

Conference Call Convened at 10:00 a.m. Eastern Daylight Time

✓ **Present:**

- ✓ Jonathan Ballard, MD, MPH, MPhil – NH Department of Health and Human Services, Chief Medical Officer (accompanied by Fallon Reed at NH DOS HSEM)
- ✓ Kathy A. Bizarro-Thunberg, MBA, FACHE – Executive Vice President / Federal Relations, New Hampshire Hospital Association (in a car husband is driving)
- ✓ Charles P. Burney, MD – Resident, General Surgery and Leadership Preventive Medicine (on headphone)
- ✓ Michael Calderwood, MD – Infectious Disease and International Health, Dartmouth Hitchcock Medical Center (in office alone)
- ✓ Polly Campion, MS, RN – Former New Hampshire House of Representatives (in home office alone)

Patricia E. Clancy, MD – Pleasant St. Family Medicine, Chair, Concord Hospital Ethics Committee

Carl Cooley, MD – Developmental Pediatrician

- ✓ Adam Crepeau – Policy Director, Office of Governor Chris Sununu (in State House office alone)
- ✓ James Culhane – President and CEO, Home Care Hospice & Palliative Care Alliance (work office alone)
- ✓ Kevin P. Desrosiers, MD, MPH – Chief Medical Officer, Elliot Hospital and Elliot Medical Group Acute Care Services, Vice President of Medical Affairs, Physician - Critical Care and Preventive Medicine (alone; did not vote on adjourn)

Jeff Dickenson – Advocacy Director, Granite State Independent Living (alone)

- ✓ Paul Drager, JD – MedEthics Consulting (home office alone)
- ✓ Anne Edwards, Esq. – Associate Attorney General, NH Department of Justice (office alone)

John E. Friberg, Jr. Esq. – Chief Legal Officer, Manchester and Nashua SolutionHealth (office alone)

- ✓ Marc D. Hiller, MPH, DrPH – Associate Professor, Department of Health Management and Policy, College of Health and Human Services, University of New Hampshire (home office alone)
- ✓ Lucy C. Hodder, JD – Director, Health Law and Policy, Professor of Law, University of New Hampshire, Franklin Pierce School of Law, Institute for Health Policy and Practice (home office alone)
- ✓ Joseph Hoebeke, Chief, Hollis Police Department (alone)

- ✓ Sally Kraft, MD, MPH, VP of Population Health at Dartmouth-Hitchcock (home alone)

Richard Levitan, MD – Emergency Medicine, Littleton Regional Hospital

- ✓ John McAllister, President, Professional Fire Fighters of NH (home alone)
- ✓ Kenneth Norton LICSW – Executive Director, National Alliance of Mental Illness, New Hampshire Chapter (office alone)
- ✓ Debra Pendergast – New Hampshire Department of Safety, Director of the Division of Fire Standards and Training and Emergency Medical Services (home office, alone)
- ✓ James G. Potter – Executive Vice President/CEO, New Hampshire Medical Society (office alone)
- ✓ Susan A. Reeves, EdD, RN, CENP – Chief Nurse Executive, Dartmouth-Hitchcock Health Executive Vice President, Research & Education, Dartmouth-Hitchcock, Clinical Professor, Department of Community and Family Medicine
- ✓ Kate Riddell, MD – Anesthesiologist, Southern New Hampshire Medical Center (alone)
- ✓ Rae Ritter, MSN, APRN-CRNA – President, New Hampshire Association of Nurse Anesthetists
- ✓ Justin Romello – New Hampshire Department of Safety, Bureau Chief, Division of Fire Standards and Training and EMS (home office alone)
- ✓ Luanne Rogers, RN – Administrator, St. Theresa’s Rehabilitation and Nursing Center (alone)
- ✓ David Ross, Administrator – Hillsborough County Nursing Home (office alone)
- ✓ Sedden R. Savage, MD, MS – Addiction Medicine and Pain Medicine Clinician, Advisor to Dartmouth Hitchcock Substance Use and Mental Health Initiative (home office alone)

- ✓ Sen. Tom Sherman – New Hampshire Senate (home alone)

Michael Sitar, Jr. Chief, Tilton Northfield Fire and EMS

Steve Surgenor, MD – Anesthesiologist, Dartmouth Hitchcock Medical Center

- ✓ Elizabeth Talbot, MD – New Hampshire Department of Health and Human Services, Deputy State Epidemiologist, Dartmouth Hitchcock Medical Center, Infectious Disease Clinician (home office alone)
- ✓ Robert Theriault, Jr., BSP Pharm, MB, RPh – Director of Pharmacy Services, Wentworth-Douglass Hospital (work office alone)
- ✓ Joan C. Widmer, MS, MSBA, RN, CEN – member, New Hampshire Nurses Association (home office alone)
- ✓ Tom Wold, DO – Chief Medical Officer, Portsmouth Regional Hospital

