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

COMMUNITY VACCINE ADVISORY COMMITTEE
MEETING #2
November 30, 2020
3:00 PM – 6:00 PM
WELCOME TO THE COMMUNITY VACCINE ADVISORY COMMITTEE

*Erica Pan, MD, MPH, Acting State Health Officer, Co-Chair*

*Nadine Burke Harris, MD, MPH, Surgeon General, 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
- Website - Community Vaccine Advisory Committee
- Public in listen-in mode via telephone at each meeting
- Public comment via written comments COVID19VaccineOutreach@cdph.ca.gov; will be summarized and discussed with Committee at subsequent meetings; all public comments received will be posted on the CDPH website before each meeting
- Technical issues with Zoom – put questions in chat
Summary of Public Comments
Allocation of COVID-19 Vaccine

Phase 1a Guidelines for California Local Health Departments
Context for Today’s Discussion of Phase 1a

• Equity lens
• Allocation of vaccines in first/second shipments
• Timeline for shipment of vaccines
• What we need to accomplish today
• Importance of reaching the diverse communities you represent & your role as messengers
• Flexibility/understanding of constantly changing information
Defining Equity

According to the World Health Organization, health equity “implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”
Prioritizing Scarce Initial Supplies

**Ramp up**

- **Constrained supply**
- **Focused administration** to target populations where high coverage will be essential for public health (e.g., healthcare and essential workers, individuals long-term care and assisted living facility residents)

**Peak**

- **Greater supply**
- **Continued administration** to target populations as well as to general population
- USG will work to ensure physical & financial access for all

CDC Website
<table>
<thead>
<tr>
<th>County</th>
<th>Provider</th>
<th>Vaccine A</th>
<th>Vaccine B</th>
</tr>
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<td>30</td>
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<td>ALAMEDA</td>
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<td>500</td>
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<td>200</td>
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<tr>
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<td>110</td>
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<td>ALAMEDA</td>
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<td>5000</td>
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<td>1700</td>
<td>3500</td>
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<tr>
<td>ALAMEDA</td>
<td>Hospital D</td>
<td>240</td>
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<td>180</td>
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<td>ALAMEDA</td>
<td>Clinic</td>
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<tr>
<td>ALAMEDA</td>
<td>Clinic</td>
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<td>30</td>
<td>0</td>
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</table>
Developing Guidance for Limited Supplies

- Review of existing national recommending bodies: NASEM, ACIP, others
Utilizing Convergent Ethical Principles for Allocation

**Foundational**
- Benefiting people and limiting harm
- Prioritizing equity
- Equal concern

**Procedural**
- Transparency
- (Evidence-based)
National Academy of Science (NASEM)

• **Goal:** “Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2.”

• **Allocation criteria:** risk-based
  – Groups are prioritized by risk of members’
    • Negative societal impact
    • Severe sickness and death
    • Spreading disease
    • Acquiring infection
Importance of Equity

• Equity is a primary priority for the Workgroup and CDPH

• Promoting equity is urged in all aspects:
  – Prioritization
  – Communication, outreach, counseling
  – Access to immunization
Recommendation Overview

A. Populations for Phase 1a
B. Subprioritization
C. Additional Factors
D. Concerns
A. Populations for Phase 1a

COVID-19 vaccine should be offered to the following persons in California:

- Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings, including:
  - Persons at direct risk of exposure in their non-clinical roles, such as environmental services, patient transport or interpretation, etc.
A. Populations for Phase 1a

COVID-19 vaccine should be offered to the following persons in California:

• Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings, including:
  – Persons at direct risk of exposure in their non-clinical roles, such as environmental services, patient transport or interpretation, etc.

• If recommended by the federal Advisory Committee on Immunization Practices (ACIP) for inclusion in Phase 1a, residents of skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals.
A. Populations for Phase 1a

COVID-19 vaccine should be offered to the following persons in California:

• Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings (including non-clinical roles).
• * If recommended by the federal Advisory Committee on Immunization Practices (ACIP) for inclusion in Phase 1a, Residents of skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals.

# of Californians?

* Up to 2 Million
  • (2.4M minus those at no risk)

* Up to 0.4 Million
Why Prioritize Health Care Workers?

- Aligned with NASEM, ACIP and others
- Sustaining health services during the pandemic!
- Exposure Risks

COVID-19 hospitalized patients in California

<table>
<thead>
<tr>
<th>Hospitalized</th>
<th>ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,198</td>
<td></td>
</tr>
</tbody>
</table>

+514 patients
6.3% increase from prior day

ICU beds available in California

1,990 ICU beds available
29 decrease from prior day

https://covid19.ca.gov/state-dashboard/
Healthcare Workers by Facility Type

Healthcare Total Number Working by Facility Type
Healthcare Total Number Working: 2,415,302

- General Acute Care Hospital: 1,032,346 (42.7%)
- Skilled Nursing Facility: 144,609 (6.0%)
- Other: 933,560 (30.7%)
- Acute Psychiatric Hospital: 116,351 (4.8%)
- Assisted Residential Care Facility: 100,234 (7.8%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation
Why Prioritize Residents in SNFs and ALFs?

