Welcome

Kelly and Christy opened the call.

Christy introduced the external member Co-Chair of the Vaccine Advisory Workgroup:

Kelly Goode, PharmD, BCPS, FAPhA, FCCP
Professor and Director, Community-Based Residency Program
Virginia Commonwealth University School of Pharmacy
President, Virginia Pharmacists Association
Former President, American Pharmacists Association

Kelly will help facilitate the larger workgroup meetings. Kelly’s contact information is kellygoode@verizon.net

Kelly acknowledged new members who have joined us and asked that everyone review the updated membership roster for completeness and accuracy.

Federal and State Updates: ACIP Meeting Sept. 22

Christy provided information regarding Advisory Committee on Immunization Practices (ACIP) for CDC Meeting on 9/22/2020:

**ACIP COVID-19 Vaccines Work Group Update**

Phase III trials
- Moderna: enrolled 25,296 participants as of 9/16/2020
  - 28% of participants are enrolled from “diverse communities”
- Pfizer: enrolled 31,928 participants as of 9/21/2020
  - 26% of participants are from “diverse backgrounds”

ACIP Work Group will conduct an independent review of safety and efficacy data

If/when FDA decision is announced, ACIP will hold an “emergency” meeting with public comment session, and then will vote on recommendations for vaccine and populations for use.

Vaccine safety is a huge priority for the ACIP, CDC, and VDH. There will be multiple systems in place to monitor vaccine safety. A specific subgroup under the ACIP has been set up to monitor and track vaccine adverse events. They will also be using a new system, called V-SAFE to contact vaccine recipients and obtain direct feedback on their experiences. V-SAFE will work in conjunction with VAERS.

**New Vaccine Safety Mechanisms**
- New Monitoring ACIP COVID-19 Vaccine Safety Technical (VaST) Subgroup
  - Specifically dedicated to COVID-19 vaccine safety
  - Will track “adverse events of special interest (AESI):
    - general adverse events,
    - adverse events that are vaccine-specific (mRNA, viral vector, adjuvanted, etc.), and
• population-specific adverse events (children, pregnant women, co-morbidities, elderly, etc.)
• A new system, V-SAFE, will provide enhanced safety monitoring for COVID-19 vaccine for essential workers in early phase vaccination
  • V-SAFE will do smartphone-based text, text-to-web survey, email-to-web survey for early vaccine recipients and will send daily check-in messages for 1 week post-vaccination, and then weekly check-in messages for 6 weeks post-vaccination
  • V-SAFE will use contact information from COVID-19 vaccination registration for essential workers (uncertain where registration data will come from).
  • From V-SAFE, any adverse events will then be reported to VAERS

Final priority groups will not be decided until AFTER a vaccine has been approved for use, the ACIP has provided the Phase 1a and Phase 1b priority groups for us to use for planning purposes. Again, this is not the final list.

Additionally, it is possible that we will not complete immunization of all Phase 1a and 1b group members before there is adequate vaccine supply to move to Phase 2. Conversely, it is also possible that vaccine will continue to be available only in limited supply for several months. Therefore, we must ensure that we are ready for both scenarios.

When considering Phase 1a personnel – this would include all Nursing Home and Assisted Living Facility staff and employees (to include housekeeping, dietary, and other employees). However, residents during phase 1b, LTCFs that can receive, store and administer vaccine to their residents will get direct shipments of vaccine. However, the Phase 1a details are still being worked out.

Overview of WHO, Johns Hopkins University, and National Academies of Science, Engineering, and Medicine (NASEM) Prioritization Frameworks

Phase 1 Allocation COVID-19 vaccine: Work Group Considerations – Possible Groups

- Phase 1a: Healthcare personnel (~20 million)
- Phase 1b:
  - Essential Workers (not HCP) (~60 mill)
  - High Risk Medical Conditions (>100 mill)
  - Adults >65 yo (~53 mill)

Christy acknowledged that that National Vaccine Advisory Committee (NVAC) for HHS met on 9/23/2020 and 9/24/2020. Kelly serves as a liaison representative to this group.

Topics discussed within this meeting included:

- Serving Up Equity: Health-In-All Approaches for COVID-19 Vaccination
- Allocation and Prioritization: Considerations and Recommendations for the Distribution of COVID-19 Vaccines
- Perspectives from the Field: Operation Warp Speed
- Vaccine Confidence Subcommittee Update, Discussion, and Vote
- The Infodemic, COVID-19 Immunization, and the Public’s Health
- Immunization Information Systems to Support the COVID-19 Response
- COVID-19 Charge Discussion
- Progress in Using Vaccines to Prevent Superbugs
- Now More Than Ever: Flu Vaccination During COVID-19
- Overdue Immunization: Getting Back on Track
- Evidence and Equity: What Works to Decrease Disparities in Immunization
- Federal Agency and Liaison Representative Updates

**Federal and State Updates: NGA and NCSL Meeting Sept. 25**

Christy shared that she attended the National Governors Association (NGA)/National Council of State Legislatures (NCSL) Meeting on 9/25/2020.

State policy leaders from 37 jurisdictions discussed policy and planning considerations for distribution of a forthcoming COVID-19 vaccine, strategies for strengthening seasonal and routine childhood vaccine efforts to prevent outbreaks and protect health system capacity, crisis management as well as strategies for addressing vaccine hesitancy, combatting misinformation, and engaging at-risk and vulnerable communities.

Three of the five states that have been working with the CDC on microplanning discussed their experience. Virginia was not an initial state that participated in microplanning.

**Federal and State Updates: CDC Playbook**


Christy shared that the **State Vaccination Distribution Plan Development must be submitted to the CDC project officer by October 16**. The plan will address all requirements outlined in the Interim Playbook and clearly describe who is responsible for ensuring activities are implemented. VDH will be working with a way to share this living document to the Vaccine Advisory Workgroup. The CDC is not approving this document but will use this to provide states technical assistance and support.

