

**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

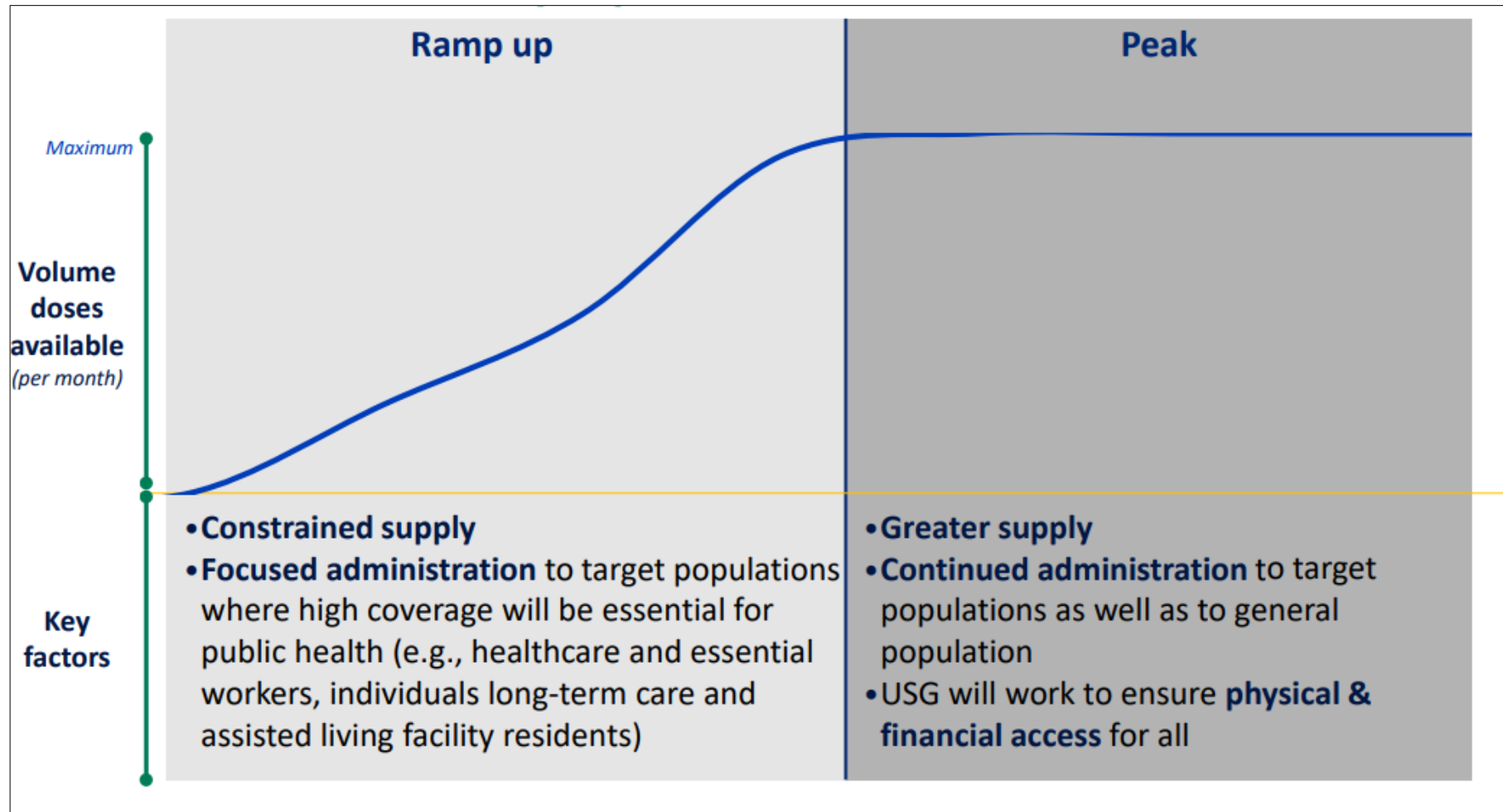


Defining Equity

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



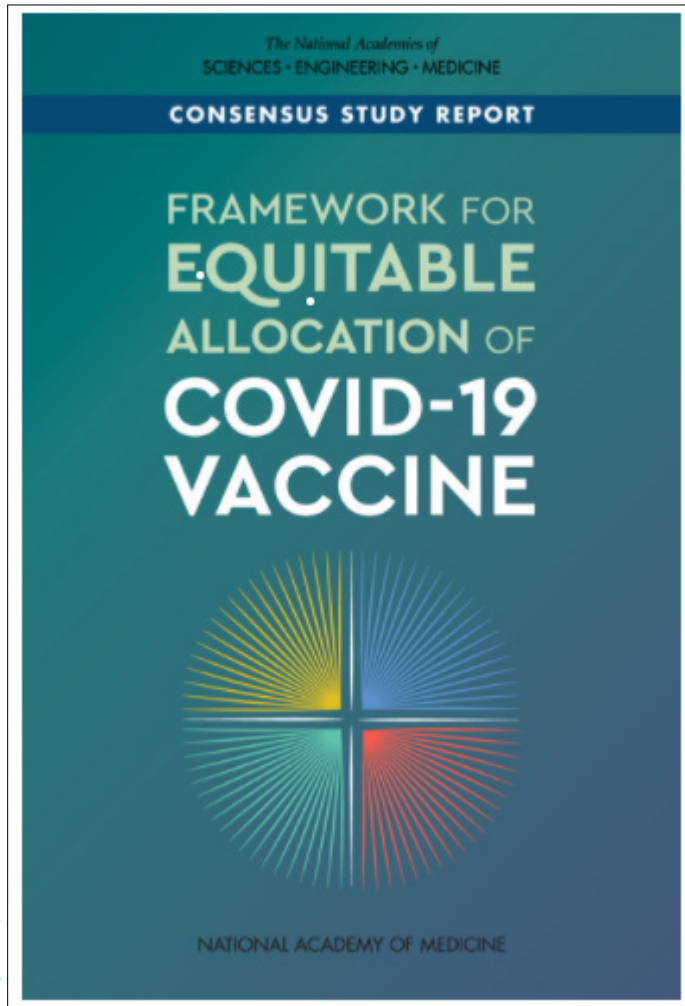
Sample Decisions by a Local Health Department

		Vaccine A			Vaccine B				
		Total Doses Available:		20,000	Total Doses Available:		10,000		
		Doses Allocated:		0	Doses Allocated:		0		
		Doses Remaining:		20,000	Doses Remaining:		10,000		
County	Provider	Estimated Staff/Need	Doses shipped to date	Staff - doses to date	Doses Assigned to Provider	Estimated Staff/Need	Doses shipped to date	Staff - doses to date	Doses Assigned to Provider
ALAMEDA	Local Health Department	15,000	6,000	9,000		15,000	6,000	9,000	
ALAMEDA	Hospital A	20	0	20		30	0	30	
ALAMEDA	Clinic	100	30	70		500	300	200	
ALAMEDA	Hospital B	80	20	60		60	40	20	
ALAMEDA	Long Term Care	100	30	70		1480	400	1080	
ALAMEDA	Dialysis Center	210	30	180		210	100	110	
ALAMEDA	Prison Clinic	410	100	310		280	160	120	
ALAMEDA	Hospital C	2000	300	1700		5000	1500	3500	
ALAMEDA	Hospital D	240	60	180		500	400	100	
ALAMEDA	Clinic	20	10	10		500	300	200	
ALAMEDA	Clinic	70	10	60		90	30	60	
ALAMEDA	Clinic	60	30	30		100	100	0	




Developing Guidance for Limited Supplies

- Review of existing national recommending bodies: NASEM, ACIP, others



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



Advisory Committee on Immunization Practices (ACIP)

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
Tom Harkin Global Communications Center, Kent "Oz" Nelson Auditorium
Atlanta, Georgia 30329

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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**



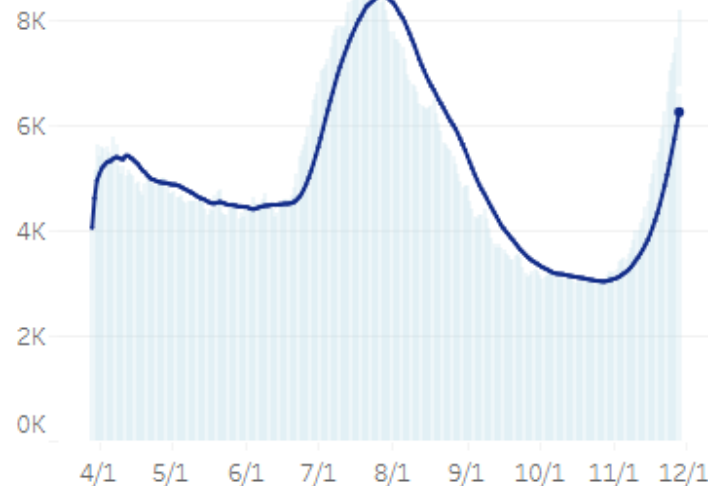
Why Prioritize Health Care Workers?

