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 #15

June 23, 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/UCkNEUkIwtlc_kPenEZMUIOw
- 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 #14

Opening Comments

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

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

The Disparities in our Diverse Communities are Severe

Death rate for Latino people is **21% higher** than statewide

Deaths per 100K people:

183 Latino
151 all ethnicities

Case rate for Pacific Islanders is **35% higher** than statewide

Cases per 100K people:

12,203 NHPI
9,054 all ethnicities

Death rate for Black people is **8% higher** than statewide

Deaths per 100K people:

164 Black
151 all ethnicities

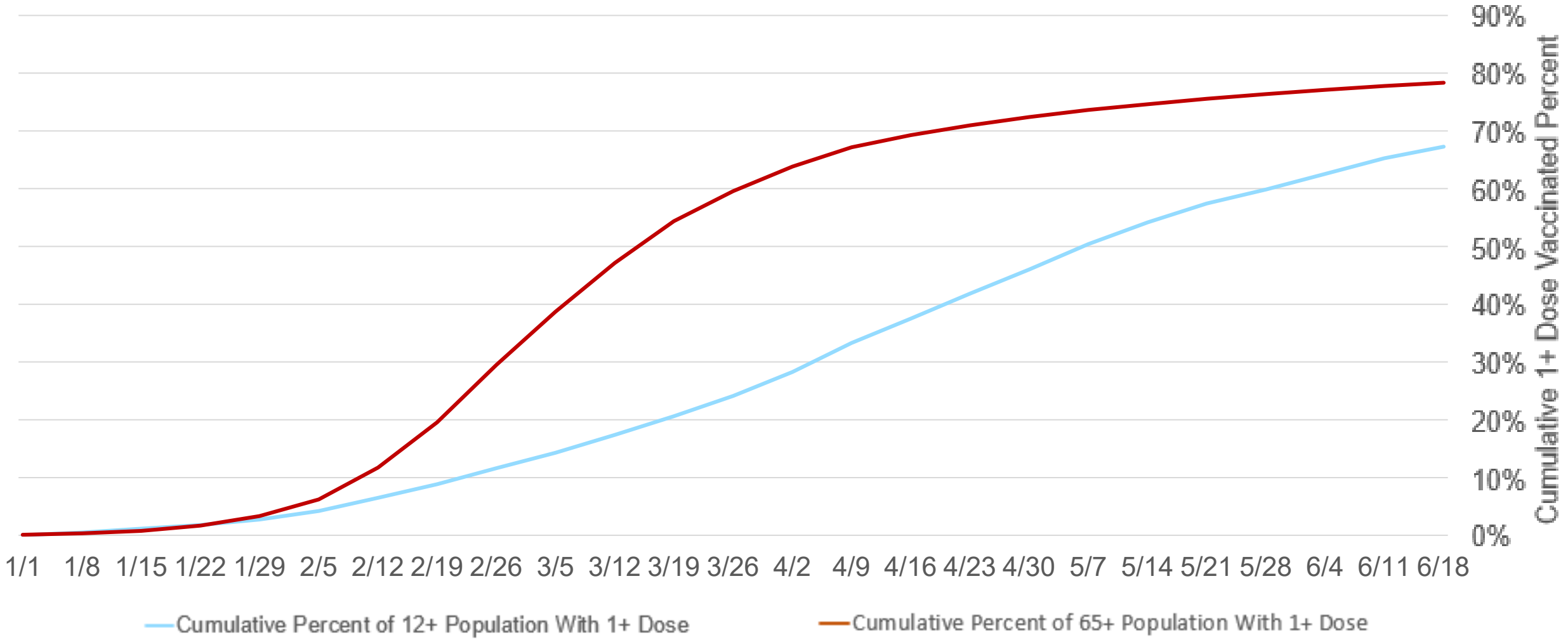
Case rate for communities with median income <$40K is **37% higher** than statewide

Cases per 100K people:

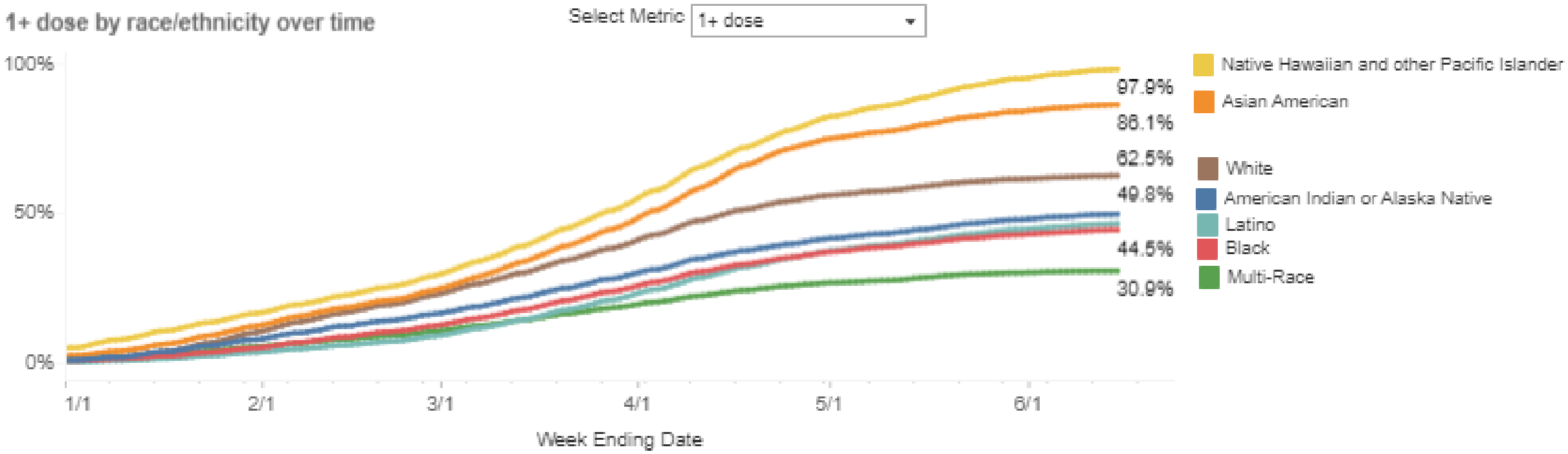
12,412 income <$40K
9,054 all income brackets

Note: This data is cumulative since the first COVID-19 case was reported in January 2020. Case rate is defined as cumulative COVID-19 cases per 100K population. Death rate is defined as cumulative COVID-19 deaths per 100K.

