



## St. Luke's, COVID-19 and virus vaccine

**Important note:** *This fact sheet, developed to keep St. Luke's board and committee members and colleagues and associates of the organization current and to help answer questions, was prepared Jan. 29, 2021, and was up to date at that time. As has been true throughout the pandemic, science, knowledge and treatment change rapidly. Much of the information provided here is highly subject to change.*

### Top-line information, with detail below:

- **Our organization does not control its receipt of vaccine; all vaccine comes to us through the multiple health districts that we work with.**
- **St. Luke's has been highly effective** in its planning for and administration of the two vaccines, Pfizer and Moderna, currently approved for use.
- Limits to St. Luke's ability to vaccinate have to do primarily with the **vaccine supplies** we are allocated. We know, for example, that we would be able to administer more than 1,500 doses in an eight-hour period in one location alone. We do not currently receive the supply to operate at this volume every day; when we have the supply, we know we can scale quickly and administer 10,000 to 12,000 vaccines per week within our system, across our footprint.
- We are opening scheduling to the age **65+ group at 8 a.m. Monday, Feb. 1, per state guidance.**
- We expect to plan **large-scale vaccination opportunities** as vaccine supplies allow.
- For the foreseeable future, we anticipate that **vaccine amounts will be limited.**
- We continue to work **with the state and health districts**, and we are committed to our coordinated, systemwide COVID vaccine program.
- **The vaccine is highly effective two weeks after the booster dose.** The two vaccines now in use have comparable, equally high efficacy rates, at upward of 94 percent.
- There remains the **ongoing need for face coverings, physical distance and hand hygiene.**

### Idaho and the vaccine

- Vaccine distribution and administration, nationally and in Idaho, remain challenging. Idaho has not been receiving vaccine proportionate to population; if that had been happening, the state would have received 25 percent more doses than it has. The state does anticipate receiving additional doses in the near term.
- Vaccine is sent to Idaho weekly. Timing and amounts have continued to vary, meaning distribution plans must be tailored constantly. Here is an example of the variance: During one recent week, our health system received zero Pfizer first doses to administer; the following week, we expected to receive 4,000.
- Idaho's weekly allocation of vaccine is 20,975 primary doses; that number is expected to increase over time. The vaccine is allocated among the seven health districts in the state, each deciding where to send the vaccine among providers. Some health districts also administer vaccine.
- Idaho's health districts and the pharmacy companies have different plans for distribution; St. Luke's works with three health districts, each of which is approaching distribution in a different fashion.
- A word about the pace of vaccine uptake: If 80 percent of people in Idaho want the vaccine – a percentage that is admittedly high – by the end of this summer, 40,000 people a week would need to be vaccinated with the first dose and another 40,000 a week with the second dose.

- The state’s COVID-19 Vaccine Advisory Committee has used the following population numbers in making its decisions related to recent tiering: 114,804 (age 75+); 175,866 (age 65-74); for a total of 290,670 people age 65+. You can use our rule of thumb, above, to give you a sense of the pace of potential distribution.

## St. Luke’s and vaccine distribution

- St. Luke’s has received approximately 20 percent of the total vaccine delivered to Idaho; at the same time, we have administered about 25 percent to 30 percent of the total given statewide. This speaks to the planning and preparations our health system put in place.
- We have administered about 87 percent of the vaccine that our health system has received; given that we must hold back a percentage of vaccine for upcoming scheduled vaccines, if you were to put our numbers up against state vaccine distribution, St. Luke’s would be among the most efficient states in terms of vaccine delivery.
- We are very close to administering 100 percent of our allocation within seven days of receipt; given the volatility of shipments week to week, we may periodically exceed that level of efficiency (This is possible, of course, given the percentage that might be “left” from the previous week.). We believe we have been as efficient as any health care entity in the state in our administration of the vaccine.
- As additional providers throughout the state receive vaccine, we expect St. Luke’s may receive fewer doses; it must be noted that providers are approaching distribution with significantly differing degrees of readiness to deploy vaccination programs with high levels of complexity and constantly changing variables.
- Heading into February, given large additional groups to be incorporated into the vaccination schedule, we anticipate demand for the vaccine to be higher than we have previously experienced.

