

Vaccinate ALL 58

Together we can end the pandemic. Juntos podemos acabar con la pandemia. 我們可以一起終止疫情。

California Health and Human Services Agency (CHHS) California Department of Public Health (CDPH)

Community Vaccine Advisory
Committee

Meeting #14

May 12, 2021

3:00 PM - 5:00 PM



Welcome to the Community Vaccine Advisory Committee

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair



Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Use hand raise icon when you are ready to make comments/ask questions
- Consistent attendance by members; no delegates or substitutes
- Today we will be having ASL Interpreter and closed captioning for members
- Website https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
- Public listen-in mode via telephone at each meeting in English and Spanish
- Meeting will now be live-streamed on YouTube https://www.youtube.com/channel/UCkNEUklwtlc_kPenEZMUIOw
- Public comment via written comments <u>COVID19VaccineOutreach@cdph.ca.gov</u>; will be discussed with Committee at subsequent meetings; all public comments received will be posted weekly on the CDPH website
- Technical issues with Zoom put questions in chat



Summary of Public Comments Since Meeting #13





Opening Comments

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair



Update on Vaccine Supply, Johnson & Johnson Resumption, Access for Children 12 – 15 to Vaccines and Potential for Boosters

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair



COVID-19 Overview

Tracking COVID-19

As of May 12, California has 3,658,198 confirmed cases of COVID-19, resulting in 61,305 deaths.

Cases		Deaths		Tests		Vaccines Administered
3,658,198 Total		61,305 Total		62,326,240 Total		33,118,249 Total
1,231	Today	59	Today	124,260	Today	
>> ₃3.6	New cases per 100K	0.1 لا	New deaths per 100K	> 1.1%	Test positivity	

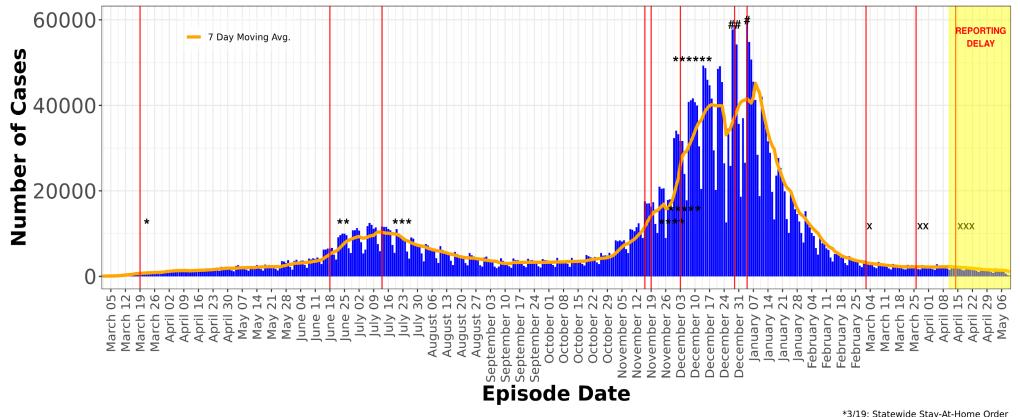
State and County Data

Updated May 12, 2021 at 10:00 AM with data from May 11, 2021

Note: Case rate is based on a 7-day average with a 7-day lag. Rates of deaths is based on a 7-day average with a 21-day lag due to delays in reporting. Test positivity is based on a 7-day average with no lag. Directional change is compared to the prior 7-day period. Data is provided by the California Department of Public Health.



As of May 11, 2021



Cases of COVID-19 by Estimated Date of Illness Onset from March 01, 2020, as of May 11, 2021, California (n=3,658,198)

*3/19: Statewide Stay-At-Home Order

**6/18: Statewide Mask Order

***7/13: Statewide Re-Closure of Bars

*****11/16: Emergency Brake

******11/19: Limited SAHO

peak1: 60,284 cases (2021-01-04); ## peak2: 58,645 cases (2020-12-29);