1+ Dose Vaccinated Individuals Over Time

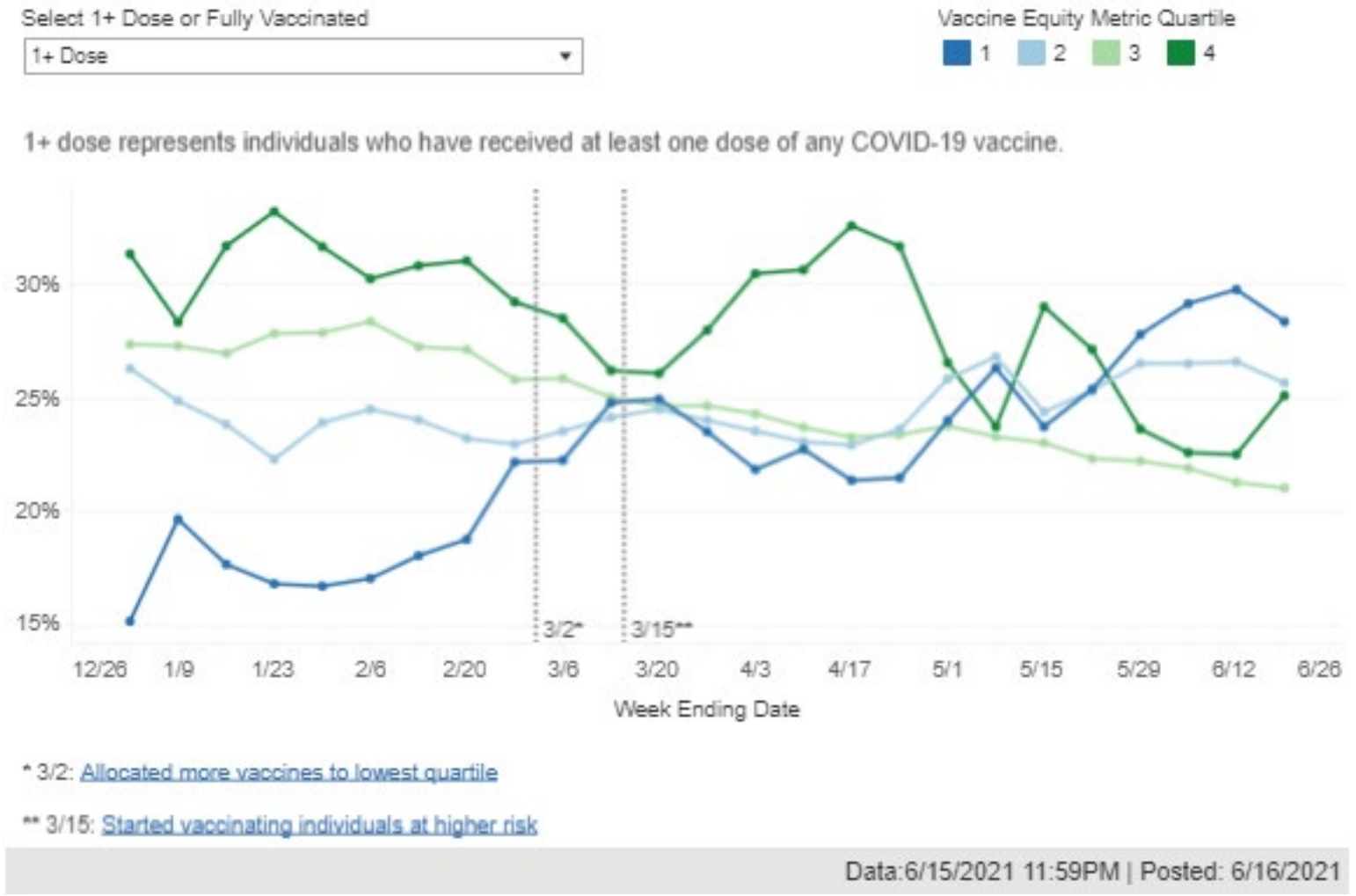


Vaccinated Status by Race/ Ethnicity



Note: Population estimates do not include "other" or "unknown" race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.

Vaccine Equity Metric, June 16



Vaccine Incentives

Vax for the Win

California's vaccine incentive program

Get vaccinated, get rewarded

California launched the multi-faceted *Vax for the Win* program on May 27:

- $50 You Call the Shot cards for the next 2 million newly vaccinated Californians
- $50,000 and $1.5 million cash prize drawings awarded to 40 vaccinated Californians
- Deals from California-based businesses like Taco Bell, Chipotle and NBA teams
- Free tickets to California Six Flag theme parks given away at select clinics

Coming up on July 1: Vaccinated Californians could win a Dream Vacation!

- See the Giants play in San Francisco
- Enjoy a spa in Palm Springs
- Say hi to Mickey at Disneyland in Anaheim
- Watch the Lakers play in Los Angeles
- Learn to surf in San Diego

The results of the *Vax for the Win* program?

- The incentive program has been successful in slowing the decline
- In the week ending 6/14, HPI Q1 received 29% of all doses administered, which represents a sustained increase of 1% in each of the past four weeks.
- HPI Q1 vaccine rates have now outpaced all other quartiles for four weeks in a row for weekly vaccination rates.
- We are continuing to assess the effectiveness of this program, and early evidence suggests that incentives are a contributing factor for some individuals to get vaccinated.

Update on Outreach and Engagement: Lessons Learned and Reaching Unserved Community Members

