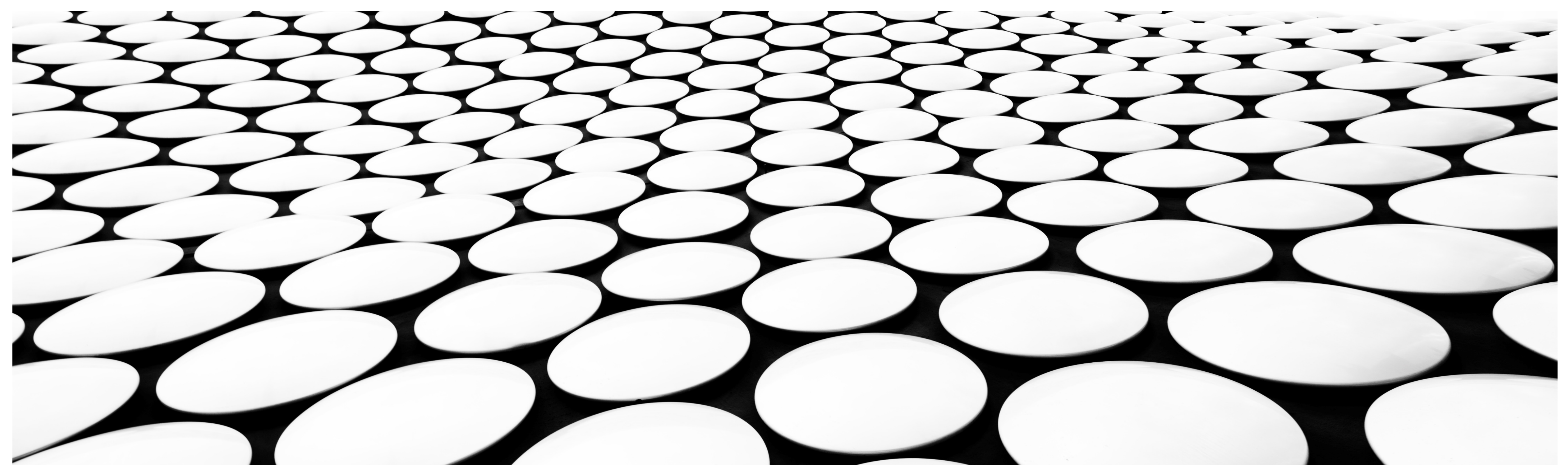
- Governor Noem and the South Dakota Department of Health commissioned an agency task force for coordination and planning with partners and other state agencies, developed an action plan for information management, incident management, and monitoring for persons at risk of infection, among other actions.



- The North Dakota Department of Health has developed an online survey for people who have traveled internationally within the past 14 days to complete. Upon completion of the survey, North Dakotans will receive information about how to monitor themselves for symptoms of COVID-19 and what to do if symptoms develop.

BOARD OF HEALTH COVID-19 VACCINE UPDATE

DECEMBER 10, 2020



IDAHO'S VACCINE PLANNING ROLES-BIG PICTURE

- CVAC
  - Advise the Governor on and assist state and local entities with:
    - Sub Prioritization of vaccines when they are in limited supply
    - Communication and messaging of vaccine
    - Ensuring equitable access to COVID-19 vaccination across Idaho
- DHW
  - Statewide logistics & planning, distribution, provider training, reporting, communications
- Local Public Health Districts & Enrolled Providers
  - Vaccine administration
  - Regional logistics & planning (for local public health)
  - Organizational logistics & planning (for enrolled providers)
  - Vaccine storage & handling, reporting