******* 12/3: regional stay at home order

X 3/2/2021: 10% full vax

XX 3/16/2021: 20% full vax

XX 4/14/2021: 30% full vax

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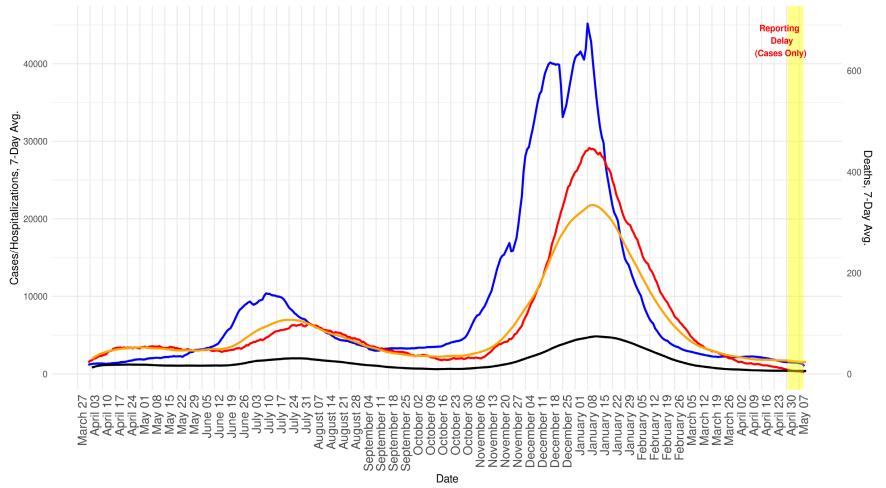
7-Day Average of Cases

Total Hospitalizations,

Total ICU Admissions,

Deaths by Date of Death

As of May 11, 2021



Case and death data from CaIREDIE. Hospitalization data from CHQC 2021-05-11 17:01:06

Deaths (rescaled for visibility)
Hospitalized COVID +

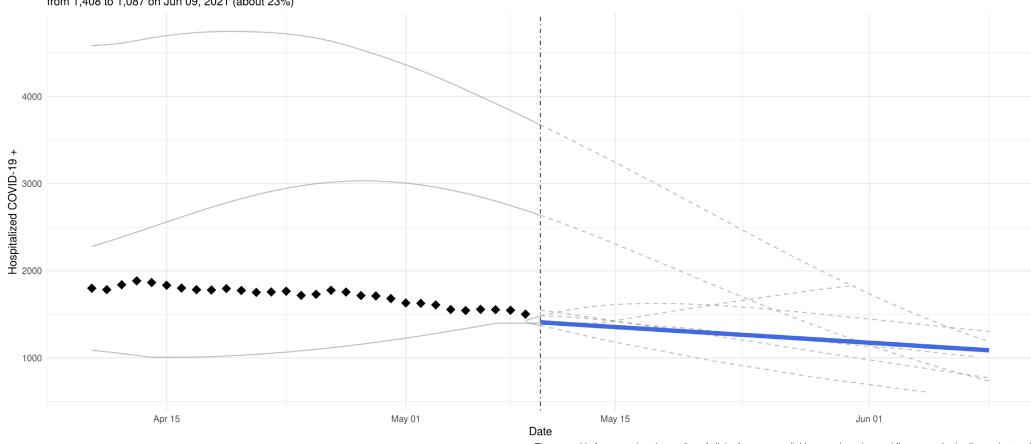
ICU COVID +



Statewide Hospitalization Forecast

Statewide Hospitalization Forecasts Ensemble (blue)

The number of hospitalized COVID-19 patients is expected to decrease over the next 30 days from 1,408 to 1,087 on Jun 09, 2021 (about 23%)



The ensemble forecast takes the median of all the forecasts available on a given date and fits a smoothed spline to the trend. The methodology aims to be robust to outliers, and to avoid artifacts (i.e. abrupt kinks) when the median forecast switches from one source to another.

