



## 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 #13

April 14, 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](https://www.youtube.com/channel/UCkNEUklwtlc_kPenEZMUIOw)
- Public comment via written comments [COVID19VaccineOutreach@cdph.ca.gov](mailto: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 #12

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# Opening Comments

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

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

# Update on Vaccine Supply, Eligibility for Vaccines and Guidelines for Vaccine Verification

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

# COVID-19 Overview

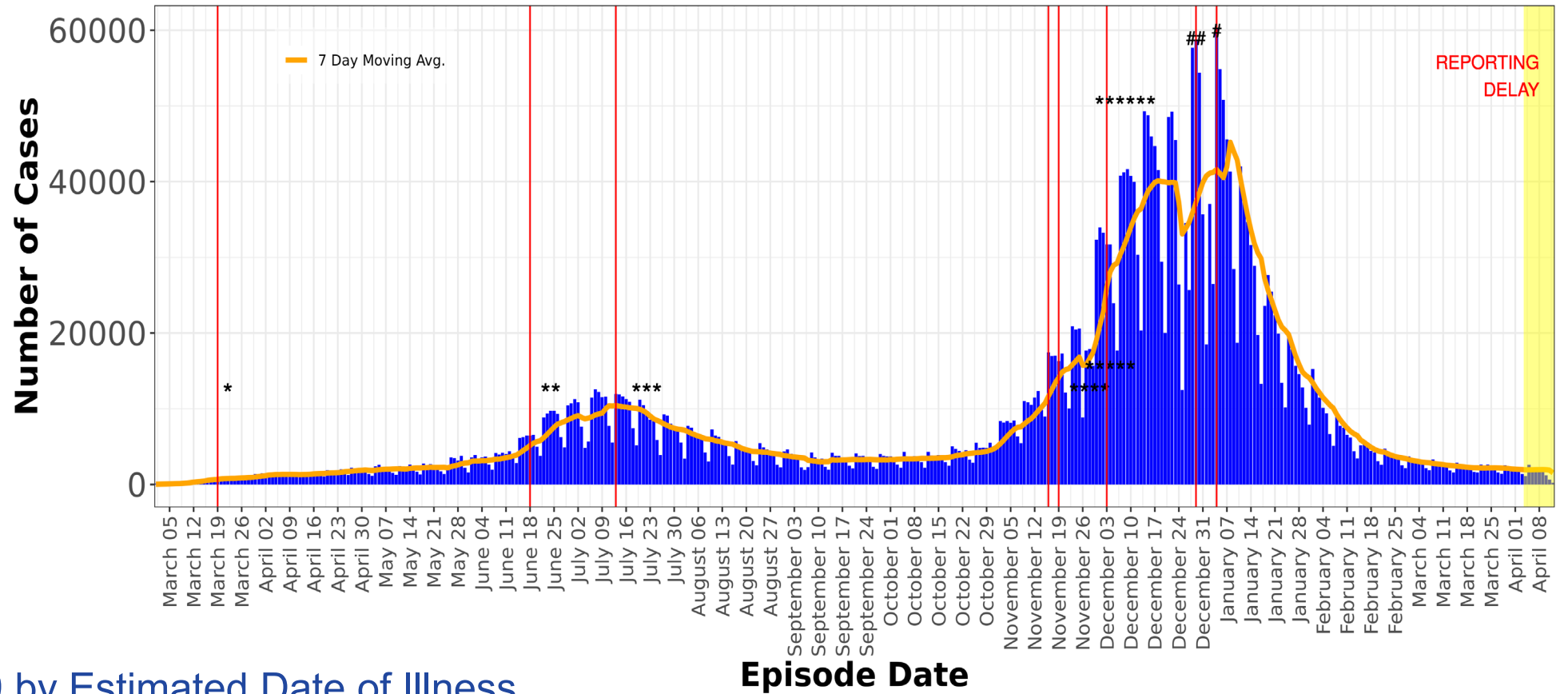
## Tracking COVID-19

As of April 13, California has 3,604,395 confirmed cases of COVID-19, resulting in 59,258 deaths.

Cases	Deaths	Tests	Vaccines Administered
<b>3,604,395</b> Total	<b>59,258</b> Total	<b>56,722,428</b> Total	<b>23,243,392</b> Total
1,568 Today	9 Today	129,157 Today	
↘ 4.7 New cases per 100K	↘ 0.1 New deaths per 100K	↘ 1.5% Test positivity	

*Updated April 13, 2021 at 10:00 AM with data from April 12, 2021*

# As of April 13, 2021



Cases of COVID-19 by Estimated Date of Illness Onset from March 01, 2020, as of April 13, 2021, California (n=3,606,882)

\*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: 60,281 cases (2021-01-04); ## peak2: 58,792 cases (2020-12-29);  
 \*\*\*\*\* 12/3 regional stay at home order  
 2021-04-13 17:08:56



# Vaccine Doses Administered in California



## COVID-19: Vaccine Dashboard

### Statewide

23,243,392 (80.7%) Doses administered  
371,263 Average doses per day



6,313,523 (19.5%) People partially vaccinated  
8,871,326 (27.4%) People fully vaccinated



4,856,000 Doses on hand  
(13 days of inventory)



28,799,070 Doses Delivered  
5,313,660 CDC Pharmacy Doses Delivered

### Doses Administered by County of Residence

County

(All)



