

**Vaccine Advisory Workgroup Meeting
Minutes
Monday, October 19, 2020**

Location: Google Meet meet.google.com/vti-zaaa-gwg

Joining via phone: 1 910-939-8631; 816827198#

12:30-12:35	Welcome - Kelly Goode, Co-Chair
12:35-12:55	<p>Federal and State Updates - Christy Gray, Co-Chair</p> <p>Federal Updates:</p> <ul style="list-style-type: none"> • CDC launched website 10-14-2020: www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html - Note that this website has a lot of good information and will continue to be built out. • FDA Guidance on Emergency Use Authorization for COVID-19 Vaccines 10-6-2020: www.fda.gov/news-events/fda-brief/fda-brief-fda-issues-guidance-emergency-use-authorization-covid-19-vaccines - The FDA issued some recommendations that data from Phase 3 studies should include a median follow-up, duration of at least 2 months after completion of the full vaccination regimen to help assess a vaccine’s benefit-risk provide. This would mean a timeline of around middle of December • Operation Warp Speed (OWS) announced on Friday, 10-16-202 that the federal government has signed agreements with both CVS and Walgreens to utilize pharmacies to help with the administration of vaccine in adult living facilities nationwide: www.hhs.gov/about/news/2020/10/16/trump-administration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html <p>State Updates:</p> <ul style="list-style-type: none"> • VDH launched website: www.vdh.virginia.gov/immunization/covid19vaccine/ - VDH website will continue to be built out based as information is available. The Provider Intent Form, along with FAQs, and the current draft of the vaccination plan has been uploaded to the website. • VDH COVID-19 Vaccine Provider Intent Form Released 10-2-2020 - To date, over 700 providers are completed the form. The Provider Intent Form must be filed out for each facility/shipping location interested in receiving vaccine. There is not an ability to fill out one form centrally for many locations. Active conversations occurred in regards to the Provider Intent Form with some feedback including the amount of time to complete, format of the form, inability to save and return, concern that it may deter providers and the inability to upload multiple locations at one time. VDH acknowledged this feedback with agreement to take it under consideration. At this time, we have reviewed any fields that may be eliminated and, unfortunately, it is minimal. Fortunately, the amount of time in spent will allow less time for the CDC Profile as this information will remain prepopulated. VDH will continue to review and work with providers. • State Vaccination Plan – Draft 1 Released 10-9-2020 – The draft was emailed to the Advisory Workgroup on Sunday, Oct. 11. Members were asked to provide feedback for the initial draft by Oct. 16. The feedback received was acknowledged and appreciated. VDH is working to incorporate recommendations in the next draft. Members were reminded that the document remains a live document.

	<ul style="list-style-type: none"> • Seminar and Tabletop Exercise 10-8-2020, 10-14-2020 – This seminar and tabletop exercise was conducted based on the initial draft of the state vaccination plan. VDH is working to compile the sessions and will make this available on the VDH website. • Recorded webinar on vaccination planning for hospitals and LTC to present with Q&A Live Session 10-22-2020 – This call is limited to Hospitals and Long-term care with a lot of information specific to this sector. VDH will be working on future webinars for many different sectors. • Hospital Weekly Planning Calls for Fridays at 9am starting 10-30-2020 – The purpose of these calls are to help the hospitals to plan for the receipt, storage, administration, and reporting of vaccine when vaccine first becomes available.
<p>12:55-1:25</p>	<p>Sub-workgroups Report Out (Written summaries also included in email with today’s agenda)</p> <p>Please review the previous summaries sent out last Thursday, Oct 15 to the Advisory Workgroup.</p> <p>Barriers to Vaccination - Carolyn Moneymaker & Stuart Henochowicz</p> <p>Active discussions included the following:</p> <ul style="list-style-type: none"> • There were several questions about how to reach some of the populations such as those homeless populations (how to address 2-dose requirement for this population which is going to be difficult for all the at risk populations), populations who do not drive and have a lack of transportation. • Another barrier that was pointed out included that one of the barriers discussed was regarding the apprehension of people that are concerned about their vaccination being recorded into a database. Latinos, people with criminal records, and others concerned about sharing too much information with government may refuse a vaccine as a result of these fears. • Vaccination clinics should not be drive-thru only, they must have walk-up or roll-up (wheelchair) access too so they are accessible to all. • A member of the Health Equity Working group shared that they are working on updating the HE Guidebook for Testing and Tracing to include vaccination, that will assist with guidance for planning and executing accessible/equitable vaccination events • There was active conversation about utilizing retired nurses for vaccinators. Note: If we have members of the advisory workgroup that may be willing and able to help out in your community, information to the Virginia Medical Reserve Corp (MRC) is located on the VDH website: www.vdh.virginia.gov/mrc/. There is also an email (vamrc@vdh.virginia.gov) to reach out for specific questions that are not answered on the website. The Communications sub-workgroup took note to look at ways to increase messaging via media outlets and other methods in regards to this ability for members to serve in their community. Another suggestion was provided to utilize Department of Health Professions and Board of Nursing to help send messages to nurses with active licenses in order to help with increasing messaging about MRC. A member recommended serving as a point of contact for the Virginia Nurses Association and Virginia Nurses Foundation and can be noted for the Partnerships sub-workgroup. Another member recommended contacting the VA Association of School Nurses and is also noted for the Partnerships sub-workgroup. • Considerations were discussed for correction workers (DOC and local jails) and school nurses as one of the higher priority populations

