

Coronavirus Disease 2019 (COVID-19)

Senate Health & Long Term Care Committee

December 1, 2020

Presenter

Kathy Lofy, MD

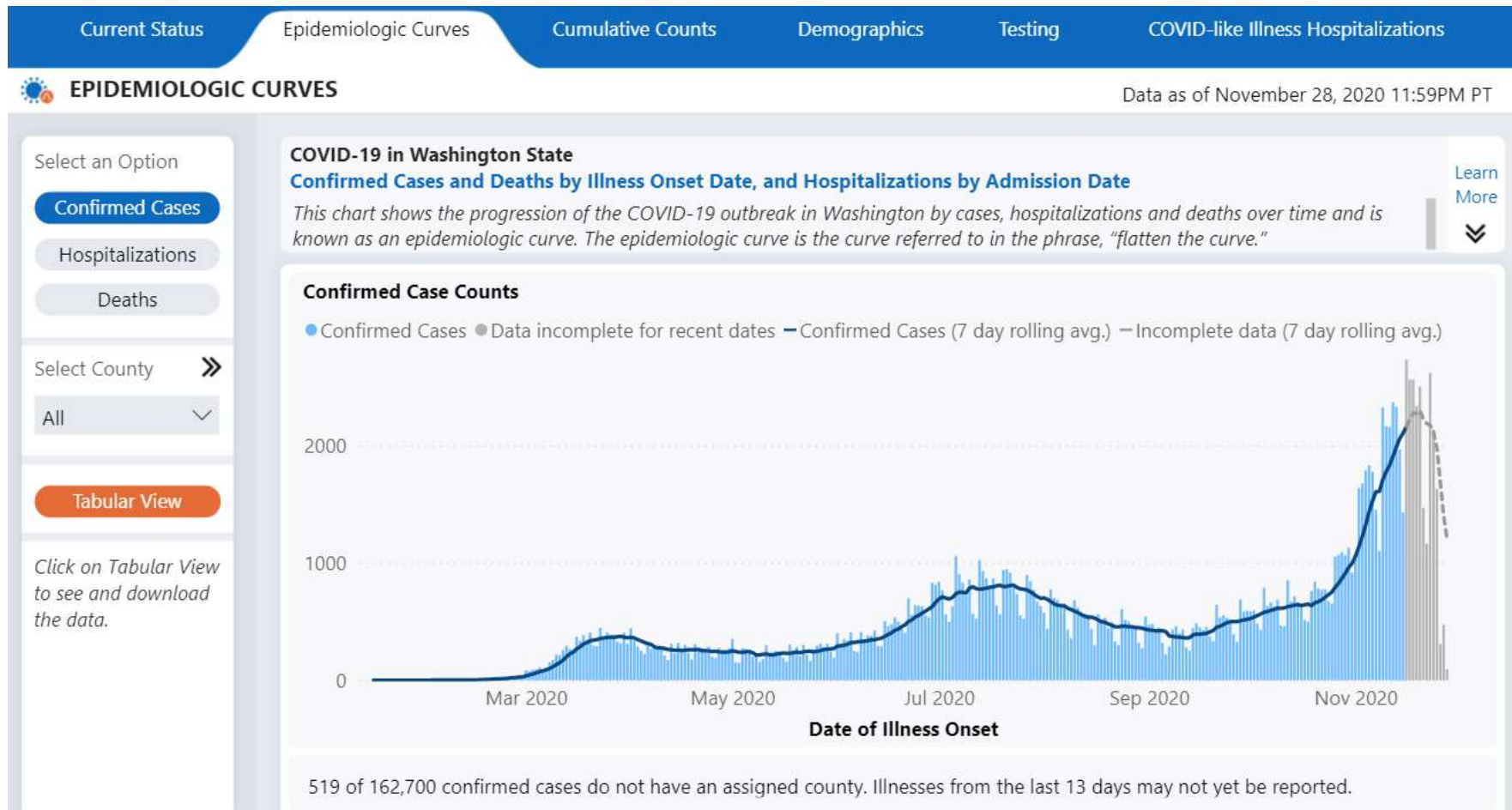
State Health Officer

Washington State Department of Health

Overview

- Current outlook