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

COVID-19 hospitalized patients in California

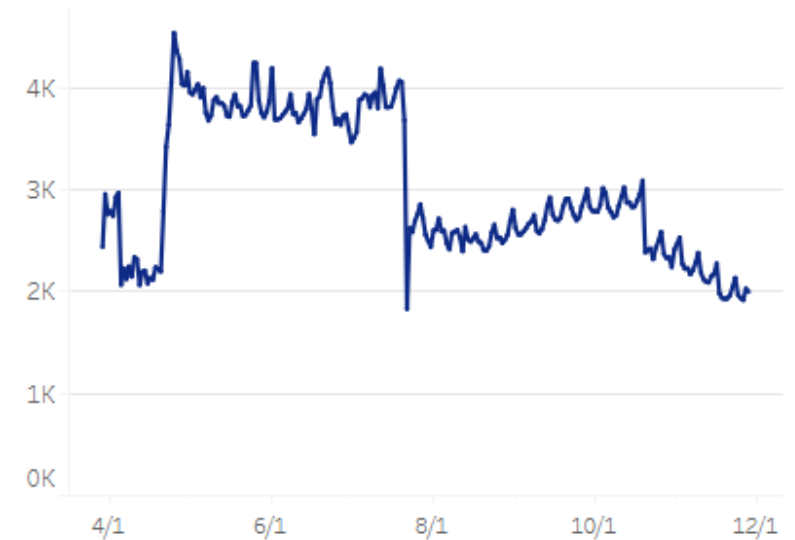
Hospitalized ICU

8,198 COVID-19 hospitalized patients
+514 patients
6.3% increase from prior day



ICU beds in California

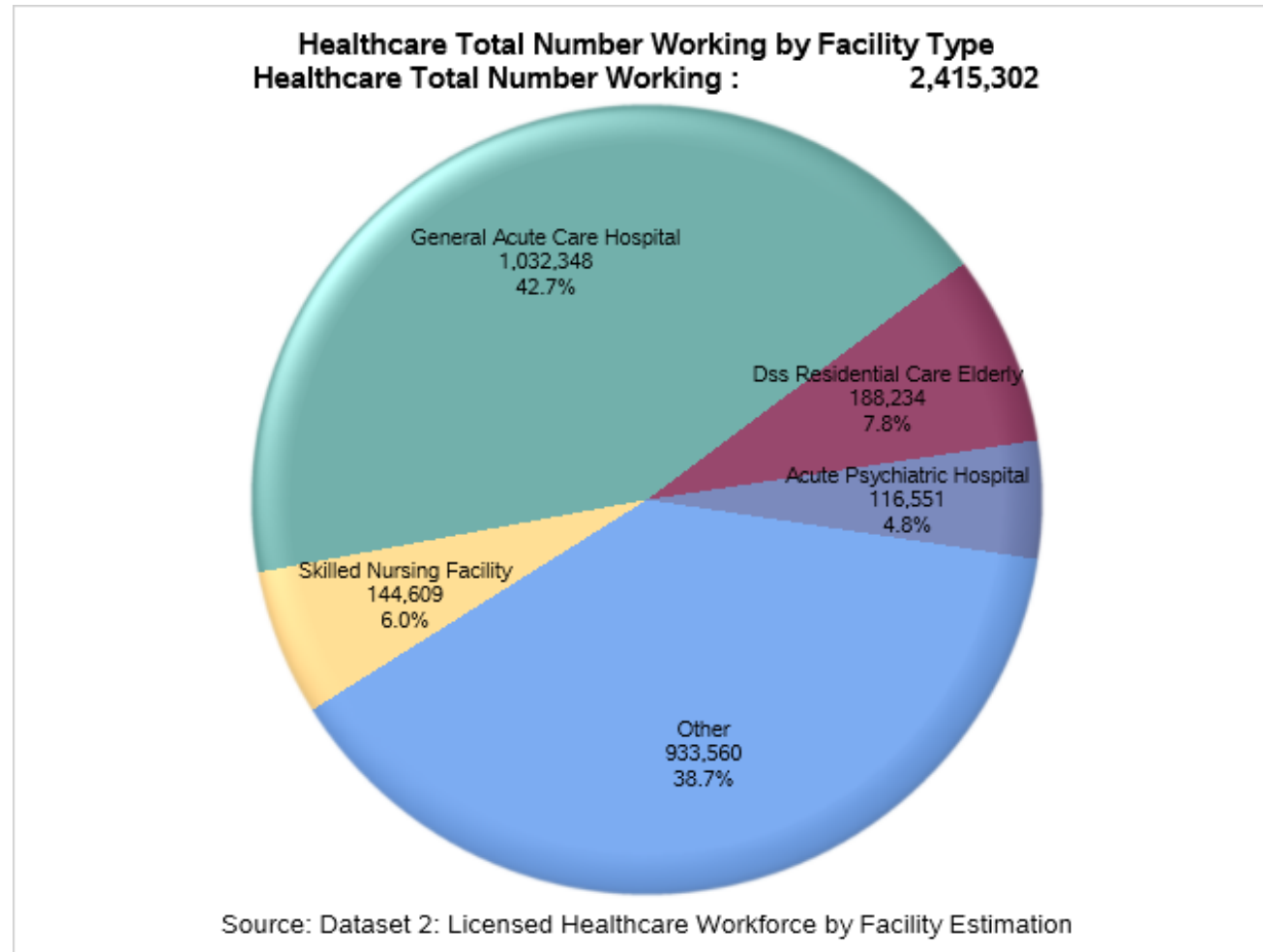
1,990 ICU beds available
29 decrease from prior day



California Department Of
PublicHealth

<https://covid19.ca.gov/state-dashboard/>

Healthcare Workers by Facility Type



Why Prioritize Residents in SNFs and ALFs?

% CA Population

≤1% (300-400K)

