

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

December 17, 2020

9:35 a.m.

MEMBERS PRESENT

Representative Tiffany Zulkosky, Chair
Representative Ivy Spohnholz, Vice Chair
Representative Matt Claman
Representative Harriet Drummond
Representative Geran Tarr
Representative Sharon Jackson

MEMBERS ABSENT

Representative Lance Pruitt

OTHER LEGISLATORS PRESENT

Representative Sara Hannan.

COMMITTEE CALENDAR

PRESENTATION(S): STATEWIDE COVID-19 VACCINATION PLAN

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record.

WITNESS REGISTER

ANNE ZINK, MD, FACEP, Chief Medical Officer
Central Office
Division of Public Health
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Co-provided a PowerPoint presentation, entitled "Alaska COVID-19 Vaccine Task Force."

TESSA WALKER LINDERMAN, DNP, RN, Nurse Consultant
Office of Substance Misuse and Addiction Prevention
Alaska Department of Health & Social Services
Anchorage, Alaska

POSITION STATEMENT: Co-provided a PowerPoint presentation, entitled "Alaska COVID-19 Vaccine Task Force."

ROBERT ONDERS, MD, Medical Director
Community & Health Systems Improvement
Alaska Native Tribal Health Consortium
Anchorage, Alaska

POSITION STATEMENT: Co-Provided a PowerPoint presentation, entitled "Alaska COVID-19 Vaccine Task Force."

MATTHEW BOBO, Director
Alaska Immunization Program
Division of Public Health
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Co-provided a PowerPoint presentation, entitled "Alaska COVID-19 Vaccine Task Force."

HEIDI HEDBERG, Director
Division of Public Health
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the presentation.

ACTION NARRATIVE

[9:35:22 AM](#)

CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 9:35 a.m. Representatives Claman (via teleconference), Drummond (via teleconference), Spohnholz (via teleconference), Tarr (via teleconference), and Zulkosky (via teleconference) were present at the call to order. Representative Jackson arrived (via teleconference) as the meeting was in progress.

PRESENTATION(S): Statewide COVID-19 Vaccination Plan

[9:36:25 AM](#)

CHAIR ZULKOSKY announced that the only order of business would be a presentation on the statewide COVID-19 vaccination plan by the Department of Health and Social Services (DHSS).

[9:37:42 AM](#)

ANNE ZINK, MD, FACEP, Chief Medical Officer, Central Office, Division of Public Health, Department of Health and Social Services, drew attention to slide 2 of the PowerPoint presentation, entitled "Alaska COVID-19 Vaccine Task Force, which read as follows [original punctuation provided]:

Agenda

- Opening Remarks (Dr. Anne Zink)
- Overview of Vaccine Candidates (Dr. Anne Zink)
- Alaska COVID-19 Vaccine Task Force (Tessa Walker Linderman)
- ANTHC Partnership, Tribal Health Partner Work (Dr. Bob Onders)
- Phases & Allocations (Tessa Walker Linderman)
- Ordering, Receiving, and Distribution (Matt Bobo)
- Community Planning (Tessa Walker Linderman)
- Vaccine Confidence (Dr. Anne Zink)
- Questions from the Committee

DR. ZINK offered that all the vaccine candidates have undergone rigorous study for safety and efficacy. She then drew attention to slide 4 of the presentation, which read as follows [original punctuation provided]:

Vaccine Candidates - Pfizer

- Authorized by FDA under an Emergency Use Authorization
- Final analysis 170 confirmed cases of COVID-19 were evaluated, with 162 observed in the placebo group versus 8 in the vaccine group; 95% effective against COVID-19 7 days post dose 2
- Efficacy was consistent across age, gender, race and ethnicity demographics; observed efficacy in adults over 65 years of age was over 94%
- 43,000 participants; no serious safety concerns
- -70 degrees Celsius storage

DR. ZINK added that distribution of the vaccine is closely monitored on an ongoing basis and recalled that there was a report of a single adverse reaction recorded in Alaska. She added that the ultra-cold temperature storage requirement provides logistical challenges, and that the vaccine may only be stored under refrigeration for up to five days.