- COVID-19 vaccine

COVID-19 cases continue to rise



Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

COVID-19 hospitalizations are rapidly increasing



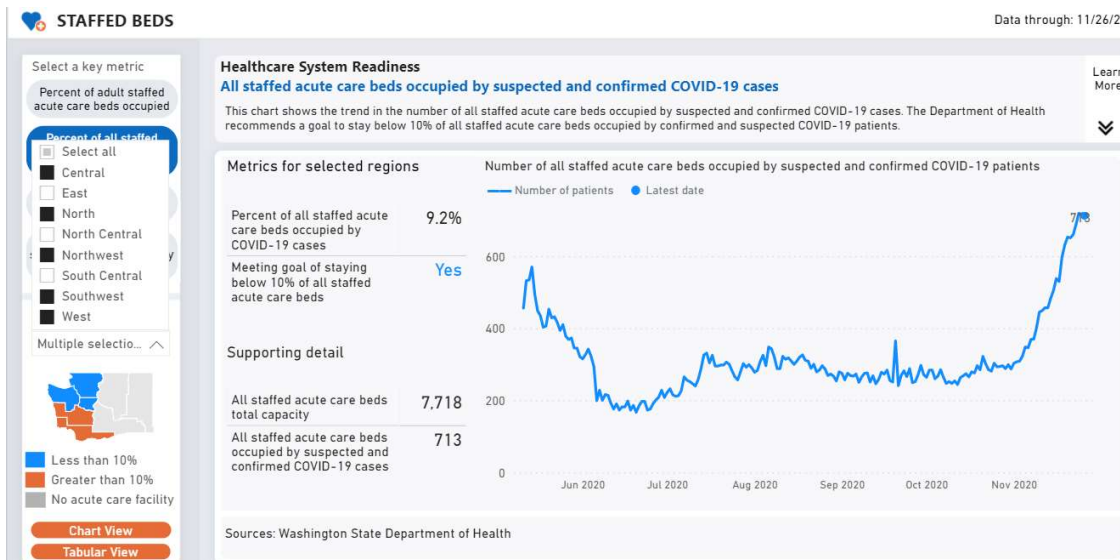
Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