Los Angeles	5,789,262
San Diego	2,117,604
Orange	1,911,024
Santa Clara	1,209,663
Riverside	1,161,975
Alameda	1,141,914
San Bernardino	910,164
Contra Costa	837,302
Sacramento	820,969
San Francisco	691,544
San Mateo	571,077
Ventura	525,642
Fresno	511,253
Kern	367,763
Sonoma	366,406

**As of April 13, 2021**  
**Individuals (16+) fully vaccinated:**  
**8,871,326 (27.4%)**

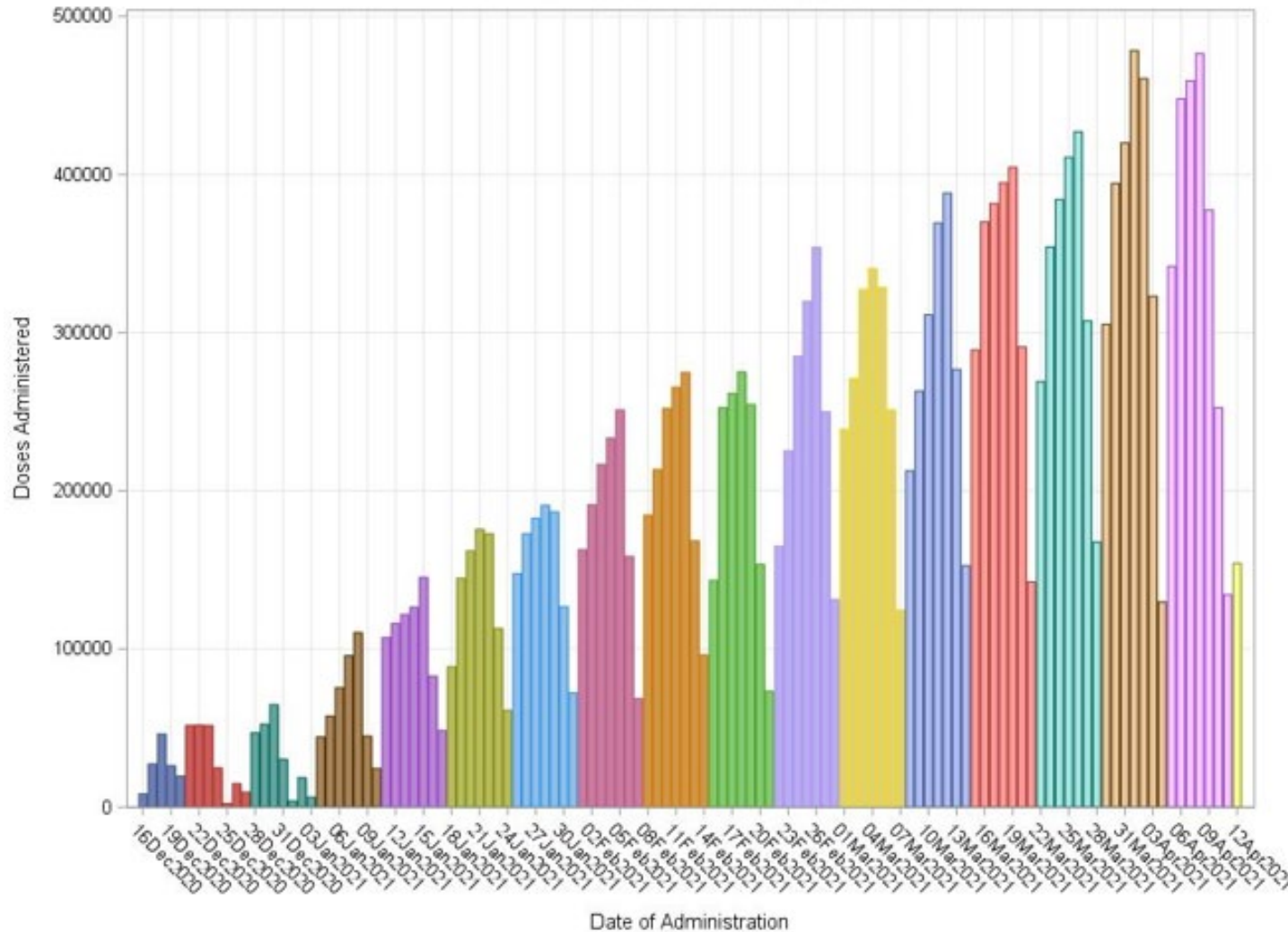
**Individuals (65+) fully vaccinated:**  
**3,672,867 (56.8%)**

Today's count of administered doses is incomplete due to data processing latency. Complete counts will be updated once available this week.

See [Data Dictionary](#) for Details.