Sonya Harris, CDPH

Vaccinate ALL 58

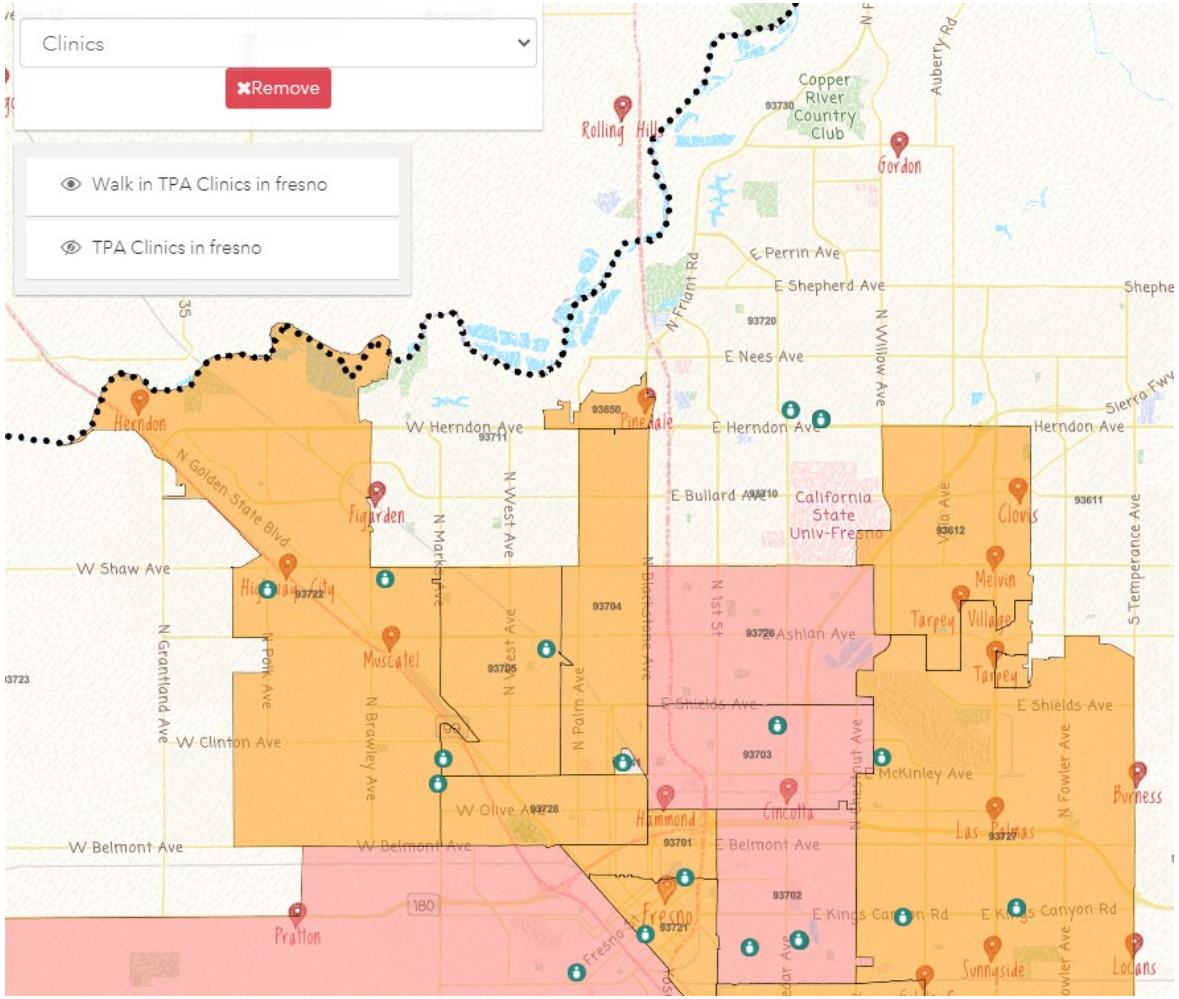
Together we can end the pandemic.

What We've Done:

Deployed a Fully Integrated Public Education, Community Outreach and Direct Appointment Assistance Campaign

Data Driven Approach - Focus on Equity

- Focus on **VEM - Quartile 1** **(our North Star)**
- COVID-19 Outreach Rapid Deployment (CORD) Tool
- Ability to see real time vaccination rate data in geography form
- Help the campaign educate and connect communities to nearby vaccination sites
- Assist in clinic location planning



Supporting Trusted Messengers

Like other successful campaigns, we have invested in **a network of community based organizations** (CBOs) to serve as trusted messengers to our many communities.

With the May expansion of the state's public-private partnership, the total investment in supporting this outreach work is $85.7 million and a total of **480+ organizations** to date.

- California Department of Social Services (CDSS)
  - COVID-19 Community Health Project
- Labor & Workforce Development Agency (LWDA)
  - COVID-19 Workplace Outreach Project
- Public Health Institute (PHI)
  - Together Toward Health initiative
- The Center at Sierra Health Foundation
  - Vaccine Equity Campaign

In addition, the state launched a **'Get Out the Vaccine'** Phone Bank and Door-Knocking Campaign that coordinates **70 CBOs** and has been closely coordinating with **Local Health Jurisdiction** supported CBOs around the state.

State Outreach Activity Summary

COVID Outreach Deliverable	Reporting Activity Type	Reporting Metric that Counts Toward Deliverable	Total Contacts
Phone Banking	Phone Banking	Number of Calls Made	**2,022,812**
Door-to-Door	Door-to-Door Outreach	Number of Households Canvassed (number of houses approached)	**226,373**
Vaccine Appointment Assistance	Appointments Facilitated	Number of confirmed vaccine appointments facilitated	**174,969**
	Appointment Referrals	Number of referrals to vaccine appointment platforms or providers	**583,830**

Collective Impact Tables

Collective Impact Tables (CITs) launched on May 3, 2021 to coordinate across teams working on-the-ground.

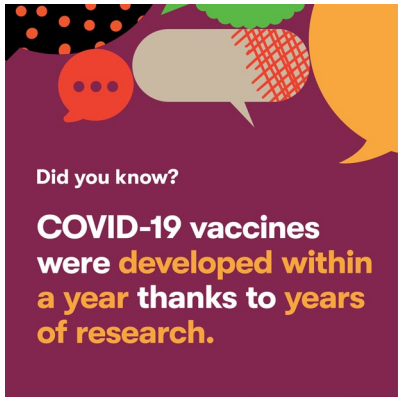
The goal of these regional CITs is to:

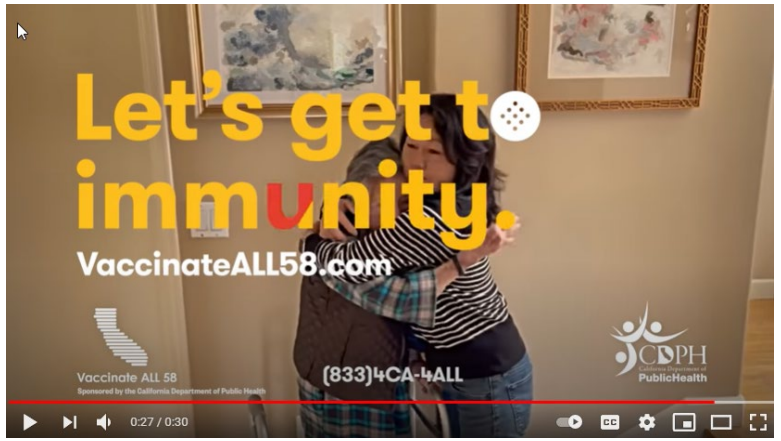
1. Analyze vaccination data by zip code and tract,
2. Determine high-need regions,
3. Identify clinic sites,
4. Assess and allocate outreach capacity, and
5. Create an action plan on a week by week basis.