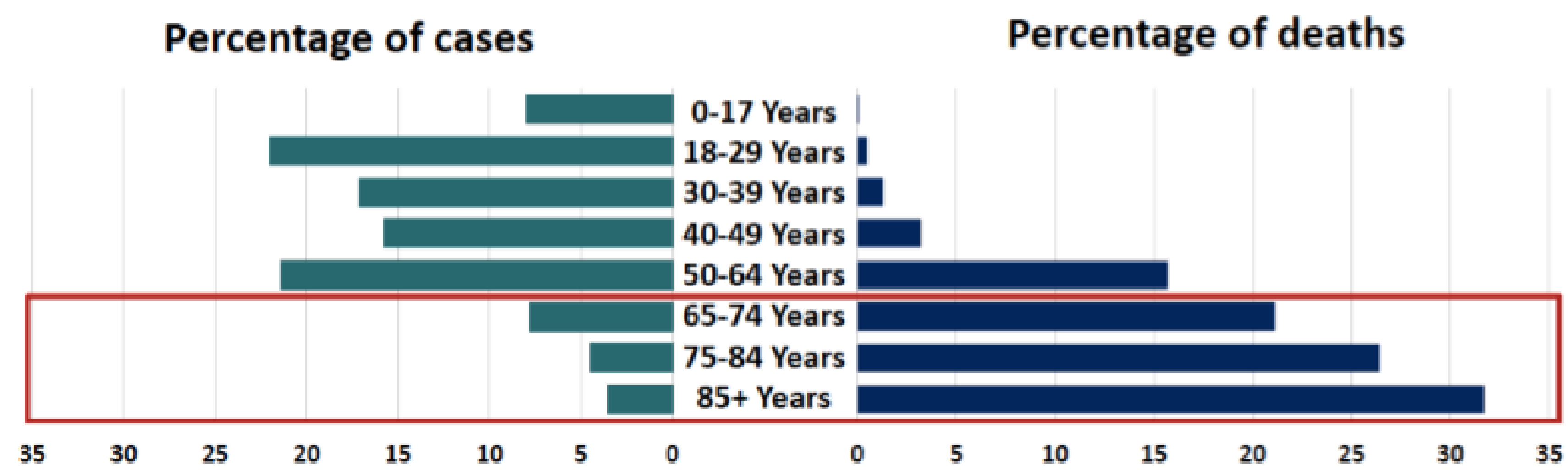
12/1/2020 ACIP VOTE TO ADD LTCF RESIDENTS TO PHASE 1A

Phase1c
Adults with high -risk medical conditions
Adults 65+

Phase 1b
Essential workers
(examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)

Phase 1a
Health care personnel
LTCF residents

In the United States, adults aged 65 years or older represent 16% of COVID-19 cases, but nearly 80% of COVID-19 deaths



CDC: Risk of Hospitalization and Death Among Hospitalized by Age Group Relative to Persons Age 18-29 Years

Age Group	Hospitalization[1]	Death[2]
0-4 years	4x lower	9x lower
5-17 years	9x lower	16x lower
18-29 years	Comparison Group	Comparison Group
30-39 years	2x higher	4x higher
40-49 years	3x higher	10x higher
50-64 years	4x higher	30x higher
65-74 years	5x higher	90x higher
75-84 years	8x higher	220x higher
85+ years	13x higher	630x higher

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html.

Idaho Coronavirus Vaccine Advisory Committee (CVAC) 12/4/2020

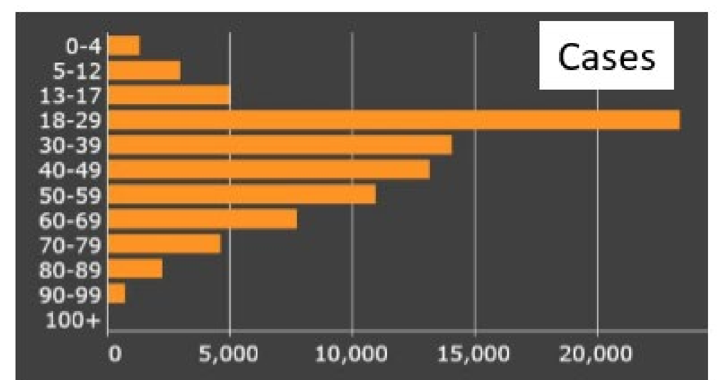
- Also agreed to include healthcare personnel in phase 1a vaccination along with long-term care facility (LTCF) residents
  - Over 40% of deaths among LTCF residents

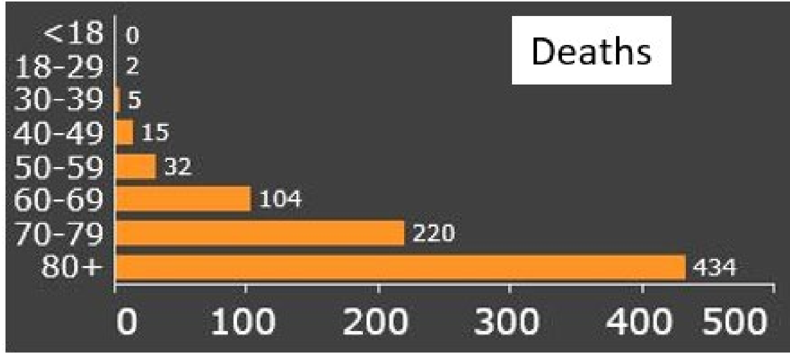
- Vaccine will become available about weekly.