Data: 4/12/2021 11:59pm | Posted: 4/13/2021

# Vaccine Doses Administered by Day



**As of April 13, 2021**

**Total Doses Administered:**  
**23,243,392**

# Vaccine Equity Metric

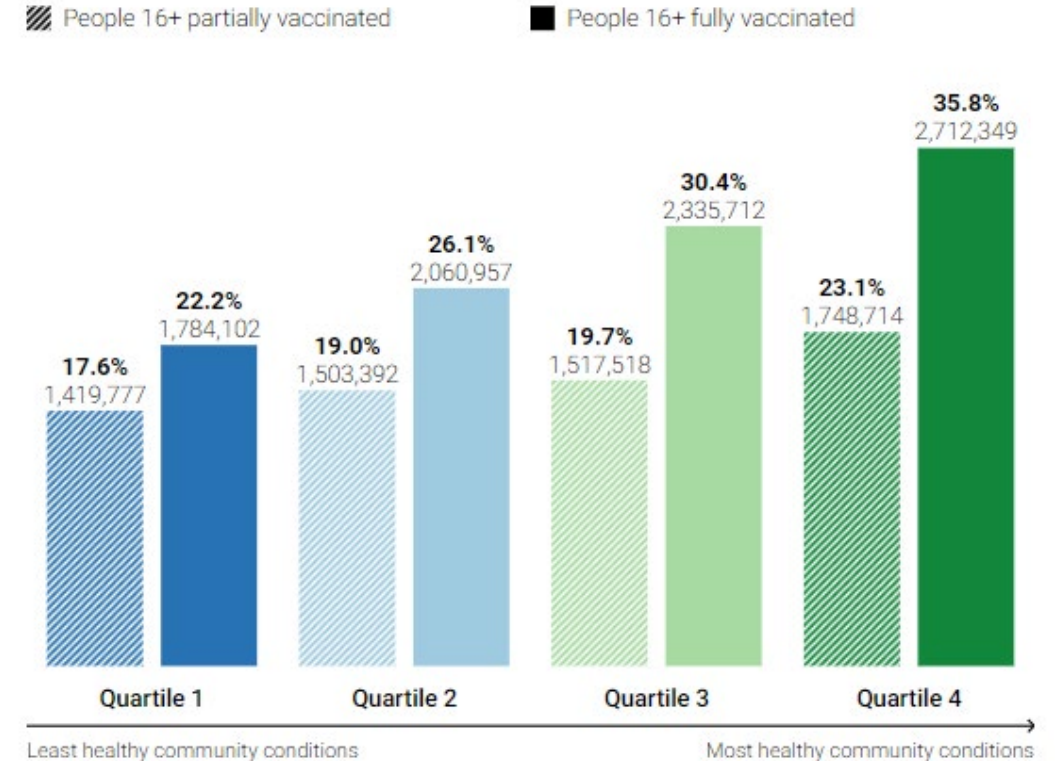
This graph compares COVID-19 vaccinations among four different levels of community health.

It uses [Healthy Places Index \(HPI\)](#)\* measures in a zip code area that can impact health, like income, education, and access to health care. Areas are then given a score, ranging from least healthy community conditions (Quartile 1) to most healthy community conditions (Quartile 4).

The Vaccine Equity Metric also creates scores for areas that don't have an HPI score.

\*A project of the Public Health Alliance of Southern California ([PHASC](#))

People partially and fully vaccinated in California



Updated April 13, 2021 with data from April 12, 2021. "Partially vaccinated" represents individuals who have received only one dose of the Pfizer or Moderna vaccine. "Fully vaccinated" represents individuals who have received two doses of the Pfizer or Moderna vaccine, or one dose of the Janssen vaccine. Percentage for number of people calculated as people vaccinated in a quartile divided by population of people 16 years of age and over in a quartile.

# Update on Vaccine Supply

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- The state is currently receiving ~2.1 million doses a week.
- Dedicated allocation seems to be increasing. However, as long as the number of vaccines being shipped remains inadequate the state cannot administer vaccinations at full capacity.
- The Johnson & Johnson pause will not have a significant impact on our vaccination plan. Nationwide, the Johnson & Johnson vaccine makes up less than 5 percent of vaccines given to date. Here in California, Johnson & Johnson accounts for less than 4% of our allocation this week.

# Who Can Get Vaccinated?

## Eligible Groups

- Health care workers
- Long term care and skilled nursing facility residents
- Californians 65 years and older
- Food and agriculture
- Childcare and education
- Emergency responders
- Those in high-risk congregate living spaces
- Certain public transit workers

As of **March 15**, healthcare providers may use their clinical judgement to vaccinate individuals aged 16-64 who are deemed to be at the very highest risk to get very sick from COVID-19:

- Severe health conditions
- Disabilities or illness

As of **April 1**, Individuals 50 or older

Starting **April 15**, Every Californian 16 or older

# Vaccine Verification

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The following are acceptable as proof of full vaccination:

- Vaccination card (which includes name of person vaccinated, type of vaccine provided, and date last dose administered), OR
- A photo of a vaccination card as a separate document, OR
- A photo of the attendee's vaccine card stored on a phone or electronic device, OR
- Documentation of vaccination from a healthcare provider.

# Vaccine Verification – Capacity Bonus

Venues that have fully vaccinated or tested negative attendees **only** may increase their capacity as follows, unless a different capacity limit is specified for that sector in the grid. Venues may not use the capacity bonus if any section of the venue includes attendees that do not show proof of negative test or show proof of full vaccination.

For further capacity bonuses, venues can establish vaccinated-only sections.

Tier 1 Widespread	Tier 2 Substantial	Tier 3 Moderate	Tier 4 Minimal
Existing capacity limits apply	Existing capacity limits apply	Outdoor: Existing capacity limits apply  Indoor: Venues may increase capacity by an additional 50%, up to a maximum of 50% of total venue capacity.	Outdoor: Existing capacity limits apply  Indoor: Venues may increase capacity by an additional 50%, up to a maximum of 75% of total venue.

