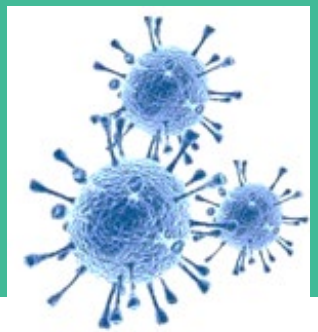
ESSEX COUNTY HEALTH DEPARTMENT

BOS Update – December 2020

COVID-19 RESPONSE TIMELINE

Essex County - Health Department & Partners



Jan 27, 2020

Emergency Response Team Meeting & First Public Communication

ECHD Emergency Response Team held its first meeting about novel coronavirus. The first post to Facebook about the virus occurred on this day. This post reached 305 people.

Feb 2020

Monitoring Global & National Situation

ERT held 5 more meetings in Feb as the outbreak advanced. Team worked to develop messaging & provide resources & information to specific community groups, partners, and stakeholders. The first CMAC call was held Feb 26.

March 10, 2020

State of Emergency Declared

The Essex County BOS issued a proclamation of Local State of Emergency in order to better prepare for and respond to the public health threat posed by COVID-19.

March 13, 2020

Schools Begin to Announce Closures

Area schools consider and/or announce 2-week closures as pandemic intensifies and cases begin to crop up throughout NYS.

March 17, 2020

First Case of COVID-19 in Essex County

The first case of COVID-19 in Essex County was identified in a Lake Placid resident who had been tested at Adirondack Medical Center in Saranac Lake.

March 20, 2020

Governor Cuomo Signs NYS on PAUSE Executive Order

10-point policy. All non-essential businesses statewide close in-office personnel functions effective at 8PM on Sunday, 3/22, and temporarily banned all non-essential gatherings of individuals of any size for any reason.

March 23, 2020

County Reduces In-Office Work Force

ALL indirect support staff are asked to work remotely or stagger shifts to comply with the NY PAUSE orders.

March 26, 2020

Daily COVID-19 Updates Begin

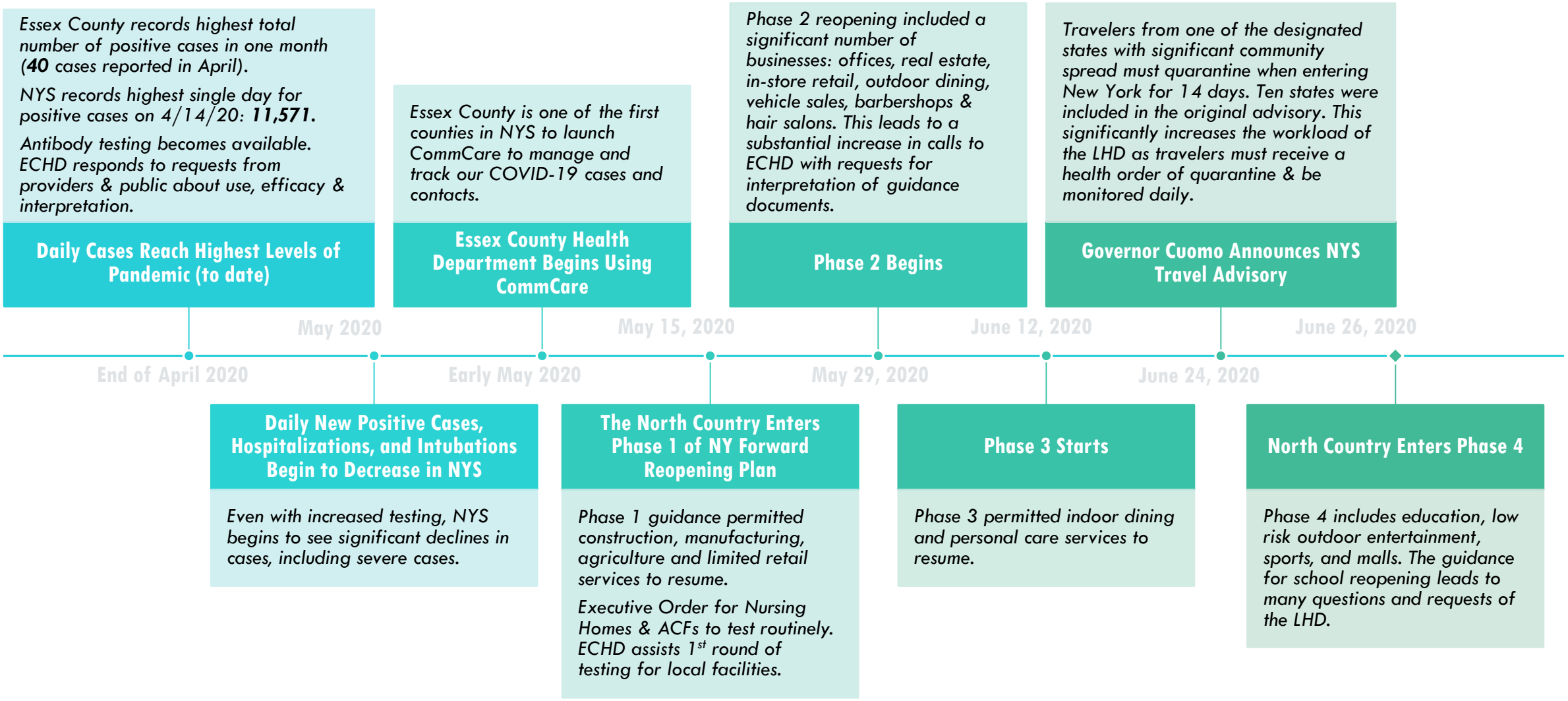
We provided the first of our daily updates to the public via Facebook, including the number of people under isolation & quarantine, and total number tested. This post reached over 12,000 people!

