COVID-19 Vaccine Sub-Committee Meeting, 1/22/2021

1. **Incident Name:** COVID-19	2. **Meeting Date/Time:** 1/22/2021 0730
3. **Meeting Name:** COVID-19 Vaccine Sub-Committee	
4. **Meeting Location:** Public meeting held via Zoom	
5. **Facilitator:** McKenzie Morton	
6. **Attendees:** Dr. Elizabeth Lange, Dr. Kerry Laplante, Dr. Justin Berk, Dr. Philip Chan, Sophie Wendelkin, Dr. Sapna Chowdry, Dr. Wilfredo Giordano Perez, Dr. Christopher Ottiano, Dr. Karen Tashima, Dr. Jennifer Levy, Joan Kwiatkowski, Wendy Chicoine, Teresa Paiva-Weed, Tricia Washburn, Dr. Sabina Holland, Rev. Chris Abhulmine, Alysia Mihalakos, Courtney Hawkins, McKenzie Morton, Kathy Heren, Dr. Eugenio Fernandez, John Fulton, Jaclyn Porfilio, Larry Warner, Dr. Nicole Alexander-Scott, Dr. Jordan White	

Agenda

- Guiding Principles
- Phase 1 Update
- Phase 2 Discussion
- Public Comment (if time permits)

Guiding Principles

EQUITY

Safety is paramount. Vaccine safety standards will not be compromised in efforts to accelerate COVID-19 vaccine development or distribution.

Minimize Morbidity. Prioritization of vaccine distribution should minimize deaths and hospitalizations as much as possible.

Efficient Distribution. During a pandemic, efficient, expeditious and equitable distribution and administration of approved vaccine are critical.

Access. Ensure access to vaccines for all Rhode Islanders, particularly those who may have limited transportation options.

Meeting Guidelines

- The meeting will focus on policy discussions and recommendations from the Sub-Committee regarding the RI's COVID-19 population prioritization for Phase 2.
- Decisions and plans regarding operations are managed by the Rhode Island Department of Health and the COVID-19 vaccine team.
- Questions? Email RIDOH.COVID19Questions@health.ri.gov

Phase 1 Population Progress

Status	Description
Complete*	See footnote
In Progress	Vaccination of these groups is under way
Starting Soon	Vaccine is currently being ordered and allocated, but administration has not begun
Not Started	No doses allocated to date

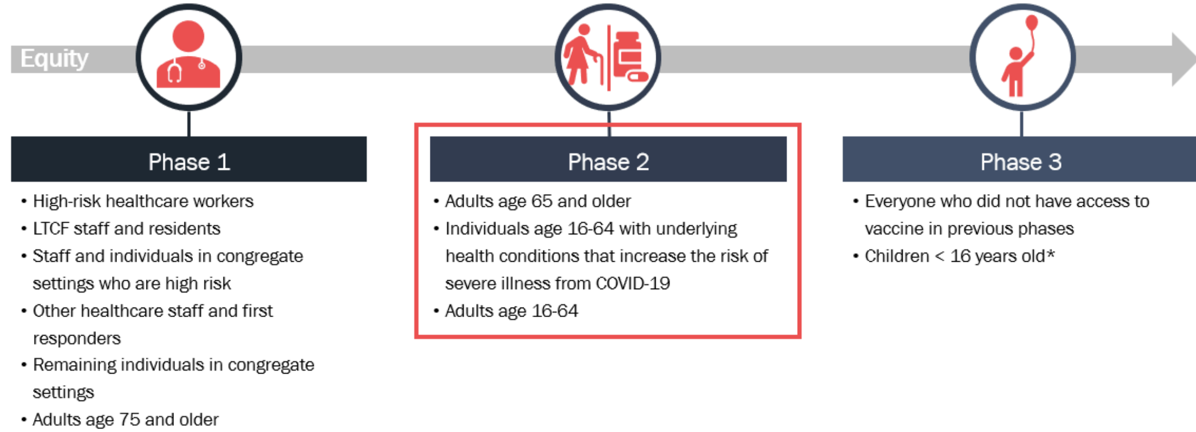
We expect the remaining Phase 1 sub-groups to be able to begin signing up to receive the vaccine by the end of February. Up to 235,000 individuals will be offered vaccine in Phase 1.

