

**VACCINE AND ANTIVIRAL PRIORITIZATION ADVISORY COMMITTEE (VAPAC)
December 3, 2020 Meeting Minutes**

Attendees:

Agency	Title	Name
ADHS	Director	Cara Christ, MD, MS
ADHS	VAPAC Facilitator, Assistant Director	Jessica Rigler, MPH, CHES
ADHS	VAPAC Administrator, EMSTS Bureau Chief	Rachel Garcia
ADHS - PHEP	PHEP Bureau Chief	Teresa Ehnert
ADHS - EDC	EDC Bureau Chief	Eugene Livar
ADHS - AIPO	AIPO Office Chief	Dana Goodloe
ADHS - Medical	PHEP Medical Director	Frank Walter, MD, FACEP, FACMT, FAACT
ADHS - Medical	EMS Medical Director	Gail Bradley, MD
ADHS - Medical	AIPO Medical Director	Karen Lewis, MD
ADHS	State Epidemiologist and Office of Infectious Diseases Chief	Ken Komatsu
ADHS	Deputy State Epidemiologist	Shane Brady, MPH
ADHS	Informatics Supervisor	Susan Robinson, MPH
ADHS	Health Care Institution Licensing Branch Chief	Kathy McCanna
AZ Governor's Office	Senior Policy Advisor	Christina Corieri
Arizona Pharmacy Association	Chief Executive Officer	Kelly Fine, RPh, FAzPA
Arizona Medical Association	Director of Membership and Practice Support	Juliana Stanley
Arizona American Academy of Pediatrics	Chief Executive Officer	Anne Stafford, MA
Arizona Tribal Emergency Council	Board Chairman	Michael Fila
Indian Health Services	Phoenix Area Director	Charles Ty Reidhead, MD, MPH
Arizona Hospital and Healthcare Association	Executive Vice President	Debbie Johnston
Health System Alliance of Arizona	Executive Director	Jennifer Carusetta
Arizona Health Care Association	Executive Director	David Voepel
County Health Officer Collaborative Team	Navajo County Public Health Director	Jeff Lee
	Maricopa County Public Health Director	Marcy Flanagan
	Yavapai County Public Health Director	Leslie Horton
Subject Matter Experts	AHCCCS Chief Medical Officer	Sara Salek, MD
	HonorHealth Senior Vice President and Chief Clinical Value Officer	Stephanie Jackson, MD, FHM
	Dignity Health Chief Physician Executive	Keith Frey, MD, MBA

Overview of COVID-19 Vaccination Program

- The Vaccine and Antiviral Prioritization Advisory Committee (VAPAC) is an advisory group for the Department that focuses on issues surrounding the allocation of limited vaccine and/or therapeutics.
- VAPAC is comprised of a wide cross-section of stakeholders from across the state.
- Arizona has implemented a local allocator model for distributing COVID-19 vaccine.
- Operation Warp Speed and the CDC have been directing work with multiple vaccines in the pipeline.
- ACIP has been working for months to have an equitable and fair prioritization of vaccine, which starts with health care workers and long-term care facility residents.
- It is important to note that health care workers can have direct or indirect exposure to patients or infectious materials.
- Long-term care facilities provide a wide variety of services. Skilled nursing facilities (SNFs) have a higher prioritization followed by assisted living centers and other types of long-term care facilities.

Discussion Question 1 - Considering Arizona's local allocator model (including 15 county health departments and 3 tribal entities), how does ADHS ensure fair and equitable allocation of vaccine statewide?

- It was stated that counties would want to focus on and look at each of the priority populations if the percentage of these groups is known for each county.
- ADHS indicated that the vaccine management system will be able to collect data on priority groups to provide to counties and tribal entities.
- Participants asked about the incremental value of spending so much effort analyzing each priority group and sub-group, and what the impact would be of waiting a few weeks or months for vaccine.
- Participants stated that data showing these incremental impacts are not yet available.
- It was noted that the decisions being made now about vaccine will not be in place forever and that adjustments would be made over time.
- The State is expecting that hundreds of millions of doses will be available nationwide by March or April.
- During the first couple of weeks, vaccine will be available in very limited supply.
- It will be important to come up with a way to quantify impact and ensure waste does not occur.
- Participants noted that allocation should be based on where priority populations live, especially group 1A. It will be key to know how much of each group lives in each county.
- The importance of a simple allocation model based on pro rata distribution was stressed.
- If hot spots (localized outbreaks) occur and there is an inability to transfer patients, it may be important to have a mechanism to ensure that health care providers have access to vaccine if not originally prioritized and address the issues from a system capacity viewpoint.
- It was also noted that there is no evidence to say that vaccine stops outbreaks.

Discussion Question 2 - When should the CDC Pharmacy Partnership for Long-term Care Program be activated to provide vaccinations to vulnerable LTC staff and residents?

- ADHS provided a brief overview of the CDC Pharmacy Partnership. It was noted that pharmacies participating in the program would be matched up with long-term care facilities to vaccinate staff and residents. The pharmacies will come two or three times to provide first and second doses. Around 900 facilities have signed up. The allocation of these doses comes off the top of the State's allocation. Some participants felt that long-term care

vaccinations should be staggered until health care provider vaccination sites are activated and that perhaps hospital staff should be vaccinated first.

- It was also mentioned that there are over 140 skilled nursing facilities (SNFs) in the program and that they should be a priority.
- One jurisdiction stated that the decision could be up to them at the local level and that it will be difficult to plan. The jurisdiction would likely not decide to start vaccinations at SNFs until the first point of distribution (POD) for health care workers was established. It was noted that it could only be activated on a statewide level.
- It was noted that as of December 3, 146 SNFs had signed up for the CDC Pharmacy Program and that an additional 10 or 11 were using other pharmacy options, which means that most SNFs are ready to go.
- One participant asked if the program could be implemented at the county level. ADHS staff noted that the program had to be implemented statewide.
- In summary, it was stated that SNFs were mostly accounted for and that vaccinations at other long-term care facility types may require additional coordination.