April 17, 2020

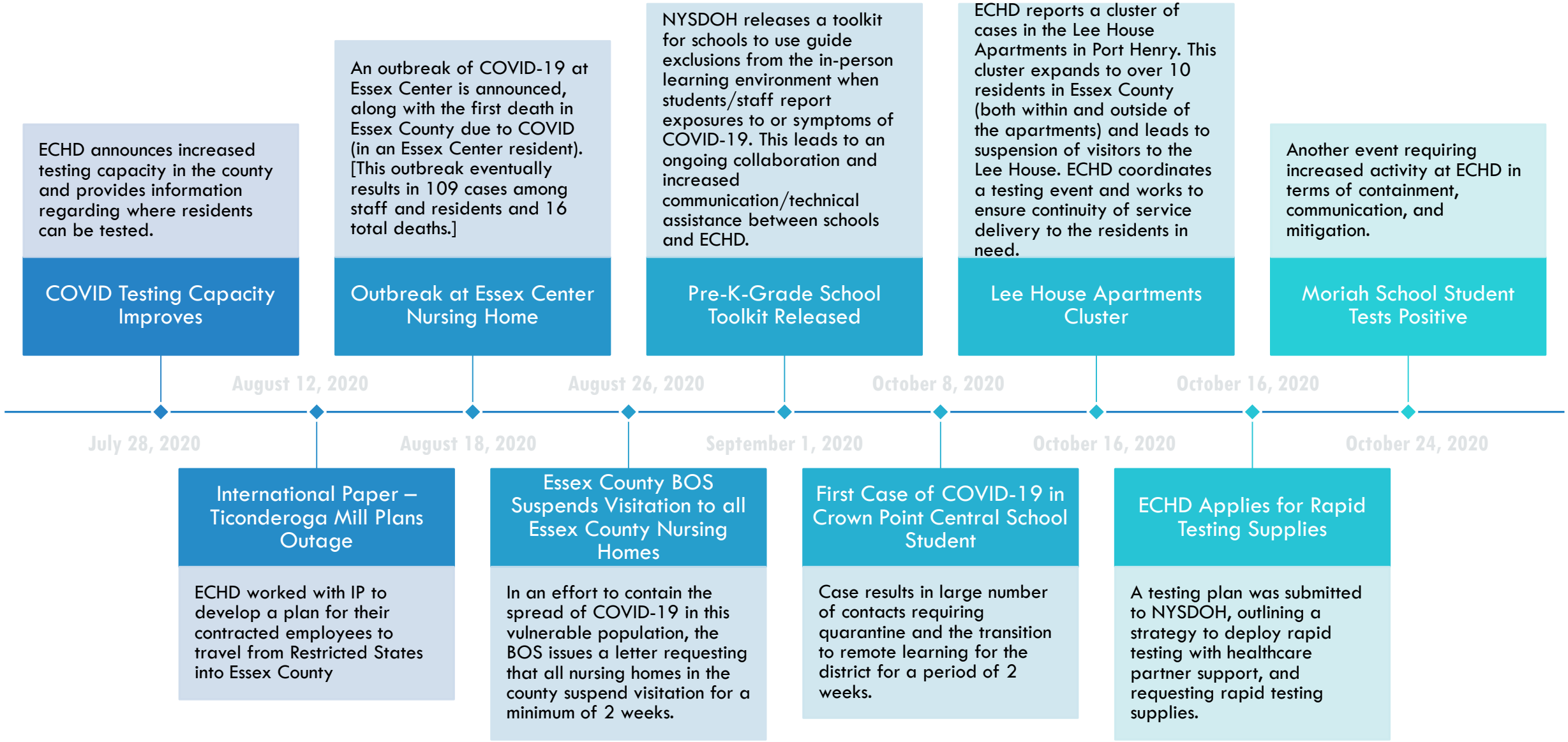
NYS Mask Mandate Goes into Effect

Requires all persons over the age of 2 to wear a mask in public when unable to maintain social distance.