# Vaccine Updates – Pfizer Application



## **Pfizer and BioNTech Request Regulatory Agencies Expand Emergency Use of Their COVID-19 Vaccine to Adolescents**

**NEW YORK and MAINZ, GERMANY, April 9, 2021** — Pfizer Inc. (NYSE: PFE) and BioNTech SE (Nasdaq: BNTX) today requested amendments to the U.S. Emergency Use Authorization (EUA) of the Pfizer-BioNTech Vaccine (BNT162b2) to expand the use in adolescents 12 to 15 years of age. The companies plan to request similar rulings by other regulatory authorities worldwide in coming days. These requests are based on data from the pivotal Phase 3 trial in adolescents 12 to 15 years of age with or without prior evidence of SARS-CoV-2 infection, which demonstrated 100 percent efficacy and robust antibody response after vaccination with the COVID-19 Vaccine.

Topline results from an efficacy analysis on 12 to 15 year old participants through cases accrued by March 31, 2021 from the Phase 3 trial were recently announced. In this analysis, BNT162b2 was well tolerated with side effects generally consistent with those observed in participants 16 to 25 years of age. All participants in the trial will continue to be monitored for long-term protection and safety for an additional two years after their second dose.

- 2021 Pfizer/ BioNTech requested amendments to the U.S. Emergency Use Authorization (EUA) of the Pfizer-BioNTech Vaccine to expand the use in adolescents 12 to 15 years of age.
- These requests are based on data from their Phase 3 trial in this age group that demonstrated good efficacy and vaccine tolerance.



# Update on Johnson & Johnson COVID-19 Vaccine Pause and ACIP Recommendations

Tomas Aragon, MD, Dr. PH, Director, CDPH and State Health Officer

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

Grace Lee, MD, Member, Western States Scientific Safety Review  
Workgroup and ACIP

# Achieving and Monitoring Equity

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

Marta Green, Government Operations Agency

Kimberley Goode, Blue Shield of California

Peter Long, Blue Shield of California

# The TPA supports California's 5-point Plan for Vaccination Equity



## Allocation

### State's five-point plan on equity

Provide ultimate determination and approval of all vaccine allocation with a **focus on equity**

### How the TPA will support

Develop and recommend for adoption by the state an **appointment prioritization approach** for State Vaccine Network sites



## Network

Ensure that the State Vaccine Network includes appropriate access in **disproportionally impacted communities** (may include extended hours, translation and / or transportation services)

Provide reports to the State on **performance of the network** overall and by provider



## Community Partners

Invest in special programs to **support community-based organizations** that are critical to reaching target communities

Support state efforts, including **promoting outreach to disproportionately affected groups**



## Data analytics

Use **real-time data analytics** to adjust and intensify targeted efforts and resource allocation to meet equity goals

Perform **timely data analytics** to adjust and intensify targeted efforts and resource allocation to meet equity goals  
Provide weekly **Vaccine Allocation Reports** to the state, which include identifying high performing geographies and providers



## Public Education

Provide **consistent messaging** and meet Californians where they are in order to reach California's diverse populations

Support state initiatives on public education

Source: TPA equity workstream Apr 8, 2021

# Here's How the TPA Network Supports Equity



The TPA network is designed to **rapidly scale vaccine provider capacity to efficiently and equitably vaccinate Californians**

Network waves are designed to reach the most **vulnerable** and **disproportionately impacted**. The network will:

- Utilize various types of providers, **with specific focus on HPI Quartile 1 geographies via** mobile solutions and FQHCs
- Continue to build out in additional geographies, **phased by disease burden**

TPA will support the State's efforts to expand access through identification of providers and sites that offer support services, including extended hours, translation, and transportation.

**Access:**  
Individuals with access to in-network sites based on adequacy requirements<sup>2,3</sup>  
Percent of 16+ population<sup>4</sup>

Overall access  
**99%**

Access in 1st quartile HPI areas  
**99%**

1. Pending additional focus on Wave 3 LHJs to identify additional local partners 2. Based on input from TPA Network workstream and existing Core + Wave 1 network. Access based on adequacy requirements of 10 miles in urban areas and 30 miles in rural areas assuming all engaged providers sign contracts to join the network 3. FEMA sites included for access analysis and will not be operated under the TPA 4. Network scenario modeling uses age bracket 15+ at the census tract level from U.S Census tract data (2020 total population, 2010 distribution at census tract level)

Sources: U.S. Census Bureau population statistics, 2010, 2020; myCAVax Provider Locations Applications 2.19.21; CDC Federal Pharmacy Partnership for COVID-19 Vaccination Program: Appendix 1; Optum locations from 20-10917 Logistics Health Vaccination (shared February 4) and including 111 LA Fitness Sites (as of 2/10/21); COVID-19 Vaccine Task Force; Kaiser (COVID-19 SCAL Vaccination Sites – Updated 2.4.21 – Submitted 2-5-21.xlsx, COVID-19 NCAL Vaccination Sites – Updated 2.5.21 – Submitted 2-5-21.xlsx; LHJ mass vaccination survey received 2/19/2021); TPA Provider contracts

