Dr. Delgado COVID-19 Update 01-03-21

When can I get a COVID-19 vaccine in Idaho?

Idaho Governor Brad Little convened the Idaho COVID-19 Vaccine Advisory Committee (CVAC) to advise him on and assist state and local entities with the prioritization of vaccines when they are in limited supply, guide planning efforts and broadly communicate messaging to ensure equitable access to COVID-19 vaccines across the state.

The goals and principles of the group are as follows:

1. reduce transmission, severe illness and death from the virus that causes COVID-19
2. preserve functioning of the healthcare system; recover functioning of society and the economy; protect persons at risk who have access and functional needs
3. ensure equitable distribution within groups prioritized for vaccination phases and equity in the opportunity for health and well-being
4. ensure transparency regarding vaccine decision-making.

A timeline was updated December 30th that offers the best estimations as to what specific cohorts will be prioritized and when they will likely begin to receive the vaccination.

They are as follows:

December 2020

• Hospital staff essential for care of COVID-19 patients and maintaining hospital capacity (includes support staff as well as clinical staff)

• Outpatient clinic staff essential for care of COVID-19 patients and maintaining hospital capacity
• Home care providers for adults 65 years of age and older; home care providers for adults or children with high-risk medical conditions
• Emergency medical services (EMS)
• Outpatient and inpatient medical staff not already included above who are unable to telework
• Dentists, dental hygienists, and dental assistants • Pharmacists, pharmacy technicians and pharmacy aides
• Public health and emergency management response workers who are unable to telework

February 2020

• First responders (other than EMS) and safety (fire/police/ protective services/community support)
• Pre-K–12 school staff and teachers and daycare [childcare] workers
• Correctional and detention facility staff (other than medical) • Food processing workers
• Grocery and convenience store workers
• Idaho National Guard (other than medical)
• Other essential workers not already included and unable to telework or to distance from others at work
• **Adults 75 years of age or older**

April 2021

• Adults 65 years of age or older
• People aged 16-64 years with medical conditions that increase the risk for severe COVID-19 •
Essential workers not included in previous phases

May 2021

Vaccine is made available to the general

public **My interpretation**

These guidelines essentially follow the Advisory Committee on Immunization Practices (AICP) recommendations submitted to the CDC. These dates and ranges are essentially best estimates and most certainly fluid. I urge all of you to see them for what they are — expectations based on all the aspects of a very complex chain of events performing as projected. It would appear to be most difficult, based on the ineffective rollout to date, to expect these dates to hold firm. I certainly hope that my pessimism will prove to be unfounded.

Vaccine update

I will continue to keep all of you abreast of any updates of availability as they arise. With that in mind, the FDA will meet this week to consider giving half-doses of Moderna's vaccine

to people aged 18 to 55. Preliminary data (the full data is yet to be published) appears to show that for this group, the half dose offers a “comparable” antibody response to the full dose.
This would allow twice the amount of people in this age group to receive the vaccine when this group begins to get immunized. This is a promising development and whether the Pfizer candidate will also show an equivalent reduced dosing response remains to be seen. With this age group not expected to begin immunization for months, it would be prudent to proceed cautiously.

A reminder that irrespective of your vaccine status, your continued adherence to the current recommendations to limit your exposure will remain in place for the foreseeable future. The recent holiday and influx of visitors is expected to lead to yet another surge in cases.

New Covid-19 mutated variants

A new variant, which is called B.1.1.7, has been reported recently. This is one of the over 250 genetic sequences of SARS-2 viruses that have been logged into an international virus sharing database known as GISAID, but this one appears a bit different.

Some early reports suggest this new variant was probably already spreading in October in some parts of the country, but has been doing so under the radar. This is in part because the U.S. is inexplicably still not doing enough sequencing of SARS-2 viruses. The U.S. currently ranks 43rd

out of all countries sequencing and submitting samples to GISAID, having sequenced just 0.3% of all samples among the 20 million cases since the pandemic began.
The national SARS-2 strain surveillance system led by the CDC was only started in November. It currently can only process sequencing of 3,000-3,500 samples weekly submitted by states and hopes to scale up to about 7,000 a week in the near future.

The new variant sports an unusual number of mutations, including some that appear to change the virus' behavior. It seems to be significantly more transmissible, increasing the rate at which infected people infect others. There's no evidence to date that the variant triggers more severe disease, but the concern is that it appears to infect children and teenagers more readily.

This portends to yet another acceleration in the spread of the virus in our community if it were to become the dominant strain. Unfortunately, this scenario is likely as any advantage a viral mutation generates to propagate its transmission will eventually result in its natural selection. More mutant strains are certain to emerge with increased surveillance.

For the time being, the CDC experts do not believe and there is no concrete evidence that the mutations contained in B.1.1.7 will significantly undermine the protection generated by Covid vaccines in use or in production. History suggests though that increased use of any vaccine will put additional pressure on a virus to mutate in attempts to evade the protection that a vaccine trigger offers. It's yet another and

compelling argument to get to herd immunity faster and to drive transmission down through vaccination.

Office update

We currently anticipate that our office will resume our annual physicals and normal follow up/non-acute appointment availability in late January. We will notify you accordingly when the actual date is confirmed.

Final thoughts

It is our hope that you had a happy and safe holiday season. May the new year bring new hope, some sense of normalcy and prosperity to all of us.

R. Delgado, MD & Staff