Over the course of 7 weeks, CDPH has hosted **71 CITs meetings**, with a total of **1,064 participants** attending

Paid Media Overview

- VaccinateALL58 Launched in **Dec 2020**
- Ramped up in **Mar 2021** - Launched Let's Get to ImmUNITY
- Expanded in **May 2021** with 12+ Youth Campaign
- Expanded in **May 2021** with State Incentives Campaign
- Campaign in 18+ languages
- Multi-faceted toolkits for partners and stakeholders





Earned Media

Earning media coverage about vaccines has been central to our public education strategy. As of June 11, we have conducted:

- 16 Ethnic media briefings
- 36 Spanish interviews
- 21 News releases
- 16 VA58 e-newsletters (weekly)
- 11 Op-eds published (in 25+ outlets)
- 9 Phone banks with Spanish media partners

Vaccinate ALL 58
Together we can end the pandemic.

Our coverage has helped people **better understand** the vaccine, **accept** the vaccine, and **navigate access** to the vaccine!

Key Takeaways

- *'Hesitancy'* comes in **many forms**
- **Social and cultural factors** are critical
- People want to see others **who look like them**
- **Peer-to-peer** engagement is the most effective
- Creating a space to encourage **collaboration is essential**
- **Translated materials** are utilized at different rates

Vaccinate ALL 58

Together we can end the pandemic.

Where We're Headed:

Becoming More Surgical to Focus on Communities That Need the Most Support

Key Takeaways - General Research

Trusted Messengers

- Family/Friends
- Primary physician or medical professional

Vaccine Motivators

- Belief that the vaccines are safe, effective and were well-tested
- Want to return to normal - see family, friends and gather safely without spread

Vaccine Barriers

- Wary of potential long-term side effects and unknowns
- Belief that vaccines aren't needed if you're in good health
- Belief that the COVID-19 vaccine was developed too quickly
- Don't trust government and have the right *not* to get vaccinated

Campaign Focus Ahead

- Getting **surgical with the use of vaccine administration data** at zip code and/or census tract level
- Continue to focus on **VEM - Quartile 1** **(our North Star)**
- Focusing on preparing **families** for vaccinating children
- Monitor additional **federal authorizations** (full FDA review; under 11)
- Prepare for unknowns around **COVID-19 variants** and **boosters**

Vaccinate ALL 58

Together we can end the pandemic.

Questions?

CVAC Member Reflections

Bobbie Wunsch, Pacific Health Consulting Group and CVAC Members

What’s Ahead for California

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

Rohan Radhakrishna, MD, MPH, Deputy Director, Office of Health Equity, CDPH

COVID-19 Overview

As of June 23, California has 3,705,427 confirmed cases of COVID-19, resulting in 62,741 deaths.

Cases		Deaths		Tests		Vaccines Administered
3,705,427 Total		**62,741** Total		**68,799,509** Total		**40,724,096** Total
787	Today	40	Today	71,487	Today	
↘ 1.9	New cases per 100K	↘ 0.03	New deaths per 100K	↗ 1.1%	Test positivity	