DR. ZINK explained that additional information is available and contained in publications and drew attention to slide 5 of the

presentation, which read as follows [original punctuation provided]:

Publications for reference:

The FDA issued an emergency use authorization (EUA) for the Pfizer COVID-19 vaccine on Dec 11, and the Advisory Committee on

Immunizations Practices (ACIP) voted to recommend the use of the

Pfizer COVID-19 vaccine for those 16 and older. Publications of note

include:

- Official MMWR release of "The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine – United States, December 2020"
- Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers
- Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers
- Pfizer-BioNTech COVID-19 Vaccine EUA Letter of Authorization

DR. ZINK cited the publication on slide 5 as including the Advisory Committee on Immunization Practices (ACIP) which is the advisory entity to the Centers for Disease Control and Prevention (CDC) and makes recommendations on who should receive the vaccine first.

DR. ZINK noted that additional vaccines are scheduled to become available, and referred to slide 6 of the presentation, which read as follows [original punctuation provided]:

Vaccine Candidates - Moderna

- Submitted for Emergency Use Authorization; discussions

happening this week

- Interim analysis 95 cases included 90 cases in placebo

group and 5 cases in vaccine group; vaccine efficacy against COVID-19 was 94.1% 2 weeks post dose 2;

vaccine efficacy against severe COVID-19 was 100%

- 30,000 participants; no serious safety concerns

- On December 2, Moderna announced that it would soon

begin testing its coronavirus vaccine in children ages 12 through 17

- -20 Celsius storage
- Information from manufacturer press release

DR. ZINK added that the Pfizer and Moderna vaccines are similar to one another and are both Messenger Ribonucleic Acid (mRNA) type vaccines, which require neither a live virus nor an attenuated virus, but rather uses a small segment of Ribonucleic Acid (RNA) which produces a cleaner response with fewer adverse effects to date. She added that, although mRNA vaccines have not been widely used, they have been long studied.

DR. ZINK highlighted the information contained in slide 7, which read as follows [original punctuation provided]:

No steps are skipped during the clinical trial process for COVID19 vaccine. Manufacturing and trials can happen at the same time, which speeds up the timeline for vaccines to reach Alaska should once authorized by the FDA.

DR. ZINK went on to explain the three phases of preclinical trials. Phase 1 tests the safety [of the vaccine candidate] in a small number of people; phase 2 tests hundreds of people for safety and effectiveness; and phase 3 consists of testing the safety and efficacy among tens thousands of people. She noted that Phase 3 had proceeded more quickly than anticipated due to the high number of the population already exposed to the pandemic.

[9:44:05 AM](#)

DR. ZINK drew attention to the information contained in slide 7, which read as follows [original punctuation provided]:

Vaccine Candidates

Safety is a top priority:

- FDA scientists review all Vaccine Adverse Event Reporting System (VAERS) reports classified as serious
- CDC scientists will review VAERS reports for adverse events of special interest (AESI)
- CDC and FDA coordinate on

analysis of VAERS data and both agencies conduct data mining

DR. ZINK recounted a recent adverse reaction as a working example of the successful cooperation between clinicians, the Food & Drug Administration (FDA) and the CDC to monitor the event for safety and reporting.

DR. ZINK directed attention to slide 9, which read as follows [original punctuation provided]:

Vaccine Candidates

According to current federal government estimates, Alaska's initial allocations of vaccines could include:

- Pfizer: 35,100 doses
- Moderna: 26,800 doses

These vaccine doses will be distributed statewide among public, private and Tribal health systems.

The current authorization for the vaccine is under an EUA, which is different than a normal vaccination authorization under a biological license. There are specific rules related to an EAU that arguably limit the ability of an employer to mandate a vaccination.

- Complex Question - we do not provide legal advice to non-state agencies, individuals
- Governor Dunleavy has indicated that he will not mandate a vaccination for Alaskans

DR. ZINK explained that Alaska is coordinating with Operation Warp Speed to obtain the state's entire December 2020 vaccine allocation, rather than on a weekly basis, due to the unique logistical challenges posed in Alaska. She noted that these allocations are decided by the federal government and include those allocated through the Indian Health Service (HIS). She added that tribes are allowed to choose to work either with the HIS or the state and are partnering with the state for distribution logistics. She added that the vaccine is approved for use under an Emergency Use Authorization (EUA) rather than a full authorization due to the status of the pandemic.