COVID-19 deaths appear stable

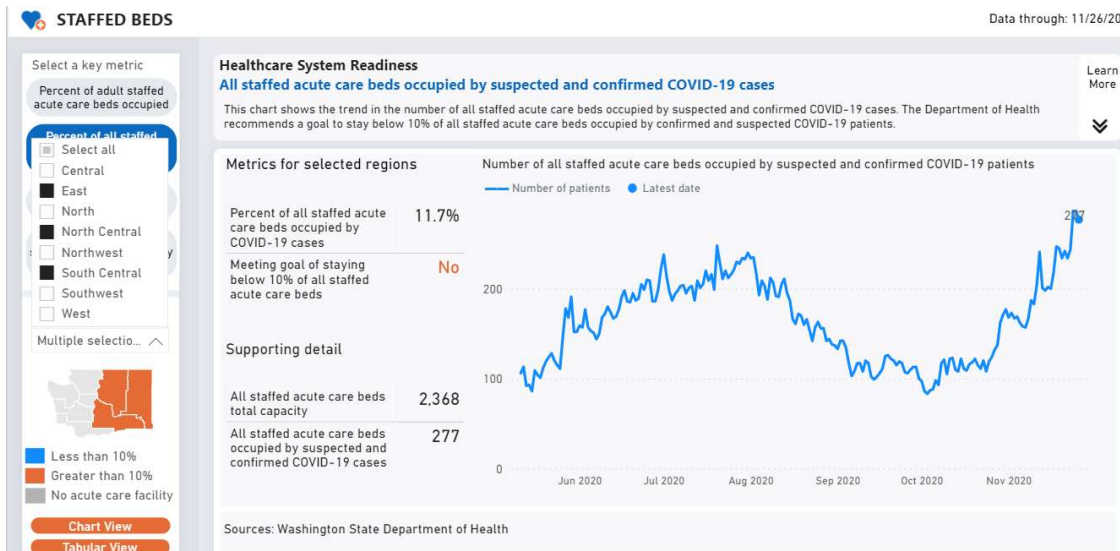


Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

COVID-19 bed occupancy is rapidly rising



Western Washington



Eastern Washington

Source: <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard>

COVID-19 Vaccine

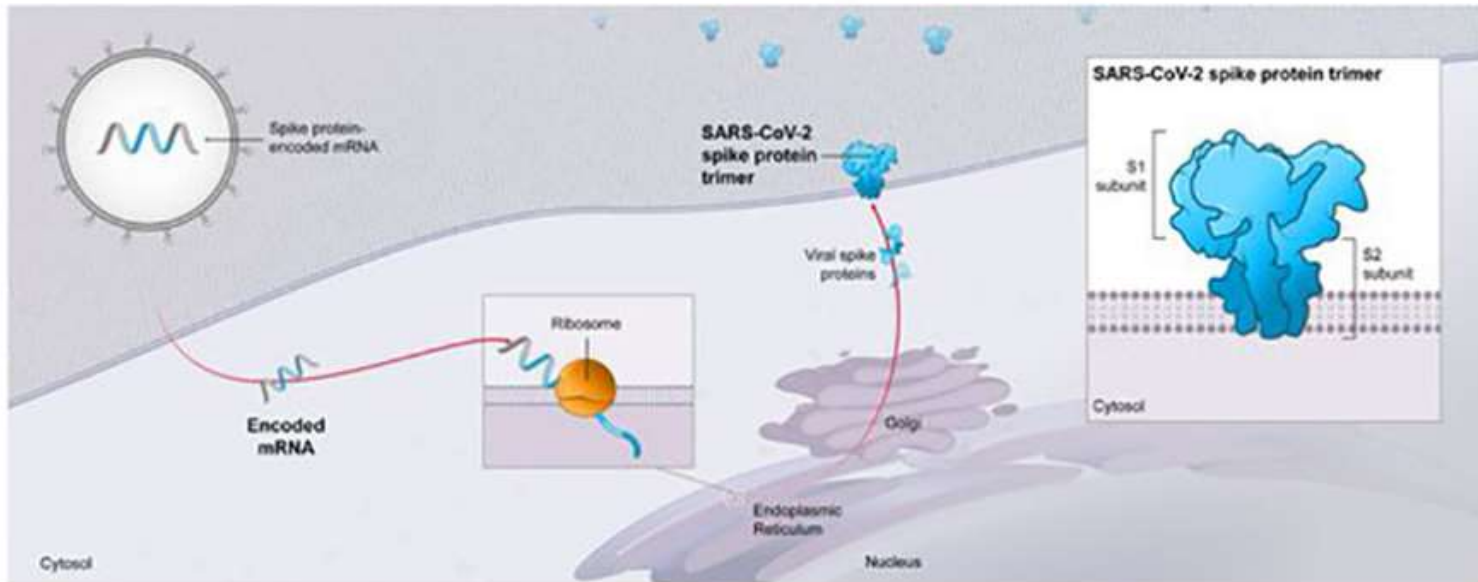
Current Key Priorities

- Safety & efficacy of vaccine candidates
 - Pfizer
 - Moderna
- Interim WA COVID-19 vaccine allocation framework
- Provider enrollment

How do mRNA vaccines work?