Updated June 23, 2021 at 10:00 AM with data from June 22, 2021

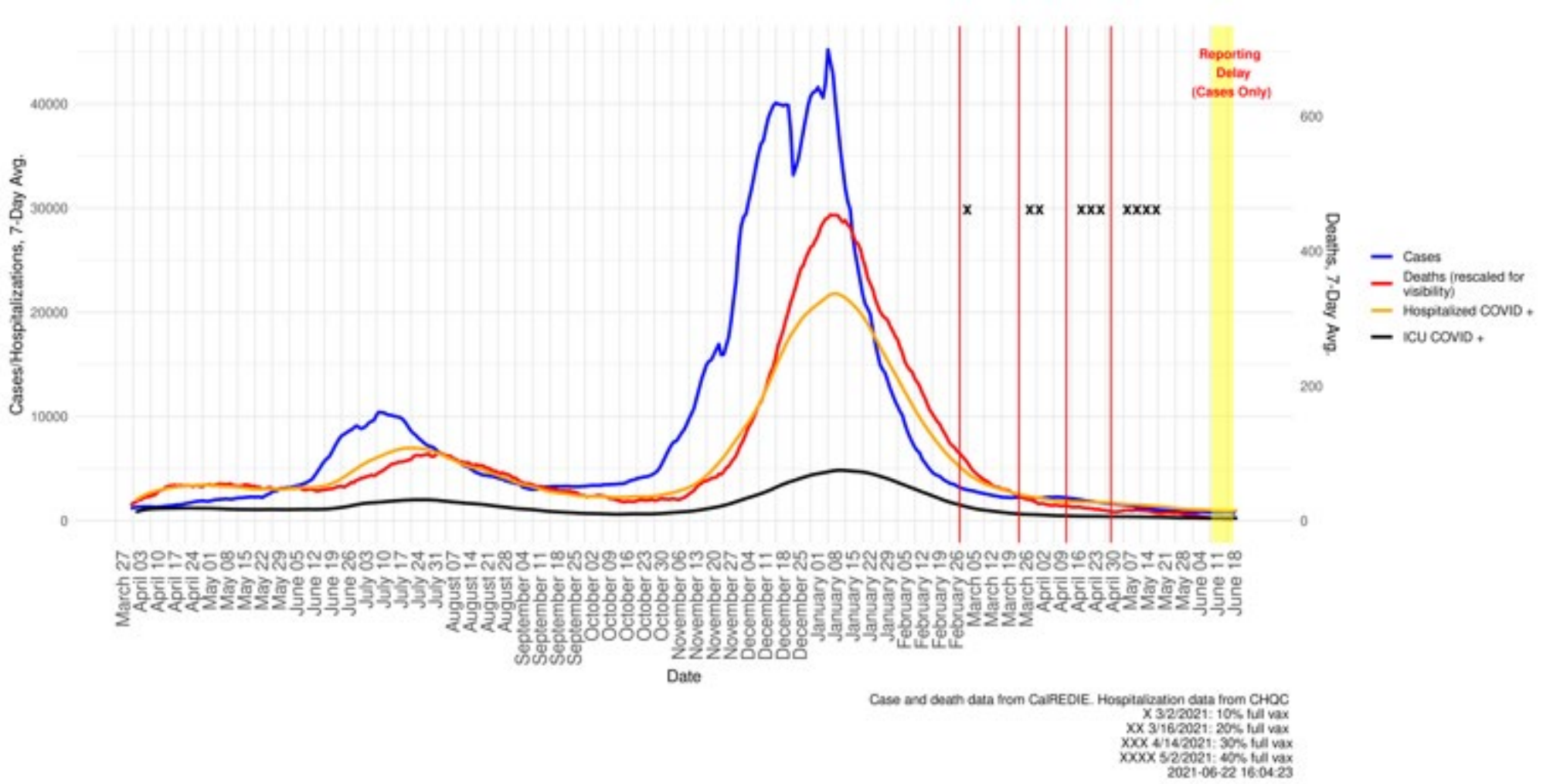
As of June 22, 2021

7-Day Average of Cases

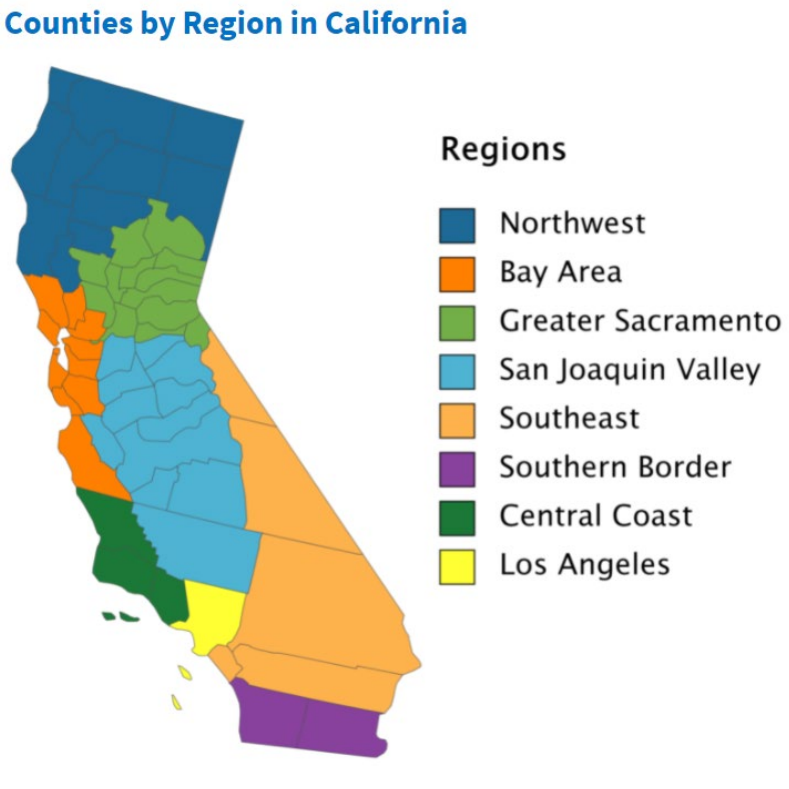
Total Hospitalizations,

Total ICU Admissions,

Deaths by Date of Death



Seroprevalence by Region (5/2/21 – 5/29/21)



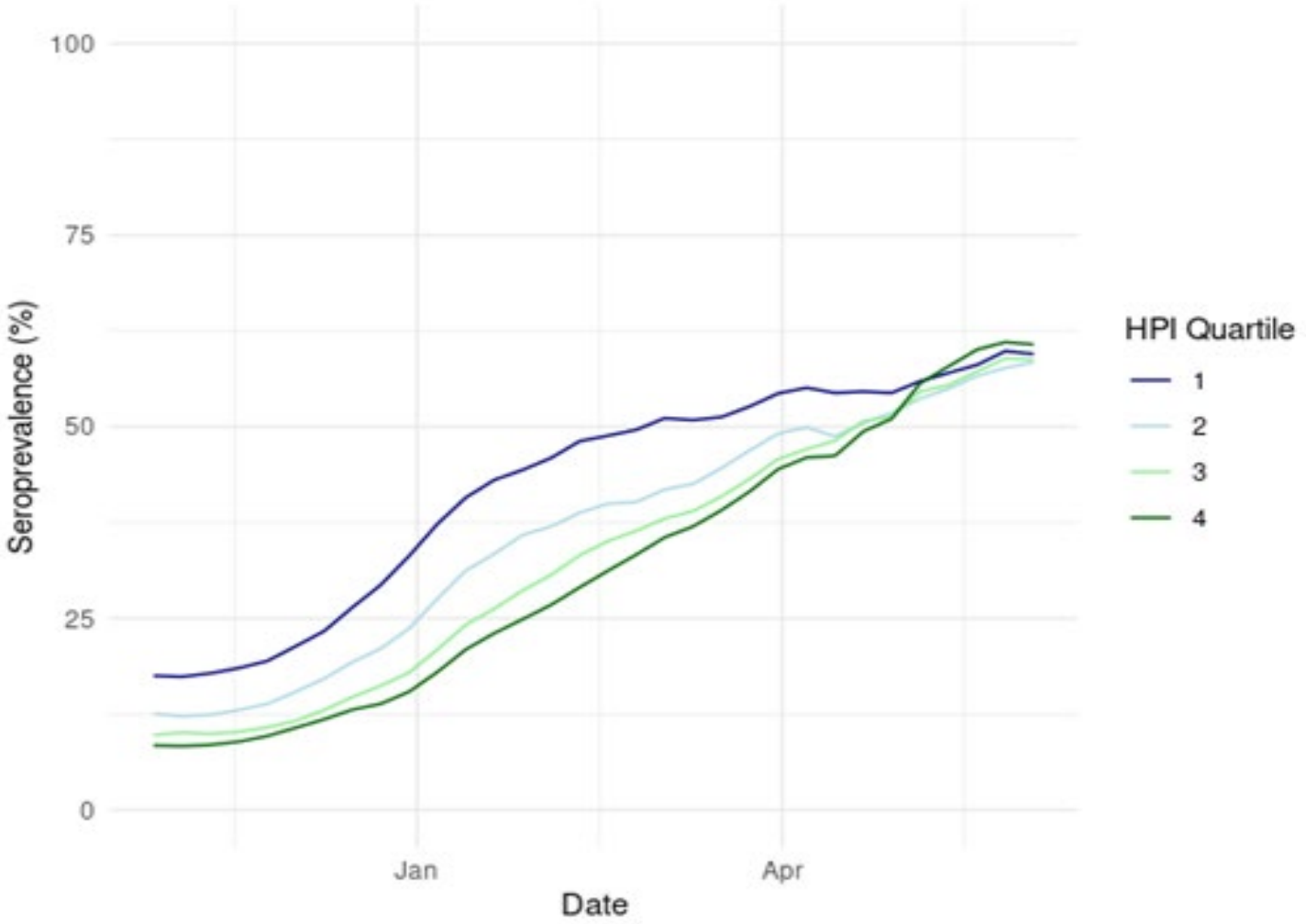
Region	4-Week Average Seroprevalence*
California	76.6
Bay Area	80.5
Central Coast	70.3
Greater Sacramento	73.7
Los Angeles	73.3
Northern California	54.4
San Joaquin Valley	76.3
Southeast	76.8
Southern Border	86.5

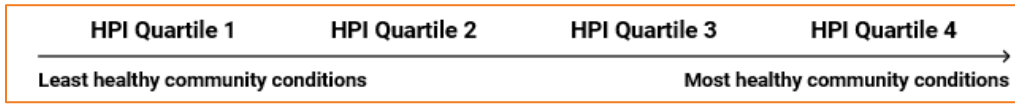
*Note: The data presented here are estimates and may differ from seroprevalence measurements collected in different ways. Data will be updated every other Friday. Estimates include all antibody tests conducted during the four-week time frame in adults 18 and over. Data are presented as an average over the last month to provide an estimate of the current situation. The 95% confidence interval for statewide seroprevalence data between 05/02/21-05/29/21 was between 68.5% and 84.6%.