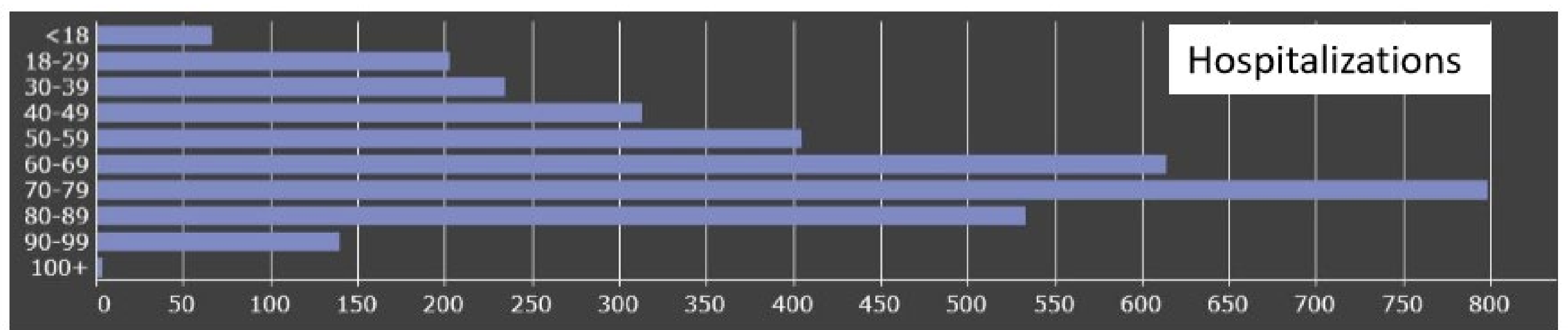
- First week's vaccine allocation will go to HCP followed in subsequent shipments for LTCF plus HCP with activation of CDC pharmacy LTCF partnership

- Other groups to be discussed by CVAC.

Cases, Hospitalizations and Deaths by Age Group, Idaho Through November 17,2020







CVAC-HEALTHCARE PERSONNEL SUB-PRIORITIZATION GROUP

Category	Estimated No. Persons	Cumulative No. Persons
Hospital and clinic staff essential for care of COVID-19 patients and maintaining hospital capacity.	~32,350 = all hospital staff (IDLC) ~12,284 = all employees in offices of physicians (BLS NAICS 62111)	44,634
• LTCF staff, including adult protective services, ombudsmen, contract staff • Home care providers for adults age 65 years, or any age with high risk medical condition	~14,800–24,279 LTCF staff (BLS vs IDLC) ~16,260 home health/personal care aides (IDL)	75,694 – 85,173
Emergency medical services (EMS)*	~5,115 (IDHW Bureau of EMS & Preparedness)	80,809 – 90,288
Outpatient and inpatient medical staff not already included in earlier groups who are unable to telework, including HCP in correctional and detention facilities	~26,340 outpatient, excluding home health above (BLS) ~400 corrections/detention HCP (IDOC/IDHW)	107,549 – 117,028
• Pharmacists, pharmacy technicians, and pharmacy aides not already included in earlier groups • Dentists, dental hygienists, and dental assistants	~4,893 pharmacy staff (IBOP) ~5,064 dental staff (ID State Dental Assoc)	117,506 – 126,985
Public health and emergency management response workers who are unable to telework†	~782 public health (PHDs, IDHW) ~88 emergency management (BLS)	118,376 – 127,855

*Includes all licensed EMS providers regardless of affiliation

†Frontline PHD staff, essential function IDHW staff; assumes 50% emergency management staff unable to telework