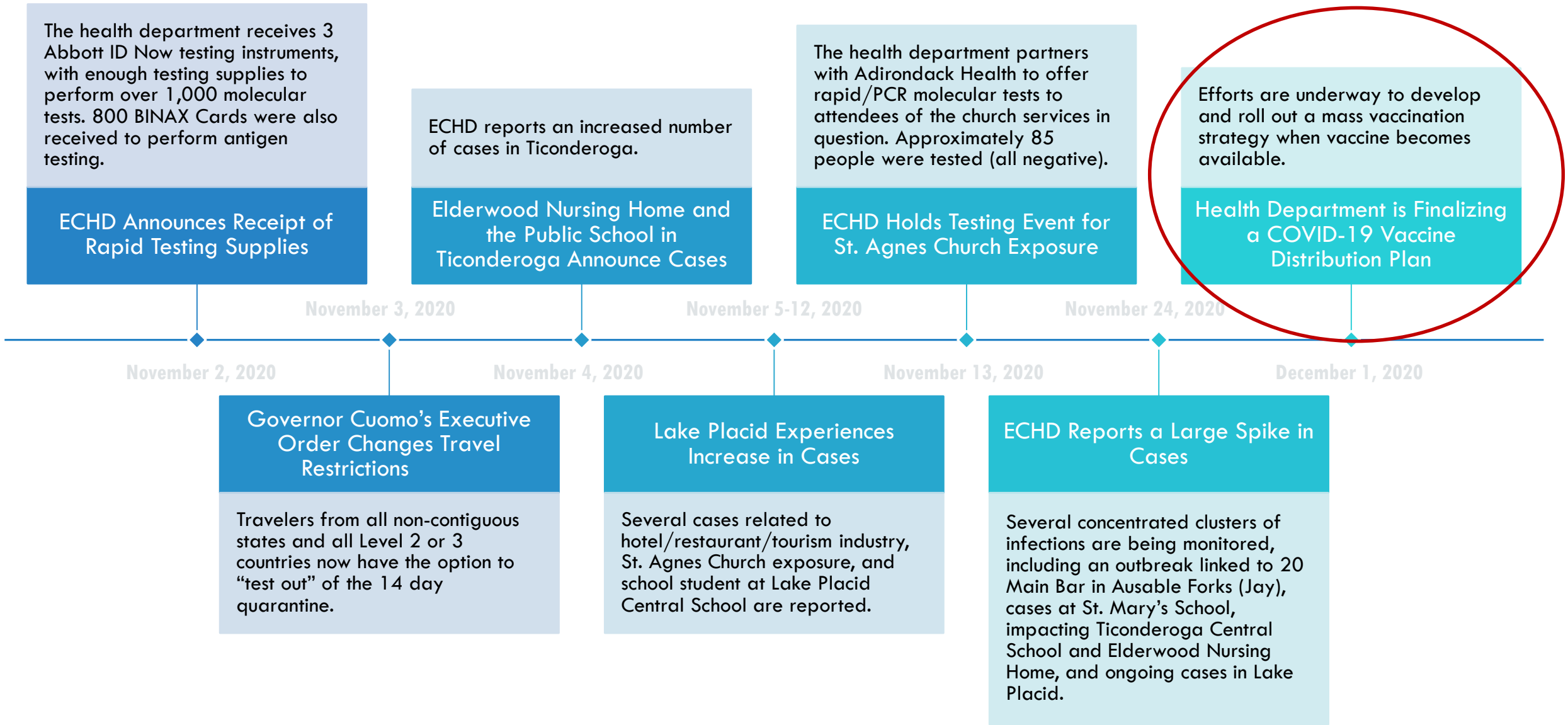
COVID-19 RESPONSE TIMELINE (CONT'D)



COVID-19 RESPONSE TIMELINE (CONT'D)



COVID-19 RESPONSE TIMELINE (CONT'D)



NYSDOH - Local Health Department COVID-19 Vaccination Plan

Prioritization

Vaccine Strategies

In alignment with identified prioritization guidance, population to be vaccinated, and current operational needs ECPH may use multiple modalities or combined vaccination models to best suit the needs of the community, staff/volunteer availability, and the ongoing response.

Current clinical guidance recommends a phased vaccine prioritization matrix, depicted in **Figure 1** and **Figure 2** below. ECPH will implement priority population and essential worker vaccine strategies in continued alignment with state and federal guidance.

Figure 1. Vaccine Prioritization Matrix

	High COVID-19 Prevalence in Geographic Area	Low COVID-19 Prevalence in Geographic Area
High Risk Population/ Essential Healthcare Workers	PRIORITY 1	PRIORITY 2
Lower Risk Population/ Other Essential Workers	PRIORITY 3	PRIORITY 4
General Population	PRIORITY 5	PRIORITY 6

Reference: NYS COVID Vaccination Program Book, page 31

COVID-19 VACCINATION PLAN (CONT'D)

Phasing

Figure 2. Population Risk & Essential Worker Phases

Phase 1	• Healthcare workers (clinical and non-clinical) in patient care settings ○ ICU, ED, EMS top priority • Long-term care facility (LTCF) workers who regularly interact with residents • Most at-risk long-term care facility patients
Phase 2	• First responders (fire, police, national guard) • Teachers/school staff (in-person instruction), childcare providers • Public Health workers • Other essential frontline workers that regularly interact with public (pharmacists, grocery store workers, transit employees, etc.) or maintain critical infrastructure • Other long-term care facility patients and those living in other congregate settings • Individuals in general population deemed particularly high risk due to comorbidities and health conditions
Phase 3	• Individuals over 65 • Individuals under 65 with high-risk comorbidities and health conditions
Phase 4	• All other essential workers
Phase 5	• Healthy adults and children