% CA Population | COVID-19 Cases | COVID-19 Deaths
---|---|---
<1% (300-400K) | 6% | 34%

LA Times: Tracking Outbreaks in Nursing Homes

Deaths at nursing homes vs. elsewhere

California Department of Public Health

Community Vaccine Advisory Committee 11/30/2020
B. Subprioritization

A. Populations for Phase 1a

- Health care personnel at risk of exposure
- Residents of skilled nursing/assisted living facilities, and similar settings (pending ACIP)
B. Subprioritization

A. Populations for Phase 1a

- Health care personnel at risk of exposure
- Residents of skilled nursing/assisted living facilities, and similar settings (pending ACIP)

If there is not enough vaccine for all who choose to receive them, then subprioritize doses as needed to match the level of available supplies in a sequential fashion using the following ranked categories:
B. Subprioritization

A. Populations for Phase 1a
   - Health care personnel at risk of exposure
   - Residents of skilled nursing/assisted living facilities, and similar settings (pending ACIP)

B. Subprioritization
   Populations by:
   1. Type of facility
   2. Location of facility
   3. Attributes of individuals

   Health departments may reprioritize temporarily under limited circumstances described in Recommendation C.
Prioritizing Between Categories of Workers

• Allocation criteria: risk-based, with groups are prioritized by risk of members’
  • negative societal impact
  • severe sickness and death
  • spreading disease
  • acquiring infection
B1. Type of Facility or Role (Tiers 1-3)

If supplies are limited during Phase 1a, COVID-19 vaccines should be directed to as many tiers, and categories in each tier (e.g., hospitals) as possible to reach the prioritized populations.

• The tiers and categories in each tier are presented in ranked order.

• The persons immunizing the prioritized populations in each tier should be offered immunization during or before the same tier.
B1. Type of Facility or Role (Tier 1 of 3)

**Tier 1**

- Acute care, psychiatric and correctional facility hospitals
- Skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals
  - Include residents in these settings if recommended for Phase 1a by ACIP
- Paramedics, EMTs and others providing emergency medical services
- Dialysis centers
B1. Type of Facility or Role (Tier 2 of 3)

**Tier 2**

- Intermediate care, for persons who need non-continuous nursing supervision and supportive care.
- Home health care and in-home supportive services
- Community health workers, including promotoras
- Public health field staff
- Primary care clinics including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics
B1. Type of Facility or Role (Tier 3 of 3)

**Tier 3**

Other settings and health care workers, including:
- Specialty clinics
- Laboratory workers
- Dental / oral health clinics
- Pharmacy staff not working in settings at higher tiers
B2. Location of Facility – Promoting Equity

When there aren’t enough doses to reach all workers in a category (e.g., acute care hospitals), health departments should prioritize supplies to facilities serving the greatest proportion of vulnerable persons in their catchment area, using:

- **The California Healthy Places Index (HPI), or**
- **Comparable health department knowledge of local vulnerability and health systems**
  - The HPI may have limited utility in less populous settings with fewer facilities, in which case health department knowledge of catchment area may be applied.
Our Most Vulnerable Communities

- California Healthy Places Index
- Most Vulnerable Communities are in Blue
B3. Attributes of Individual HCW

If there are not enough doses to reach all workers at risk in a facility, **Health departments** may allocate doses for facilities to protect **workers at higher risk of occupational exposure to SARS-CoV-2** before those at lower risk.

**Local facilities** should consider offering doses of vaccine to workers using the following risk factors in sequence:

- **Occupational risk of exposure to SARS-CoV-2**
- Descending age:
  - 65 years and older
  - 55-64 years
  - Younger than 55 years
- Other attributes supported by evidence, including but not limited to underlying medical conditions, race and ethnicity. (To support immunization of these workers, facilities should provide extensive information and counseling.)
Prioritizing by Attribute of Workers