Abbreviations: BLS=Bureau of Labor Statistics; IBOP=Idaho Board of Pharmacy; IDL=Idaho Dept. of Labor; IDLC=Idaho Division of Licensing and Certification; IDHW=Idaho Dept Health & Welfare; IDOC= Idaho Dept of Corrections; LTCF=skilled nursing, assisted living, and intermediate care facilities; PHD=public health district

Updated 12/2/2020

CDC Pharmacy Long-term Care Facility Partnership

- CDC-developed and led partnership with pharmacies contracted to provide end-to-end vaccination services initially for LTCF residents
  - Skilled nursing facilities (SNF) and assisted living facilities (ALF)
- Also able to vaccinate LTCF staff who are not yet vaccinated
- LTCF given option of opting in ~90% in Idaho have done so
- State health department officials are able to “turn on” this partnership and contracted pharmacies will be allocated Idaho-designated vaccine
  - States must have enough designated vaccine doses to meet 50% of vaccine need in LTCF designated
  - Takes 2 weeks to ramp up after being turned on
- Timing for initiating the partnership in Idaho after sufficient Idaho vaccine allocation from CDC “in the bank”

VACCINES REQUESTING FDA EAU

	ModernaTX USA	BioNTech with Pfizer
Shipping and storage temp.	-20C	-60/-80 C (dry ice)
Days at 2-8C	30 days MAX	5 days MAX
Time at room temp	≤12 hours MAX	≤ 2 hours
Refreeze?	NO	NO
Doses per shipment	100 minimum	975 minimum
Doses per vial	10	5 doses of 0.3mL
Reconstitute	NO	1.8 mL of 0.9% NaCl injection USP– one 2 mL NaCl vial per vaccine vial
Use time	6 hrs after vial punctured	6 hours after reconstitution
Route	Intramuscular	Intramuscular
Needle size	Adults 1-1 ½ inches	Adults 1-1 ½ inches

Do Not Shake

*Publicly reported information. Subject to change.

BioNTech/Pfizer Vaccine Storage and Handling

Product Packaging Overview

Item	Description
1	Dry Ice Pod
2	Vial Trays
3	Inner Lid
4	Payload box (holds vial trays)
5	Outer Carton

- 2 mL type 1 glass preservative free multi-dose vial (MDV)
- MDV has 0.45 mL frozen liquid drug product
- 5 doses per vial after dilution

- Single tray holds 195 vials
- 975 doses per tray
- A smaller tray, containing 25 vials (125 doses) is in development with estimated availability in early 2021

- Minimum 1 tray (975 doses) or up to 5 trays (4875 doses) stacked in a payload area of the shipper
- Payload carton submerged in dry ice pellets
- Thermal shipper keeps ULT ($-75\pm15^{o}C$) up to 10 days if stored at 15°C to 25°C temperatures without opening.
- Thermal shippers are reusable and designed to be a temporary storage containers by replenishing dry ice

- December 10th – Vaccines & Related Biological Products Committee reviews Pfizer vaccine data
- December 11th and beyond – window for Pfizer EUA by review FDA & ACIP
  - Immediately after FDA & ACIP approval & recommendation– first shipments of Pfizer vaccine to providers identified by State
- December 17th – VRBPAC reviews Moderna EUA
- December 18th & beyond – window for Moderna EUA review by FDA & ACIP
  - Immediately after FDA & ACIP approval & recommendation–shipments of first Moderna vaccine to providers identified by State

CURRENT TIMELINE

FDA Review of Pfizer/BioNTech EUA Application – Safety

- Vaccines and Related Biological Products Advisory Committee (VRBPAC) is being convened to discuss and provide recommendations on whether:
  - based on the totality of scientific evidence available, it is reasonable to believe that the Pfizer-BioNTech COVID-19 Vaccine may be effective in preventing COVID-19 in individuals 16 years of age and older, and
  - the known and potential benefits of the Pfizer-BioNTech COVID-19 Vaccine outweigh its known and potential risks for use in individuals 16 years of age and older.

- The committee will also discuss what additional studies should be conducted by the vaccine manufacturer following issuance of the EUA to gather further data on the safety and effectiveness of this vaccine.

https://www.fda.gov/media/144245/download.