Discussion Question 3 - Should the local allocator jurisdictions be able to choose to receive Pfizer vs. Moderna vaccine?

- The group agreed that rural counties will have issues storing the Pfizer vaccine with its ultra-low temperature (ULT) requirements.
- Large metropolitan counties noted that they are able to receive both the Pfizer and Moderna vaccine.
- ADHS staff stated that there will be a need for a communication plan to ensure the public that rural areas will be able to receive vaccine.
- Many other western states were experiencing issues with the ULT vaccine and faced similar challenges in storing vaccine in rural areas.
- ADHS staff indicated that vaccine readiness assessments were being conducted with local jurisdictions to find out about operational and logistical plans. Some jurisdictions may not have enough demand (among the Phase 1A populations) to distribute all 975 doses contained in the Pfizer thermal shipping packages in the required 10-day period.
- It was again stressed that these stringent ULT requirements may make it difficult for smaller counties to utilize the Pfizer vaccine and that this could create a perception that rural counties are being left out of the process. However, the CDC Pharmacy Program can still administer Pfizer vaccine in these rural areas.
- ADHS staff noted that the CDC has recently changed some of the vaccine handling requirements to make it easier for rural jurisdictions to move doses around and help ensure that vaccine is utilized and not going to waste.

Discussion Question 4 - Considering that ADHS will be responsible for monitoring vaccination data reporting, will ADHS be responsible for determining the threshold to shift from a Phase 1A to 1B allocation strategy and subsequent phases thereafter?

- Participants discussed issues surrounding the transition from Phase 1A to 1B. It was noted that the transition might need to be fluid and that not all of 1A would receive vaccine before some of the 1B groups were vaccinated. An analogy used to describe the process was airline ticketing. Some passengers have regular tickets, while others are on standby. In other words, it is better to vaccinate a few in the next phase rather than waste vaccine that must be used in a specific time period at a particular location.
- It was also noted that it may be difficult for people to prove who they are at vaccine administration sites.



- Participants voiced concern about counties being at different phases at different times and that perhaps the shift from 1A to 1B should occur at the local level. This strategy may enable rural areas to better utilize all the vaccine in the shipping containers.
- It was stated that health care workers might be concerned if non-health care workers were receiving vaccine before some of the health care workforce.
- It was reiterated that communications will be important to let the public know that vaccines are being administered in an ethical way (fairness, duty to steward resources, etc.). Communication efforts should emphasize that vaccinating a health care worker could end up saving more lives in the long run.
- As new populations are added to the vaccination effort, the initial groups will still be eligible to receive vaccine.

Discussion Question 5 - How should populations be prioritized within the Phase 1 groups if vaccine supplies are not initially sufficient to vaccinate the entire group (i.e. among healthcare workers)?

- There are many types of health care workers – inpatient, outpatient, EMS, LTC, etc. Not all of these workers are on the front line for COVID-19.
- One jurisdiction noted that they have already done health care worker prioritization based on highest risk of exposure.
- A key issue is that the initial amount of vaccine may not allow jurisdictions to open up enough PODs to administer vaccine in a truly equitable way.
- ADHS staff stated that it will be difficult to prioritize when we do not know exactly when vaccine will arrive and how much is being pulled off the top for the CDC Pharmacy Program.
- It is important not to discriminate based on health care worker role. For example, respiratory therapists should be given the same priority as emergency department physicians (based on risk). Some participants indicated that this prioritization has already occurred at the local level. One participant noted that perhaps some of this prioritization could occur at the facility level because they know their worker population better than anybody else does.
- Another participant stressed that prioritization should not occur based on inpatient versus outpatient settings.

Question for VAPAC (Voting Question 1) – Do VAPAC members agree with healthcare personnel, EMS, and LTCF residents in Phase 1A?

Result: unanimous “YES” vote, no opposition

Question for VAPAC (Voting Question 2) – Do VAPAC members agree with the activation of the CDC Pharmacy Partnership for LTC during Phase 1A to cover staff and residents at facilities that have signed up for the program?

Result: unanimous “YES” vote, no opposition

Question for VAPAC (Voting Question 3) - Do VAPAC members agree with DES group homes for individuals with developmental disabilities in Phase 1A (group not covered under pharmacy LTCF allocation)?

Result: unanimous “YES” vote, no opposition

Question for VAPAC (Voting Question 4) - Do VAPAC members agree with essential workers (non-healthcare) in Phase 1B?

Result: unanimous “YES” vote, no opposition



Question for VAPAC (Voting Question 5) – Do VAPAC members agree with adults with high-risk medical conditions, adults 65 years and older, and adults living in congregate settings in Phase 1C?

Result: unanimous “YES” vote, no opposition

Question for VAPAC (Voting Question 6) – Do VAPAC members agree that the initial and future allocations will be pro rata based on population estimates for priority groups?

Result: unanimous “YES” vote, no opposition

Next Steps

- This meeting helped establish a good path forward to look at Phase 1 groups.
- This work will set the stage for vaccinating the general public.
- ADHS acknowledged the participation of all the individuals on the VAPAC.
- It was noted that ADHS will be finalizing the initial recommendations.
- The State is anticipating its first allocation around December 15, 2020.
- ADHS will be updating its vaccination plan based on the information gathered during this meeting and will be distributing that document once it is revised.