SARS-CoV-2 vaccine (mRNA-1273)

Encodes for the full spike S protein



Phase 3 Clinical Trial Results: mRNA Vaccines

➔ Pfizer Vaccine

- ~44,000 participants
- 2 doses 21 days apart
- Analysis of 170 cases
 - 162 cases in placebo group
 - 8 in vaccine group
- 95% effective 7 days post dose 2
- 94% effective in ≥ 65 years of age
- 10 cases of severe disease; 9 in placebo group

➔ Moderna Vaccine

- >30,000 participants
- 2 doses 28 days apart
- Analysis of 196 cases
 - 185 cases in placebo group
 - 11 in vaccine group
- 94.1% effective 2 weeks post dose 2
- 30 cases of severe disease; all 30 in placebo group

Phase 3 Clinical Trial Results: mRNA Vaccines

➔ Pfizer Vaccine

- Data and Safety Monitoring Boards (DSMB): no serious safety concerns
- Grade 3 adverse events $\geq 2\%$ in frequency after the first or second dose was:
 - Fatigue at 3.8%
 - Headache at 2.0% following dose 2

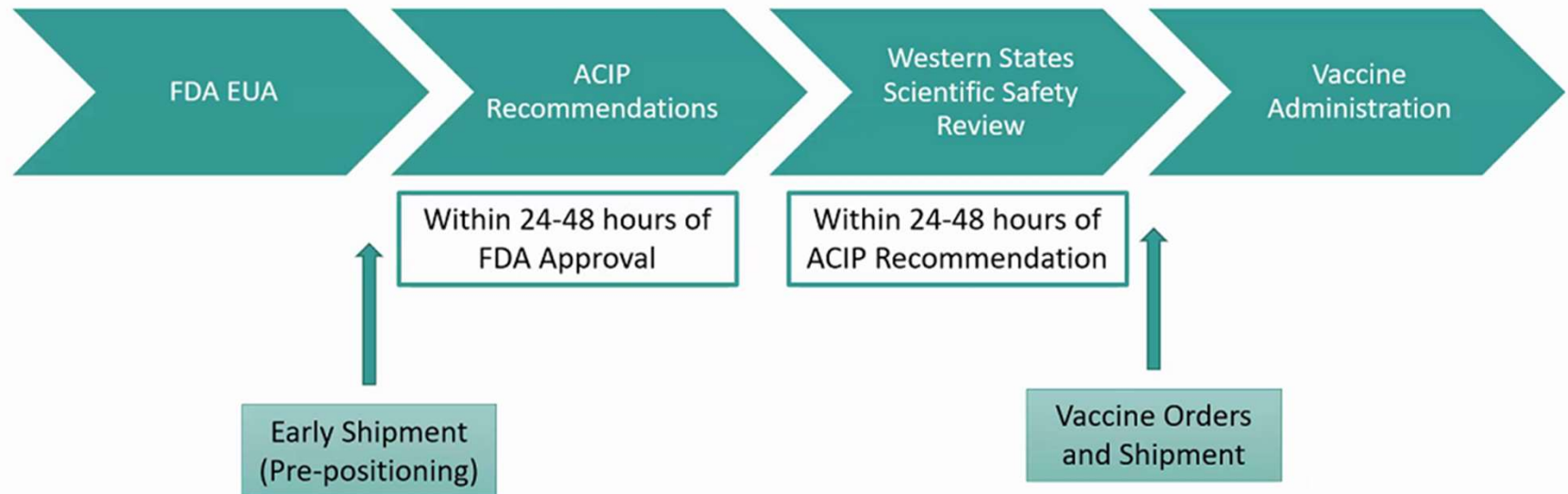
➔ Moderna Vaccine

- DSMB: no serious safety concerns
- Grade 3 events $\geq 2\%$ in frequency after 1st dose:
 - Injection site pain 2.7%
- Grade 3 events $\geq 2\%$ in frequency after 2nd dose:
 - Fatigue 9.7%
 - Myalgia 8.9%
 - Arthralgia 5.2%
 - Headache 4.5%
 - Pain 4.1%
 - Redness at injection site 2.0%

Source: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine>
<https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>

Western Pact: Independent review of vaccine safety

- WA, OR, NV, and CO joined California’s Scientific Safety Review Workgroup
- Will independently review any COVID-19 vaccine approved by FDA
- Includes nationally-recognized scientists with expertise in immunizations and public health; Washington has 2 representatives on workgroup