Seroprevalence Update

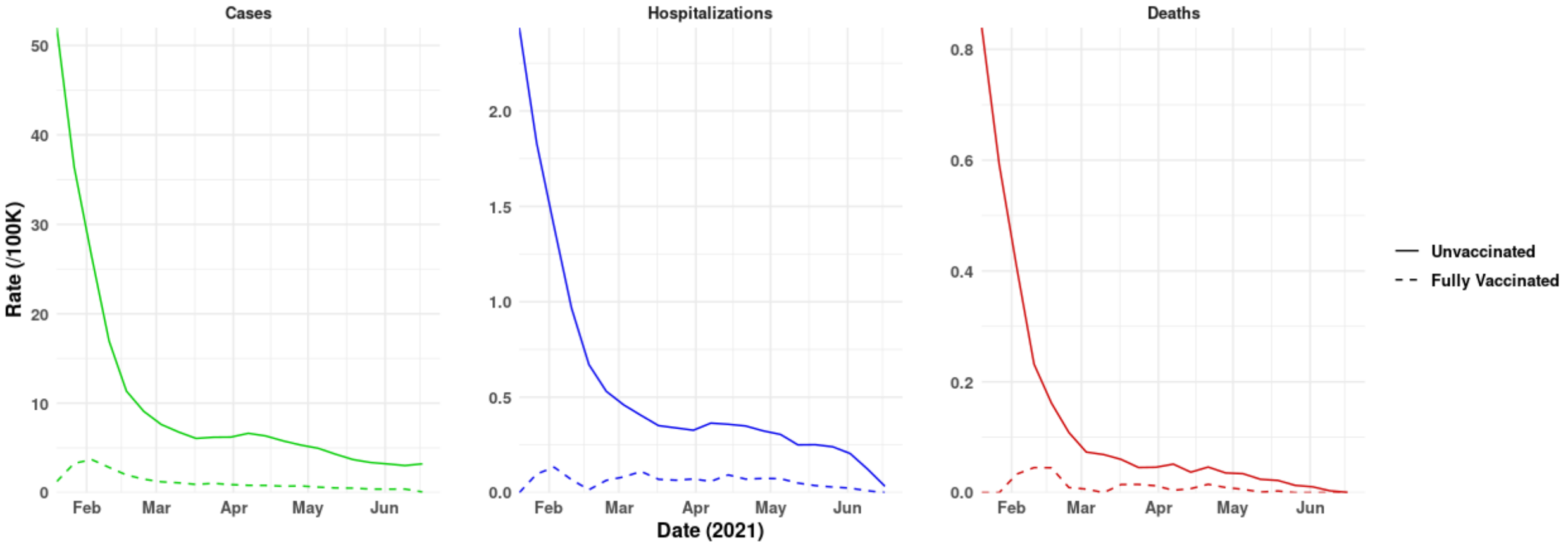
Californians living in areas with the least healthy community conditions are more likely to have antibodies against SARS-CoV-2

- 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 June 6, 2021, **more than 50%** of persons living in the lowest and highest HPI quartile have detectable antibodies against SARS-CoV-2 in CalREDIE



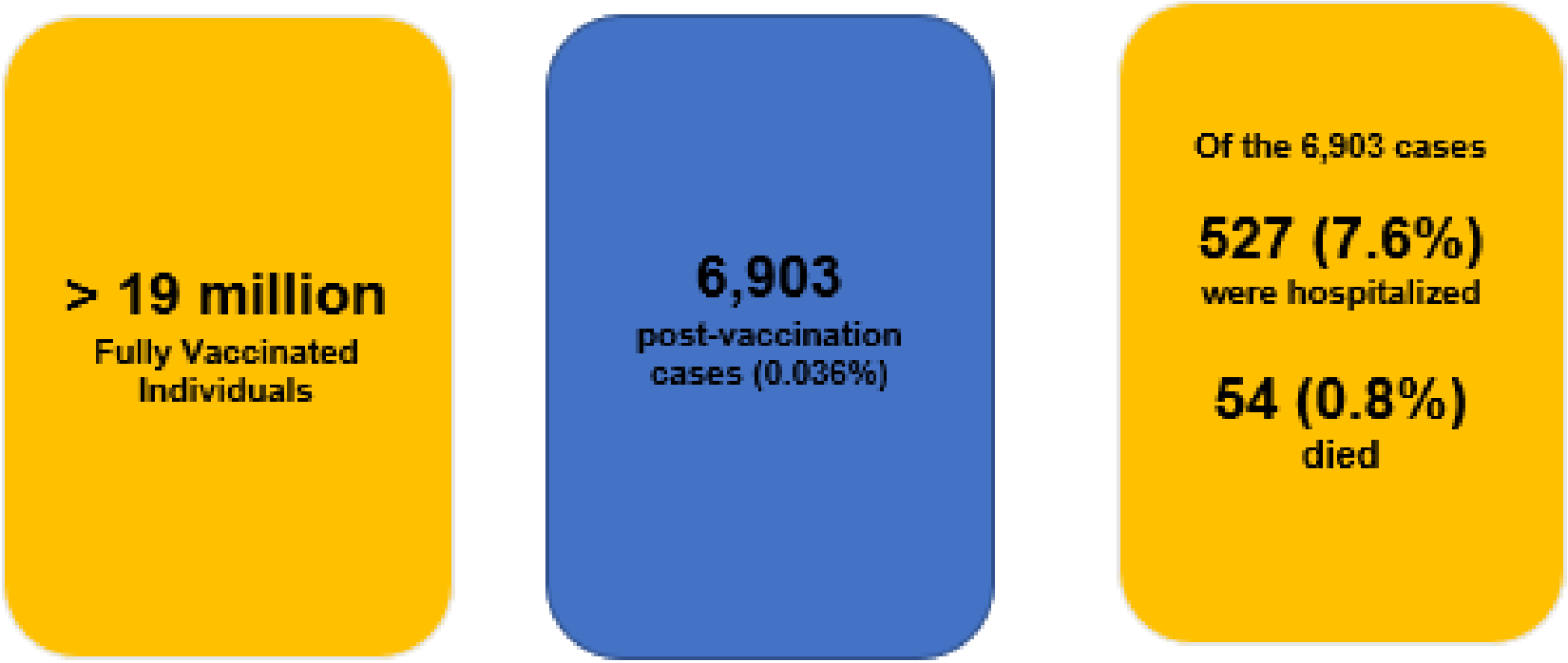


Rates of Cases, Hospitalizations, and Deaths by Vaccination Status – Jan 1, 2021 to Jun 16, 2021



Using data matched between the vaccine and case registries, rates of cases, hospitalizations, and deaths among fully vaccinated individuals are consistently >80% lower than among unvaccinated Californians.