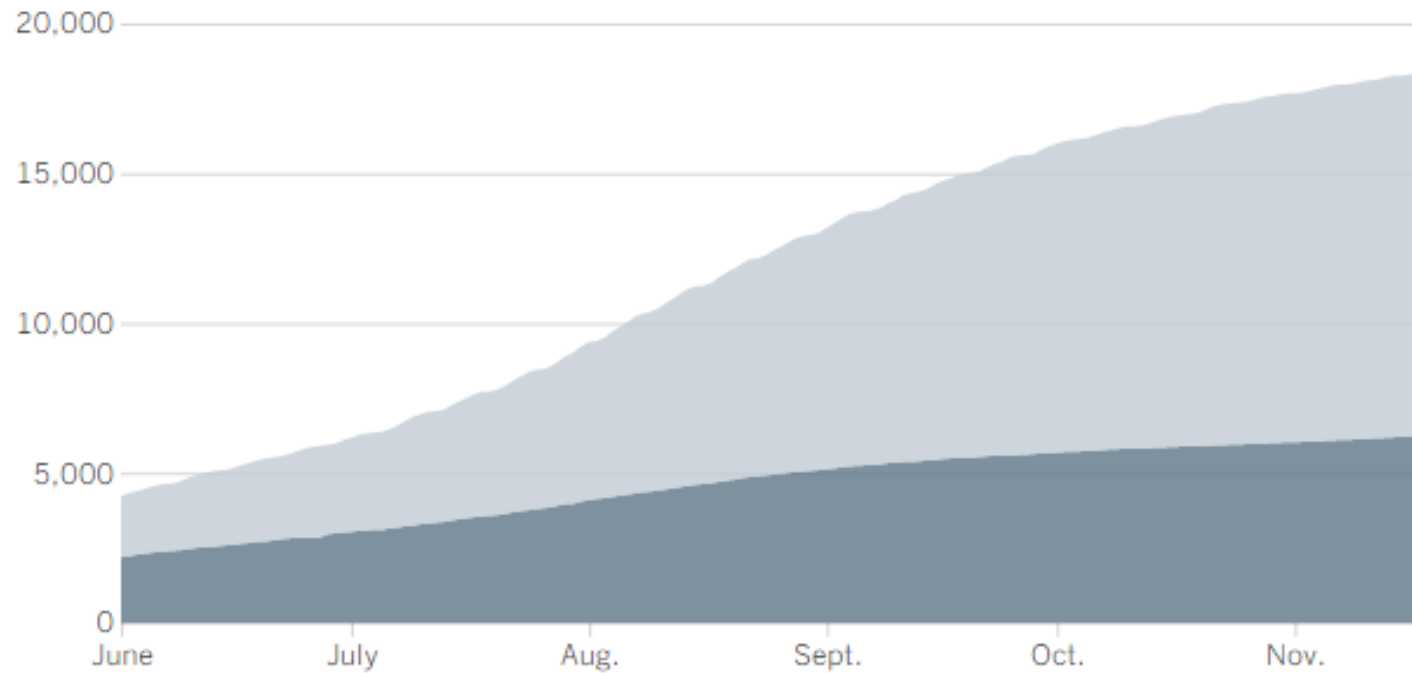
COVID-19 Cases

6%

COVID-19 Deaths

34%

Deaths at nursing homes vs. elsewhere



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

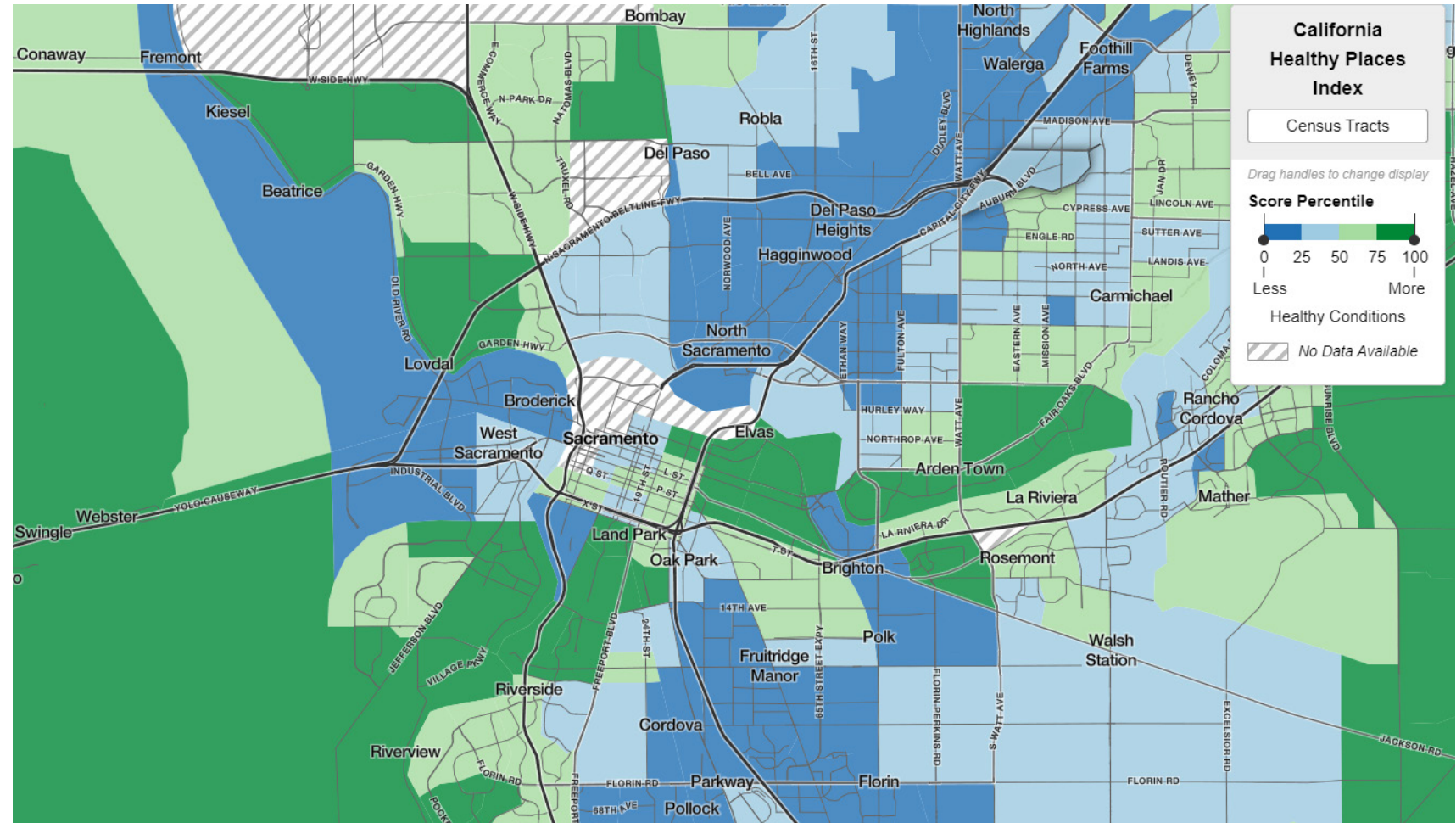
When there aren't enough doses to reach all workers in a category (e.g., acute care hospitals), health departments should prioritize supplies to facilities serving the greatest proportion of vulnerable persons in their catchment area, using:

- **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

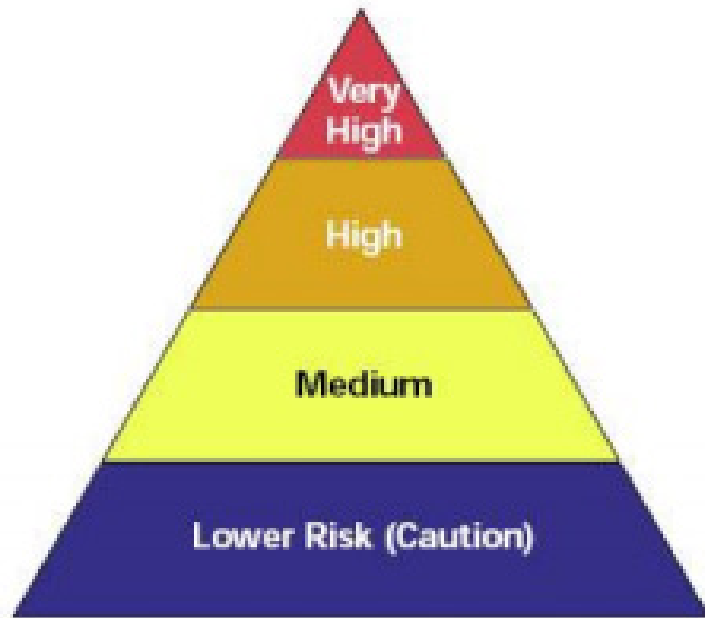
If there are not enough doses to reach all workers at risk in a facility, **Health departments** may allocate doses for facilities to protect workers at higher risk of occupational exposure to SARS-CoV-2 before those at lower risk.