[9:47:43 AM](#)

TESSA WALKER LINDERMAN, DNP, RN, Nurse Consultant, Office of Substance Misuse and Addiction Prevention, Alaska Department of Health & Social Services, drew attention to slide 11 which depicts the organizational structure of the Alaska Covid-19 Vaccine Task Force. The Task Force consists of eight teams co-led by the Alaska Department of Health and Social Services (DHSS) and the Alaska Native Tribal Health Consortium (ANTHC): planning, operations, software solutions, payers, pharmacy, education, data, and liaisons. She noted that the full team consists of approximately 50 individuals.

[9:49:09 AM](#)

ROBERT ONDERS, MD, Medical Director, Community & Health Systems Improvement, Alaska Native Tribal Health Consortium, applauded the efforts of the task force in its coordinated efforts with the Indian Health Service, the State of Alaska, ANTHC, and regional tribal associations to begin vaccine distribution in Alaska communities. He noted that many anticipated challenges with logistics and government-to-government coordination were mitigated through existing infrastructure such as the Vaccines for Children Program and proactive communication and advocacy on the part of the task force.

[9:52:00 AM](#)

MS. WALKER LINDERMAN referred to slide 14, entitled "Vaccine Availability Phases," which depicts the current status of the vaccine as having gone from the phase of "No Vaccine" to "Very Limited Availability" and the ultimate future goal of "Widely Available". She then directed attention to slide 15, which read as follows [original punctuation provided]:

Vaccine Allocation - Federal

- CDC Advisory Council on Immunization Practices (ACIP)

approved the following recommendation by majority (13-1) vote at its December 1, 2020 emergency meeting

When a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the

COVID-19 vaccination program (Phase 1A) should be offered to

- both 1) health care personnel and
- 2) residents of long-term care facilities

- More information:

<https://www.cdc.gov/vaccines/acip/index.html>

MS. WALKER LINDERMAN shared with the committee the information contained on slide 16, which read as follows [original punctuation provided]:

Vaccine Allocation - Federal
Further CDC Advisory Council on Immunization Practices
(ACIP)

Recommendations:

- Healthcare personnel (HCP) with direct patient contact
 - Unable to telework
 - Including those who work in inpatient, outpatient, or community settings
 - Provide services to patients or patients' family members
 - Handle infectious materials
- HCP working in residential care or long-term care facilities
- HCP infected with COVID-19 within the preceding 90 days may choose to delay vaccination for other HCP more susceptible to infection
- No current data to inform recommendations for pregnant or breastfeeding women

MS. WALKER LINDERMAN continued with the presentation of information depicted on slide 17, which read as follows [original punctuation provided]:

Vaccine Allocation - Federal
Further CDC Advisory Council on Immunization Practices
(ACIP) Recommendations:

- Long-term care facility resident sub-groups
 - Skilled Nursing Facilities
 - After Skilled Nursing Facilities:
 - Assisted living facilities
 - Intermediate care facilities for individuals with developmental disabilities
 - Residential care facilities
 - State Veterans Homes

[9:54:53 AM](#)

MS. WALKER LINDERMAN explained that the Task Force has communicated to stakeholders with an analogy depicted on slide 18, which read as follows [original punctuation provided]:

Vaccine Allocation - Analogy

Decisions on who gets initial COVID-19 vaccine are like

nesting dolls. Each layer builds on the previous layer, and

no layer stands on its own.

The Alaska COVID-19 Vaccine Task Force is working with federal, state, Tribal, military, and community partners to

plan for Alaska's needs.

MS. WALKER LINDERMAN explained that in order to meet Alaska's unique needs, federal guidance on vaccine distribution was taken into consideration and tailored to those needs as described on slide 19, which read as follows [original punctuation provided]:

Vaccine Allocation - Alaska

The Alaska COVID-19 Vaccine Allocation Advisory Committee meets regularly. It unanimously determined a portion of the people that will be included in Phase 1a:

- Hospital based front-line health care workers at highest

risk for COVID-19 infection

- Long-term care facility residents and staff (also includes

Skilled Nursing Facilities, Assisted Living Homes, and Department of Corrections infirmaries providing care that is similar to assisted living)

- EMS/fire personnel

- Community Health Aides

- Individuals who are required to perform vaccinations

Input for the committee may be submitted: Alaska COVID19 Vaccine Allocation Advisory Committee meetings (PDF)

[9:56:53 AM](#)

MATTHEW BOBO, Director, Alaska Immunization Program, Division of Public Health, Department of Health and Social Services, drew attention to the map graphic on slide 21 which depicts receiving locations for vaccines which consist of the existing Vaccines

for Children Program and the Alaska Vaccine Assessment Program infrastructures.