# Approach for first dose allocations

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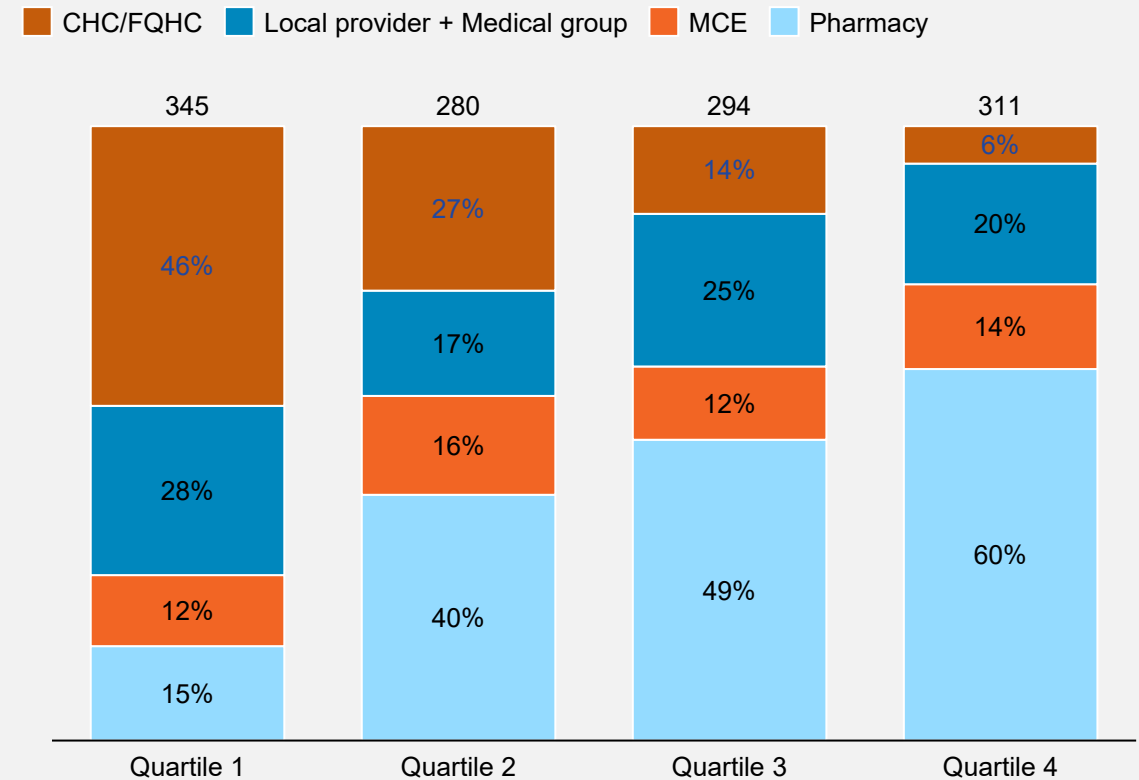
- 1 Assess the total doses available for allocation**
  - Begin with the total first doses allocated by the Federal government to CA
  - Adjust for allocations reserved to State bodies (e.g., DSH, CDCR) and other urgent issues (e.g., unmet second dose needs)
- 2 Apply a geographical weighting**
  - For 80% of the remaining vaccine, calculate the share of vaccine each zip code should receive based on eligible population in the zip code
    - Currently, eligible population is weighted by age (16 and older)
    - Before week of 03/22, eligible population was weighted as 70/30 by age (65+) and sector (first responders, food/agriculture sector, education & childcare) respectively
- 3 Perform an equity weighting to reflect the State's equity priorities**
  - **To double weight to those areas of highest need, allocate remaining 20% of vaccine to lowest quartile HPI zip only, based on share of eligible population**
- 4 Allocate vaccine to network sites based on their geographical service and their performance**
  - TPA considers input from LHJs and MCEs plus other factors such as zip codes served, performance including success in vaccinating target populations, inventory-on hand, compliance to network requirements to recommend final allocation by provider

# Vaccine Allocation and Network Diversity Support Equitable Distribution

The current allocation approach doubles the weight of COVID-19 vaccine allocation to zip codes HPI quartile 1 (least healthy quartile), to **reflect the disproportionate disease burden experienced by individuals in these areas**

All provider types are expected to support equity goals

**Contracted provider sites, by HPI quartile of site location as of 3/22<sup>1</sup>**



1. Includes Core, Wave 1, Wave 2, Wave 3 providers who have completed or are ready for onboarding. Excludes Optum sites and correctional services.

Source: TPA Allocation Workstream, TPA contracting team, Master Provider List

# Federally Qualified Health Centers are Key to Achieving our Equity Goals

Of ~1,400 FQHC sites in California, **~55%** have been engaged by or contracted with the TPA provider network to date

	Contracted	Engaged	Excluded
Number of FQHC sites	581	172	349
% of total FQHC sites	42%	12%	25%

**~55%** of FQHC sites are currently contracted or are being actively engaged to join the TPA network

**~25%** of FQHC sites belong to parent organizations that are contracted with the TPA, but were excluded because they do not have vaccination capabilities or their parent organization chose to exclude them

The remaining **~20%** of FQHC sites may be engaged by the TPA in the future, but not all sites are enrolled in myCAVax or have vaccination capabilities

Source: CDC, TPA Network - Contracted List as of 04/01

# OptumServe is playing a key role supporting our equity goals

## Optum partnership



TPA has partnered with Optum to reach areas with lower access, leveraging Optum's ability to:

- Rapidly stand up additional sites/capacity as necessary (e.g., high-throughput LA Fitness locations or other sites throughout the state)
- Operationalize mobile solutions in remote areas
- Implement temporary pop-up sites (e.g., to serve ag workers and other specific populations)



Partnership will enable TPA to reach areas of lower access across the state, defined as:

- >10 miles from a vaccine site in urban settings
- >30 miles from a vaccine site in rural areas