Group	Sub-Group	Status
1.1	Hospital Staff, EMS	In Progress
	Home Health and Hospice Workers at Licensed Agencies	In Progress
	*Pharmacy Partnership**: Nursing Home Staff and Residents*	In Progress
1.2	Community Health Center Staff	In Progress
	Urgent Care and Respiratory Clinic Staff (including clinical settings swabbing for COVID-19), Corrections Medical Staff and Mental Health Workers	In Progress
	COVID Specimen Collectors, COVID Vaccinators, High-Risk Incarcerated Persons (65 and older, immunocompromised, or other high-risk factors)	In Progress
	Pharmacists	In Progress
	*Pharmacy Partnership**: Other Long-Term Care Facility Staff and Residents (e.g., group homes that include individuals 65 and older, assisted living, elderly housing with residential services)*	In Progress
1.3	Firefighters, Law Enforcement, School Nurse Teachers, Corrections Officers / Staff	In Progress
	COVID Testing Lab Staff, Other Public Health and Emergency Preparedness Workers, Harm Reduction Staff, Patient-Facing Clinical Students, Community and Family Caregivers enrolled in the Independent Provider or Personal Choice Program and Shared Living Program	In Progress
	Residents Targeted High-Density Communities***	In Progress
1.4	Providers and Staff: in Dental, Primary Care, Dialysis Centers, and Other Outpatient Settings; In DCYF High-Risk Congregate Settings; Who Provide In-Person Services for Adults who Live with a Mental Health Condition, Substance Use Disorder, and/or a Developmental Disability; Who Conduct Blood, Organ, and Tissue Donation; and Adults Living in Group Homes for People with Mental Health Conditions, Substance Abuse Disorder, and/or a Developmental Disability; Licensed Healthcare Workers Providing In-Home Care	In Progress
	Providers and Staff: Who Serve as Morticians, Funeral Home Workers, Other Death Care Professionals	Starting Soon
1.5	Adults age 75 and older	Not Started

* All individuals within this group have been offered the vaccine. Uptake varies within each group.
** Due to the nature of the Pharmacy Partnership, these sub-groups are following a different vaccination schedule from other sub-groups in each phase group.
*** Determined based on a combination of socioeconomic, COVID-19, and CDC Social Vulnerability Index data

Phases 1 – 3 Overview

Phases 2 and 3 are still being defined. RI will continue to seek input from stakeholders and review any guidance released by the CDC. Today's meeting will focus on getting the sub-committee's feedback on Phase 2.



*Pending approval from the FDA and CDC

Phase 2 Guiding Principles

Based on internal discussions and your feedback, we have developed three guiding principles for Phase 2 population decisions, in order of priority:

1. **Minimize Morbidity and Hospitalizations particularly in the most at risk populations.**
2. **Focus on Equity** – Groups disproportionately impacted by COVID-19 should be prioritized for vaccine access (e.g. age, race/ethnicity, socioeconomic status).
3. **Reopen the Economy** – Take measures in vaccine distribution that will allow Rhode Island to efficiently and safely reopen its economy.

1 https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

Meeting Guidelines Reminder

- Focus on policy discussions and recommendations regarding the RI's COVID-19 population prioritization for Phase 2.
- Decisions and plans regarding operations are managed by the Rhode Island Department of Health and the COVID-19 vaccine team.

Phase 2 Population Prioritization Proposal

Prioritize primarily based on age, with accelerated distribution to individuals in the most vulnerable geographies and individuals with the health conditions known to put them at higher risk.

Geography	65-74	
	High-Risk Condition?	
	Yes	No
	≥ 16	60-64
		50-59
		40-49
		16-39

Geography to address equity:
Within each step of this prioritization, prioritize people from areas that score highly on the CDC Social Vulnerability Index (SVI) and have disproportionately high COVID-19 hospitalizations and deaths to address systemic health inequities and the disproportionate impact of the pandemic.