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

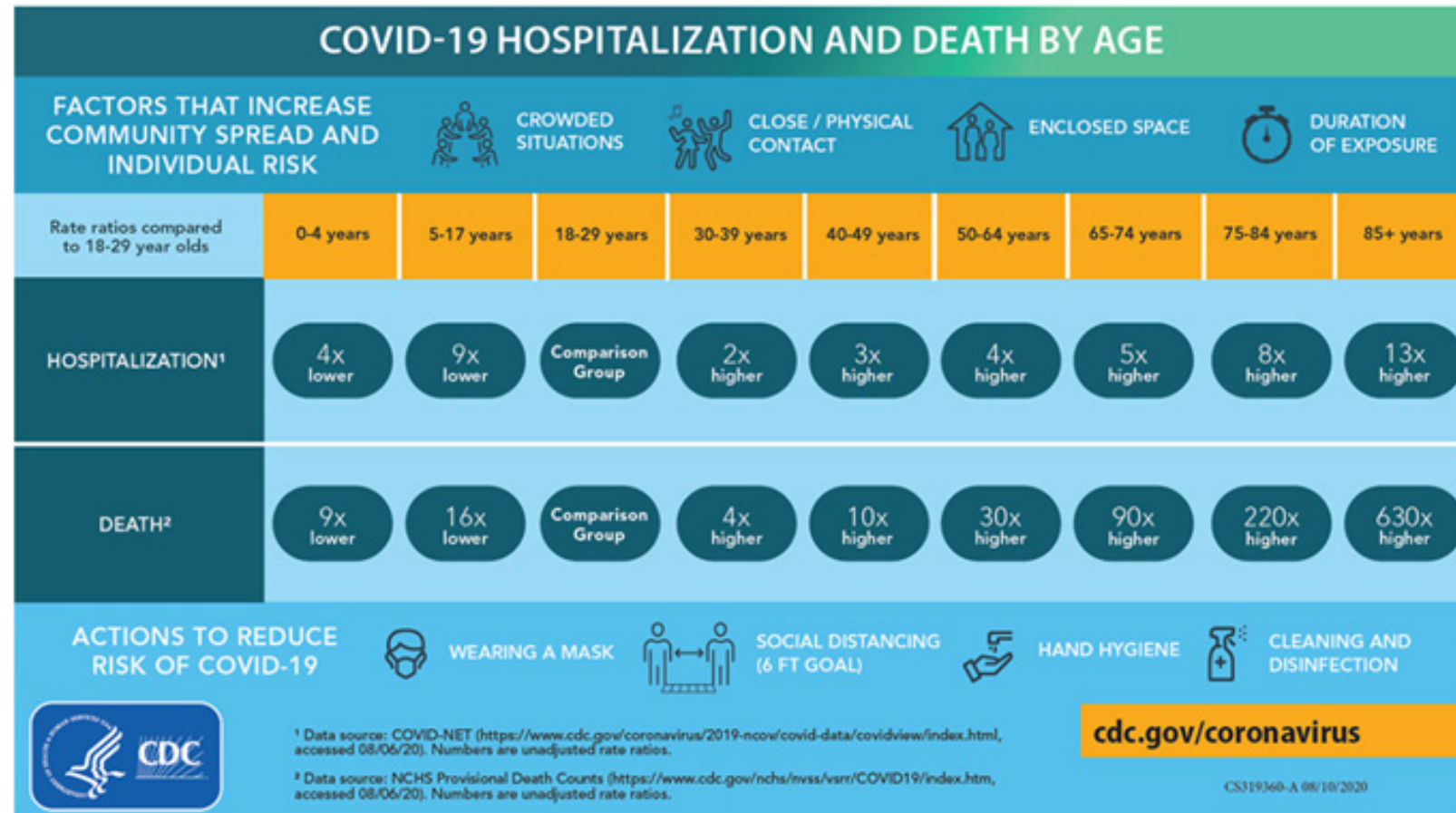
- Occupational risk of exposure to SARS-CoV-2
- Descending age:
 - 65 years and older
 - 55-64 years
 - Younger than 55 years
- Other attributes supported by evidence, including but not limited to underlying medical conditions, race and ethnicity. (To support immunization of these workers, facilities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



Prioritizing by Attribute of Workers



Exposure risk at work setting



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)

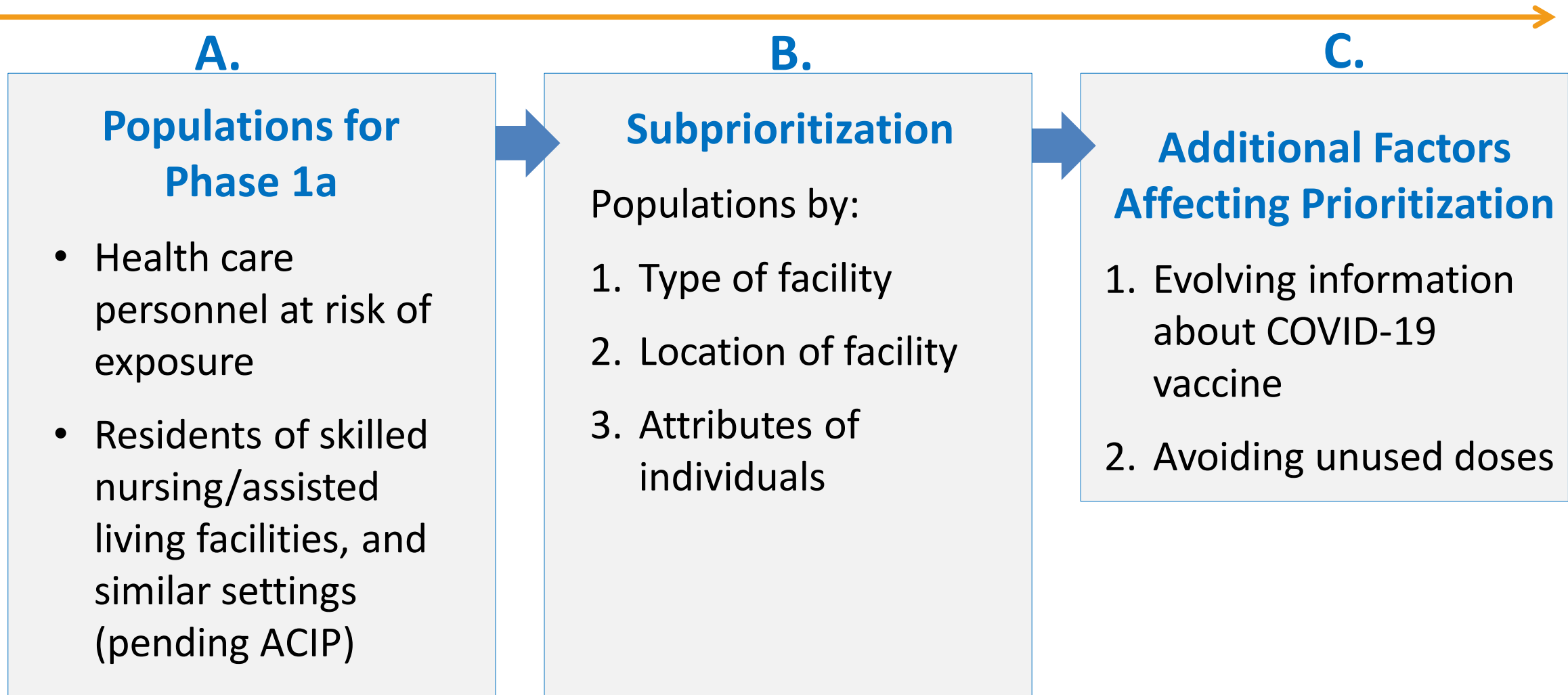
B.

Subprioritization

Populations by:

1. Type of facility
2. Location of facility
3. Attributes of individuals

C. Additional Factors



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

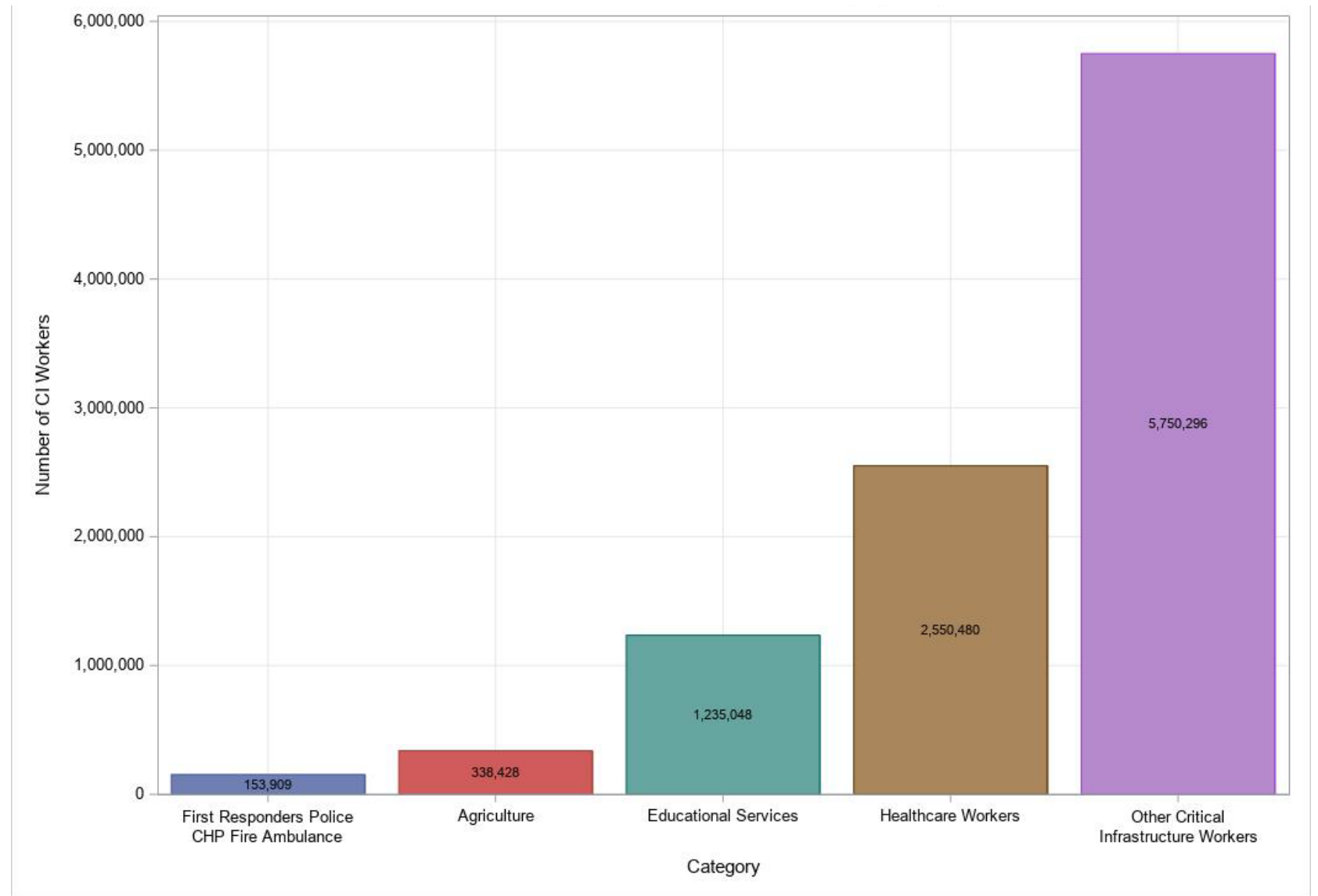


Total Critical Infrastructure Workers

Critical Infrastructure Workers	Total Number
Agriculture	338,428
Educational Services	1,235,048
First Responders Police CHP Fire Ambulance	153,909
Other Critical Infrastructure Workers	5,750,296
Total Healthcare Workers	2,550,480
GACH Healthcare Workers	733,857
Healthcare Workers	1,338,750
MCE Healthcare Workers	477,873
Total Critical Infrastructure	10,028,161



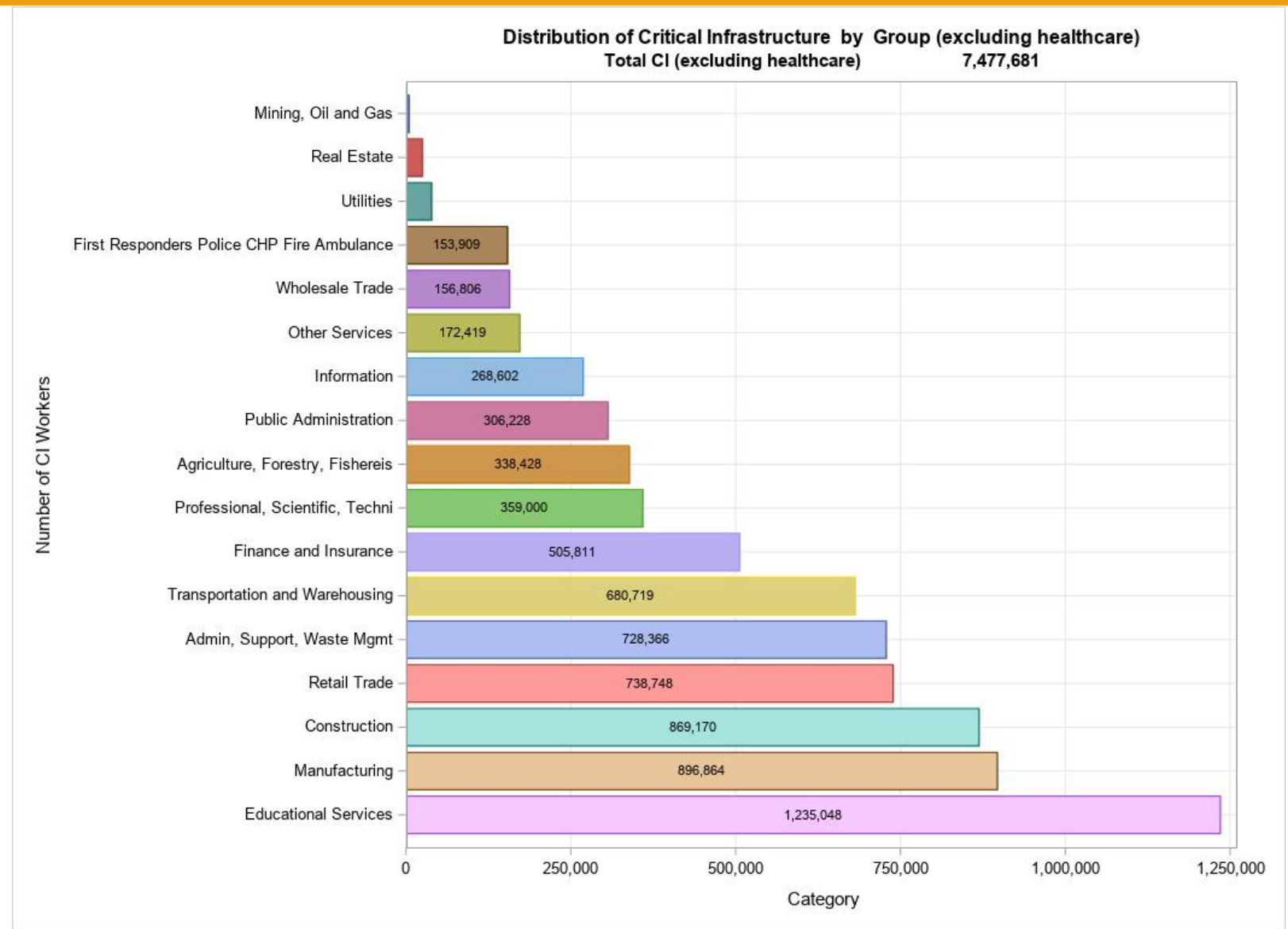
Distribution of Critical Infrastructure by Group