NH state agencies participating on the call:

- ✓ Carole Totzkay, MS, CHES® - NH Department of Health and Human Services, SDMAC Facilitator
- ✓ Jennifer Harper – Director, NH Homeland Security and Emergency Management
- ✓ Fallon Reed – Planning Chief, NH Homeland Security and Emergency Management
- ✓ Courtney Jordan – Program Assistant II, NH Homeland Security and Emergency Management
- ✓ Helen Hanks – Commissioner, Department of Corrections

Ballard: Meeting opened by Dr. Jonathan Ballard reading an official public access meeting statement. Primary purpose of this meeting is to discuss the proposed phased vaccine allocation in New Hampshire.

- Roll call was performed.
- November 10, 2020 meeting notes were not reviewed for approval.

Talbot: Presentation on vaccine allocation (see slide deck pdf entitled “*NH COVID-19 Vaccine Allocation: Consultation with SDMAC.*” Areas of focus will be background, phase 1a, and phase 1b. Three phases to vaccine roll-out: early-limited doses available, then large number of doses available, then continued vaccination shift to routine vaccination.

Background:

- **Allocation Framework:** Goal is to reduce severe morbidity and mortality; negative societal impact due to the transmission of SARS-CoV-2.
- **Allocation Criteria:** Risk of: 1) acquiring infection; 2) severe morbidity and mortality; 3) negative societal impact; and 4) transmitting infection to others.
- **Guiding Procedural Principles:** Fairness, transparency and evidence-based.
- **Guiding Ethical Principles:** Maximum benefit, equal concern, mitigation of health inequities.
- **Allocation Process Centered in Equity:** acknowledge the impact of systemic racism and structural inequities on historically marginalized communities, including and most significantly, communities of color. Used National Academy of Sciences, Engineering & Medicine (NASEM) Framework for Equitable Allocation of Vaccine for the Novel Coronavirus; CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations; among other sources.
- NASEM Framework for Equitable Allocation of COVID 19 vaccine. Graphic of phase 1, 2, 3, and 4

Phase 1a:

- We have moved older adults living in congregate settings to phase 1a (from phase 1b); a significant deviation from NASEM's Framework.
- Phase 1a deeper dive: 3 populations:
 - High-risk health workers (HCW) (most risk, moderate risk)
 - Older adults in congregate settings (long term care facilities (LTC), skilled nursing facilities (SNF), assisted living facilities (ALF)
 - First responders (Fire & EMS, law enforcement, COVID responders).
- Prioritized because they work in situations where risk of transmission is higher. At risk health workers: acute, rehab & psychiatric hospitals, ambulatory care and urgent care, nursing homes, schools, home health care, funerals services, correctional facilities, shelters, government, etc.
- Key question in decision tree: Does health care worker (HCW) have direct human patient contact. If yes include. If no, does the HCW work in patient direct care areas? If yes, include.
- Most risk HCW: ED ICU, urgent care, RT, occupational medicine, COVID testing, environmental services, and security.
- Moderate risk: PT/OT, food delivery, clergy, on unit clerks, COVID entry screeners, medical interpreter, patient registration, valet services.
- Give to most risk HCW before moderate risk HCW
- Further priorities:
 - With high risk med conditions
 - Over 65
 - Working on COVID units
 - Providing direct patient care
 - Inadequate PPE
 - Disproportionately affected by COVID (minorities)
 - Can't telework

Phase 1b: (Will take up to 4 months to accomplish)

- People of all ages with comorbid & underlying conditions that put them at significantly higher risk.
- Other older adults living in congregate or overcrowded settings.
- Further priorities:
 - Essential workers in defined critical infrastructure industries who cannot telework
 - Chosen for equity and societal function
 - Essential Workers – examples: Education Sector, Food and Agriculture, Utilities, Police, Firefighters, Correctional Offers, Transportation)

Variances between NH and ACIP Guidance (11-23-20):

- First responders NH1a but ACIP 1b
- Essential workers NH2 but ACIP 1b
- High risk med and 65+ NH1b but ACIP 1c
- Entirety of corrections NH1b but COs ACIP 1b

Final Notes:

- Assigning individual risk, not elevating households
- Pharmacy Partners Program begins Week 1 with LTCF/SNFs 50-25-25%; then Week 2 introduce ALF 50-25-25%
 - Physically affiliated LTCF-SNF-ALFs vaccinated simultaneously
- Per CDC, ≥ 2 comorbidities for 1b but Down's Syndrome and intellectual/developmental disability are sufficient single criterion for NH1b
 - Majority are qualified via ≥ 2 comorbidities
 - Not vaccinating live-in household members, but 1a for paid/employed professionals (home health and personal care aids)
 - >1 client so at risk of transmitting

Questions: The letter "Q" will be used when the name of person asking the question is unknown.