Mobile and pop-up site capabilities will enable TPA to more effectively reach lowest HPI quartile areas



## Progress to date

	Currently operational Optum sites	
Number of sites	27	<b>Additional potential capacity exists for 0.8M doses/week across state – these sites can be stood up rapidly as necessary</b>
Current potential capacity (doses/week)	~55k	
Sites in lowest HPI quartile	17 (>60% of sites)	
Capacity in lowest HPI quartile (doses/week)	~40k (~70% of Optum capacity)	

**TPA is continuing to work on approaches to provide access options to under-served areas**

Source: myCAVax provider roster as of 4/9/2021; provider survey responses (week of April 8); OptumServe; TPA Network workstream; State provider vaccine data dashboard (as of 2/11/2021); LHJ mass vaccination survey (received 2/19/2021)



# Where Access Challenges Exist, the TPA is Proactively Identifying and Augmenting Mobile and Pop-Up Solutions to Support Equity

**The TPA will follow a two-pronged approach for mobile vaccination...**

## **Proactively identify**

geographic areas where expanded capacity or access is needed, and mobile units are the most convenient and cost-efficient solution

## **Respond to LHJ requests**

for mobile vaccination sites within their jurisdictions based on local knowledge



**...and will scale mobile capacity by:**

## **Supporting the existing mobile infrastructure**

Several contracted LHJs, MCEs and providers have existing mobile capabilities in place

TPA is working with providers with existing mobile capabilities to scale mobile services where needed

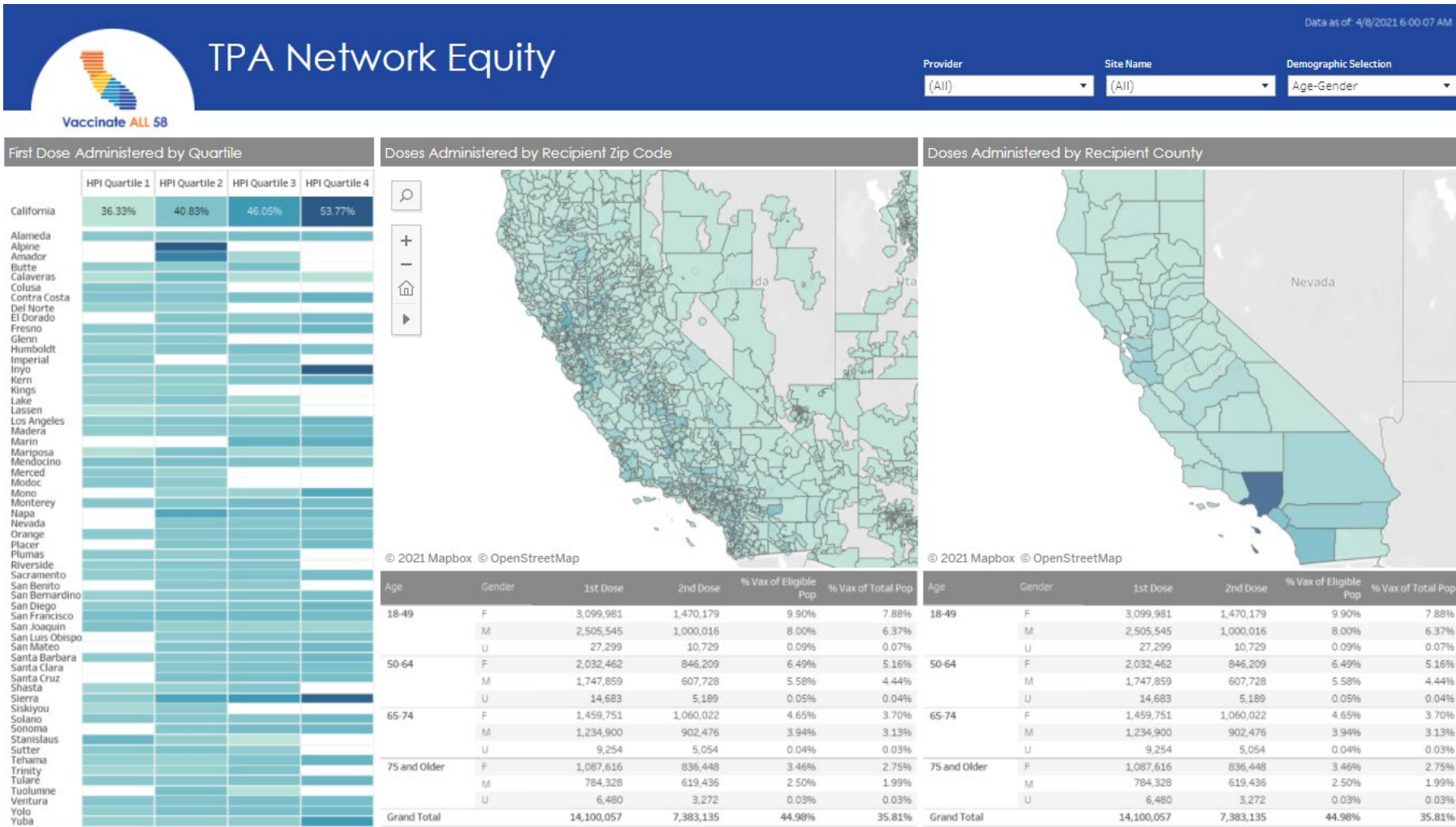
## **Developing new partnerships with organizations**