Benefits of this Prioritization (not exhaustive)

- **Minimizes morbidity and hospitalizations,** based on trends in RI COVID-19 data.
- **Removes** the complexity of prioritizing and validating specific groups / occupations.
- **Age can be easily verified** with many forms of identification.
- **Directly addresses health inequities** of those most disproportionately impacted by COVID-19 (older adults, people of color, and individuals with underlying health conditions).
- **Aligns with the current CDC guidance**** while focusing on equity considerations specific to RI.
- **Simplifies communication and operations,** which in turn enables RI to distribute the vaccine more efficiently.

Challenges of this Prioritization (not exhaustive)

- **Does not prioritize frontline essential workers** solely based on their occupation**.
- **Validating high-risk conditions is operationally challenging,** especially among vulnerable groups.
- Existing mass vaccination infrastructure, vaccination capacity, and potential vaccinator networks will need to scale quickly if more vaccine becomes available.
- Consistent across all options, **reaching all Rhode Islanders to ensure access** will continue to be a difficult and require detailed operational planning.

Geography – Defined as areas that score highly on the CDC's SVI and have disproportionately high COVID-19 hospitalizations and deaths. Tier 1 High-Density Communities in Rhode Island align with the CDC's SVI.
High-Risk Condition – Defined as underlying health conditions that increase the risk of severe illness from the virus causing COVID-19.

* The age range within each sub-phase could be adjusted based on the State's ability to manage supply to meet demand. The ranges provided are for illustrative purposes.
** https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm

Phase 2:

- Courtney Hawkins – This Phase 2 strategy like will allow us to put out very simple messaging about where age groups will fall and answer the question "when will I be vaccinated?"
- Dr. Christopher Ottiano - Focus on timeframe we expect to have our current allocation. Would I be correct in assuming that a lot of this strategic work could change if these numbers changed dramatically?

- Courtney Hawkins – The federal guidance may also change. Based on what we know now about supply and recent news that there is not a large amount of supply in the near future, we would be able to layer that on top of this Phase 2 strategy.
- Rev. Chris Abhulmine – if there's an increase in vaccine avail in the State, does that mean the 14,000 will remain and there will be additional vaccine for who's targeted next?
  - If anything changes, we can move through this strategy more quickly. Anything additional would be layered onto this; this Phase 2 would be our baseline.
- Rev. Chris Abhulmine – Based on data from RIDOH, black and latino populations have high deaths in 55-74 years of age. It looks like black and latino Rhode Islanders are ten years behind in RI based on the data. Is it possible to look at different populations and modify our approach for them? Is there any way to look closely at the data and say okay we see morbidity and mortality within this population, and change our decision making in this group, so that we don't have a fixed age and these populations are left behind.
  - Alysia – the high-density community initiative will continue while we simultaneously do this age-based strategy. The population within these communities suffering from COVID is significant, and we are planning for them.
- Dr. Kerry Laplante – do we have any data on high-risk conditions in the death rates of those groups 55-74?
  - Rev. Chris Abhulmine - I think so. Populations at high risk of certain comorbidities should be prioritized and it's shared with the socioeconomic status that may impact their health.
- Joan Kwiatkowski – Thinking back to the public comment section last week, I'm thinking about the one population that isn't shown here: schools. What would be your comment on that and their sense of urgency around the vaccine?
  - Courtney Hawkins – It's a good question and something we've been talking a lot about. There are a number of occupation groups. We are looking at the number of teachers that would be prioritized within this strategy and it is significant. This would allow us to target those individuals who are at highest risk in those jobs. If the federal govt. changes its vaccine strategy and we get more doses, we would be able to revisit adding other occupation groups. We really wrestled with how we would do that placing one occupation above those most at risk. This strategy allows us to target ALL population groups within occupations who are at highest risk.
- Wendy Chicoine – Has there been any consideration for teachers who are in high-risk geographies?
  - Courtney - It hasn't beyond what I just described. There seems to also be misconception that if you're vaccinated that the public health protocols would go away. We wouldn't expect the way schools are operating to change. Children are not being vaccinated yet. We expect we are going to have to live in this world for quite some time longer. The science is not clear that you won't transmit COVID-19 because you're vaccinated.