Distribution of Critical Infrastructure by Group

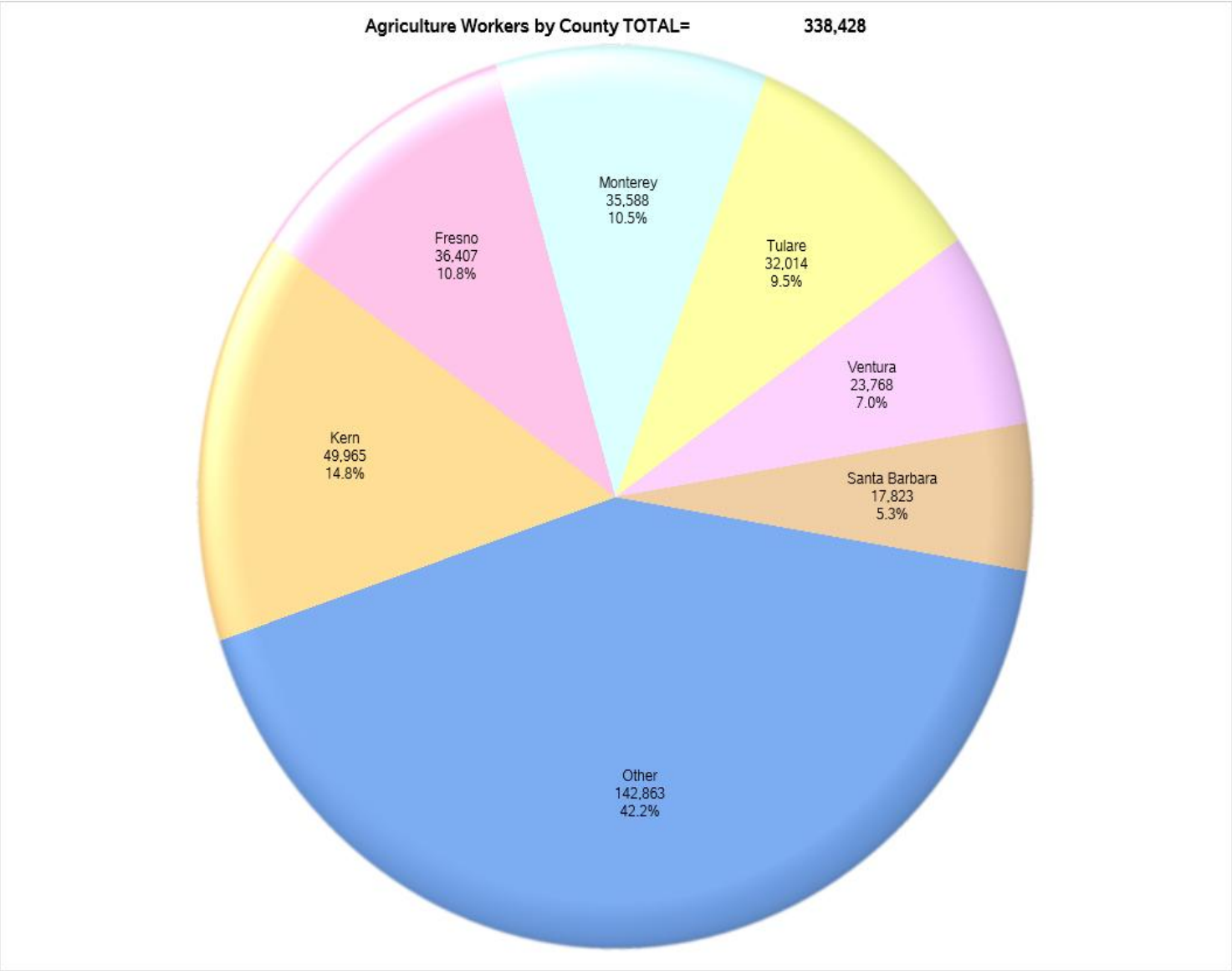
*excluding
healthcare

Total = 7,447,681



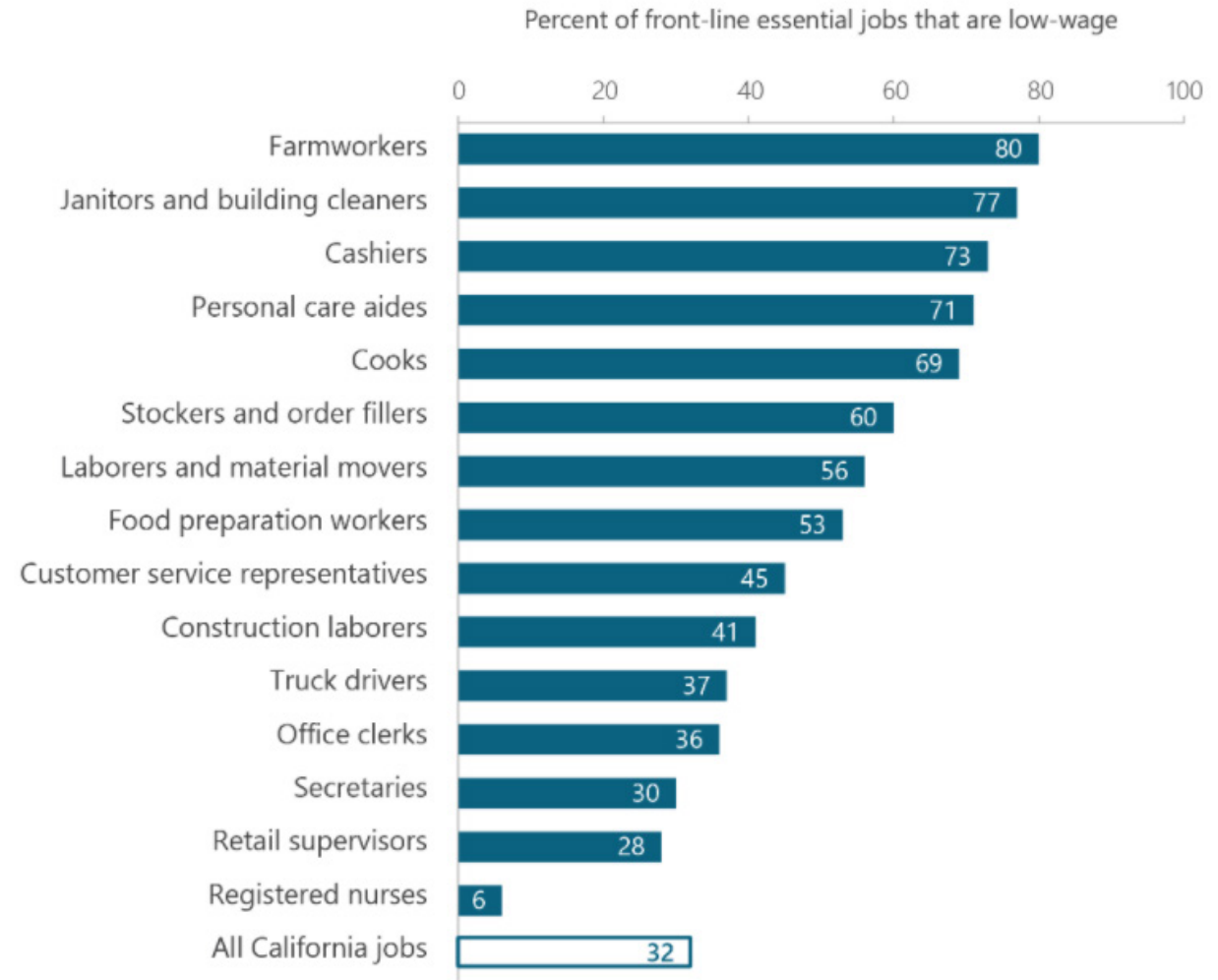
Agriculture Workers by County

Total = 338,428



Essential Workers: Low Wages, Top 15 Occ.