MR. BOBO shared slide 22 with the committee, which read as follows [original punctuation provided]:

Ordering, Receiving and Distributing Vaccine
COVID-19 vaccination providers may enroll in the CDC
COVID19 Vaccination Program administered by the Alaska
Immunization Program, a program within the Alaska
Department of Health and Social Services:
<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID19/VaccineProviders.aspx>
As of December 11, 342 health care providers are fully
enrolled.

MR. BOBO added that 360 providers are enrolled in the Vaccines for Children Program. He shared the information on slide 23, which read as follows [original punctuation provided]:

Ordering, Receiving and Distributing Vaccine
Integrated IT systems –both public and private, as
well as new
and existing—are needed to ensure successful vaccine
allocation, distribution, administration, monitoring,
and
reporting.

MR. BOBO explained that there exists Fast Track, an immunization information system, and additional systems are being implemented for scheduling and data tracking.

MR. BOBO explained that there are 64 federal vaccine jurisdictions, and the CDC has provided the guidance for jurisdictions detailed on slide 23, which read as follows [original punctuation provided]:

Ordering, Receiving and Distributing Vaccine
Jurisdictions are not advised to purchase ultra-cold
storage
equipment at this time:
• Ultra-cold vaccine will be direct shipped from the
manufacturer in coolers that are packed with dry ice
• Direct shipments to the vaccination provider site
will be in
975-dose increments on a real-time, day to day basis

Ultra-cold vaccine arriving at Alaska Native Medical Center:
<https://www.youtube.com/watch?v=PPjhAH1Az7g&feature=youtu.be>

10:00:38 AM

MS. WALKER LINDERMAN introduced the community planning item on the agenda. She explained that the Technical Assistance Advisors (TAAs) on slide 26 consist of the focus areas of hospitals, long term care facilities, pharmacies, and community health centers, and they provide assistance in preparing to receive the vaccine. She shared the responsibilities of TAAs as outlined on slide 27, which read as follows [original punctuation provided]:

Community Planning - TAA
Technical Assistance Advisor (TAA) Responsibilities:
Assess planning progress
Provide individualized outreach and support
Provide updated information
Assist with problem solving, provide resources
Engage in regular communication
Support THE COMMUNITY'S planning efforts

MS WALKER LINDERMAN shared the list of community entities with whom the task force and TAAs are coordinating on slide 28, which read as follows [original punctuation provided]:

Community Planning - TAA
Technical Assistance Advisors (TAA's) Serve as
Task Force Point-of-Contact for the Following
Entities:
Public Health Center Pharmacies
Regional Emergency Preparedness Home Health/In Home
Care Agencies
Emergency Management Law Enforcement
Local Government Leadership Agencies Serving
Individuals with Disabilities
Tribal Leadership EMS
Hospitals Agencies Serving People Experiencing
Homelessness
Community Health Clinic (FQHCs, etc.,.) Long Term Care
Facilities
Tribal Health Organizations Agencies Serving People
65+
Critical Industry Partners

MS WALKER LINDERMAN then listed the identified community planning TAA regions as Southcentral, Interior, Southeast, Northern, and the Municipality of Anchorage.

[10:03:45 AM](#)

DR. ZINK introduced the final agenda item listed in the presentation on Vaccine Confidence. She suggested that while an efficacious may be available, any vaccine will only be effective if the State is able to distribute it safely and people are willing to take the vaccine. She emphasized the importance of information and outreach efforts. She referred to slide 31 as an example of a public service announcement to aid in appropriate messaging. She directed attention to slide 32, which read as follows [original punctuation provided]:

<http://Covidvax.Alaska.gov>

- Regular updates: Learn about vaccine availability
- Communications tools: Weekly updated written messages
you can use to discuss COVID-19 vaccine in your community
- Learning opportunities: Weekly Thursday 2 PM publicly-available virtual learning opportunity to stay informed about
planning, distribution and vaccine science
- Planning resources: Healthcare stakeholder and community
partner resources

[10:05:55 AM](#)

CHAIR ZULKOSKY referenced slide 19, entitled "Vaccine Allocation - Alaska" and asked how the task force has accommodated rural communities, stating that there is a lack of professionally trained personnel to perform vaccinations.