Find more at https://calcat.covid19.ca.gov/



Seroprevalence by Region (4/4/21 – 5/1/21)

Seroprevalence by Region (04/04/21 - 05/01/21)

4-Week Average Seroprevalence [95% CI]*



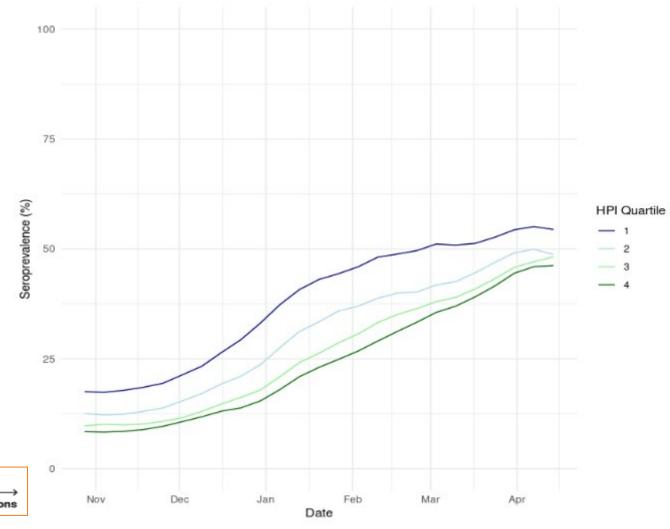


Seroprevalence Update

Californians living in areas with the least healthy community conditions are more likely to have antibodies against SARS-CoV-2

- This pattern has been consistent throughout the pandemic.
- All groups saw large increases in seroprevalence in December, but the steepest increase was in those living in the lowest HPI quartile.
- As of May 1, 2021, more than 50% of persons living in the lowest HPI quartile have detectable antibodies against SARS-CoV-2 in CalREDIE



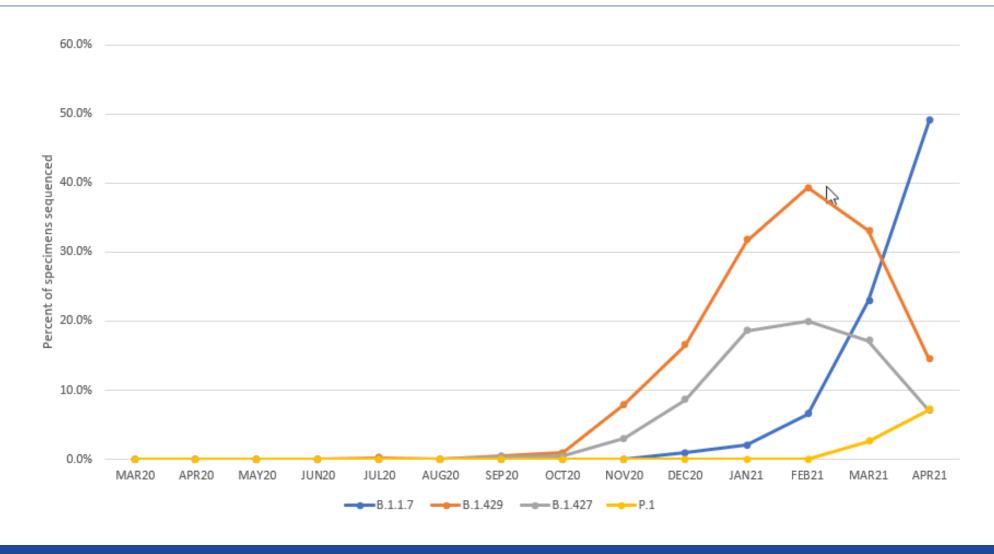




Variant Update

More Commonly
Detected
Variants of
Concern and
Interest in
California, by
Specimen
Collection
Month, March
2020-April 2021