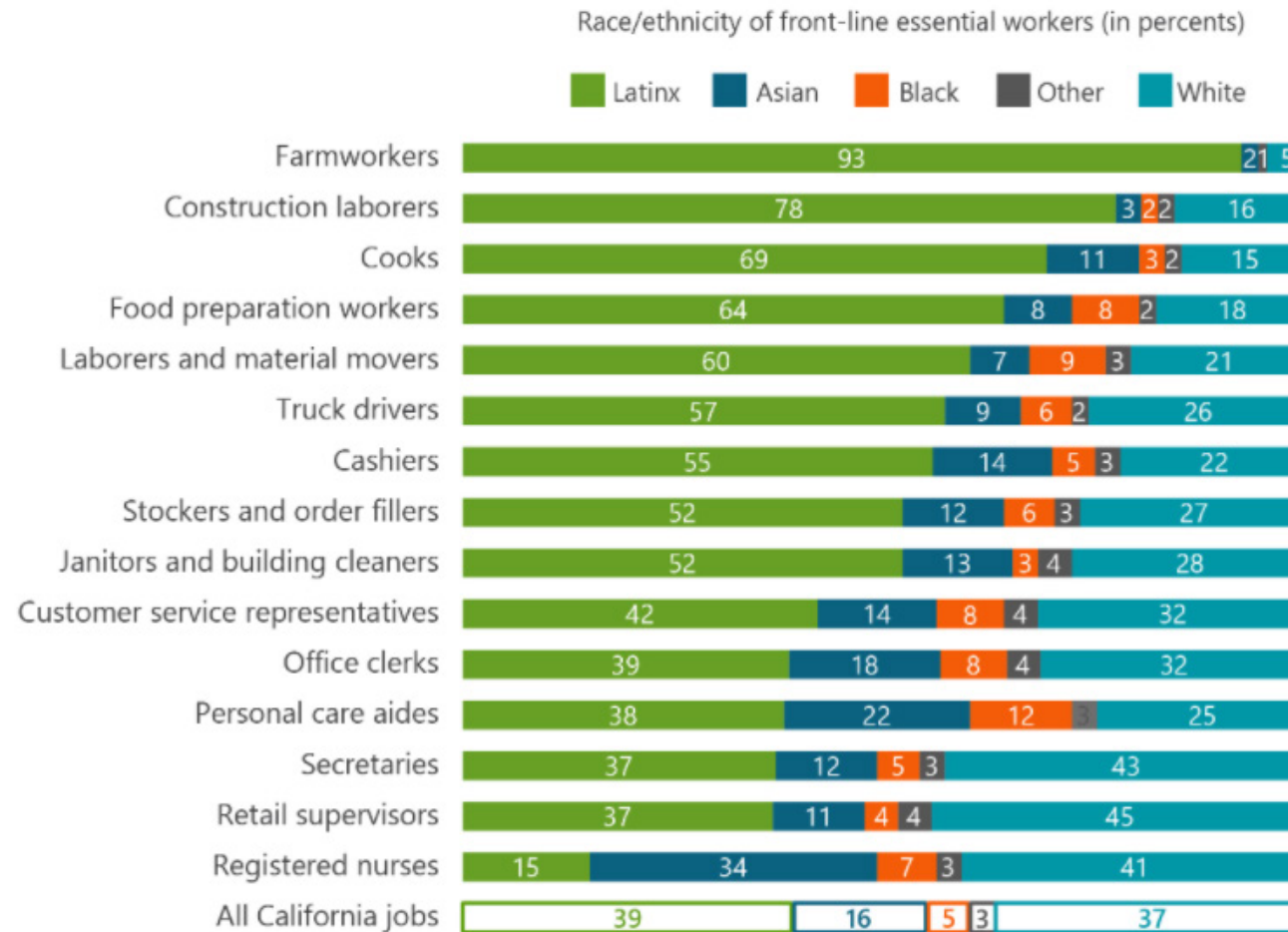
- Low wages in front-line essential jobs, top 15 occupations, California, 2018



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

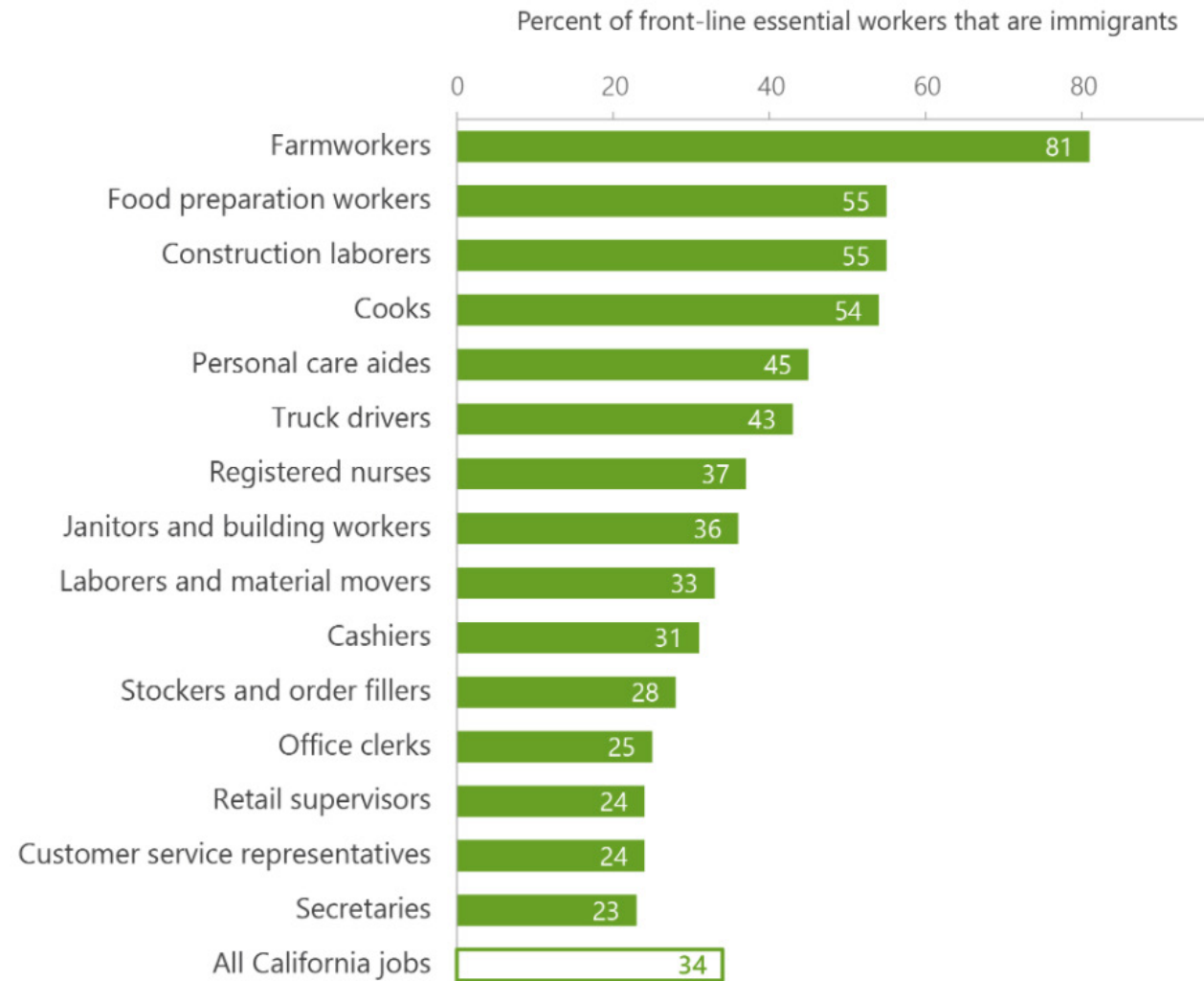


Source: UC Berkeley Labor Center (May 14, 2020)



Essential Workers: Nativity, Top 15 Occ.

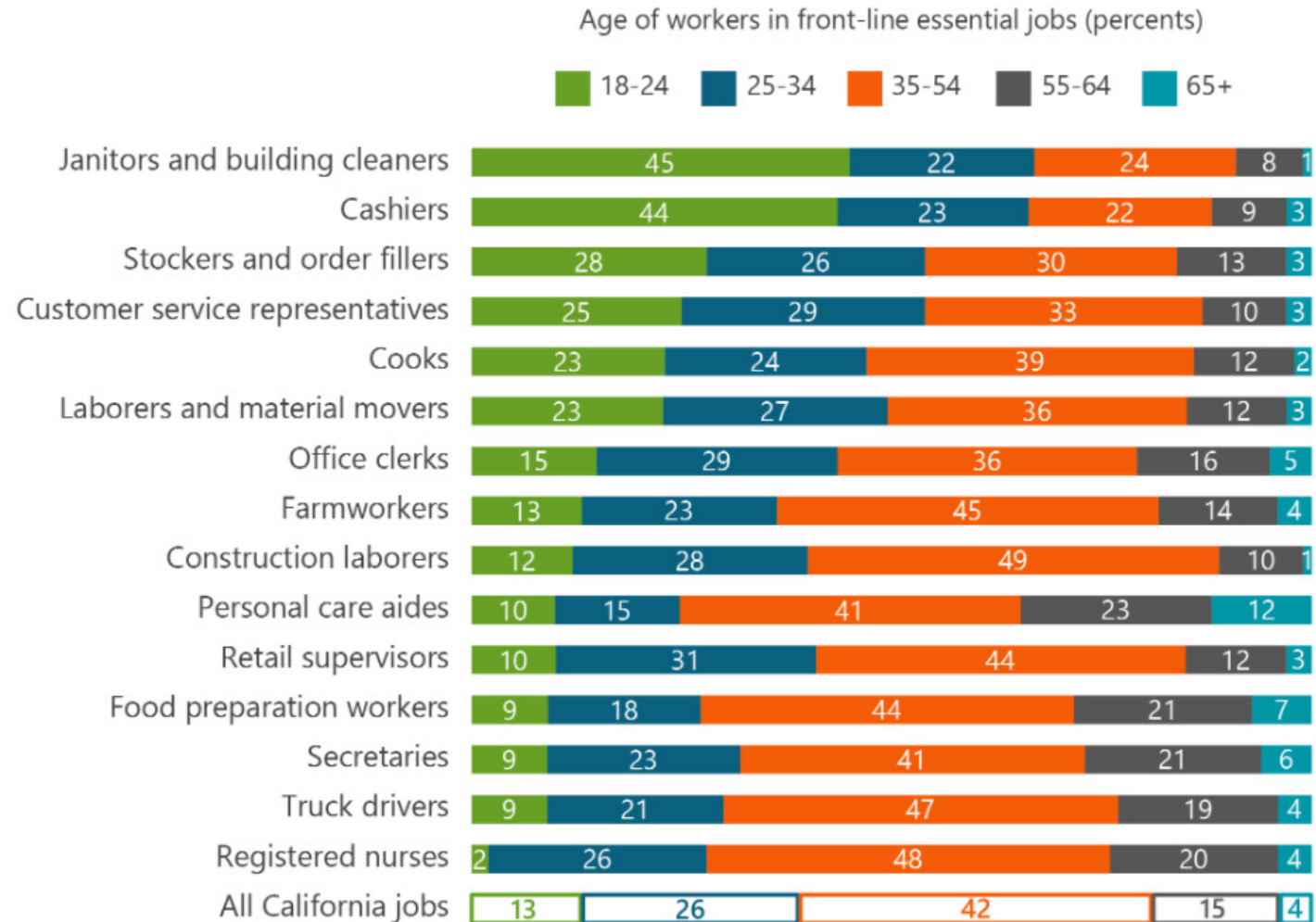
- Nativity of front-line essential workers, top 15 occupations, California, 2018