CDC's definition of High-Risk Conditions

Adults with certain underlying medical conditions are at increased risk for severe illness*. As of December 23, 2020, the following underlying medical conditions are considered to be high-risk according to the CDC:

High-Risk Condition	Description
Cancer	A group of related diseases where some of the body's cells begin to divide without stopping and spread into surrounding tissues
Chronic Kidney Disease	A condition in which the kidneys are damaged and cannot filter blood as well as they should. Because of this, excess fluid and waste from blood remain in the body
COPD (chronic obstructive pulmonary disease)	A group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis
Down Syndrome	A condition in which a person has an extra chromosome
Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies	Coronary artery disease is the most common type of heart disease, but there are many other conditions that affect the heart (comprehensive list found here)
Immunocompromised state from solid organ transplant	Weakened immune system from a solid organ transplant
Obesity	Body mass index [BMI] of 30 kg/m^2 or higher but < 40 kg/m^2
Severe Obesity	BMI ≥ 40 kg/m^2
Pregnancy	Having young developing in the uterus
Sickle Cell Disease	A group of inherited red blood cell disorders. The red blood cells become hard and sticky and look like a C-shaped farm tool called a "sickle"
Smoking	Being a current or former cigarette smoker / tobacco user
Type 2 diabetes mellitus	A condition in which cells don't respond normally to insulin, a hormone made by the pancreas that acts like a key to let blood sugar into the cells in the body for use as energy

Note: If high-risk conditions are to be factored into prioritization decisions, a process will need to be defined to validate individuals' health statuses.

* Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death. This list of underlying medical conditions is not exhaustive and only includes conditions with sufficient evidence to draw conclusions. It is subject to potentially rapid change as the science evolves; the latest guidance from the CDC can be found at: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

12 | RHODE ISLAND

Risk Factors and RI COVID Hospitalization

Hospitalization Data from all COVID patient adults in RI

Pre-Existing Conditions	Difference Between % Hospital Admissions and Population Prevalence	% of Hospital Admissions*	Population Prevalence	Population Estimate (N=852K)
1. Renal Disease	11X	22%	2%	20K
2. Cardiac Disease	7X	30%	4%	34K
3. Lung Disease	3X	19%	7%	59K
4. Diabetes	3X	30%	10%	89K
5. Immunocompromised	--	9%	Unavailable	--
6. Hypertension	1.6X	54%	33%	281K
7. Obesity	1X	25%	30%	256K
8. Hypercholesterol	0.3X	10%	33%	277K

Renal, cardiac, and lung diseases, and diabetes are overrepresented among RI COVID patients, compared to their general prevalence rates.

Source: RIDOH, Hospital Incident Reporting System (HIRS) data; RIDOH, SalesForce case investigation data; CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 Rhode Island data; US Census Bureau, 2018 Rhode Island annual estimates by single year of age

** Individual cells do not sum to column total or 100% because the patient admitted may fall into multiple categories.*

† Counts of <5 and calculations based on those counts are suppressed, in line with RIDOH's Small Numbers Policy

‡ Prevalence estimate not available from BRFSS if the unweighted sample size for the denominator was <50 or the Relative Standard Error (RSE) is >0.3 or if the state did not collect data for that calendar year.

§ Prevalence estimate not available from BRFSS because there were no responses for this group/question

13 | RHODE ISLAND

- Dr. Sapna Chowdry – Working in Woonsocket I have been stunned to see the effects of social vulnerability and the number of people dying of certain diseases at a younger age than you would expect. I was surprised to see that the dentist association was not prioritized since they see patients without masks.
  - They were classified with outpatient providers, so they are being vaccinated now.
- Dr. Kerry Laplante – Public facing employees who can't work remotely need a voice too since they may not be organized.