Graph as of 5/10/21





Vaccine Doses Administered in California

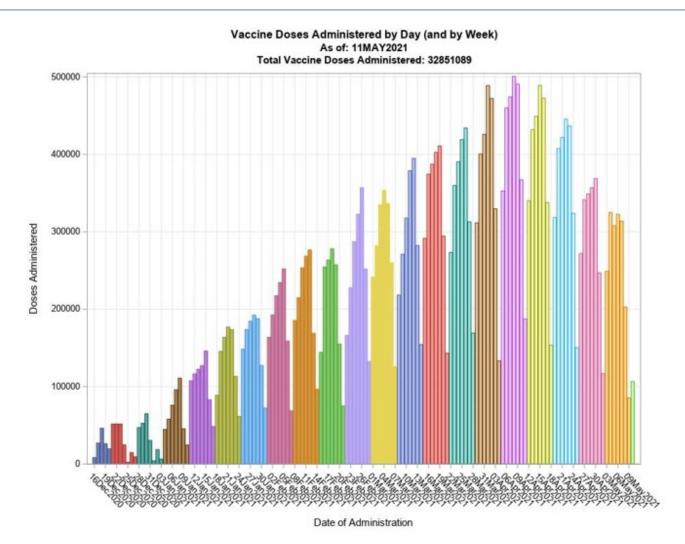
	Count	Percent of population age 16 and older
Total People with at least 1 Dose Administered *	19,829,319	62.3%
Total People Partially Vaccinated	5, 153,876	16.2%
Total People Fully Vaccinated	14,675,443	46.1%

As of 5/12/21



^{*} The total number of people receiving at least one dose is broken down between people 'Partially vaccinated' and 'Fully vaccinated' where 'Partially vaccinated' represents individuals who have received at least one dose of the Pfizer or Moderna vaccine and 'Fully vaccinated' represents individuals who have received two doses of the Pfizer or Moderna vaccine, or at least one dose of the Janssen vaccine.

Vaccine Doses Administered by Day



As of May 12, 2021: Total Doses Administered: 33,118, 249

Graph as of May 11, 2021



COVID-19 Cases in Fully Vaccinated-CA

>13.5 million fully vaccinated individuals

3,620 post-vaccination cases (0.027%)

Between January 1, 2021 and May 5, 2021

- These cases are identified by matching immunization and confirmed case records.
- Of the 3,620 cases:
 - ~4% hospitalized
 - 1% died



Vaccination Update

CA currently receives ~2 million doses per week; will continue to increase as nation supply increases

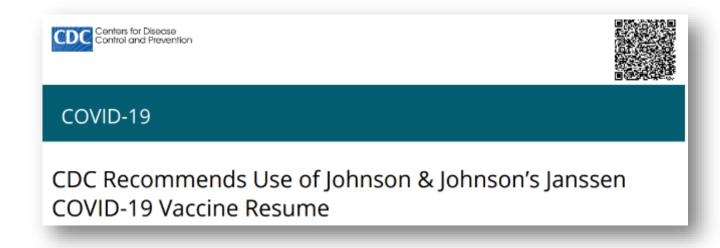
More than **33.1 million vaccines** administered in CA with more than **14.4** million people fully vaccinated

CA is averaging **262,543 doses** administered per day



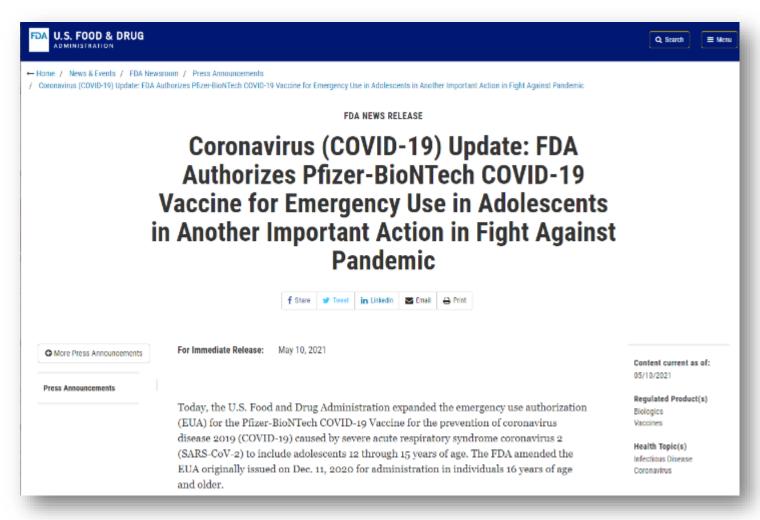
Use of Johnson & Johnson Vaccine

- April 23 the FDA lifted its pause on the use of the J&J vaccine, following a review by a federal vaccine safety review panel.
- April 24 the Western States Scientific Safety Review Workgroup concluded the vaccine is safe and effective and recommended resuming use of the vaccine for all eligible Californians.
 - Vaccine clinics are
 to provide educational
 materials to inform
 patients of the vaccine's
 low risk of associated
 health effects and other
 available vaccine options.