Hodder: Who will be conducting decision tree analysis to determine who will be in phase 1a?

Talbot: End users will make final decisions based on guidance provided.

Q: Will slides be made available?

Talbot: Yes

Q: How will community health care workers access vaccines?

Talbot: Multiple channels for this.

Desrosiers: He commended decisions made by DHHS and agreed with NH deviations from NASEM.

Sherman: *Question about urgent care and vaccine access?*

Talbot: Larger health systems are poised to offer vaccines to their staff; state will also have regional sites, but ultimately enrolled vaccine providers may include urgent care clinics and other ambulatory practices and medical homes.

Q: *What about non-hospital based primary care groups?*

Talbot: Several ways to prioritize among them; multiple discussions on this. Difficult to make a plan based on epidemiology.

Q: *What about personal care attendants?*

Talbot: Home health attendants/personal care aides. These are called out in phase 1a.

Ross: *Is it likely that state will use recommendations for Pharmacy Partners Program (PPP) in LTC?*

Talbot: unlikely state will be able to intervene in this federally established program.

McAllister: Deviations identified by state makes sense. *What about second dose consideration, will we be reserving second doses from initial allocations?*

Talbot: The Federal government is withholding the second dose for every first dose to tie to 21 or 28 lag recommended by Pfizer and Moderna, respectively. Then the federal government is stating it will ship the second dose allocations to states in addition to weekly first dose allocations.

Norton: *Who determines what a clinic is under Phase1a? Are community health centers considered a clinic?*

Talbot: Yes they are.

Potter: Primary care and urgent care are concerned about how they get their workers vaccinated. *Can DHHS provide weekly updates on this information on a weekly basis?*

Talbot: Yes, we will be sending out at least weekly updates. Fixed sites will open 12-29-20 for ambulatory practices not associated with a hospital system and for first responders. Next week hospital based clinics for most at risk healthcare workers.

Savage: *Is Substance Use Disorder (SUD) considered a high risk co-morbidity?*

Talbot: Using CDC list as evidence emerges; SUD is not on CDC list. If there is evidence to share please do so.

Hiller: *Where can you find the complete list of co-morbidities, particularly chronic illness?*

Talbot: Search COVID 19-comorbidities-CDC; <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>

McAllister: *Is SDMAC leaving first responder in phase 1a?* Recommend to keep them there.

Talbot: It looks like this will be affirmed; no descent indicated at this time.

Stephanie Patrick (NH Disability Rights Center): It is important to clarify residents of LTC, SNF and ALF should include all residents, not just older adults.

Talbot: The CDC's Pharmacy Partnership Program (PPP) will address all adults (18 and older) who reside in long term care for phase 1a, not just older adults.

Kenneth Dolcart: *How will members in vulnerable populations be identified?*

Talbot: We will rely on primary care providers; save 10% for persons not under primary care.

Q: *Will initial 12K doses be given out or will half be held in reserve for the second dose?*

Talbot: All will be first doses. The Federal government is doing the set aside for the second dose.

Q: *What is process for pharmacists to enroll in State's vaccine program?*

Talbot: Instructions are on the DHHS website:
<https://files.constantcontact.com/ce920c6e201/0a00fb47-c163-4a84-a23e-6d7e1c4fab7b.pdf>

Questions may be emailed to covidvaccine@dhhs.nh.gov.

Q: *What phase will university faculty and staff fall in to?*

Talbot: Phase 2, unless they meet other criteria individually.

Q: *Is there a plan to reach the homeless?*

Talbot: Yes. A team is developing evidenced-based strategies to reach special populations.

Q: The essential workers population is large. *Will there be a strategy to further subdivide this group?*

Talbot: Relying on source: Workers in Critical Infrastructure Industries, national guidelines that define these roles; also will include those who cannot telework.

Sherman: He asked about high-risk health care workers not affiliated with hospitals. *When will this population be vaccinated?*

Patrick: Make sure communication strategies have accessibility considerations in mind. *What about consents for vulnerable populations who are not able to do this on their own?*

Talbot: Everyone receiving vaccine must be done by assent and/or consent. CDC is working with FDA to draft this consent form. State has its own process for this and will review and draft a document based on CDC recommendations.

Ballard: This will be an ongoing dialogue, not last meeting. We will re-evaluate the telecommunications platform for our next meeting.

Ballard. This meeting is adjourned.

Conference Call ended at 11:50 a.m.

Respectfully submitted by: Joan Widmer and Carole Totzkay