[10:06:54 AM](#)

MS. WALKER LINDERMAN answered that in addition to the people listed on the slide as included in Phase 1A, allocation is made to tribal organizations, and she suggested that the analogy of nesting dolls on slide 18 depicts the multiple levels that will be engaged in vaccine delivery and distribution. She acknowledged that many unique circumstances exist throughout

rural communities and those will continue to be taken into consideration.

[10:08:06 AM](#)

CHAIR ZULKOSKY sought to clarify regarding vaccine allocation if the vaccine received by hospitals will be distributed with flexibility considering the availability of trained personnel.

MS. WALKER LINDERMAN noted that the task force is requesting facilities to follow federal and state guidelines with the understanding that the circumstances are continually changing and stated that, for example, additional doses of the Pfizer vaccine were found to be available in the vials, and the task force recommended that communities evaluate and distribute the extra doses based on what is best for their own communities while taking into consideration the prescribed guidelines.

[10:09:39 AM](#)

CHAIR ZULKOSKY inquired when the recommendations for Phase 1B, expected to result from a meeting of the CDC Advisory Committee on Vaccination Practices scheduled to take place December 19, 2020, should be implemented by the State.

[10:10:03 AM](#)

DR. ZINK indicated that they would be implemented as soon as possible, considering supply and what groups should be served. She noted that the tiered approach to prioritizing groups is regularly reevaluated. She allowed that the circumstances are challenging due to limited supply.

CHAIR ZULKOSKY asked whether the Phase 1B implementations should take weeks, or longer.

DR. ZINK conceded that it may require weeks to implement the recommendations and will depend on the clarity of guidance that emerges from the CDC and how it should comport with the circumstances in Alaska, and considering science, data, equity, and logistical feasibility. She added that people's interest in receiving the vaccine is increasing and, accordingly, the supply would be diminished.

[10:13:11 AM](#)

CHAIR ZULKOSKY asked whether the task force's allocation committee was taking into consideration, regarding vaccine allocation during Phase 1B, certain economic disparities in very rural locations, such as multigenerational crowded homes and the lack of running water and sewer which, when compounded, negatively impact communities struggling to combat a viral pandemic outbreak.

DR. ZINK acknowledged that Alaska Native populations are disparately affected by the virus with hospitalizations and deaths. She added that previous pandemics and epidemics have also disproportionately affected these populations. Furthermore, in addition to ethnic disparity, data reveals disparity exists among socio-economic and healthcare access across the country. She stated that access to clean water is healthcare. She stated that disparities that exist are acknowledged prominently throughout the national and local conversations and that the hope and the intent is to mitigate these disparities.

[10:15:55 AM](#)

REPRESENTATIVE DRUMMOND asked whether vaccine lots shipped in 975 dose packages could be broken down and redistributed according to the plan for communities with fewer than 975 residents. She asked also whether doses in excess of the tiered priority groups may be distributed to other members of a community.

[10:17:16 AM](#)

MS. WALKER LINDERMAN stated that the packages can and are being broken down to appropriate sizes for the communities receiving them and reminded the committee that there is a five-day refrigeration storage window also taken into consideration during distribution.

[10:18:42 AM](#)

CHAIR ZULKOSKY added that she had observed communities functioning as regional hubs and that chartered aircraft are being deployed to ensure that the fragile vaccine is delivered strategically and timely.

[10:19:16 AM](#)

REPRESENTATIVE DRUMMOND applauded the coordinated efforts and the clear answer to her question.

[10:19:47 AM](#)

REPRESENTATIVE TARR asked how broader distribution would be funded and whether it would be equally available to all those who wish to receive it.