- That's why this is a more equitable approach. We want to target individuals at highest risk as we move through the prioritization. How do we partner with grocers to get vaccine to people in their stores? That is something we can approach with this strategy.
- Dr. Karen Tashima – I think this a great approach. I think this is a great start and that RI has had some flexibility in terms of getting to areas that have been hard hit. I think that is appropriate for schools and areas where there's a lot of transmission going on.
- Dr. Wilfredo Perez – Do we have any numbers for people within those ages?
  - We do. We should have a pretty good schedule of each age group and be able to give a high-level calendar and say "okay if the doses double, how does that accelerate our timeline?"
- Rev. Chris Abhulmine – I know we included in our calculation individuals with comorbidities, but where do individuals with mental health conditions fall within this strategy? Especially those who are not stable as far as health is concerned.
  - We have been working with the BHDDH to talk about risk in different environments and working through those groups. One of the challenges is addressing the second dose. We have prioritized the behavioral health professionals. We have been vaccinating in congregate settings where folks may visit, acute stabilization units, we have been trying to make sure that staff have been vaccinated. And we have been working with them to understand the unique challenges they have to help us understand how to address that population.
- Kathy Heren – The other day on a long-term care conference call somebody asked if they were testing drivers. These people are going in and taking people from nursing home to appointments.
  - We can take that back to the Testing team. We have their data and have been having that conversation with them.
- Wendy Chicoine – Does "diabetes" consider Type 1? The CDC list says Type 2.
  - Yes, the CDC made a distinction that we are contemplating not making, especially with the public comments from last week.
- John Fulton – There are infrequent conditions within the state that may not show up in this data, such as ALS, yet they are extremely high-risk conditions within the state.
- Dr. Wilfredo Perez - This list doesn't look too surprising. The only one that doesn't appear on this list is immunosuppression. The CDC list only lists immunosuppression from a solid organ transplant. I have not been considering those who smoke at highest risk unless they have lung disease, that's not been on our list for monoclonal antibody treatment. Among all those risk factors, the highest risk. Same with cancer.
  - A limitation with the CDC is they just look at high-risk conditions. There are also people who are on immunosuppression drugs who may not have it as a "condition".
- Dr. Justin Berk – There are other conditions that are being overlooked. If the question is if we should JUST go with the CDC list of conditions or have a RI-specific list I think having a shortened list is a good approach.
- Kathy Heren – If someone who applies who's 65 who's at risk, how would you verify that they're at risk?
  - We are still discussing the operations of it. We look forward to presenting some of that information on Feb. 5th at our next meeting. We wanted to make sure we talked to this group first before making the final decision.
  - Neighboring states are not requiring verification, which is why we're considering shortening the CDC list.

- Dr. Nicole Alexander-Scott – As we're looking through this list and thinking about how to tailor it for RI, being able to have the definitions that work well will be helpful to get your info on, such as immunocompromised. We do consider immunosuppression a concern for hospitalization. There's certainly an opportunity to add other than just from solid organ transplant. The thinking would also be to use RI data to guide the order in prioritization. We could use the CDC list but order it based on those who are at highest risk within RI.
    - I would love to see if Dr. Levy or Dr. White to expound on what Dr. Nicole Alexander-Scott just said.
- Dr. Jennifer Levy – Agreeing with a lot of what I'm hearing. One of my concerns is that in conditions that are less common, there's less data to show that they're at high risk. One thing that would be helpful – perhaps the biggest risk with ALS for COVID is neuromuscular lung disease – it sounds like people are going along with this idea of starting with this smaller list of both increased risk from the CDC and RI-perspective, but a lot of the less common but at-risk diseases could be considered in those groups. Immunocompromised is a smaller groups of individuals overall, and that could be a good group to include.
- Dr. Justin Berk – I think the people with highest risk for disease are usually very sick and going to high risk specialists. So, focusing on high-risk clinics might be a better way to get vaccine to broader high-risk groups than people with specific conditions and requiring diagnoses.
- Dr. Sabina Holland – What's an efficient way to identify those patients who are at highest risk?
    - Dr. Wilfredo Perez – A large percentage of our highest risk may not be accessing specialist care. Primary care physicians (PCP) might be their only access point or worse might not have a PCP and engaged in the healthcare system. That's why I like the age-based approach.
    - Dr. Karen Tashima – 16-64 year olds would have to have a high-risk conditions. I would consider patients with AIDS/HIV in high-risk conditions. I also wanted to ask about cancer diagnoses. The CDC says active cancer, what does that mean? It's important to define it and know what we mean. I think we do want to make it simple.
        - Dr. Wilfredo Perez – I would add to that cirrhosis.
- Dr. Nicole Alexander-Scott – We are not in the business of cutting off GDR at a certain level. Self-attestation is an approach that most states have been taking and trust that the people who are dealing with these conditions will follow our plan.
- Joan Kwiatkowski – My question is about the operationalization of this. There may be a large number of folks who come forward who don't have this condition. It's more around how we're going to deliver on that, and what to do if the system is flooded initially.
    - Dr. Nicole Alexander-Scott - A self-attestation model would not preclude us from working with specialty clinics.
- Dr. Tashima – What does the state think about if K-12 teachers should be prioritized as part of reopening the economy and disrupting activities?
    - Dr. Nicole Alexander-Scott – Teachers are one of the definitely critical workforce groups that we certainly appreciate everything they've done to ensure our children continue to get educated. With this approach we also make sure teachers at highest risk are included. If you look at just age and high-risk, we cover almost 50% of teachers K-12. When you factor in geography, it's over 50%. The dilemma we want feedback from this committee in addressing is when you have teachers on the frontlines in their 20s-30s who have single-digit rates of hospitalization and who would, if vaccinated, would still have to follow community mitigation and that the school setting would stay as it is – we are leaning towards making sure that more than 50% of the school community is covered in