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)

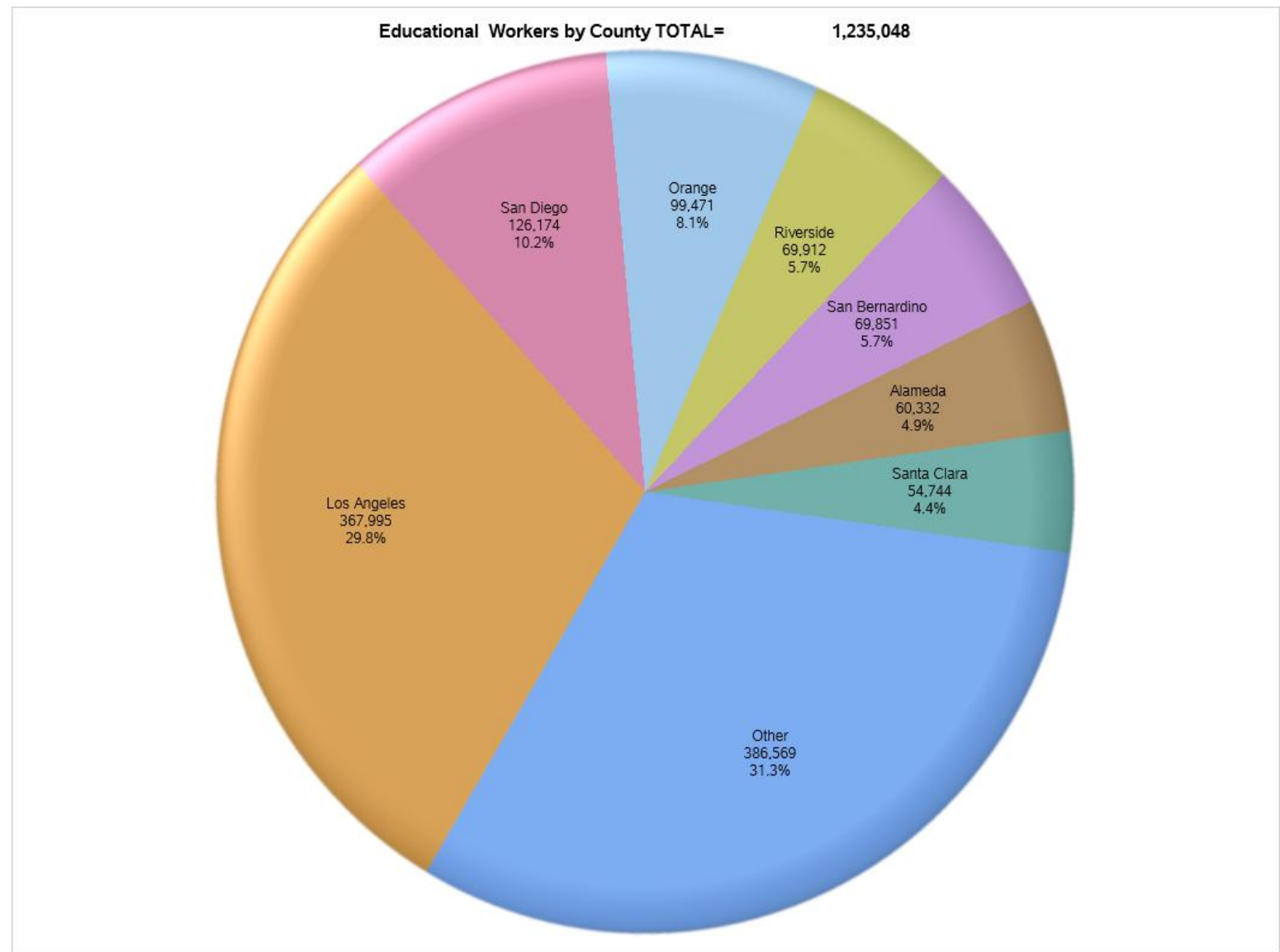
NASEM Priority Occupation List (Phase 2)

- 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



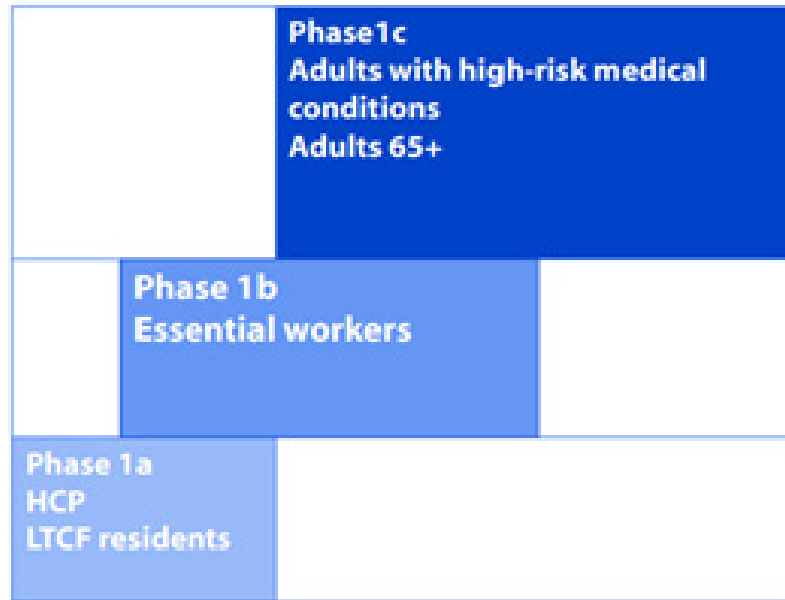
NASEM Priority Occupation List (Phase 2)

- 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?

Proposed Interim Phase 1 Sequence



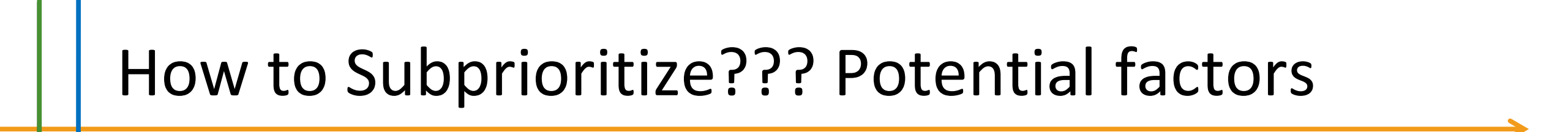
1) Do ACIP members agree with healthcare personnel and LTCF residents in Phase 1a?

2) Do ACIP members agree with essential workers (non-healthcare) in Phase 1b?

3) Do ACIP members agree with adults with high-risk medical conditions and adults 65 years and older in Phase 1c?

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

