

## Vaccine transparency, reporting ordered

Governor Brad Little issued a new executive order today to safely speed up Idaho's vaccine rollout and promote transparency in its administration efforts across the state.

The [Executive Order](#) requires public health districts to report weekly the total number of doses sent to providers. Providers are then required to report daily the number of allocated doses that have been administered and how many remain in inventory. The expectation is that providers will administer doses within seven days of receiving them from the manufacturer. The Governor's office, Health and Welfare, and the health districts are working to have this information available via Idaho's [Coronavirus Dashboard](#) by February 8.

With those 65 and older set to start receiving vaccinations beginning February 1, the Governor said, "I want to be clear – there is still a big gap between supply and demand at this point. The senior population in Idaho includes more than 265,000 people. Idaho is receiving 24,000 first doses per week. Based on our current allocation, it could take nearly two months for eligible people to receive their first dose. So I ask, please be patient."

It has been reported that Idaho's allocation is substantially less than most states and does not seem to be based on a per capita allocation. In speaking with the Biden Administration, Governor Little reported the per capita allocation is based on adults in the state, not children. The Governor is continuing talks to secure additional vaccines.

In other vaccine news, the Biden Administration is working to give states three to four weeks advance notice on the number of doses they will receive versus the one-week notice happening now. This process change will be extremely helpful as providers plan, schedule and administer their allocated doses.

Idaho's Immunization Program also alerted IHA members today that the "bonus" doses in the early shipments of the Pfizer vials will be counted as actual doses moving forward. The Pfizer vials will now include more accurate syringes to get the full number of doses out of each vial.

## Quality & Patient Safety

### [Is Idaho progressing toward herd immunity?](#)

COVID-19 cases and COVID-19-related hospitalizations in Idaho have been steadily decreasing since early December 2020. This decrease in the COVID-19 burden was a welcome change of course and has prompted discussion among medical and public health personnel about what might be driving these decreases – explanations which include herd immunity.

Herd immunity is the indirect protection against infection conferred to non-immune (susceptible) individuals when a sufficiently large proportion of a population is immune as a result of prior infection or vaccine-induced immunity.

The level of community – or herd – immunity required to interrupt or minimize transmission varies by pathogen. Required herd immunity levels for SARS-CoV-2 are estimated to range from 60 - 80%, depending on the strains present in the community and public health interventions.

Thinking about the proportion of Idahoans who have immunity to SARS-CoV-2, either through vaccination or prior infection, can help us make sense of trends in COVID-19 incidence in Idaho, forecast trends in hospitalizations and deaths, and add to policy discussions for reopening Idaho. As of January 28, 2021, 161,212 confirmed and probable COVID-19 cases have been reported in Idaho and 89,340 people have received at least one dose of vaccine.

Although Idaho overall is likely not near a herd immunity threshold, the recent sharp declines in new COVID-19 cases and hospitalizations in Idaho (and the U.S.) appear to be real and not an artifact of changes in testing over time. A large proportion of SARS-CoV-2 infections are asymptomatic, and multiplying the large number of Idahoans with reported infections by the oft-cited number of "[four](#)" indicates that one-third or more of Idahoans have likely been infected with SARS-CoV-2, which may be enough to at least slow the spread of the virus – especially if we consider social mixing patterns in the population.

Another way to evaluate herd immunity is via population-level seroprevalence studies, which typically measure antibodies. Early in the pandemic, there were two seroprevalence studies in Idaho which measured the proportion of persons with SARS-CoV-2 antibodies in [Ada](#) and [Blaine](#) Counties. There are no recent population-based seroprevalence studies for Idaho, but this tool could be leveraged in the future to identify highly susceptible communities that could benefit from, for example, targeted vaccination campaigns.

Timely vaccination has been a topic of particular urgency given the multiple SARS-CoV-2 variants of concern (VOC) spreading in the U.S., including the B.1.1.7 or "UK," B.1.351 or "South African," P.1 or "Brazilian," and [CAL-20C, a new mutation identified in California](#). B.1.1.7, which has been identified in multiple U.S. states, is estimated to be about 1.5 times more contagious than the initial "Wuhan" or "Italy" variants. CDC predicts that B.1.1.7 will be the dominant strain in the U.S. by March. It is unknown how prior infection with the earlier "Wuhan" or "Italy" variants may be protective against the new variants or others that may come, and more contagious variants may jeopardize the progress we have made in decreasing incidence rates. The situation can be likened to a race between vaccinating people and the spread of the variants, which could mean another peak, or peaks, in incidence rates.

## Resources & Equipment

### [Hospitals, others facing oxygen challenges](#)

Many hospitals across the country have experienced or continue to experience oxygen issues due to the surge of patients hospitalized with COVID. The shortages apply to both integrated hospital oxygen systems as well as portable systems used in hospitals, homes and other facilities.

Shortages are occurring as providers have increased use of oxygen in hospitalized patients. COVID patients are seeing more benefit of high-flow nasal oxygen over the use of mechanical ventilation. High-flow systems, however, use 5-10 times the oxygen as a ventilator, leading hospital systems to be taxed or overrun. When hospitals turn to portable oxygen, it creates a domino effect on the availability of tanks for other providers and in-home use.

This [article by John Hopkins](#) dives deeper into the issues and shares hospital best practices to address shortages.

### [Managing patients after discharge](#)

The World Health Organization (WHO) released updated guidance regarding [Clinical Management of COVID-19 Patients](#). The revised guidance includes new best practices focused on continuing care for patients after their acute care stay.

### [Providers can tap additional staff to help with vaccinations](#)

This week, during the White House [COVID-19 press briefing](#), a policy change was announced that will allow retired and inactive clinicians to administer COVID-19 vaccines. Under the Public Readiness and Emergency Preparedness Act, doctors and nurses who have recently retired or become inactive will be able to administer the vaccines, and anyone currently licensed to vaccinate in one state can also cross state lines to administer in another. This act provides immunity from liability under emergency circumstances.

Early in the pandemic, Governor Little put state executive orders in place that allowed retired individuals, students, volunteers and others to augment providers. These orders remain in effect as Idaho begins to scale up vaccinations.

### [What Idahoans are thinking about vaccines, public policy](#)

In the recent BSU [Idaho Public Policy Survey](#), it's no surprise that education and the economy top the list. Those two have been neck and neck and flipped back and forth in recent years. But, third on that list is healthcare, and Idahoans want access to quality and affordable health care. IHA is proud to partner with you to continue to meet that demand.

Other notable findings from the November survey of 1,000 Idahoans include:

- A narrow majority (55%) of Idahoans report they would get a vaccine for COVID-19 if one were available today, while a sizeable minority (38%) say they would not get a vaccine.
- Among those who would not get a vaccine, the most common reasons are concern about side effects (45%), not believing they need it (27%), and wanting to know more about its effectiveness (23%).
- Despite the challenges of 2020, more Idahoans believe the state is headed in the right direction (49%) than on the wrong track (37%).

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