[10:20:44 AM](#)

HEIDI HEDBERG, Director, Division of Public Health, Department of Health and Social Services, stated that coordination among communities, DHSS, and the Division of Homeland Security and Emergency Management will be required and broader distribution will vary depending on community resources available. She stated that some of the logistical and clinical costs may be reimbursable and that the vaccine itself is available at no cost.

[10:21:58 AM](#)

REPRESENTATIVE TARR added that the annual flu vaccination is an example of successful free vaccine distribution.

[10:22:42 AM](#)

REPRESENTATIVE SARA HANNAN, Alaska State Legislature, stated that populations in infirmaries are listed in the distribution tiers and asked where the congregate populations, such as prisoner populations, are listed in the tiered distribution scheme.

[10:23:28 AM](#)

DR. ZINK acknowledged the importance of addressing congregate populations including those in multigenerational homes. She stated that the staff and patients in correctional and other facilities are listed in the distribution tier that is currently underway and that congregate populations are among those demographics being considered for prioritization in the ongoing distribution scheme.

[10:24:33 AM](#)

REPRESENTATIVE SPOHNHOLZ expressed concern that there is sufficient supply in the first batch to fully vaccinate Phase

1A. She asked how many people in Alaska meet the criteria to be vaccinated under Phase 1A and what the vaccination schedule would be for the next batch available.

[10:25:07 AM](#)

MS. WALKER LINDERMAN explained that Phase 1A consists of two tiers, and a third tier is in the process of being defined and identified. She stated that tiers one and two consist of approximately 25,000 people. She added that 35,000 doses of the Pfizer vaccine include the 11,000 tribal allocation and that the Moderna vaccine should be available next week. She stated that the Pfizer and Moderna vaccine supply should accommodate tiers one and two and that following the vaccination of tiers one and two, distribution for tier three could potentially begin.

[10:26:33 AM](#)

REPRESENTATIVE JACKSON asked whether the cost of the vaccine is known and noted that new medications typically cost more when they initially become available.

[10:27:15 AM](#)

MS. HEDBERG stated that the federal government has purchased the vaccine and ancillary supplies on behalf of the states and the cost occurs with transportation and logistics on the distribution of the vaccine. She added that some clinical costs may be reimbursable through the Federal Emergency Management Agency (FEMA). She explained that a primary goal is to make the vaccine available at little to no cost.

REPRESENTATIVE JACKSON asked whether data concerning those who have been tested, those who are awaiting test results, those awaiting vaccine, and those who have received the vaccine could be cross referenced.

[10:29:20 AM](#)

MR. BOBO stated that VacTrAK is the data management system in place and that data can and will be shared with other systems.

REPRESENTATIVE JACKSON followed up by noting that there may be individuals awaiting results and if there exists the ability to access that data.

MR. BOBO answered that when data is available, cross reference is possible.

10:31:04 AM

DR. ZINK added that individuals are not required to be tested prior to immunization. She added that vaccination produces a more effective immune response than natural infection and that individuals who have contracted the virus are encouraged to receive the vaccine. She added that the data systems are not configured specifically to lookup and compare data and that personally identifying information does not accompany the data and is submitted voluntarily.

10:31:50 AM

CHAIR ZULKOSKY asked Dr. Zink to dispel myths pertaining to adverse reactions, to provide details of the recently publicized adverse reaction of a vaccine recipient in Juneau, and to provide information on what causes adverse reactions.

DR. ZINK stated that an allergic reaction occurred in Juneau and two other similar reactions occurred in England. She explained that the CDC is monitoring and providing guidance for monitoring for adverse reactions. She explained that while the exact cause of adverse reaction is still under investigation, preliminary thoughts postulate that nanoparticles that surround the mRNA contains structures that protect the mRNA itself, and individuals may react to those. She stated that the only complete contraindication for anyone to receive the vaccine would be for individuals with known reactions to components of the Pfizer vaccine, which consists solely of the mRNA and the nanoparticles afore mentioned. She added that individuals with known reactions to injectable medications such as other immunizations are monitored for a longer period of time following the injection to screen for anaphylaxis or other reactions. She noted that the single reaction in Juneau is the only severe adverse reaction reported across the entire country. She added that another reaction resulted in swelling of an individual's eye that was successfully treated with Benadryl. She noted that state and federal organizations and members of the healthcare community are in close and timely communication to share experiences and report on any adverse reactions. She stated that to her knowledge, there have been only the three significant adverse reactions that occurred in Alaska and in England.