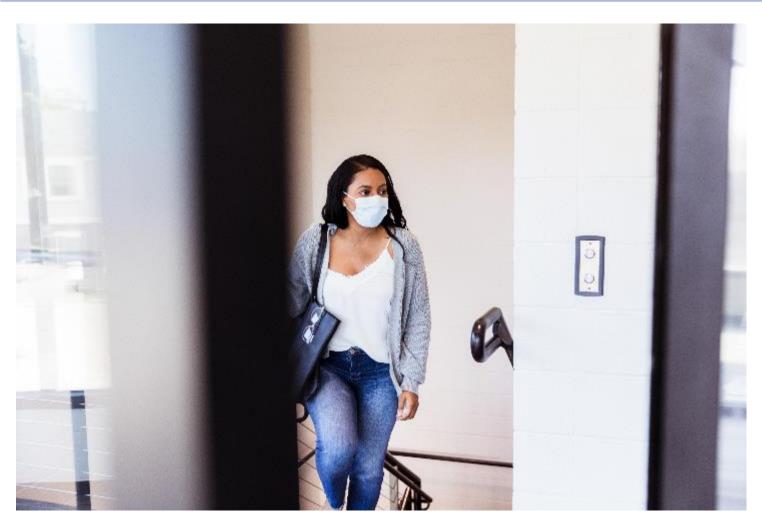
Vaccination of 12-15-year-olds



- 5/10/21: FDA approved the amendment to the Emergency Use Authorization (EUA) of the Pfizer-BioNTech Vaccine to expand the use in adolescents 12 to 15 years.
- Data from Phase 3 trials = good efficacy & vaccine tolerance.



Planning for Vaccination of 12-15-year-olds



- CDPH with partners from CMA, AAP, CAFP, and the Blue Shield (as TPA) to expand availability to more youthserving clinics, schools & pharmacies,
- Communications that empower youth to advocate for vaccinations
- Shift focus from mass vaccination clinics to community-based and small providers aims to address vaccine access and confidence



Booster Needed this Fall?

- Stay tuned for information over the summer and fall regarding:
 - Whether boosters will be recommended
 - Timing of any boosters

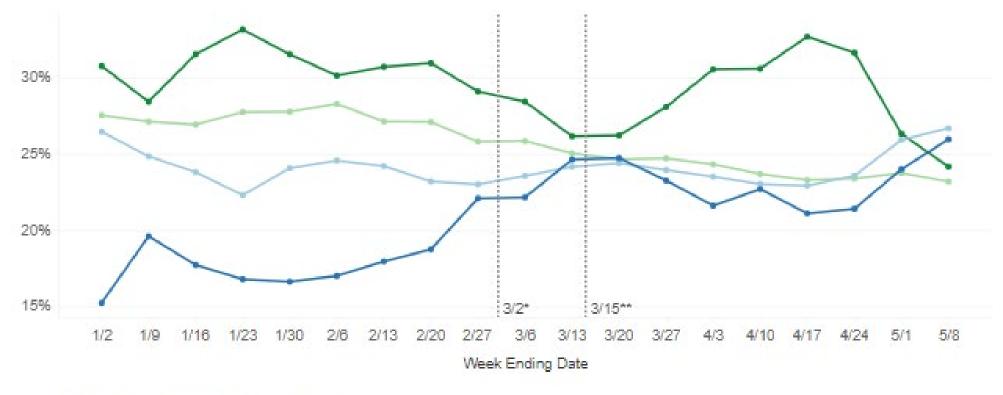


1+ Dose

1 2 3 4

1+ dose represents individuals who have received at least one dose of any COVID-19 vaccine.