Exposure risk at work setting

### COVID-19 Hospitalization and Death by Age

<table>
<thead>
<tr>
<th>FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK</th>
<th>0-4 years</th>
<th>5-17 years</th>
<th>18-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-64 years</th>
<th>65-74 years</th>
<th>75-84 years</th>
<th>85+ years</th>
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<tbody>
<tr>
<td>Rate ratios compared to 18-29 year olds</td>
<td>4x lower</td>
<td>9x lower</td>
<td>2x higher</td>
<td>3x higher</td>
<td>4x higher</td>
<td>5x higher</td>
<td>8x higher</td>
<td>13x higher</td>
<td></td>
</tr>
<tr>
<td>HOSPITALIZATION*</td>
<td>Comparison Group</td>
<td>4x higher</td>
<td>10x higher</td>
<td>30x higher</td>
<td>90x higher</td>
<td>220x higher</td>
<td>630x higher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEATH*</td>
<td>9x lower</td>
<td>16x lower</td>
<td>4x higher</td>
<td>10x higher</td>
<td>30x higher</td>
<td>90x higher</td>
<td>220x higher</td>
<td>630x higher</td>
<td></td>
</tr>
</tbody>
</table>

### Actions to Reduce Risk of COVID-19

- **CDC**: [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

C. Additional Factors

A. Populations for Phase 1a

• Health care personnel at risk of exposure
• Residents of skilled nursing/assisted living facilities, and similar settings (pending ACIP)

B. Subprioritization

Populations by:
1. Type of facility
2. Location of facility
3. Attributes of individuals
C. Additional Factors

A. Populations for Phase 1a
- Health care personnel at risk of exposure
- Residents of skilled nursing/assisted living facilities, and similar settings (pending ACIP)

B. Subprioritization
Populations by:
1. Type of facility
2. Location of facility
3. Attributes of individuals

C. Additional Factors Affecting Prioritization
1. Evolving information about COVID-19 vaccine
2. Avoiding unused doses
C1. Evolving Information About COVID-19 Vaccine

Vaccine characteristics that may limit the use or distribution of COVID-19 vaccine include but are not limited to:

– Storage and handling requirements
– Vaccine safety and efficacy, in subgroups and general population
– ACIP Recommendations for use

Health Departments may adjust prioritization to reflect or comply with these vaccine characteristics. Prompt measures should be taken to revert to the original prioritization criteria and immunize persons delayed by these restrictions as soon as circumstances permit, such as

– Additional formulations become available
– Changes in authorized indications from FDA or in recommendations from ACIP or CDPH.
C1. Evolving Information About COVID-19 Vaccine

Example:

If the initial supplies of COVID-19 vaccine are a limited amount of a product that requires long-term storage at ultra-low temperatures and limited redistribution, these supplies may be directed preferentially to settings with appropriate storage capacity, such as hospitals or health departments.
C2. Minimizing Waste or Disuse of Vaccine

To avoid wastage or disuse of scarce supplies and maximize their benefit to Californians:

• Given the current uncertainty of demand for vaccine, health departments may allocate doses on the assumption that immunization will be accepted by some but not all offered vaccine, and then adjust later allocations based on the number of doses that are accepted.

• After intensive and appropriate efforts to reach the groups prioritized at that moment, health departments and facilities may offer vaccine promptly to persons in lower priority groups when:
  – Demand subsides in the current groups, or
  – Doses are about to expire according to labeling instructions.
C2. Minimizing Waste or Disuse of Vaccine

Resources other than the supply of vaccine also affect the pace of immunization. There may be instances where vaccine is available for the next categories of facilities without delaying immunization in the higher category.

• Health Departments may temporarily adjust prioritization based on other resource constraints while continuing efforts to immunize higher priority groups as soon as feasible.
D. Closing Concerns, Distinct from Prioritization

D1. Promoting equity through outreach, access and support

• Many persons from communities at high risk for COVID-19 may mistrust medical and government institutions because of structural injustices or other causes and therefore may be reluctant to receive the vaccine.

• The CVAC can suggest how to engage these communities, address their concerns, provide convenient access to the vaccine, and assist with messaging.

• As experience with the vaccine is gained, the CVAC can help inform CDPH of best practices for having the vaccine reach members of communities at greatest risk for COVID-19.
D. Closing Concerns, Distinct from Prioritization

D2. Addressing vaccine hesitancy
D3. Encouraging voluntary receipt
D4. Other operational concerns
  • Receipt of all doses for full protection
Response to CVAC Member Comments from Last Meeting

11/25/20
Importance of Equity

• Equity is a primary priority for the workgroup and CDPH

• Promoting equity is urged in all aspects:
  – Prioritization
  – Communication, outreach, counseling
  – Access to immunization
Evidence for Recommendations

Recommendations reflect that, at the time of initial availability, the evidence will indicate that COVID-19 vaccine:

- Protects against COVID-19 disease
  - Evidence on mortality to follow
- Might or might not protect against the spread of SARS-CoV2 infection to others
  - More evidence to follow
Additional Categories of Health Care Workers

Persons eligible for COVID-19 vaccine in Phase 1a include those risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings. These include:

- Persons at risk of exposure in their non-clinical roles
  - To name a few: Environmental services, patient transport, interpreters, laboratory workers...