Reference: NYS COVID Vaccination Program Book, page 32

DISTRIBUTION PLAN

Drive Through Site Identification

Site Overview

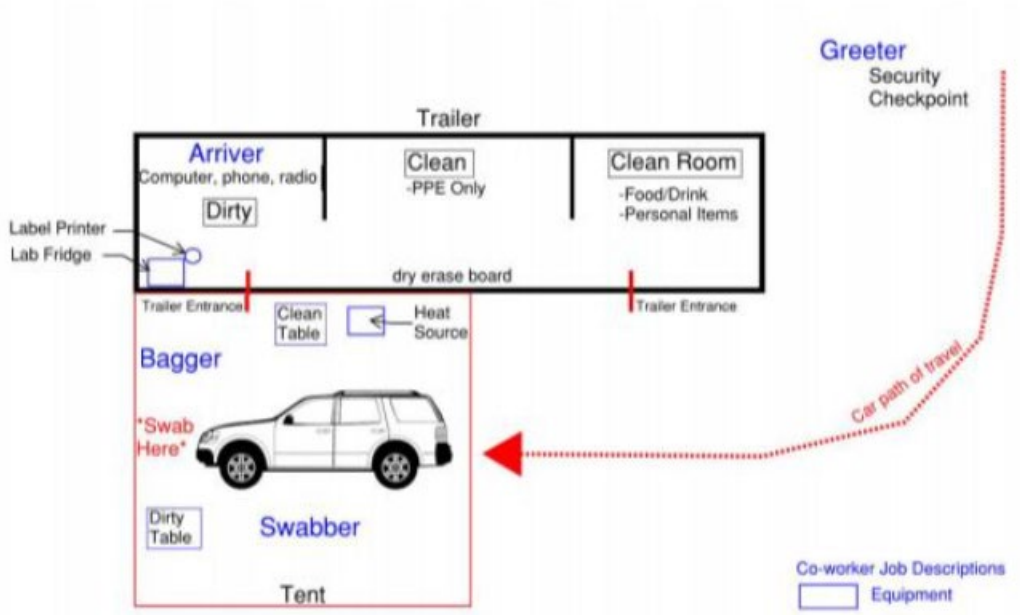
Drive through site identification

A list of 8 sites in the county have been identified as potential sited with adequate space, driving lanes, utilities, facilities, controllable access and security

- 5514 Cascade Rd, Lake Placid
- 8053 US 9 Westport
- 1115 NY rt 86 Raybrook
- 6416 NY rt 28 Indian lake
- 9 NY rt 74 Schroon Lake
- 1854 NY rt 22 Essex
- Ticonderoga Elementary/Middle School

Drive-Through Testing Sample Figures

Figure 1. Diagram of Sample Drive-Through Site Set-Up. (Redacted figure courtesy of an ASPR TRACIE SME.)



DISTRIBUTION PLAN

Walk Thru Sites

Walk thru site identification

ECHD has identified and tested 5 sites for walk through MCM/POD vaccine distribution.

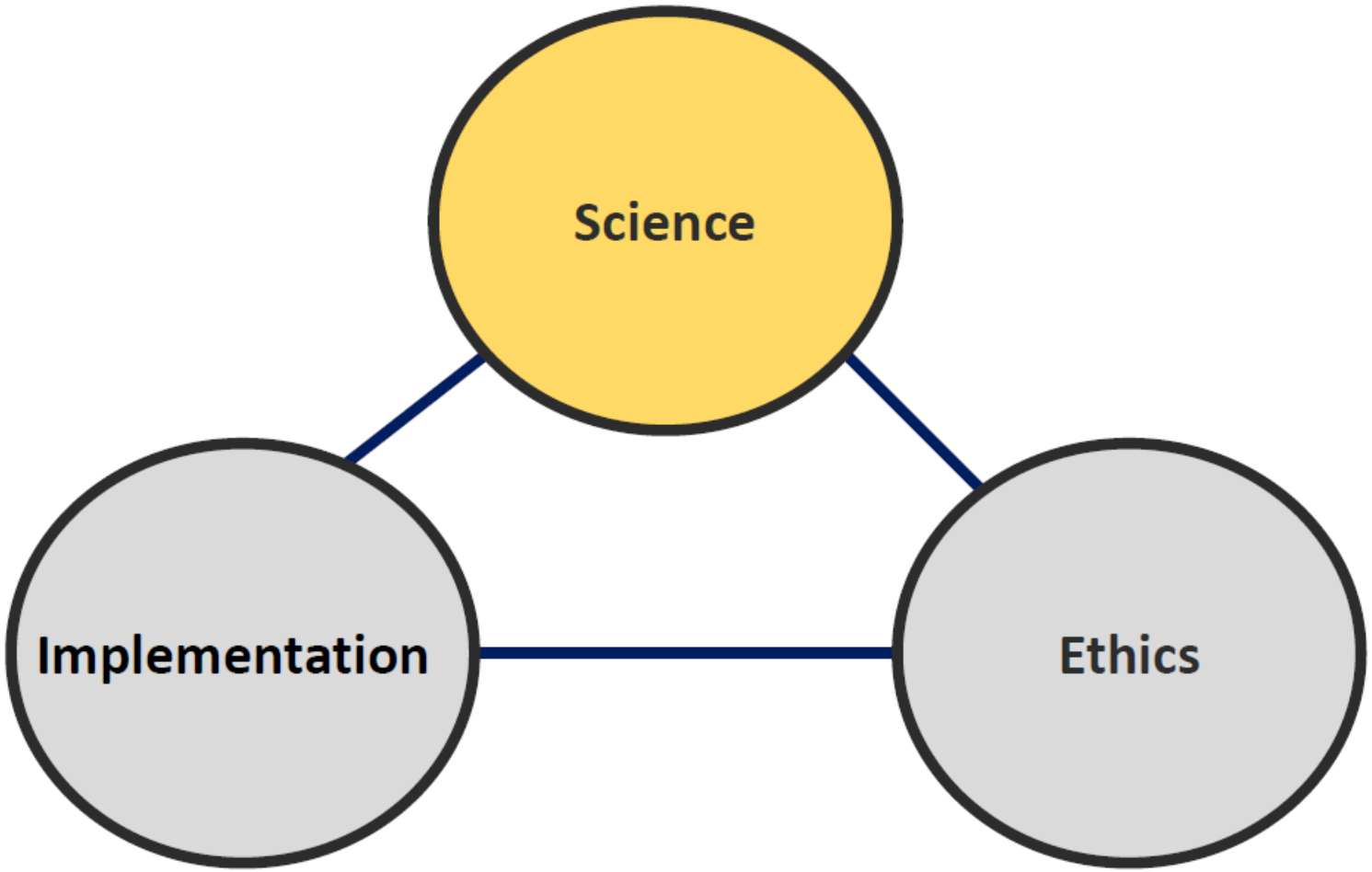
- Ticonderoga Elementary /Middle School
- Moriah School
- Elizabethtown/Lewis School
- Lake Placid High School
- North County Community College, Saranac Lake Campus.