COVID-19 FOLLOWING 1ST DOSE – PLACEBO VS VACCINE

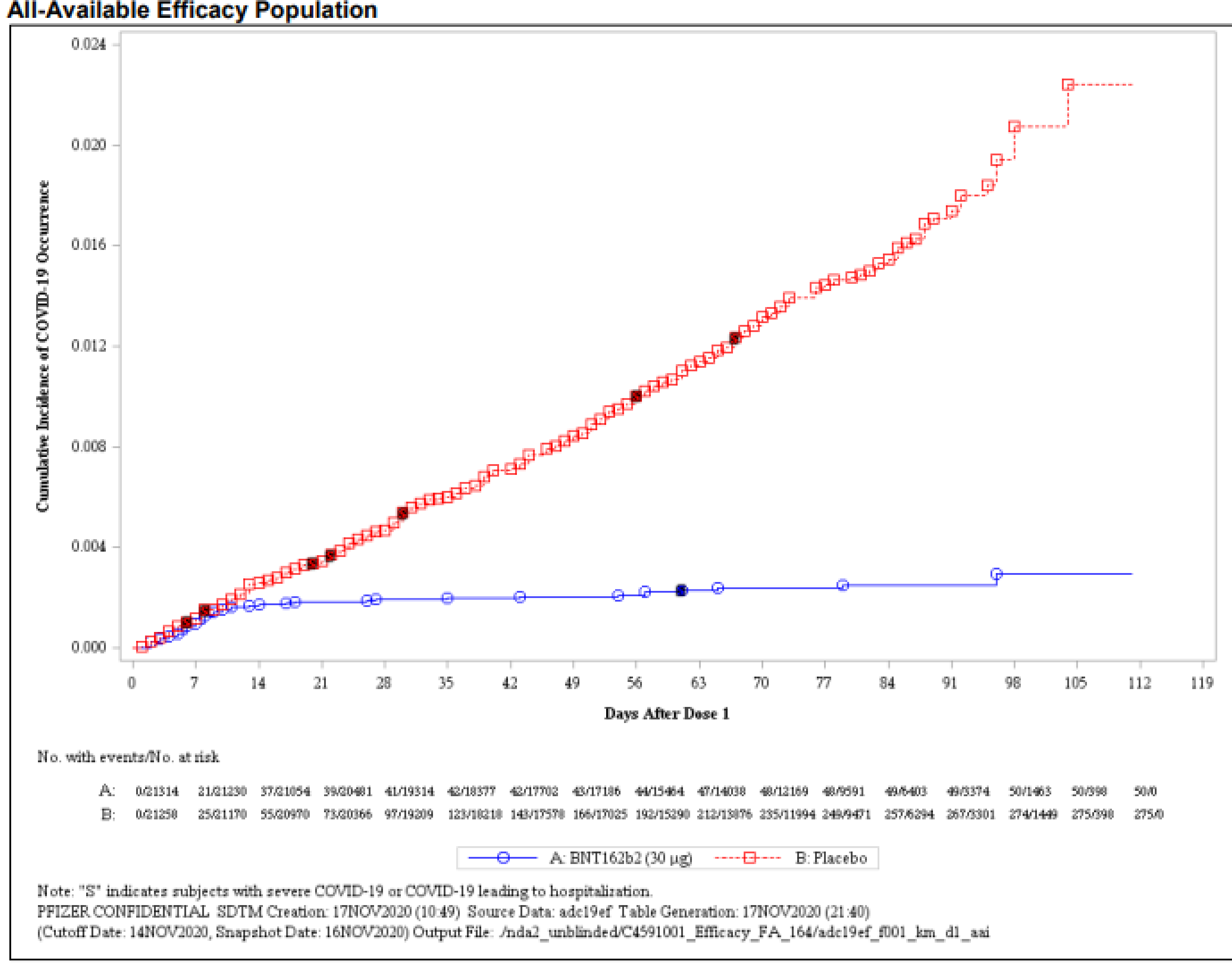
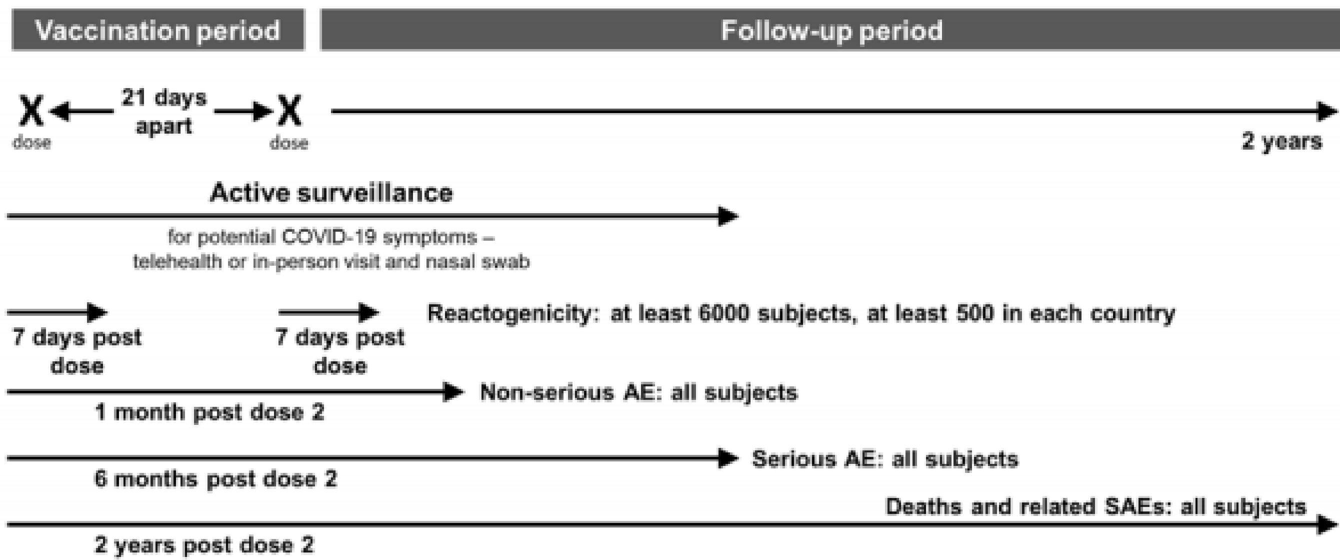


Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1, Dose 1 All-Available Efficacy Population

SAFETY EVALUATION



Viewing 12.9 COVID-19 ...

Vaccine Safety Monitoring- V-Safe Text-based System for the Public

- Many existing systems will be used and enhanced for monitoring the safety of COVID-19 vaccines, e.g. Vaccine Adverse Events Reporting System (VAERS) and Vaccine Safety Datalink
- CDC is asking COVID-19 vaccine providers to encourage enrollment in v-safe when they get their first vaccine dose
  - Will provide prospective information on adverse events
- More information about vaccine safety systems and also about V-safe can be found at: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-03-Shimabukuro.pdf.

- First allocation of Pfizer vaccine doses = 13,650

Regional Distribution	Percent of Total Inpatient HCWs & LTCF staff	Rounded Number of Doses	Number of Trays with 975 doses
PHD1	14.69%	1,950	2
PHD2	7.36%	975	1
PHD3	14.66%	1,950	2
PHD4	33.53%	4,875	5
PHD5	10.44%	1,950	2
PHD6	9.56%	975	1
PHD7	9.76%	975	1
State Totals	100%	13,650	14

CURRENT ALLOCATION NUMBERS FOR IDAHO-WEEK 1

	Week 1	Week 2	Week 3
Expected Pfizer allocation (doses)	13,650	15,600	19,500
Expected Moderna allocation (doses)	0	28,000	12,400
TOTAL expected allocation	13,650	43,600	31,900
Proposed distribution sites*	PHDs for HCP	PHDs for HCP LTCFs	PHDs for HCP LTCFs

PROPOSED INITIAL DISTRIBUTION FOR VACCINES IN IDAHO: FIRST THREE WEEKS OF VACCINE PROGRAM

EIPH-PLANNING FOR 1ST GROUP TO BE VACCINATED

HEALTHCARE PERSONNEL

First Allocation	Working with hospitals on allocation of initial does and will continue with future allocations.
Other HCW Groups	Working with other groups identified in Idaho's Healthcare Personnel Sub-prioritization • Collecting numbers • Development of plans to vaccinate or redistribute vaccine
Training	Storage and Handling Redistribution Monitoring and Reporting Vaccine administration

THANK YOU

AMY GAMETT