**Federal and State Updates: Reporting Data Element Dictionary**


**Federal and State Updates: Provider Agreement and Profile**

VDH has drafted a **COVID-19 Vaccine Provider Intent Form** to be sent out around the beginning of October. This form is used to indicate intent, not obligate, providers or facilities interested in administering COVID-19 vaccine to patients and/or staff. Information collected will allow VDH to set up necessary accounts for vaccine ordering and reporting. Providers interested in committing to administering COVID-19 vaccine will need to complete the CDC COVID-19 Vaccination Program Provider Agreement and Profile. More information will be forthcoming and directions will be provided to those that complete the **COVID-19 Vaccine Provider Intent Form**.

**Federal and State Updates: Operation Warp Speed**

Operation Warp Speed has developed an infographic which is available at: 
[https://media.defense.gov/2020/Sep/16/2002498504/-1/-1/1/OWS-VACCINE-DISTRIBUTION-GRAPHIC.pdf](https://media.defense.gov/2020/Sep/16/2002498504/-1/-1/1/OWS-VACCINE-DISTRIBUTION-GRAPHIC.pdf)

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**Specific State Updates**

- Update on Influenza Campaign: Identika is the communications vendor. Targeting mid-October to begin rolling out campaign materials.
- State Vaccination Plan - Initial Draft State, Date Due to CDC 10-16-2020 - See above
- VDH COVID-19 Vaccine Provider Intent Form – See above
- VIIS Onboarding Guide: Vaccinators will be asked to report all doses administered through the Virginia Immunization Information System (VIIS), the state’s immunization registry. Providers not already enrolled in VIIS can learn more about the benefits of VIIS and how to enroll [here](#). Providers can connect their electronic medical records system directly to VIIS. Providers also can directly enter doses administered into the VIIS website.
- Population Group Estimates and Update of Current Data/Surveys: We have sent information to the local health districts and are working with VHHA to survey hospitals, adult living facilities, etc.
- Planned tabletop exercise for October: The purpose of this table top exercise is to identify gaps in vaccine distribution/administration.
- Overview of a simplified listed of COVID-19 Vaccine Steps were established in order to create the Vaccine Advisory Workgroup timeline

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**Charter**

- Expectations: please review
- Cadence of Meetings: every 3 weeks instead of every 2 weeks (allowing subgroups to meet in between)

Member Listing
- Tentative Timeline and Steps were provided for overview

The subcommittees will be asked to meet at least once between each large workgroup meeting. Notes will be due back to Stephanie Wheawill and Christy Gray by COB on the Tuesday prior to the large workgroup meeting.

**Barriers to Vaccination**  
*Initial Meeting: Oct. 5 at 12:30pm*

Co-Chairs:
Carolyn Moneymaker, MD *(Immunize Virginia)*
Stuart Henochowicz, MD, MBA, FACP *(American College of Physicians)*

Identify strategies, needs and obstacles for public and private providers in order to assist in administering COVID-19 vaccine.

Identify populations outside of CDC critical populations that need to be considered within Virginia.

**Safety and Efficacy**  
*Initial Meeting: Sept. 29 at 11am*

Co-Chairs:
Costi Sifri, MD, FACP FIDSA *(University of Virginia School of Medicine and University of Virginia Medical System)*
Joshua Crawford, PharmD, BCPS *(Bon Secours Mercy Health)*

Review data from COVID-19 trials provided through the Food and Drug Administration and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) regarding the safety and efficacy of COVID-19 vaccine candidates.

**Partnerships**  
*Initial Meeting: October 6 at 2pm*

Co-Chairs:
Sean Connaughton *(Virginia Hospital & Healthcare Association)*
April Payne, MBA, LNHA *(Virginia Center for Assisted Living. Quality Improvement)*

Identify and help establish partnerships with trusted community organizations in order to facilitate communication channels, methods for rapidly disseminating information and ensuring that critical populations have access to the vaccination.

Establish points of contact (POCs) for specific organizations within the community who may serve as partner and trusted sources within the community and critical population groups. This will include staff of COVID Health Equity workgroup.

**Communications and Messaging**  
*Initial Meeting: Oct 6 at 9am*

Co-Chairs:
Gaylene Kanoyton *(Celebrate Healthcare)*
Wendy Klein, MD, MACP *(Health Brigade)*

Vet messaging of COVID-19 vaccine to the population, including identifying key audiences, effective communication activities, and messaging considerations such as risk/crisis response communication messaging and delivery.

This will include staff of COVID Health Equity workgroup.

**Action Steps**

- Resend the timeline
- Send out sub-workgroup meeting dates and updated membership roster
<table>
<thead>
<tr>
<th>Meeting Schedule</th>
<th>The large group will next meet on Monday, October 19 from 12:30-1:30 pm. The agenda will be distributed by Thursday, October 15 COB.</th>
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<tbody>
<tr>
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<td>- Reach out to additional members, ensuring Hispanic and Latino representation/CBOs, Hispanic-Latino media, rural health centers, tribes, grassroots orgs in Black communities, Urban League, diverse faith communities and networks at state level (e.g. Baptist General Convention), HBCUs</td>
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<td>- Develop a process for pharmacies to enroll with states, including chain pharmacies with a large amount of stores in the state</td>
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<td>- Add the following to our questions for CDC:</td>
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<td>o Employees who cross jurisdictions: Will they be able to vaccinated in most convenient jurisdiction vs. state of residence?</td>
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<td>- Sub-workgroups should send an overview of needs and goals by Oct. 13 COB</td>
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