Vaccine Update

- **Two** COVID-19 vaccine manufacturers announced filing with U.S. FDA for Emergency Use Authorization
  - Pfizer/BioNTech announced submission on November 20, 2020[1]
  - Moderna announced submission on November 30, 2020[2]

[1] Pfizer and BioNTech to Submit Emergency Use Authorization Request Today to the U.S. FDA for COVID-19 Vaccine | Pfizer
[2] Moderna Announces Primary Efficacy Analysis in Phase 3 COVE Study for Its COVID-19 Vaccine Candidate and Filing Today with U.S. FDA for Emergency Use Authorization | Moderna, Inc. (modernatx.com)

Allocation of initial COVID-19 vaccine: Phase 1a



Science:

- COVID-19 disease burden
- Balance of benefits & harms of vaccine

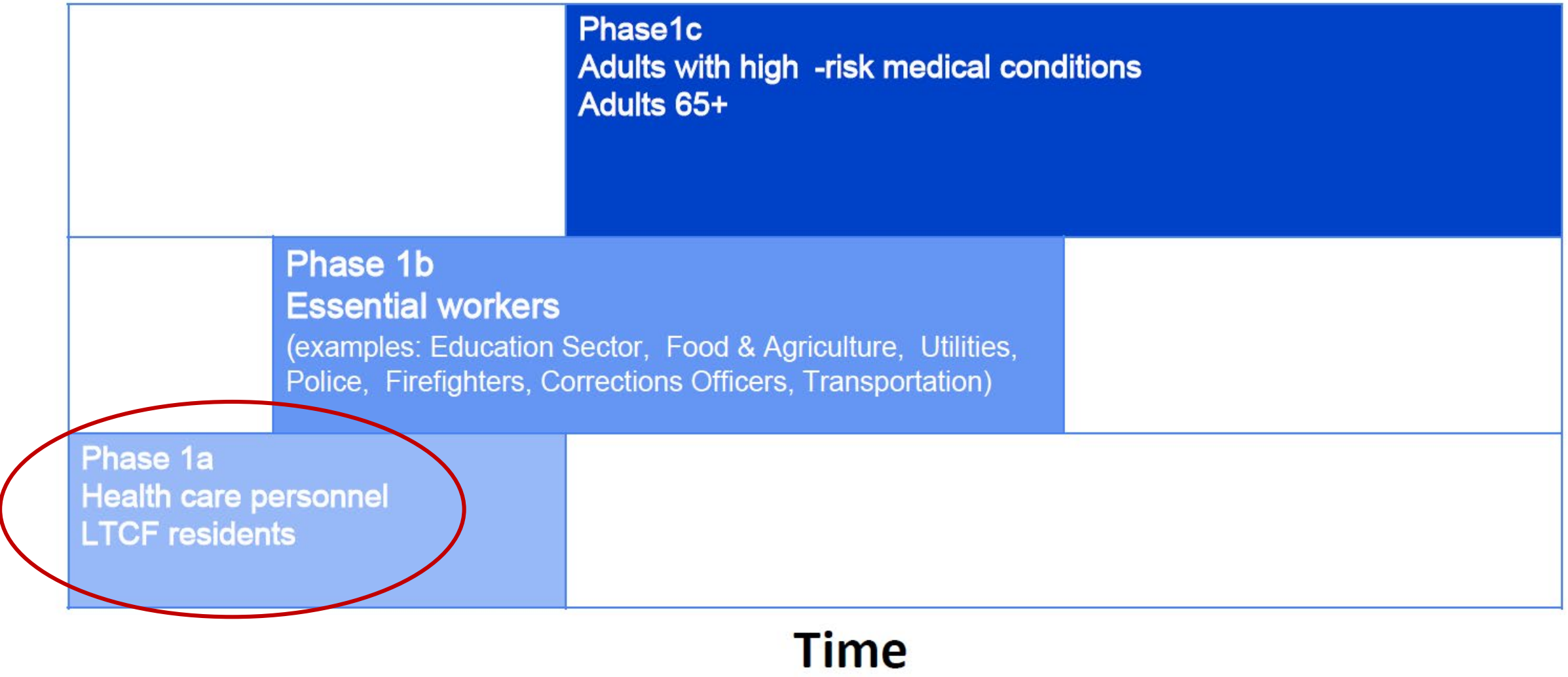
Implementation:

- Values of target group
- Feasibility

Ethical Principles:

- Maximize benefits & minimize harms
- Promote justice
- Mitigate health inequities

Work Group Proposed Interim Phase 1 Sequence



Summary of Work Group considerations supporting vaccinating health care personnel in Phase 1a

- As of Nov 30, at least 243,000 confirmed COVID-19 cases among HCP, with 858 deaths[1]
- LTCF modeling demonstrates more cases and death averted at the facility by vaccinating staff compared to vaccinating residents[2]
- COVID-19 exposure (inside and outside the healthcare setting) results in absenteeism due to quarantine, infection and illness. Vaccination has the potential to reduce HCP absenteeism

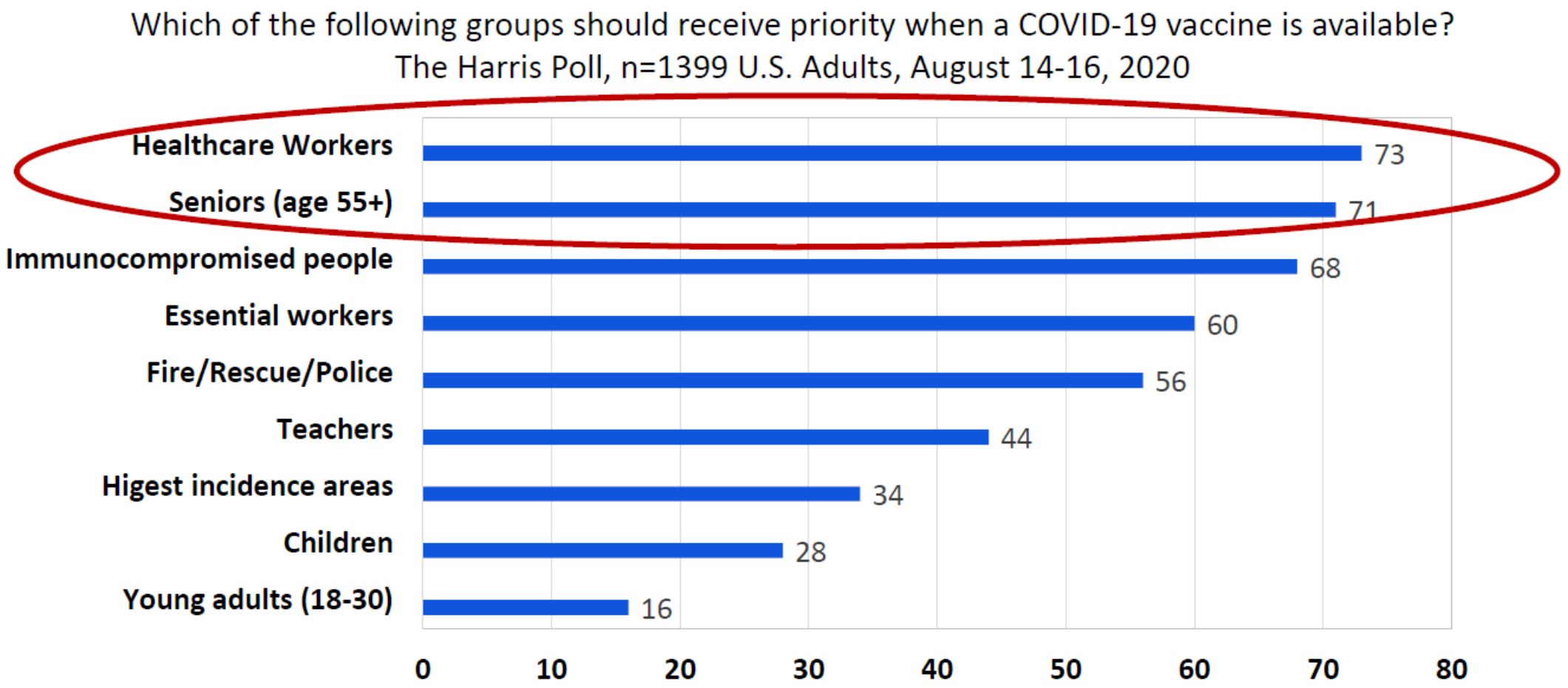
1. https://covid.cdc.gov/covid-data-tracker/#health-care-personnel
2. Slayton, Modeling Allocation Strategies for the initial SARS-CoV-2 Vaccine Supply, ACIP Aug 21, 2020, https://www.cdc.gov/vaccines/acip/meetings/slides-2020-08.html

