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

COMMUNITY VACCINE ADVISORY COMMITTEE
MEETING #4
December 16, 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,
California 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
• 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
• Meeting will now be live-streamed on YouTube – https://www.youtube.com/channel/UCkNEUkIwtIc_kPenEzMUI0w
• Public comment via written comments COVID19VaccineOutreach@cdph.ca.gov; 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 #3
Update from Western States Scientific Safety Review Workgroup

Grace M. Lee, MD, MPH and Mark H. Sawyer, MD
Members of Scientific Safety Review Workgroup
Community Engagement and Vaccine Acceptability
Vaccinate ALL 58
Together we can end the pandemic.
Principles

An **acknowledgement** of complex and nuanced personal and community experiences, and an understanding that lived experiences shape willingness to accept the vaccine;

A commitment to **engagement** by partnering with all our diverse communities across the state to share knowledge and information about the COVID vaccines; and

**Action** by providing everyone living in California with culturally competent, fact-based messages so they can make an informed decision to vaccinate.
Question One

What do you perceive are the most common **barriers** and **hesitancy** factors among high-risk communities?
Question Two

What are the perceived motivations for vaccine acceptance among high-risk communities?
Name, Logo, Tagline

Vaccinate ALL 58
Together we can end the pandemic.

Vaccinate ALL 58
Juntos podemos acabar con la pandemia.

我們可以一起終止疫情。
Localized Engagement

Vaccinate Los Angeles
Together we can end the pandemic.

Vaccinate Riverside
Together we can end the pandemic.

Vaccinate Yolo
Together we can end the pandemic.
Toolkit
Messaging:
Safety and effectiveness of vaccine.
Phased distribution.
Keep wearing a mask.
• Fact Sheet
• Social media toolkit

*Please help amplify*
Break
Vaccine Supply Update
Sequence for Review…
Moderna candidate vaccine

• Phase III Data submitted to HHS
  • FDA, CDC, Advisory Committees review
• 12/17 FDA VRBPAC meeting
• FDA considers authorization
• 12/19 ACIP Meeting
• CA/NV/OR/WA Scientific Safety Review Workgroup convening
• Doses poised for shipment nationwide
• (12/20 ACIP meets on Phase 1b, 1c groups definition)
# FDA Briefing Package Analysis

**Table 17. Final Scheduled Efficacy Analysis, Primary Endpoint, COVID-19 Starting 14 Days After the Second Dose per Adjudication Committee Assessments, Per-Protocol Set**

<table>
<thead>
<tr>
<th>Primary Endpoint: COVID-19 (per adjudication committee assessment)</th>
<th>Vaccine Group N=13934</th>
<th>Placebo Group N=13883</th>
<th>Vaccine Efficacy (VE) % (95% CI)**</th>
<th>Met Predefined Success Criterion***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases n (%)</strong> (Incidence Rate per 1,000 person-years)*</td>
<td>11 (&lt;0.1) 3.328</td>
<td>185 (1.3) 56.510</td>
<td>(89.3%, 96.8%)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>18 to &lt;65 years</strong>¹</td>
<td>7/10551 (&lt;0.1) 2.875</td>
<td>156/10521 (1.5) 64.625</td>
<td>(90.6%, 97.9%)</td>
<td>NA</td>
</tr>
<tr>
<td><strong>65 years and older</strong>²</td>
<td>4/3583 (0.1); 4.595</td>
<td>29/3552 (0.8); 33.728</td>
<td>(61.4%, 95.5%)</td>
<td>NA</td>
</tr>
</tbody>
</table>

[https://www.fda.gov/media/144434/download](https://www.fda.gov/media/144434/download)
### Age and risk for severe COVID-19**

<table>
<thead>
<tr>
<th>Category</th>
<th>Severe Cases</th>
<th>Total</th>
<th>Rate</th>
<th>Probability Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 and &lt;65 and not at risk</td>
<td>4 / 8309 (&lt;0.1)</td>
<td>57 / 8323 (0.7)</td>
<td>2.524</td>
<td>36.034</td>
</tr>
<tr>
<td>18 and &lt;65 and at risk</td>
<td>1 / 2098 (&lt;0.1)</td>
<td>18 / 2061 (0.9)</td>
<td>2.428</td>
<td>44.673</td>
</tr>
<tr>
<td>≥65</td>
<td>0 / 3527</td>
<td>15 / 3499 (0.4)</td>
<td></td>
<td>21.046</td>
</tr>
</tbody>
</table>

**Note:** The table above provides the risk assessment for severe COVID-19 based on age and risk status. The calculations include both vaccinated and unvaccinated populations.