10:35:27 AM

CHAIR ZULKOSKY asked how many doses have been distributed nationally over the last few days.

DR. ZINK replied that data is available to track vaccinations in Alaska; however, national data is not yet available.

10:36:22 AM

REPRESENTATIVE DRUMMOND asked when teachers and school faculty and staff will be vaccinated considering schools are attempting to reopen safely. She stated that Mt. Edgecumbe High School, a boarding school in Sitka, has been open since approximately August and has effective testing and mitigation strategies in place for approximately 400 students, and she expressed concern for other schools at which students coming and going may be at higher risk for an outbreak.

DR. ZINK stated that the task force has a designated liaison working directly with schools and districts to assist them in planning, testing, and mitigation strategies to safely reopen schools. She acknowledged that teachers and school staff are classified as critical infrastructure and are not currently scheduled for vaccination. She stated that the vaccine is approved for use in children age 16 and up. She added that after the first tiers of vaccination recipients receive the vaccine, testing and other mitigation resources may be redistributed. She added that vaccination is one tool among several in public health to help control outbreaks and the spread of the virus, and redistribution of testing and mitigation resources and supplies would have positive effects among high-risk groups that are not yet scheduled for immunization.

10:39:51 AM

REPRESENTATIVE TARR expressed her concern that the public may become overconfident that the vaccine is available and cease critical public health measures, particularly due to the holiday season and people participating in gatherings. She asked for guidance and clear messaging on the same.

DR. ZINK expressed that there have been many cases and many deaths throughout the country and in Alaska. She urged patience, cooperation, and compliance with measures such as masking and maintaining physical distance. She drew the analogy

of the pandemic as like the dark Alaska winter and that, with time, both will end.

[10:41:40 AM](#)

CHAIR ZULKOSKY stated that her region has had disproportionately high incidences of infection due to factors such as lack of water and crowded, multigenerational households. She asked whether those specific factors will be considered ongoing through the allocation development process.

DR. ZINK stated that the Alaska COVID-19 Vaccine Allocation Advisory Committee is actively discussing these important factors not solely regarding vaccination but also regarding other public health measures. She noted that there have been identified delays in testing and treatment options and the vaccine is a critical tool in the overall management of the pandemic. She expressed gratitude for the cooperation of the officials in the region and expressed her delight at the long-awaited arrival of the vaccine.

CHAIR ZULKOSKY shared her concern of observing hospital and health care workers administering care with limited resources and many basic needs unmet and expressed appreciation that the vaccine has arrived. She asked for an explanation of the status of the epidemiological curve, noting that the Yukon-Kuskokwim Delta region has stayed in the "exponential growth" stage for some time. She asked where the state overall is on the curve, taking into consideration the hope of the vaccine and the risks associated with people wishing to gather for the holidays.

[10:45:01 AM](#)

DR. ZINK stated that hospitalization and death rates are still unacceptably high; however, there has been a decrease in the infection growth rate, the data for which is under scrutiny to ensure its accuracy prior to publicly acknowledging the fact. She attributed the slowed rate to individuals maintaining distance and wearing masks and, conversely, when those measures are not followed, growth rates increase. She expressed hope that Alaskans remain patient and committed to slowing the growth rate through individual actions. She noted that the reproductive rate of the virus has dropped to below 1 for the first time in multiple months, but the drop in the rate is fragile and depends on individuals' voluntary compliance.

[10:46:54 AM](#)

CHAIR ZULKOSKY asked Dr. Onders for an update on capacity issues in Alaska Native Medical Center (ANMC).

[10:47:10 AM](#)

DR. ONDERS stated that the ANMC critical care unit (CCU) has been expanded by bringing in additional staff and equipment. He indicated that the daily patient average is slightly lower. He added that higher acuity patients exceed the number of CCU beds available. He noted that the pediatric CCU capacity is not exceeded and can be used for treatment of younger adults if needed. He expressed his cautious optimism and hope that individuals continue the mitigation strategies including masking and social distancing, to help stop the spread of the virus because the vaccine alone will not stop community spread.

[10:50:39 AM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 10:51 a.m.