Older adults in congregate settings are disproportionately affected by COVID-19

- Long-Term Care Facility (LTCF) residents and staff accounted for 6% of cases and 40% of deaths in the U.S.[1] (Nov 24, 2020)
  - Skilled Nursing Facilities (~1.3M)
    - ~496,000 confirmed + probable cases (as of Nov 15, 2020)[2]
    - >69,000 deaths
  - Assisted Living Facilities (~0.8M)
    - 27,965 confirmed + suspected cases (as of Oct 15/2020, based on 23 states[3])
    - 5,469 deaths (as of Oct 15/2020, based on 20 states[3])

1. Kaiser Family Foundation. State data and policy actions to address coronavirus: COVID-19 Cases and Deaths by state. San Francisco, CA: Kaiser Family Foundation; 2020. https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#long-term-care-cases-deaths
2. CMS COVID-19 data: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/
3. Yi SH, See I, Kent AG, et al. Characterization of COVID-19 in Assisted Living Facilities — 39 States, October 2020. MMWR Morb Mortal Wkly Rep 2020;69:1730-1735. DOI: http://dx.doi.org/10.15585/mmwr.mm6946a3

Survey respondents supported early allocation of COVID-19 vaccine to groups proposed for Phase 1



Source: https://theharrispoll.com/americans-want-high-risk-people-to-get-a-coronavirus-vaccine-first/

Work Group assessment: Ethics

Ethical Principle	Health care personnel (~21 million)	Long-Term Care Facility Residents (~3 Million)
Maximize benefits & minimize harms	Multiplier effect - protection of HCPs and preservation of healthcare capacity	LTCF residents are at high risk for infection severe disease and death from COVID-19. Prevention may reduce hospital utilization
Promote justice	HCP provide care in high-risk settings and will be essential for vaccine distribution	Federal Pharmacy Partnership Program will facilitate equal access to vaccine across most LTCFs
Mitigate health inequities	HCP includes broad range of occupations, inclusive of low-wage earners and racial and minority groups	Federal Pharmacy Partnership Program will reach LTCF across the socioeconomic spectrum

Additional Work Group considerations for Phase 1a

- This represents interim guidance for Phase 1a– allocation policy will need to be dynamic and adapt as new information such as vaccine performance and supply and demand become clear
- Gating criteria will be necessary to move expeditiously from one Phase to the next, as demand saturates
- Following vaccination, measures to stop the possible spread of SARS-CoV-2, such as masks and social distancing, will still be needed
- The U.S. government is committed to making COVID-19 vaccines available to all residents who want them, as soon as possible

ACIP Vote – Interim Recommendation

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, health care personnel[§] and residents of long-term care facilities[¶] should be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a)

[§]Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials

[¶] Long-term care facility residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently

Need for Sub-prioritization

- One or more COVID-19 vaccines may be authorized by FDA for use in December
- Initial doses of any COVID-19 vaccine will be limited. We expect a constrained supply environment for some months and need to make the best use of available vaccine.
- By the end of December, the number of doses available will be about **40 million**, enough to vaccinate **20 million** people
  - Anticipate **5-10** million doses per week post-authorization

Health Care Personnel:
Sub-prioritization Considerations

- Where sub-prioritization of health care personnel is needed, consider:
  - Individuals with **direct patient contact**[1] and unable to telework:
    - Personnel who provide **services** to patients or patients' family members
    - Personnel who handle **infectious** materials
    - Can include inpatient or outpatient settings
  - Personnel working in residential care or long-term care facilities
  - Personnel without known infection in prior **90 days**
    - Reinfection appears uncommon during the initial 90 days after symptom onset of preceding infection[2]
    - Serologic testing **not recommended** prior to vaccination

[1]Within 6 feet

[2]Duration of Isolation and Precautions for Adults with COVID-19 | CDC

Reactogenicity

Data from published Phase I/II trials

Adults 18–55 years of age

Moderna[1]

100µg	Post-dose 1			Post-dose 2		
N=15	Mild	Moderate	Severe	Mild	Moderate	Severe
Fever	—	—	—	5 (33%)	1 (7%)	—
Headache	4 (27%)	—	—	5 (33%)	4 (27%)	—
Myalgia	1 (7%)	—	—	2 (13%)	6 (40%)	—

Pfizer[2]

30µg	Post-dose 1			Post-dose 2		
N=12	Mild	Moderate	Severe	Mild	Moderate	Severe
Fever	1 (8%)	1 (8%)	—	—	2 (17%)	—
Headache	3 (25%)	1 (8%)	2 (17%)	6 (50%)	2 (17%)	—
Myalgia	1 (8%)	1 (8%)	1 (8%)	4 (33%)	3 (25%)	—

[1]Jackson et al. An mRNA Vaccine against SARS-CoV-2- Preliminary report. NEJM 2020;20:1920-1931.