* 3/2: Allocated more vaccines to lowest quartile

3/15: Started vaccinating individuals at higher risk

Data:5/11/2021 11:59PM | Posted: 5/12/2021

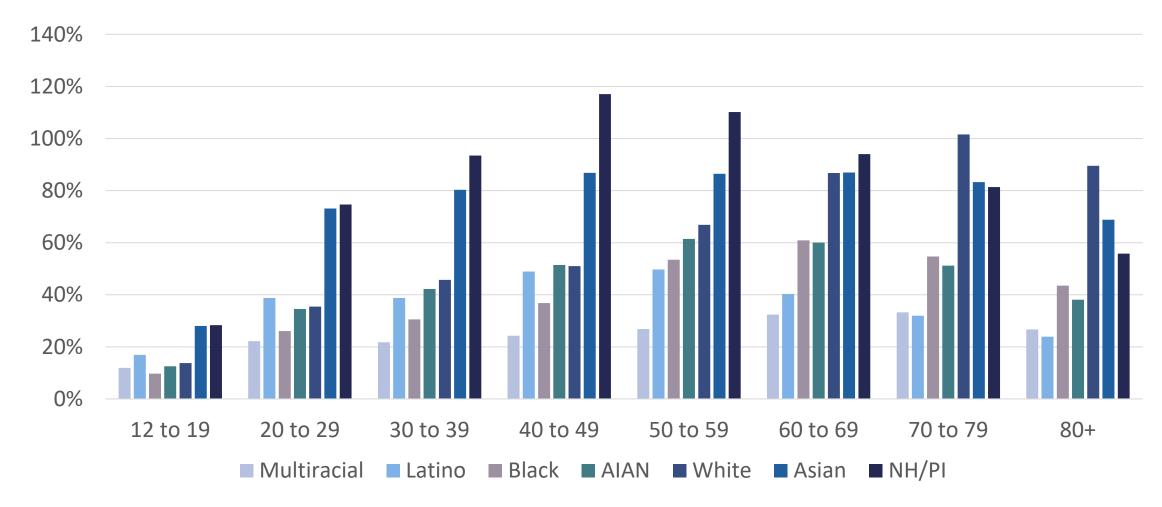


Meeting Our Equity Goals

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair Secretary Yolanda Richardson, Government Operations Agency Emily Estus, MPA, MPH, CDPH



1+ Dose Vaccination Rates by Race/Ethnicity & Age Combinations, Statewide



AIAN: American Indian or Alaskan Native

NH/PI: Native Hawaiian or Pacific Islander



Vaccines for Individuals Who Are Unhoused, Living in Public Housing, SROs and Supportive Housing: Best Practices and Lessons Learned

Lisa Hershey, Housing California and CVAC Member

Dr. Margot Kushel, MD, Professor of Medicine, UCSF Division Chief & Director, UCSF Center for Vulnerable Populations Director, UCSF Benioff Homeless and Housing Initiative



Homelessness Common and Morbid

- Estimated 160,000 people homeless each night in CA
 - 72% of PEH in CA are unsheltered
 - Shelters with large-scale outbreaks
 - Black American, Native American, Pacific Islanders dramatically overrepresented



Homeless Individuals at High Risk for Severe COVID; Low Trust and Access to Vaccines

- ~ Half of single homeless adults aged ≥50
 - Premature aging: health similar to those 15-20 years older
- High prevalence co-morbidities associated with severe COVID consequences
- Poor access to healthcare, high prevalence medical mistrust
- SROs, PSH, SIPs, shelters, unsheltered environments present different challenges



Principles Guiding COVID Vaccinations Among People Experiencing Homelessness

- Barriers to acceptability
 - Medical mistrust due to experiences of racism/stigma
 - Lack of access to accurate data
- Barriers to access
 - Lack of access to health care
 - Transportation barriers
 - Lack of access to phones/internet
 - Competing needs
- Don't confuse lack of access with lack of acceptability



Principles Guiding COVID Vaccinations Among People Experiencing Homelessness

Adopt a tailored approach

Commit to being trustworthy



Adopt a Tailored Approach

- Adapt messaging to promote confidence
- Recognize competing demands
- Bring vaccines to where people are
- Use trusted partners, such as Community
 Health Outreach Workers, to guide efforts
- Create multiple opportunities: Offer repeatedly
- Offer incentives
- Provide support for symptomatic reactions