TPA is collaborating with OptumServe to launch vaccination solutions in rural and remote areas

TPA may engage other partners who are already working with the state to provide mobile testing for state employees and retirees

Source: TPA Network Workstream

# The TPA and State are Using Data to Assess Progress and Respond to the Greatest Needs



Source: TPA Network Equity dashboard

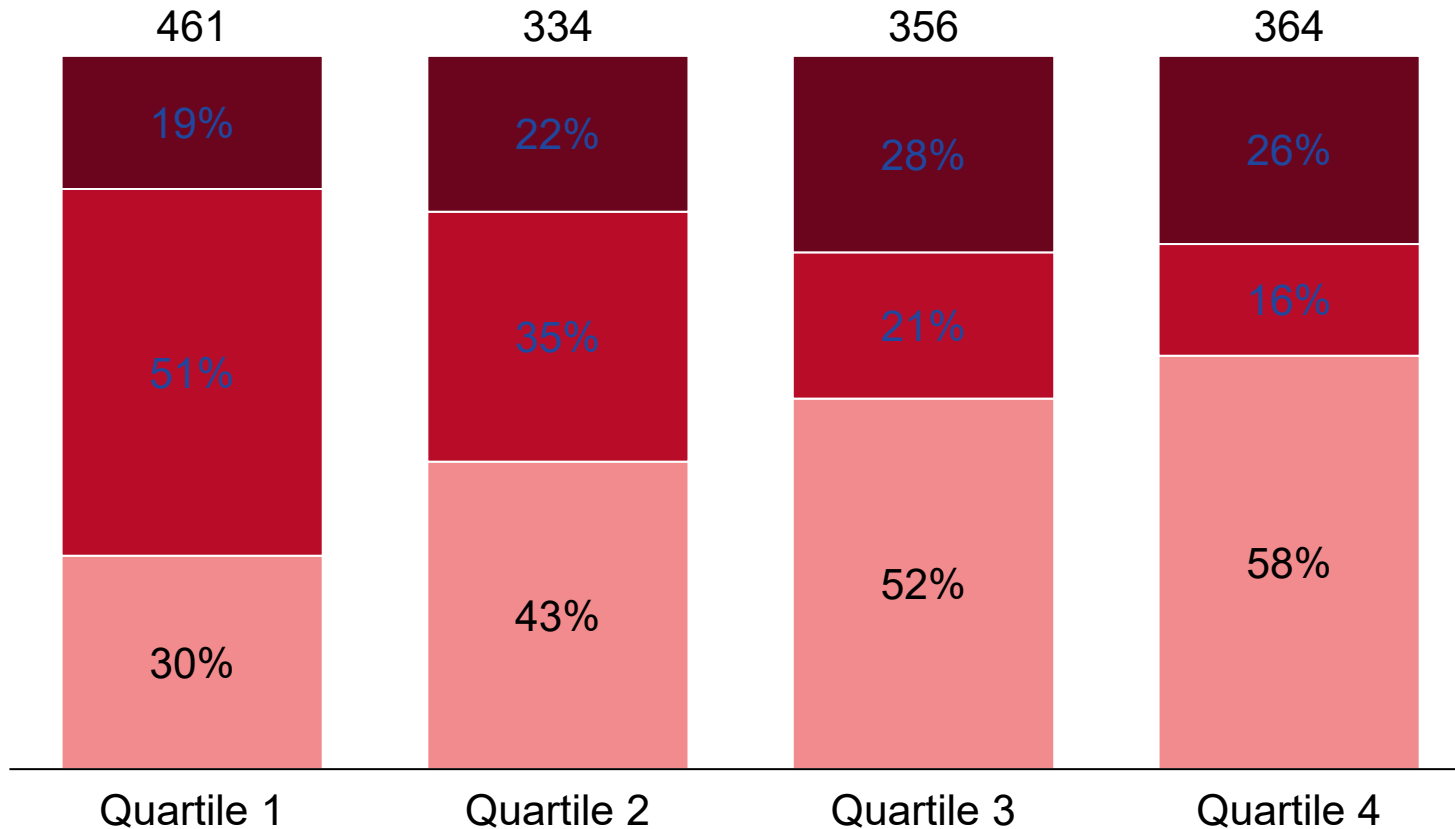
Real time data feed to help providers and LHJs understand performance toward equity goals

# Data helps us see where we may need to extend coverage

## In which HPI quartiles are extended hours available?

Contracted provider vaccination hours, by HPI quartile, number of sites as of 4/5

■ Regular weekday hours only (9a-5p) ■ Extended weekday hours ■ Extended weekday + weekend hours