WORK IN PROGRESS – FOR CONSULTATION

CDC Supply Projections Require Prioritization Guidance

U.S. COVID Vaccine availability estimates (CDC)

Vx	End of Month 1	End of Month 2
A (ultra-cold)	10-20M doses	20-30M doses
B	~10M doses	~15M doses
TOTAL	20-30M doses	35-45M doses



WA State Supply Scenarios - # people vaccinated (assuming 2% of total supply, 2 doses/person and cumulative)

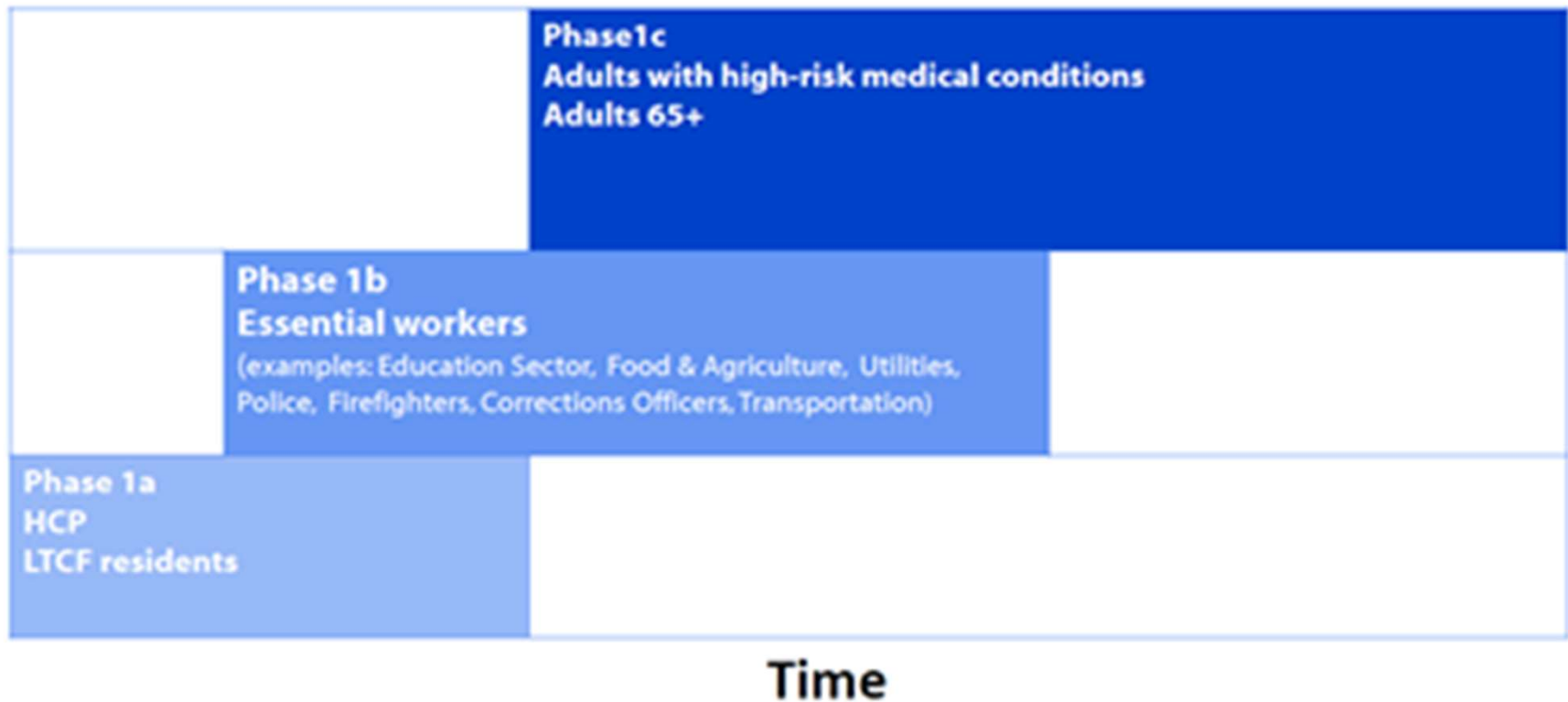
Vx	End of Month 1	End of Month 2
Low	100,000 people	150,000 people
Mod	200,000 people	350,000 people
High	300,000 people	450,000 people