Post-Vaccination COVID-19 Confirmed Cases Among Fully Vaccinated Individuals – Jan 1, 2021-June 17, 2021



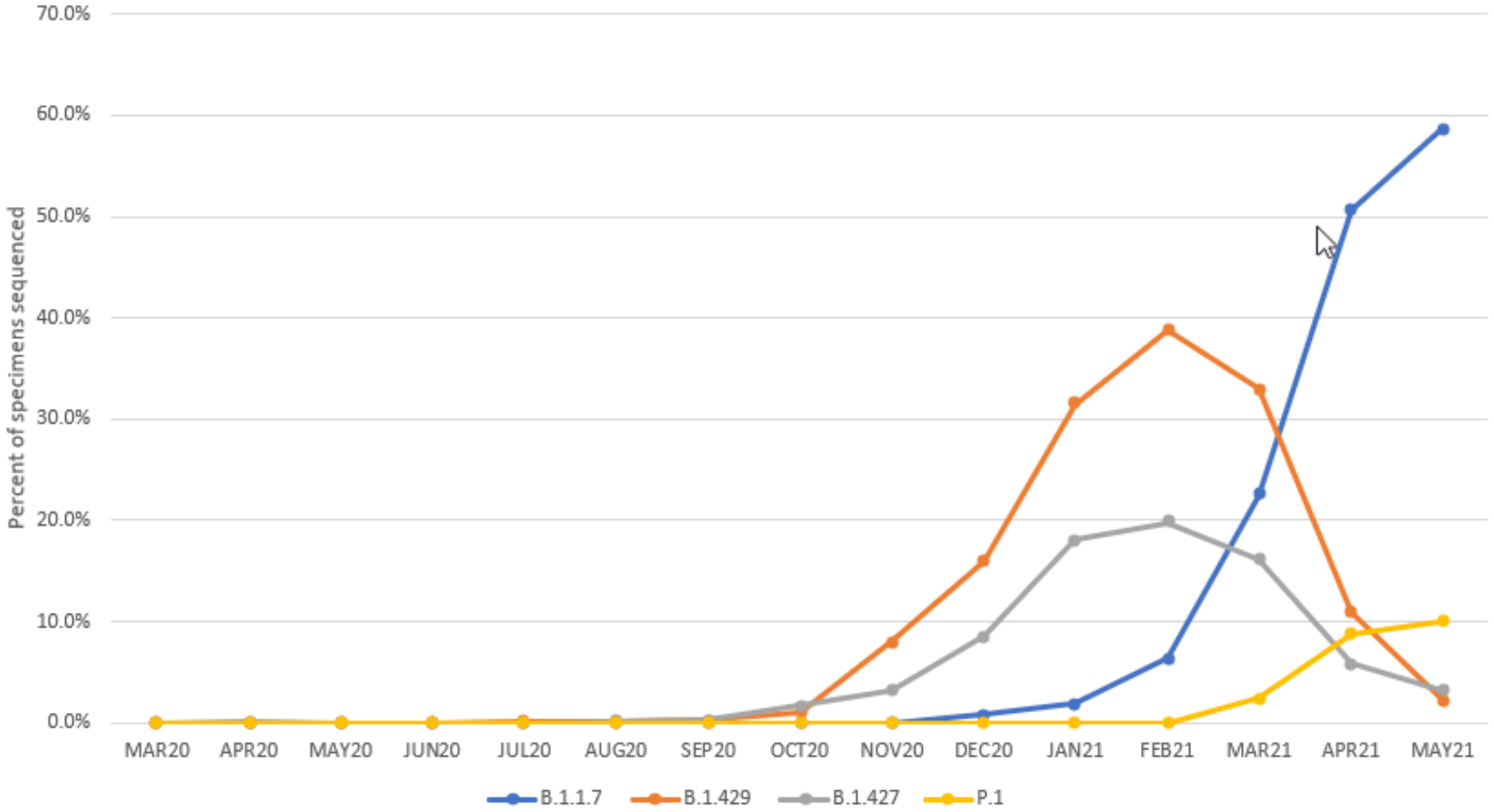
- These cases are identified by matching immunization and confirmed case (PCR) registries
- Post-vaccination cases are defined as cases that occurred in individuals who are fully vaccinated and have a positive SARS-CoV-2 molecular (PCR) test ≥ 14 days after a full vaccination by either two-dose or one-dose vaccine series
- Missing hospitalization status on 48% of cases
- Unclear of hospitalizations or deaths can be attributed to COVID
- Methods continue to undergo validation within CDPH and local health departments

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Post-Vaccine-COVID19-Cases.aspx

Variant Update

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

Data as of 6/16/21



Variants and Vaccine Efficacy

Vaccination is the key to prevention!

- Viruses constantly change by mutating, leading to variants
- Mutations happen when viruses are thriving
- Some COVID-19 variants are more infectious and/or cause more serious disease
- The COVID-19 vaccines available in the US protect against the variants that we are worried about
  - 2nd dose is important for the delta variant
- To decrease the chance of more dangerous COVID-19 variants emerging and thriving, we need to prevent ongoing viral transmission

https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html

Vaccine Record Guidelines & Standards

Implementing a Vaccine Verification Process:

- Options:
  - paper or digital copy of individual's Covid-19 Vaccine Record Card
  - SMART Health Card-compatible reader to confirm the information contained in the digital vaccine record, with the individual's consent.

CA recommends organizations adhere to the following standards & principles for COVID-19 vaccine verification:

- Records should be verified through a private and confidential process.
- Verification should not create or perpetuate social or health inequities or lead to discrimination.
- Verification should not create barriers to essential services or restrict access based on a protected characteristic.

Guidelines for Issuers of Covid-19 Vaccination Records:

- Records should be available at no cost and in multiple languages.
- Digital (QR code), digital file, and/or paper copies of a COVID-19 vaccine record should be available
- Minimum personal information should be required for individuals to access
- Follow SMART Health Card Framework described by the Verifiable Clinical Information (VCI) charter at https://vci.org/about.