[https://www.fda.gov/media/144434/download](https://www.fda.gov/media/144434/download)
## FDA Briefing Package Analysis

### Race and Ethnicity

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>5 / 8858 (&lt;0.1)</td>
<td>2.657</td>
<td>93.0%</td>
</tr>
<tr>
<td></td>
<td>70 / 8755 (0.8)</td>
<td>37.721</td>
<td>(82.6%, 97.2%)</td>
</tr>
<tr>
<td>Communities of color</td>
<td>0 / 5054</td>
<td>20 / 5102 (0.4)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23.892</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0 / 2783</td>
<td>12 / 2769 (0.4)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26.346</td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>5 / 11019 (&lt;0.1)</td>
<td>2.243</td>
<td>93.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77 / 10987 (0.7)</td>
<td>34.729</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0 / 107</td>
<td>0 / 110</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>0 / 616</td>
<td>3 / 684 (0.4)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26.549</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>0 / 1,369</td>
<td>4 / 1338 (0.3)</td>
<td>100%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0 / 33</td>
<td>0 / 30</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>5 / 11078 (&lt;0.1)</td>
<td>2.215</td>
<td>93.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80 / 11005 (0.7)</td>
<td>35.821</td>
</tr>
<tr>
<td>Multiple</td>
<td>0 / 293</td>
<td>1 / 304 (0.3)</td>
<td>100%</td>
</tr>
</tbody>
</table>
FDA Briefing Package Analysis

Most common solicited adverse reactions were
• injection site pain (91.6%),
• fatigue (68.5%)
• headache (63.0%)
• muscle pain (59.6%)

There were no anaphylactic or severe hypersensitivity reactions with close temporal relation to the vaccine.
## Current Estimates – Subject to Change!

<table>
<thead>
<tr>
<th>Date</th>
<th>1st Doses in Series (Cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-December:</td>
<td>1/3 M</td>
</tr>
<tr>
<td>End of December:</td>
<td>2 M</td>
</tr>
<tr>
<td>End of January:</td>
<td>4+ M?</td>
</tr>
<tr>
<td>End of April:</td>
<td>Up to 20+ M?</td>
</tr>
</tbody>
</table>
Possible Vaccine Distribution Timeline – Subject to Change!

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FDA VRBPAC</td>
<td>ACIP</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>FDA VRBPAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R1: Pfizer Round 1 doses arrive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>ACIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R1: Moderna Pfizer Round 2 doses arrive?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2: Pfizer Round 2 doses arrive?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS RAISED AT CVAC MEETING on December 9, 2020

1. Where do people with co-occurring conditions or disabilities who are high risk but not living in congregate settings fall in the prioritization?

2. Explain again how the pharmacy distribution to long term care facilities will work and when it will start?

3. How will any group of essential workers receive notification that they qualify to receive the vaccine? How will home-based caregivers/IHSS workers be notified that it’s their turn for the vaccine?

4. How will immunizers/employers generate, validate, receive lists of employees eligible for vaccines? How will workers verify their eligibility?

5. What role will health plans play in the process of notifying essential workers?

6. Can the State and/or employers make the vaccine mandatory in order to work?
Phase 1b
Continuing Discussion to Prioritize Workers
Distribution of Essential Critical Infrastructure Workers by Sector

Total CI (excluding healthcare) = 11,964,048

- Water and Wastewater: 2,076
- Defense: 2,513
- Energy: 242,028
- Chemical: 283,019
- Communications: 477,522
- Critical Manufacturing: 838,574
- Finance: 907,961
- Government Ops and Community-Based: 1,104,029
- Emergency Services: 1,119,771
- Transportation and Logistics: 1,395,026
- Education and Child Care: 2,131,344
- Industrial, Commercial, Res, Shelter Fac: 3,454,311
- Food and Agriculture: 17,652,926