Pfizer vaccine allocation estimates:

- Initial WA allocation estimated to be 62,400 doses
- WA should receive ~200,000 doses by the end of December.
- Regular weekly shipments should begin in January.
- National Academy of Medicine (NAM) Phase 1 population in Washington exceeds 3 million people, requiring further sub-prioritization

Advisory Committee on Immunization Practices (ACIP)

Proposed Interim Phase 1 Sequence



ACIP emergency virtual meeting on December 1, 2020

Phase 1

ACIP is developing guidance to identify who are high risk. We will explore aligning our guidance with ACIP – although it may be much broader (e.g., pharmacies)

1A

- High-risk workers in healthcare settings
- High-risk first responders

ACIP puts critical workers as 1B but we propose vaccinating those driving hospitalizations first to reduce medical surge. It also is easier for us to implement in terms of verifying eligibility.

1B

- All people \geq 65 years of age
- People with comorbid and underlying conditions that put them at *significantly* higher risk (2 or more comorbidities)

1C

- Critical workers at high exposure

ACIP is considering a large range of critical workers including K-12, childcare, critical infrastructure, law enforcement, agriculture, etc. We could explore adding more worker groups to more closely align with ACIP.

Red = Proposed partial alignment with ACIP

Phase 2

- Critical workers at lower exposure
- Non-essential workers at high exposure
- Other high-risk groups (group homes, disabilities, congregate facilities)

ACIP has not offered populations for Phase 2 or 3 so these are our assumptions.

Phase 3

- Young adults (once approved)
- Children (once approved)
- Non-essential workers at low risk

EQUITY IS A CROSS-CUTTING FOCUS OF THIS FRAMEWORK

Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:

- People of color
- People with limited English proficiency
- People in shared housing, crowded housing, and multi-generational homes
- People in poverty and low-wage earners
- People with disabilities
- People with access barriers to healthcare

Washington State has also developed a social vulnerability index which includes social determinants factors (e.g., socio-economic, ethnicity/language, housing/transport, etc.) to identify highest vulnerability areas that will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.

Note: the following factors DO NOT impact an individual's eligibility: immigration status or health insurance status

Phase 1a Objectives

- Protect those at highest risk of exposure
- Maintain medical surge response capacity

Phase 1a

SAMPLE EXCERPT

- Workers in sites where direct patient care is being delivered to confirmed or suspected COVID-19 patients
- Workers exposed to/handling potentially SARS-CoV-2 containing specimens & COVID-19 testing staff
- First responders at highest risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures
- Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity
- Workers administering vaccines for phase 1a, 1b, and 1c populations

Provider enrollment

- Providers need to complete provider enrollment form to receive COVID-19 vaccine through the state
- Provider enrollment began in early November
- Enrollment open to any provider able to vaccinate (e.g., clinics, hospitals, pharmacies, local health departments, etc.)
- As of November 29, 2020:
 - >500 providers in process of enrolling
 - 108 providers enrolled and ready to receive vaccine

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:
The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Organization Identification

Organization's legal name: _____

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone: _____

Email: _____ (must be monitored and will serve as designated contact method for the COVID-19 Vaccination Program)

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name: _____ First name: _____ Middle initial: _____

Title: _____ Licensure state: _____ Licensure number: _____

Telephone: _____ Email: _____

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Chief Executive Officer (or Chief Fiduciary) Information

Last name: _____ First name: _____ Middle initial: _____

Telephone: _____ Email: _____

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

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Available at:

<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders>



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.