[2]Walsh et al. Safety and immunogenicity of two RNA-Based COVID-19 vaccine candidates. NEJM 2020; online publication Oct 14.

Reactogenicity

Systemic symptoms more common after **second** dose

Data from published Phase I/II trials

Moderna[1]

Adults 18–55 years of age

100µg	Post-dose 1			Post-dose 2		
N=15	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Fever	—	—	—	5 (33%)	1 (7%)	—
Headache	4 (27%)	—	—	5 (33%)	4 (27%)	—
Myalgia	1 (7%)	—	—	2 (13%)	6 (40%)	—

Pfizer[2]

30µg	Post-dose 1			Post-dose 2		
N=12	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Fever	1 (8%)	1 (8%)	—	—	2 (17%)	—
Headache	3 (25%)	1 (8%)	2 (17%)	6 (50%)	2 (17%)	—
Myalgia	1 (8%)	1 (8%)	1 (8%)	4 (33%)	3 (25%)	—

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[2]Walsh et al. Safety and immunogenicity of two RNA-Based COVID-19 vaccine candidates. NEJM 2020; online publication Oct 14.

Health Care Personnel:
Considerations for Implementation

- Health care systems and public health should work together to ensure vaccine **access** to health care personnel who are not affiliated with hospitals
- Consider **staggering** vaccination of personnel from similar units or positions
- Planning for personnel to have **time away** from clinical care if HCP experience systemic symptoms post-vaccination
- Additional CDC guidance forthcoming:
  - Approach to systemic symptoms in HCP after COVID-19 vaccination

Long-Term Care Facility Residents:
Sub-prioritization Considerations

- Where sub-prioritization of long-term care facilities needed, consider:
  - **Skilled nursing facilities** care for most medically vulnerable residents
  - After skilled nursing facilities, consider **broadening** to other facilities, including:
    - Assisted living facilities
    - Residential care communities
    - Intermediate care facilities for individuals with developmental disabilities
    - State Veterans Homes

Reactogenicity

Data from published Phase I/II trials

Community-dwelling older adults

Moderna[1]

≥71 years of age

100µg	Post-dose 1			Post-dose 2		
N=10	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Any systemic symptom	3 (30%)	—	—	3 (30%)	3 (30%)	1 (10%)*

*Grade 3 fatigue

Pfizer[2]

65-85 years of age

30µg	Post-dose 1			Post-dose 2		
N=12	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Fever	—	—	—	1 (8%)	—	—
Headache	—	—	—	2 (17%)	1 (8%)	—
Myalgia	—	—	—	2 (17%)	1 (8%)	—

[1]Anderson et al. Safety and immunogenicity of SARS-CoV-2 mRNA-1273 vaccine in older adults. NEJM 2020; online publication Sept 29
[2]Walsh et al. Safety and immunogenicity of two RNA-Based COVID-19 vaccine candidates. NEJM 2020; online publication Oct 14

Reactogenicity

Systemic symptoms **lower** among older adult population

Data from published Phase I/II trials

Moderna[1] ≥71 years of age Community-dwelling older adults

100µg	Post-dose 1			Post-dose 2		
N=10	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Any systemic symptom	3 (30%)	—	—	3 (30%)	3 (30%)	1 (10%)*

*Grade 3 fatigue

Pfizer[2] 65-85 years of age

30µg	Post-dose 1			Post-dose 2		
N=12	**Mild**	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**
Fever	—	—	—	1 (8%)	—	—
Headache	—	—	—	2 (17%)	1 (8%)	—
Myalgia	—	—	—	2 (17%)	1 (8%)	—

[1]Anderson et al. Safety and immunogenicity of SARS-CoV-2 mRNA-1273 vaccine in older adults. NEJM 2020; online publication Sept 29

[2]Walsh et al. Safety and immunogenicity of two RNA-Based COVID-19 vaccine candidates. NEJM 2020; online publication Oct 14

Summary:

- **Sub-prioritization** may be required with initial limited supply
- Implementation of vaccination programs for health care personnel will need to consider **reactogenicity** post-vaccination
  - Additional post-vaccination guidance forthcoming from CDC
- Reactogenicity appears **lower** in older adult population for mRNA vaccines
  - No reactogenicity data in LTCF residents
  - **Safety monitoring** of all populations in Phase 1a, especially LTCF residents, will be critical post-authorization

Summary

- Early data on COVID-19 vaccine safety in **healthcare workers** will be mainly available through v-safe and VAERS and systems that report into VAERS
- Early data on safety in **LTCF residents** will be mainly available through VAERS and systems that report into VAERS
- VAERS is a long-standing established safety monitoring system that is critical to monitoring new vaccines during the early uptake period
- Large-linked database monitoring systems (e.g., CDC's Vaccine Safety Datalink) will provide safety data when vaccines become more widely available in priority groups and in the general population
- Efforts are ongoing to increase awareness and provide information needed to partners for safety monitoring