this approach, and those who are younger, not necessarily having them go before those who are at higher risk who are older.

- Jonathan Brice – I certainly agree with the points Dr. Nicole just made, I think those who aren't able to keep 6 feet apart and maintain social distance – teachers of really young children and special needs students – are some other folks within that prioritization that we may want to consider.
- Dr. Eugenio Fernandez – Back to the slide on high-risk conditions, if you do the quick math, that's about 20% of the population of RI. Is the committee okay with all these being included or do we want to narrow it down? How long would it take to get through it?
- Teresa Paiva-Weed – Where do people go with questions?
    - Send an email to: RIDOH.COVID19Questions@health.ri.gov
- Dr. Nicole Alexander-Scott – Thank you. Members of the committee do get the reach out that occurs to the email. These are very challenging decisions. We know and appreciate that all of you are serving as ambassadors and relaying the messaging. We don't take that for granted.

Phase 2 Next Steps

- Finalize Phase 2 prioritization based on input
- Create Phase 2 operational plan, including planning for additional volume if the federal government supplies more than our current expected allotment
- Communicate to the public the Phase 2 prioritization and approximate timing
- Initiate provider and population outreach for Phase 2 groups
- Next meeting on February 5th – Phase 1 Update, Phase 2 Plan

14 | RHODE ISLAND

Public Comment (Written)

- When will people be able to "Pre-register"? How will pre-registration/registration occur?
- Good Morning Members of the Covid19 Subcommittee. According to the Vaccine Adverse Event Reporting System database (VAERS), there are 225 documented reported adverse events that resulted in hospitalizations, 1,386 adverse events that required an emergency room/ED visit, and 66 people have died after receiving a covid19 vaccination. Could you please advise how these deaths and serious adverse events can be avoided? Could you advise what allergy/contraindication screening should take place prior to vaccination? What vaccine product literature is being given to vaccine recipients prior to vaccination to ensure informed consent is being given? Thank you for your concern and making safety a priority. -Christine Waldeck

