

Infectious Disease Advisory Council (IDAC)

COVID-19 Vaccine and Therapeutics Priority Distribution Framework

December 4, 2020

COVID-19 Vaccine Planning Background

Given the impending, limited federal distribution of FDA-approved COVID-19 vaccine, the Iowa Department of Public Health (IDPH) is convening a team of appointed external and internal subject matter experts, known collectively as the Infectious Disease Advisory Council (IDAC). This council assists the IDPH Director and Medical Director in developing COVID-19 vaccine distribution guidance and prioritization of populations for early in the vaccination response when vaccine supply is limited, as outlined in the State of Iowa COVID-19 Vaccination Strategy. This group brings together clinical and ethical expertise from across the state, including university leadership, infectious disease specialists, local public health agencies, key provider associations that represent vulnerable populations, and IDPH and other state agency representatives.

Guiding Principles for IDAC

Existing guiding principles from the Iowa COVID-19 Vaccination Strategy outline a three-phased approach to vaccine distribution and include a phase 1 focus on critical populations, broadly defined in three categories of healthcare personnel, critical infrastructure workers, and people at increased risk for severe COVID-19 illness. The specific definitions and prioritization of these Phase 1 critical populations are informed by recently issued and outstanding federal guidance from the CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health (NIH), and the National Academies of Sciences, Engineering, and Medicine (NASEM). However, IDPH is seeking consultation from IDAC to assist in providing further guidance and sub-prioritization recommendations specific to Iowa regarding Phase 1 distribution within these three categories, with the ability to consider application of ACIP, NIH and NASEM guidance once finalized.

Specifically, IDPH has charged the IDAC with developing vaccine prioritization recommendations to ensure vaccine availability to specific populations, particularly in groups that are at highest risk for severe outcome from COVID-19 infection, as outlined in the Iowa COVID-19 Vaccination Strategy and the CDC COVID-19 Vaccination Playbook. The IDAC will develop recommendations for vaccine prioritization within the critical populations of healthcare personnel, critical infrastructure workers, and people at increased risk for severe COVID-19 illness and develop priority subset groups that promote public health and enable social and economic activity. These priority recommendations and subsets must also recognize the importance of treating individuals fairly and promoting social equity, by addressing racial and ethnic disparities in COVID mortality, and by recognizing the contributions of critical infrastructure workers. The IDAC will submit the vaccine priority recommendations and priority subsets to the Director of IDPH for consideration and approval. The approved recommendations will be posted on the public-facing IDPH website for public transparency.

IDAC Membership

- Chair, Ken Sharp, Division Director for Acute Disease Prevention, Emergency Response, and Environmental Health, IDPH
- Brooks Jackson, MD, MBA, Vice President for Medical Affairs, University of Iowa

- Edith Parker, DrPH, MPH, Dean, University of Iowa College of Public Health
- Angela Walker Franklin, PhD, President and CEO, Des Moines University
- Nafissa Cisse-Egbuonye, PhD, MPH, Public Health Director, Black Hawk County
- Lori Hoch, RN, BSN, Public Health Director, Shelby County
- Brad Brake, JD, Administrator of Home and Public Health, Harrison County
- Lauris Kaldjian, MD, PhD, Bioethicist, University of Iowa Hospitals and Clinics
- Jorge Salinas, MD, Infectious Disease Specialist, University of Iowa Hospitals and Clinics
- Lisa A. Veach, MD, Infectious Disease Specialist, UnityPoint Health
- Ravi Vemuri, MD, Infectious Disease Specialist, MercyOne
- Kurt Andersen, MD, Senior Vice President and Chief Medical Officer, Genesis Health System
- Jennifer Nutt, DNP, RN, Vice President for Nursing and Clinical Services, Iowa Hospital Association
- Lina Tucker Reinders, MPH, Executive Director, Iowa Public Health Association
- Mary Jane Carothers, RN, LNHA, Vice President for Quality Improvement and Clinical Affairs, Iowa Health Care Association
- Kate Gainer, PharmD, Executive Vice President & CEO, Iowa Pharmacy Association
- Marianka Pille, MD, FAAP, Board Vice President, Iowa Chapter of American Academy of Pediatrics
- Christina Taylor, MD, Board Member, Iowa Medical Society
- Erica Shannon, Director of Legal and Regulatory Affairs, Iowa Primary Care Association
- Brooke Lovelace, Executive Director, Iowa Developmental Disabilities Council
- Joyce Flinn, Director, Iowa Department of Homeland Security and Emergency Management
- Jerome Greenfield, MD, Health Care Administrator, Iowa Department of Corrections
- Caitlin Pedati, MD, MPH, State Public Health Medical Director and Epidemiologist, IDPH
- Ann Garvey, DVM, MPH, Public Health Veterinarian, Deputy State Epidemiologist, IDPH
- William Jagiello, DO, Medical Director, Iowa Medicaid Enterprise, Iowa Department of Human Services (DHS)

Additional Agency Representation and Subject Matter Expertise

- Sarah Reisetter, Deputy Director, IDPH, *Ex Officio*
- Rebecca Curtiss, BETS Chief, IDPH, *Ex Officio*
- Don Callaghan, Immunization and TB Bureau Chief, IDPH, *Ex Officio*
- Bethany Kintigh, Immunization Program Coordinator, IDPH, *Ex Officio*
- Cassie Kennedy, Bureau of Policy & Workforce Services, IDPH, *Ex Officio*
- Linda Miller, Director, Department on Aging, *Ex Officio*
- Heather Adams, Assistant Attorney General, *Legal Counsel*

Next Steps and Timeline

The IDAC will develop recommendations for consideration by the Director of IDPH. Additionally, the council will develop a process to solicit information from employers and other interested parties throughout the state to better understand the unique considerations of their workforce.

As vaccines receive emergency use authorization and Iowa receives information on distribution quantity from federal partners, the IDAC will re-convene to review ACIP, NIH, and NASEM priority recommendations and, if needed, tailor the prior recommendations accordingly.

COVID-19 Therapeutics

Because IDPH also anticipates limited supply of the therapeutics (such as Bamlanivimab) distributions from the federal government, the agency has also charged the IDAC with recommendations for a data-driven allocation to appropriate settings across the state.