Digital COVID-19 Vaccine Record

State of California

Digital COVID-19 Vaccine Record

MyVaccineRecord.cdph.ca.gov

- New tool to access vaccine record from the state's immunization registry systems.
- California's Digital COVID-19 Vaccine Record follows national standards for security and privacy, is built by the state
- Easy to use:
  - Enter name, date of birth, +email or mobile phone number
  - Create a 4-digit PIN and enter
  - User receives a link to vaccine record –view upon re-entry of the PIN.
- Same information as the paper CDC vaccine card: name, date of birth, date of vaccinations, and vaccine manufacturer.
- It also includes a QR code.

Pediatric Vaccination

- Enrolling more primary care providers
- Coordinating community, mobile, & school-based clinics
- Leveraging the existing Vaccines for Children (VFC) network that is well established
- Identifying other partner organizations who can support expansion
- Planning for widescale pediatric vaccination once <12 yo approved

- > ½ of 16-17 year-olds with at >=1 dose
- >1/3 of 12-15 year-olds with >=1 dose

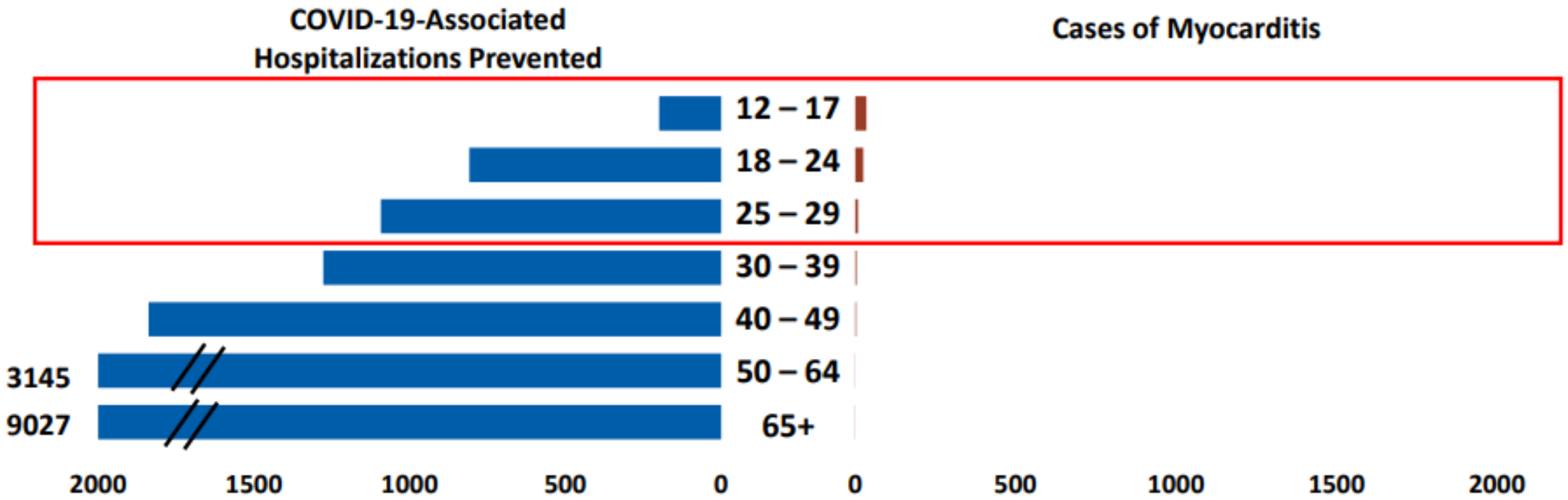
CDC Vaccine Safety Monitoring

- Authorized COVID-19 vaccines are being administered under the most intensive vaccine safety monitoring effort in US history
- Strong, complementary systems are in place – both new and established

Full list of US COVID-19 safety monitoring systems: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html

Benefits and Risks After Two Doses, by Age Group

For every **million** doses of mRNA vaccine given with current US exposure risk[1]



[1] Based on hospitalization rates from COVID-NET as of May 22nd. Benefit/Risk calculated over 120 days.

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf
https://www.fda.gov/media/150054/download

Benefit-Risk Interpretations and Limitations

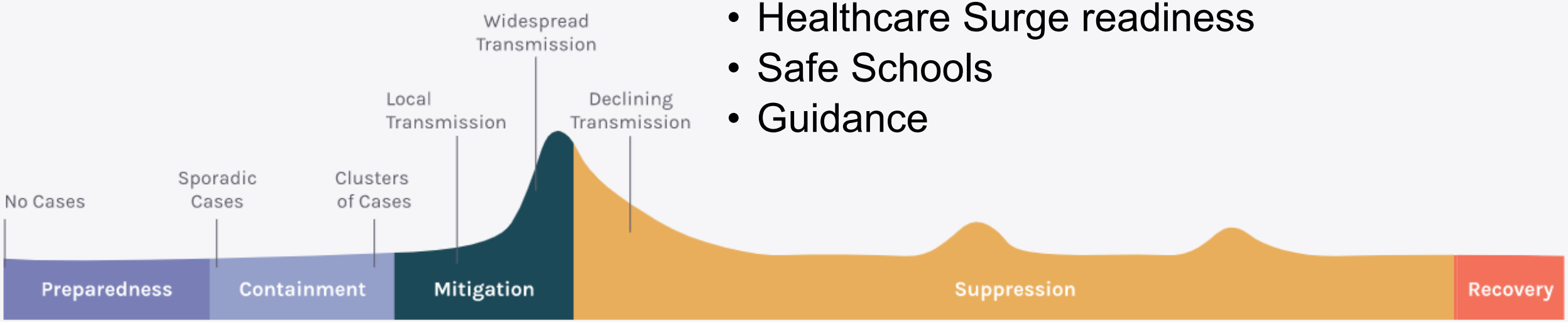
- Direct benefit-risk assessment shows positive balance for all age and sex groups
  - Considers individual benefits of vaccination vs. individual risks
  - Benefits are likely an underestimate
    - Analysis was performed using reported rates of cases and hospitalizations
    - Likely represent only a fraction of the true cases that have occurred in the population
  - Still uncertainty in rates of myocarditis after mRNA vaccines
    - Not all cases are verified and crude rates were used
- Balance of risks and benefits varies by age and sex
  - Balance could change with increasing or decreasing incidence
- Limited data currently on risk of myocarditis in 12–15 year old population
  - Due to timing of recommendations, limited number of 2nd doses given

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html
https://www.cdc.gov/vaccines/acip/index.html

Suppression Phase of Pandemic

Public Health must continue:

- Vaccination
- Surveillance & Laboratory
- Case, Contact, Outbreak Investigation
- Isolation & Quarantine Support
- Healthcare Surge readiness
- Safe Schools
- Guidance



https://covid19.ca.gov/safer-economy/#beyond-blueprint


Equality
Equity

Closing Comments and Thank You

- Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
- Erica Pan, MD, MPH, State Epidemiologist, Co-Chair