% Critical Workers (11,964,048)
- 0.2%
- 0.5%
- 1%
- 2%
- 2%
- 4%
- 5%
- 8%
- 9%
- 9%
- 12%
- 18%
- 29%

% Total Employment (17,652,926)
- 0.1%
- 0.3%
- 1%
- 1%
- 1%
- 2%
- 3%
- 4%
- 5%
- 6%
- 6%
- 8%
- 12%
- 20%
- 68%
Criteria Suggested at 11/30 CVAC Meeting by Members

**Societal impact of job (examples include)**
- Necessary for survival/daily living basics/safety
- Scarcity of workers
- Parents losing jobs because no school/limited childcare (women disproportionately affected)
- Stability of safe functioning of communities
- Education of next generation
- Caring for people who cannot care for themselves

**Impact on economy (examples include)**
- Scarcity of workers
- Wage and price stability
- Indirect support of economy, i.e., schools, child care, families

**Equity including (examples include)**
- Economic necessity
- Disproportional impact on already disadvantaged communities
- Increased pressure on racial and ethnic communities
- Deepening health and educational disparities

**Occupational exposure (examples include)**
- Those unable to work from home
- Interaction with public
- Impact on other essential workers
- Risk of severe disease/death
- Likelihood to spread disease due to having to work
- Shared congregate workplace housing
Drafting Guidelines Workgroup Review

Review of
- Limited data on risks of Covid-19 in different sectors
- Economic analysis

Assess essential worker sectors by
- Occupational exposure
- Equity
- Societal Impact
- Economic impact
Phase 1b: Leading Candidates For Tier 1 Sectors
Alphabetical order - not further ranked

Education & Child Care
1.4 M Workers

Emergency Services
1.1 M workers

Food and Agriculture
3.4 M workers
Education and Child Care - 1.4 M Workers

- Child Care Workers – formal and informal
- Preschools
- Elementary and Secondary School Personnel
- Community Colleges
- Colleges and Universities
- Trade Schools
Emergency Services – 1.1 M Workers

- Non-medical first responders
- Law Enforcement
- Fire Fighters
- Child and Youth Services
- Shelters
- Non-residential social services for elderly and people with disabilities
- Durable Goods Merchants including safety devices
- Justice and Safety Activities
Food and Agriculture 3.4 M workers

- Agricultural Workers
- Animal/Seafood/Bakeries Food Manufacturing and Slaughtering/Processing
- Fruit, Vegetable, Dairy and Special Foods Manufacturing
- Grocery Stores/Food Markets
- Food and Drinking Establishments
- Pharmacies/Drug Stores
- Warehouse Clubs
- Community Food Services
- Nurseries/Florists
- Sawmills
Possible criteria for subprioritization of workers within a sector (not ranked – partial list)

**Occupational exposure**

- Risk of severe disease or death
  - Advanced age or underlying medical conditions
- Inability to work at home
- Economic necessity of higher-risk work
- Reside or work in disadvantaged communities disproportionately affected by the pandemic
- Likelihood of spreading disease to workers and the public
How to reach prioritized workers?

• Outreach, education, counseling
• Access to COVID019 vaccine in an expanding mix of locations
  • Routine sites of care
  • Designated clinics in the community
  • Workplace-based immunization
• In all aspects, partnerships in the community will be crucial
Phase 1b prioritization – next steps
National deliberations

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)
Centers for Disease Control and Prevention
Atlanta, Georgia 30329
December 19 and 20, 2020

Sunday, December 20, 2020

4:00 VOTE
Allocation of initial supplies of COVID-19 vaccine: Phase 1b and 1c
Phase 1b prioritization – next steps

- Discussion today from CVAC

- Meeting of Drafting Workgroup review
  - ACIP deliberations and recommendations
  - CVAC discussion
  - Subprioritization criteria
Closing Comments

• Next Meetings
  • December 21, 2020 from 3:00 – 6:00pm
  • January 6, 2021 from 3:00 – 6:00 pm
  • January 20, 2021 from 3:00 – 6:00pm
  • February 3, 2021 from 3:00 – 6:00pm
  • February 17, 2021 from 3:00 – 6:00pm

• Agenda for Next Meeting

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

• Adjourn