- Good Morning Members of the Covid19 Subcommittee. According to the Vaccine Adverse Event Reporting System database (VAERS) as of 1/7/2021, there are 225 documented reported adverse events that resulted in hospitalizations, 1,386 adverse events that required an emergency room/ED visit, and 66 people have died after receiving a covid19 vaccination. Could you please advise how these deaths and serious adverse events can be avoided? Could you advise what allergy/contraindication screening should take place prior to vaccination? What vaccine product literature is being given to vaccine recipients prior to vaccination to ensure informed consent is being given? Thank you for your concern and making safety a priority. -Christine Waldeck
- What is our vaccine utilization goal? we seem to maintain a 48-53% under-utilization rate of vaccine.
- I understand why you are using this approach given the supply, but I think many schools are going to struggle to remain open with the variant arriving imminently.
- Have we designed vaccination growth strategies - which can be implemented efficiently? workforce modeling.
- Following up on Christine's question, I am wondering what percentage of vaccine administration results in adverse effects and how that compares to other vaccinations?
- I respect Ms. Waldeck and SHS Zoom’s feedback. A significant issue is educating people ambivalent regarding the safety of the vaccine. That is the adverse health events that are likely to be the result of people deciding not to take the vaccine when able due to unfounded concerns about taking the vaccine.
- Could you provide the percentages of teachers that meet the high risk and age categories? I think this would help all of us in education support this argument with our educators.
- Also, this data is from early January, with relatively low numbers of administration up to that point and also very high risk populations receiving the vaccine first. How much impact do these factors have on the early numbers of adverse effects reported?
- How will you determine who is at highest risk compared to others? Say you have a condition that you think puts you at a risk... who do people get in contact with to see if they are eligible? - Laura (ABC 6)
- In the policy ..when will practitioners will be vaccinated... like Early intervention.   nurses and PTs, and those doing visitation and transportation for dcyf families all in person and so many instances of positive?
- Director Courtney Hawkins, Can you please let us know the prioritized distribution plan for identifying state workers in social services who are at higher risk within state agencies AND provide essential services to RI’s most at risk populations. SEIU Local 580, RI Alliance fo Social Service Employees represents 800 state employees at DCYF, DHS, ORS, BHDDH, DLT, DBR, OLIS and PUC. While relatively a small number compared to Rhode Island’s population, we have an outsized impact as to servicing and having direct contact with RI’s most vulnerable children and families. -President Local 580 - Matthew Gunnip
- If a FEMA Individual Assistance (IA) declaration has been issued for RI, are we receiving mental healthcare support -- especially for isolated older adults?
- Is this the specific proposal that is being planned for phase 2? Are you really not prioritizing teachers that are in classrooms? Do you know their working conditions? I SEE 200+ STUDENTS A WEEK AND HAVE A CONGENITAL HEART DEFECT - WHY CAN’T I GET A VACCINE!
- Please clarify: are ALS patients considered "high risk"? Are they included in the COPD group?

- Why does the CDC specify between type 1 and type 2 diabetes, while the RI data does not? Type 1 should be included - recent data shows that people with type 1 diabetes have the same outcomes as people with type 2.
- The CDC also said that TEACHERS should be in PHASE 1, yet you have not gone by their guidance there.
- https://www.diabetes.org/newsroom/official-statements/2021/ada-urges-CDC-to-give-equal-priority-to-people-with-t1d-t2d-for-vaccine-eligibility
- You are all on a zoom call discussing this in you offices, and teachers are going into classrooms with poor ventilation and basic cloth masks (and NO SOCIAL DISTANCING IN MOST ELEMENTARY SCHOOLS). They are exposed to hundreds of families at hours at a time.
- I appreciate the Reverend's question, and Alysia's response regarding people with disabilities, and can attest to collaboration with agency partners. To John's point on conditions (just as concerning) not included on the list, do agree that a host of individuals with such conditions would be present within those receiving services through BHDDH. There is a lot of intersectionality to be considered here, as many supports are funded through a congregate model, but may not always be delivered in such settings (ex. employee with developmental disabilities at grocery stores being supported by a job coach).
- Please consider that many ALS patients cannot go to hospitals due to the complexities of their needs and the fact that they require rtc care. They are not in hospital data. Thank you all for mentioning it. As always, I am happy to help in anyway that I can.
- I go to the Cardiac Clinic for a congenital heart defect. I am also suppose to teach 200 students! How have so many people at less risk (or more “well connected”) been able to get a vaccine, yet I can’t get anything. (I’m only 42 as well, so going by age is a joke)! When can I get a vaccine so I don’t leave 2 young children without a mother?
- When will this be publicized?
- New Hampshire has established a system wherein people with high risk conditions are enrolled for vaccine appointments by a physician rather than self attesting. Maybe Rhode Island should do something similar. Self attestation is going to be a disaster, especially if people think that others are unfairly jumping in line ahead of them. People think that already
- I know that public comments was set on the agenda today. This is the third meeting I attended and while public comment was on the agenda, only one of these meetings allowed it. My hope is that public comment will be allowed and honored at the next committee meeting. Thank you for your service.
- But high risk teachers will be competing for limited vaccines for with high risk people that ARE NOT WORKING IN THE PUBLIC! Especially with 100’s of kids that aren’t capable of following guidelines well.
- what about people with developmental / intellectual disabilities, living at home with family?????? Do you care about them at all.
- THE SCHOOLS ARE NOT SAFE! I WORK IN 6 DIFFERENT SCHOOLS. PLEASE COME SEE WHAT IS GOING ON IN THE REAL WORLD!!!!
- Will there be a registry/ database for patients to sign up and provide information on their health conditions so that they can be prioritized? Otherwise how will the state know who is eligible and how will patients be notified that it is their "turn"?
- Please include all community providers that have offices in schools providing mental health, case management and de-escalation services and work entirely in schools and/or in students homes