	<p>Safety and Efficacy - Costi Sifri & Joshua Crawford</p> <ul style="list-style-type: none"> • Two manufacturers (Astra Zeneca and Johnson & Johnson) have temporarily paused Phase I/II trials after incidents of reported concerns in two participants, which can be common in vaccine trials and provide reassurance to the safety precautions being followed. • Pfizer has indicated that they do not expect to file for a FDA approval until middle to end of November. <p>The workgroup shared future plans:</p> <ul style="list-style-type: none"> • Create a systemic grading scale of COVID-19 Vaccine Trials and Reports to summarize the safety/efficacy based on current information and maintain the ability to serve as a trusted source based. • Maintain a living document to track all the updates of these vaccines • Noted future planned meetings, which may provide additional information. <p>Members of the workgroup requested information on the following:</p> <ul style="list-style-type: none"> • Adverse reactions or recommendations between other vaccines and current medications taken by the vulnerable/elderly individuals • Listing of known/possible reactions needs to be readily available prior to the administration. • Members did request more specific information about efficacy which brought up the point that the FDA recommended infection as a primary endpoint. www.fda.gov/media/139638/download • There were questions about the ability of studies on specific populations so there was information shared that trials of these vaccines are beginning for pediatric patients. For elderly patients, similar antibody formation but less side effects with the Pfizer vaccine, which is the vaccine with some of the most data available.
	<p>Partnerships - April Payne & Julie Dime</p> <p>We did not get to this sub-workgroup due to running out of time during out meeting. We will resume with this workgroup next meeting and make revisions to ensure we have the ability to get through all the information during the allotted time.</p>
	<p>Communications and Messaging - Gaylene Kanoyton & Wendy Klein</p> <p>We did not get to this sub-workgroup due to running out of time during out meeting. We will resume with this workgroup next meeting and make revisions to ensure we have the ability to get through all the information during the allotted time.</p>
<p>1:25-1:30</p>	<p>Closing & Wrap-up - Kelly Goode</p> <ul style="list-style-type: none"> • Summarize action steps • Next meeting date: November 9, 2020 <p>Feedback included utilizing a different webinar format. IT security officers do not allow VDH to establish meetings with the Zoom, but recognize the frustration with Google Meet for this large group. We will work on ways to utilize this to decrease the feedback and echoing and provide some reminders at the beginning of the next call.</p> <p>We discussed whether there is a need to lengthen the meetings. After careful consideration, we think we can make some improvements such as disseminating information at least one week prior to the meeting to allow all member sufficient time to review the materials, VDH establishing meetings with the co-chairs of the sub-</p>

	workgroups more than one week prior to the meeting, which would be October 28, etc. Therefore, we will stick with our current scheduled time.
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