- Any health care or long-term care setting
  - Based in the home or community
  - Inpatient
  - Outpatient

Exposure risks during work are considered, but not outside of work.
Essential Workers Not in Health Care

In conjunction with national recommendations from ACIP and NASEM, careful consideration for prioritization in the next phase(s) will be given to persons at risk of exposure in work that is essential to the functioning of society, such as:

• Critical sectors identified in national guidelines, such as:
  – Food and agriculture
  – Public safety
  – Education and child care
  – Others...

• Other roles in the formal and informal economies...
Staff and Residents in Other Congregate Settings

In conjunction with national recommendations from ACIP and NASEM, careful consideration for the next phase(s) will be given to workers and residents in settings such as, but not limited to:

– Correctional facilities
– Homeless shelters
– Other residential facilities
Comments Regarding Eligibility in Phase 1a
Poll

• Do you agree with the Phase 1a prioritization of health care workers and residents of long-term care facilities?
Break
Essential Critical Infrastructure Workforce

Allocation Phase 1b
Essential Critical Infrastructure Workforce

• March 2020: Federal government released an advisory which defined essential workforce to assist state and local decision-making during Pandemic phases.

• March 2020: California released a similar list.
Federal Essential Critical Infrastructure Sectors Other than Health Care

- Chemical
- Commercial Facilities
- Communications
- Critical Manufacturing
- Dams
- Defense Industrial Base
- Emergency Services
- Energy
- Financial Services
- Food and Agriculture
- Government Facilities
- Information Technology
- Nuclear Reactors, Materials, and Waste
- Transportation Systems
- Water and Wastewater Systems
Essential Critical Infrastructure Workers
# Total Critical Infrastructure Workers

<table>
<thead>
<tr>
<th>Critical Infrastructure Workers</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
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<td>Agriculture</td>
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<tr>
<td>Educational Services</td>
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<tr>
<td>First Responders Police CHP Fire Ambulance</td>
<td>153,909</td>
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<tr>
<td>Other Critical Infrastructure Workers</td>
<td>5,750,296</td>
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<tr>
<td><strong>Total Healthcare Workers</strong></td>
<td><strong>2,550,480</strong></td>
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<tr>
<td>GACH Healthcare Workers</td>
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<td>Healthcare Workers</td>
<td>1,338,750</td>
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<td>MCE Healthcare Workers</td>
<td>477,873</td>
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<td><strong>Total Critical Infrastructure</strong></td>
<td><strong>10,028,161</strong></td>
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</tbody>
</table>
Distribution of Critical Infrastructure by Group

- First Responders Police CHP Fire Ambulance: 532,899
- Agriculture: 338,429
- Educational Services: 1,230,048
- Healthcare Workers: 2,550,480
- Other Critical Infrastructure Workers: 5,730,296
Distribution of Critical Infrastructure by Group

*excluding healthcare

Total = 7,447,681
Agriculture Workers by County

Total = 338,428
Essential Workers: Low Wages, Top 15 Occ.

- Low wages in front-line essential jobs, top 15 occupations, California, 2018

Source: UC Berkeley Labor Center (May 14, 2020)
Essential Workers: Race/Ethnicity, Top 15 Occ.

- Race/ethnicity of front-line essential workers, top 15 occupations, California, 2018

Source: UC Berkeley Labor Center (May 14, 2020)
Essential Workers: Nativity, Top 15 Occ.

- Nativity of front-line essential workers, top 15 occupations, California, 2018

Source: UC Berkeley Labor Center (May 14, 2020)
Essential Workers: Age, Top 15 Occ.

- Age of front-line essential workers, top 15 occupations, California, 2018

Source: UC Berkeley Labor Center (May 14, 2020)
NASEM Priority Occupation List (Phase 2)

• National Academy of Science, Engineering, and Medicine (NASEM)

• K–12 teachers and school staff and childcare workers
  – This group includes K–12 school staff and childcare workers (such as nursery school staff), including teachers, administrators, environmental services staff, maintenance workers, and school bus drivers.
Educational Workers by County

- Total = 1,235,048
NASEM Priority Occupation List (Phase 2)

• Critical workers in high-risk settings
  – Workers who are in industries essential to the functioning of society and at substantially higher risk of exposure;
  – Excludes essential workers who can telecommute or otherwise unexposed.
ACIP Deliberations: Order differ from NASEM?

Source: CDC Vaccine Page
How to Subprioritize??? Potential factors

• Societal impact: functioning, equity concerns
• Severe Disease
• Transmission
Closing Comments

• Next Meetings
  • December 9, 2020 from 3:00 – 6:00pm
  • December 16, 2020 from 3:00 – 6:00pm
  • December 21, 2020 from 3:00 – 6:00pm

• Agenda for Next Meeting

• How to Make Public Comment:
  COVID19VaccineOutreach@cdph.ca.gov

• Adjourn