- This is a very helpful number for those of us messaging this to teachers. Is that right - 50% of teachers fall into 65+/high risk? That seems high. Is it 40+/high risk?
- *My initial message only went to panelists, was intended for attendees as well. Director Courtney Hawkins, Can you please let us know the prioritized distribution plan for identifying state workers in social services who are at higher risk within state agencies AND provide essential services to RI's most at risk populations. SEIU Local 580, RI Alliance fo Social Service Employees represents 800 state employees at DCYF, DHS, ORS, BHDDH, DLT, DBR, OLIS and PUC. While relatively a small number compared to Rhode Island's population, we have an outsized impact as to servicing and having direct contact with RI's most vulnerable children and families. -President Local 580 - Matthew Gunnip
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- My son is SEVERELY high risk for hospitalization and has been like a prisoner and has not been at school or had ANY of his services. DO YOU CARE AT ALL ABOUT HIM????
- Teachers and other front line workers should be prioritized in phase 2! Older individuals are more likely to be retired. Front line workers MUST be out in the public. older individuals have the luxury of not HAVING to go out every day.
- And psychiatric schools that have students that often have behavioral health conditions that make it so hard for them to have practice and use PPE safety like Mount Pleasant academy (FSRI), Bradley school, Providence center
- Thank you to members of the sub-committee for volunteering your time and being of service to all Rhode Islanders.
- NO ONE WILL ANSWER MY QUESTION. I HAVE CALLED EVERY AGENCY AND JUST GET PING PONG TO DIFFERENT AGENCY. NO HELP AT ALL FOR DESPERATE FAMILY
- Why is there no meeting next week?
- We should be allowing folks to pre-register.
- 67000 unused doses in RI as per CDC today
- A limited supply - yet the board members and CEOs (non patient facing members of the hospitals) are getting vaccines. Typical Rhode Island
- Thank you for the hard work. The dental community is excited to start receiving our vaccines. Karyn Ward - RIDA President
- Taking into account the public comments last week, what is the rationale for including Type 2 but not Type 1 diabetes as a high-risk?
- How would you classify a condition like Cystic Fibrosis? It is primarily a lung disease, but affects other things. The CF population also would likely not have a high hospitalization rate since they have been practicing isolation and mask wearing prior to COVID.
- CDC data reporting RI as of today: 46% utilization rate - 67K un-administered doses. https://covid.cdc.gov/covid-data-tracker/#vaccinations
- How will patients be notified when they are eligible for vaccine?
  is there a registry nor database being created for them to sign up, even if it does not provide them an appointment?
  it could collect information from them about conditions so that privacy concerns are addressed

- Also asking if there will be a volunteer vaccinator registry
- Is "geography" defined as residence or also employment? For example, a teacher who lives in Exeter but works in Central Falls would qualify how?