**Avg number of extended weekday hours**  
(among sites offering)

Quartile 1	Quartile 2	Quartile 3	Quartile 4
2.2	2.7	2.9	2.9

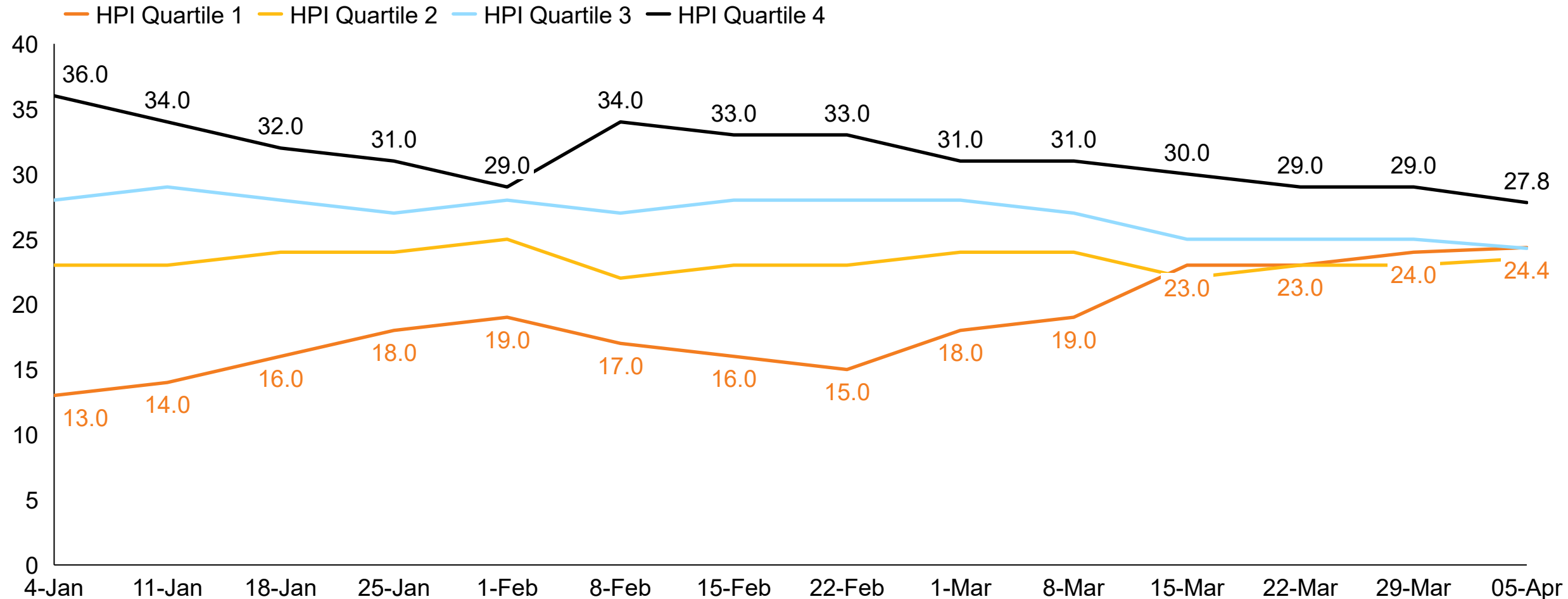
**Avg number of weekend hours**  
(among sites offering)

Quartile 1	Quartile 2	Quartile 3	Quartile 4
12.0	13.6	14.6	14.7

Source: TPA contracting team, TPA Master Provider List, Provider Surveys

# We are Making Progress Toward Reaching HPI Quartile 1 Individuals and More Must be Done

Weekly persons fully vaccinated, by HPI quartile, %, as of 4/12



1. Includes individuals who received either one J&J dose or two Pfizer or Moderna doses, 2<sup>nd</sup> Pfizer or Moderna dose is considered late if received greater than 6 weeks after 1<sup>st</sup> dose

Source: [COVID19 Race and Ethnicity Data](#), EMSI 2020, U.S. Census Bureau, 2015-2019 American Community Survey, 5-Year Estimates, [CDPH COVID19 Vaccine Dashboard](#), CA COVID-19 Vaccine Willingness and Consumer Experience Survey, Mar 2021

# Next Step: Pilot Programs in LHJs with Low HPI Quartile 1 Vaccine Coverage

## Pilot objective

Increase vaccination rates among HPI Quartile 1 population by identifying and supporting needs of counties with low HPI Quartile 1 vaccination coverage

## Approach

Deep dive on the following equity levers:

Equity levers	Potential questions
Allocation	Are the appropriate amount of doses being allocated to the appropriate LHJs and providers?
Network	What additional provider types are needed (e.g., mobile clinics)? What support needs have providers expressed (e.g., staffing)?
Community Partners	Which CBOs should be engaged to help reach target populations? What administrative and financial support is needed?
Public Education	How can vaccine willingness be improved? What messaging/collateral support is needed?

1. Does not include all LHJs below statewide average. Mix of LHJs were selected to represent geographic diversity

Source: CA COVID-19 Vaccine Task Force

# We are moving in the right direction together

California's Statewide Vaccine Network is designed to save more lives.

Delivering an improved and connected experience



More options to vaccinate Californians faster

- Statewide network of providers
- Geographically diverse sites
- Mobile providers
- Pharmacies

More resources to reach diverse communities

- Network designed to reach the most vulnerable and those disproportionately affected by COVID-19 infection and death
- Support to providers and local health jurisdictions for FEMA-eligible costs associated with supporting the transition to a new system and workflow
- Support services, including extended hours, language capacity, accommodations for physical accessibility and mobile clinics

More user data and reporting for transparency

- A more consistent and reliable user experience for all Californians
- Timely data sharing
- Detailed reporting to ensure equity, efficiency, and speed of network
- Ongoing community and stakeholder engagement

# Closing Comments

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- Next Meetings
  - May 12, 2021 from 3:00 – 5:00pm
- Agenda for Next Meeting
- How to Make Public Comment:  
[COVID19VaccineOutreach@cdph.ca.gov](mailto:COVID19VaccineOutreach@cdph.ca.gov)
- Adjourn