Commit to Being Trustworthy

- Reach out to communities in advance to discuss vaccination
- Listen and respond to concerns
- Hire and pay community health outreach workers with lived expertise
- Be upfront about possible side effects
- Provide informed consent and choice
 - Discuss data truthfully





We Found High Vaccine Acceptability Pre EUA

- 50% of older homeless-experienced adults were very or somewhat willing to get COVID-19 vaccine
- 70% of PEH were very or somewhat willing to receive the COVID-19 vaccine
 - Higher than general population at the time (58%)
 - Limitation: ONLY includes those who agreed to COVID testing
- Both interviews done prior to vaccine efficacy data release and FDA EUA

Silverman, Ed. STAT-Harris Poll: The share of Americans interested in getting Covid-19 vaccine as soon as possible is dropping. The Harris Poll / Stat. Poll Administered Oct. 7-10, 2020. https://www.statnews.com/Pharmalot/2020/10/19/Covid19-coronavirus-pandemic-vaccine-racial-disparities/



Motivations and Concerns for Vaccination

Motivations

- Family reunification
- Civic responsibility
- Return to normalcy

Concerns

- Not wanting to be first
- Wanting to see data
- Concern that vaccine causes disease
- Mistrust of government



Vaccination Efforts

Shelters and SIP

- Venue based events
- Outreach prior
- CHOWs/trusted staff
- Multiple visits
- Incentives



SROs, Unsheltered, PSH

- Transport to mass vaccination
- Neighborhood low-barrier events
- Roving vaccinations
 - In buildings, encampments, street corners

- Key factors
 - CHOW
 - Low barrier
 - Incentives



Additional Concerns to be Addressed

- Technology
 - Record keeping
 - Check in CAIRS
 - Remind people of second vaccine, if needed
 - Look up vaccine information
 - Mobile access
 - Adding vaccine records to HMIS?
- Support for symptoms post-vaccines



One Dose Verses Two Dose Regimens

- In general, one dose regimens preferable
 - Less investment of time for patient
 - Less need for tracking
 - Early data post-pause seems that clients still prefer one dose regimen



Final Thoughts

- Access is bigger barrier than acceptability
 - Bring vaccines to where people are
 - Create numerous opportunities
 - Don't assume lack of uptake due to lack of interest
- Be trustworthy
 - Create opportunities to answer questions
 - Use Community Health Outreach Workers/peer support
- Incentives
- Plan for symptoms
- One vaccine regimen continue to be preferable



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Outreach and Community Engagement Update

Emilio Vaca, CDSS

Martha Dominguez, MPH, PhD, MCHES, CLC, CDPH

Maricela Rodriguez, Office of the Governor

Naindeep Singh, Jakara Movement

Cassandra Jennings, Greater Urban League of Sacramento





Outreach Update

Emilio Vaca, CDSS



Activities Grid

Outreach efforts started February 15, 2021

COVID Outreach Deliverable	Reporting Activity Type	Reporting Metric that Counts Toward Deliverable	#
Phone Banking	Phone Banking	Number of Calls Made	1,033,767
Door-to-Door	Door-to-Door Outreach	Number of Households Canvassed (number of houses approached)	98,199
Texts (1:1; interactive)	Text Banking	Number of People Who Replied to Text Messages	40,442
	One-to-One Messaging	Number of tailored text messages sent directly to individuals (rather than mass text or text banking)	30,767
Canvassing (flyering and 1:1 engagement at a community location or worksite)	Booths and Tabling	Number of people interacted with	155,334
	Community Canvassing	Number of people interacted with	228,149



Activities Grid - continued

COVID Outreach Deliverable	Reporting Activity Type	Reporting Metric that Counts Toward Deliverable	#
Group Training or Event (in-person or online; must	Trainings (digital or in- person)	Number of people interacted with	83,474
be at least 20 minutes)	Events / Meetings (digital or in-person)	9 , 9 ' '	246,345
Texts (one-way/mass communications)	Mass Text / WhatsApp Message	Number of recipients	675,244
Flyer Drops / Door Hangers	Flyer Drop-Offs	Number of recipients (flyers dropped off)	96,572
	Door-to-Door Outreach	Number of door hangers / materials distributed at households	83,086
Vaccines	Appointments Facilitated	Number of confirmed vaccine appointments facilitated	128,391
	Appointment Referrals	Number of referrals to vaccine appointment platforms or providers	328,723