## St. Luke’s and vaccination processes

- Current state tiering, with which St. Luke’s is complying, can be found here: [Idaho’s Vaccine Distribution Timeline](#) and [Idaho COVID-19 Vaccine Advisory 1 Committee \(CVAC\) Vaccine Prioritization](#).
- To align with the state’s COVID vaccination program, St. Luke’s is now scheduling the approved prioritized groups, including all of Group 1. We are on track to open vaccine appointment scheduling to individuals 65 and older for visits on and after Monday, Feb. 1. We are taking steps to meet the needs of residents age 80 and older; we know this population is at increased risk and so are asking younger seniors to consider waiting until after the first week in February to schedule to allow our over-80 patients the opportunity to make appointments.
- We originally created a vaccination waitlist for the purpose of ensuring we would not waste vaccine; we are moving through that list and not adding to it at this time. Those added previously to the waitlist are encouraged to watch for their group opening and schedule as allowed through myChart.
- We understand that people are anxious about vaccines, but we are not in a position, given limits to our vaccine supplies and in alignment with the state’s guidelines, to encourage patients to schedule for COVID-19 vaccination before their state-designed group opens or to show up for unscheduled vaccine visits. We have processes in place to address extra doses and doses that become available due to appointment no-shows and cancellations.
- We continue to encourage scheduling through [myChart](#). You may set up [myChart proxy access](#) for family members and/or dependents needing help making an appointment.

- If the tier is open and appointments are not available, candidates for vaccination are asked to be patient and check back. We are opening appointments as quickly as possible, again with vaccine supplies in mind.
- Regarding visitors, our no-visitor policy does not permit adults or children to accompany a person getting vaccinated.
- We have taken the lead to collect data with and involving partner clinics and hospitals in our footprint to ensure as much transparency as possible regarding on the vaccine pipeline, vaccine performance and other critical information.

## The vaccine and COVID-19 variants

- As with any virus, we would expect to have mutations, or variants, and they are emerging. Most are unremarkable. With the virus behind the pandemic, there have been a few highly publicized mutations; the first occurred nearly a year ago. That European strain became the predominant strain in the United States.
- In mid-December, the United Kingdom reported a new strain that likely had been circulating for a few months; this strain is now the dominant strain in the UK. Also in December, South Africa reported a new variant, now the predominant strain there. A third new strain, reported initially in travelers from Brazil, is also now circulating.
- Although these strains may be more transmissible (contagious), it does not appear that they cause more severe disease; the Centers for Disease Control and the World Health Organization are actively studying this. All new strains can be detected with the PCR and the antigen tests now in use.
- The United States is not surveying virus variants nearly as frequently as many other countries are, but as new strains have been reported, surveillance has increased. We are not testing for COVID variants at this time; we do not expect that current precautions would change based on virus variants.
- To date, none of these new strains have been reported in Idaho. That said, we should assume that these new strains are in Idaho or will be shortly.
- In general, COVID-19 numbers (infections and admissions) for Idaho have been relatively stable recently. We are seeing some signs of an uptick, however.

## Basic information

The fundamentals are unchanged. We need to wear good face coverings, practice hand hygiene, stay physically distanced and avoid large gatherings, particularly indoors. Travel should continue to be limited. The more virus that is circulating in the world, the more mutations there will be. Now is not the time to let down our guard.

Great sources of information will continue to be:

- **St. Luke's online [COVID-19 resources](#)**, including answers to many additional questions:
- The [Idaho COVID-19 website](#).
- [Southwest District Health](#) provides information for the region including Nampa and the western part of St. Luke's footprint.
- [Central District Health](#) provides information and resources for the Boise and McCall areas.
- [South Central Public Health District](#) covers the Magic Valley and Wood River.
- The **Centers for Disease Control and Prevention (CDC)** continues to provide [education about the vaccine](#), including messages on safety, why vaccine is important, side effects and continuing to use face coverings after vaccinations.