Case Study #1

Jakara Movement

Presenter: Executive Director, Deep Singh

Population served: Agriculture/Food Processing (including

meatpacking)

Geography served: Fresno, Kern, Merced and Stanislaus counties



Case Study #2

Sacramento Urban League

Presenters: President/CEO, Cassandra Jennings

Population served: Focus on Black/African-Americans

Region served: Greater Sacramento





Research Update

Martha E. Dominguez MPH, PhD, MCHES, CLC California Department of Public Health



Quantitative: Tracking Survey Executive Summary

Improvements Over The Past Month

- Trust in CDPH has increased, and more residents have positive perceptions of the vaccine rollout.
- Vaccine uptake and acceptance have increased, resulting from a decrease in vaccine Undecideds.
- Three-quarters (78%) recall a tagline or other element of the vaccination campaign; recall is significantly higher among vaccine Supporters and residents who trust CDPH for vaccine advice.

Quantitative: Tracking Survey Executive Summary

Challenges In The Next Month

- African Americans and Latinx English/bilingual lag substantially in overall acceptance of the vaccine.
- Spanish-dominant are largely unfamiliar with CDPH, hindering effectiveness of the CDPH campaign.
- Side effects are more prominent in residents' minds, most likely due to pause in the J&J vaccine.
- Political affiliation plays a role; Rejectors skew Republican and Supporters are largely Democrats.
- Rejectors continue to be unconcerned about getting COVID, mistrust sources other than their personal physicians and friends/family. harbor conspiratorial beliefs, and maintain their right not to be vaccinated.
- Undecideds say having to get an appointment (vs. walk-in) is inhibiting vaccination.

Where to Focus the Campaign

- Messaging: Side effects, safety, science behind the vaccines, testing/approval of vaccines by FDA.
- Delivery of messages: Social media, internet, medical offices, personal physicians, friends/family.
- To increase campaign impact: Raise awareness of CDPH and what it does.





Communications Update



Latest Creative

Youtube Videos:

Andrea and Dr. Tomás Aragón

This moment

Logremos la inmunidad

Fire Foundation PSA 1









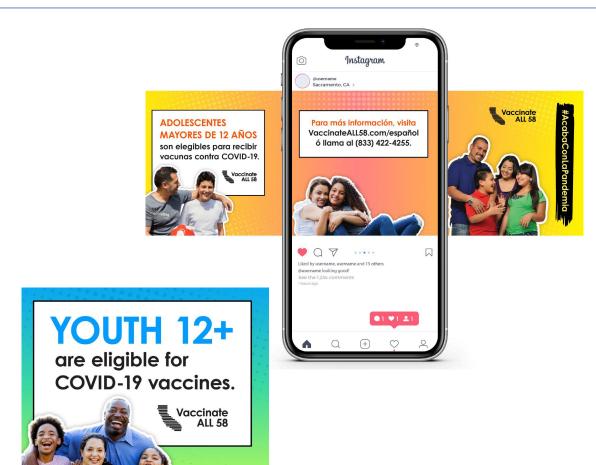
Expanded Eligibility for 12- to 15-year-olds

Maricela Rodriguez
Office of Governor Gavin Newsom



Expanded Eligibility: Educating Families

- Fact-based messaging for rollout
- Earned media: working with reporters to answer questions
- Deploying digital assets online
- Ramping up with radio and other paid media in May/June
- Fostering partnerships with education and family advocacy stakeholders
- Developing communications toolkit for partners



VaccinateALL58.com



Closing Comments

- Next Meeting
 - June 23, 2021 from 3:00 5:00pm
- Agenda for Next Meeting
- How to Make Public Comment: <u>COVID19VaccineOutreach@cdph.ca.gov</u>
- Adjourn

