

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

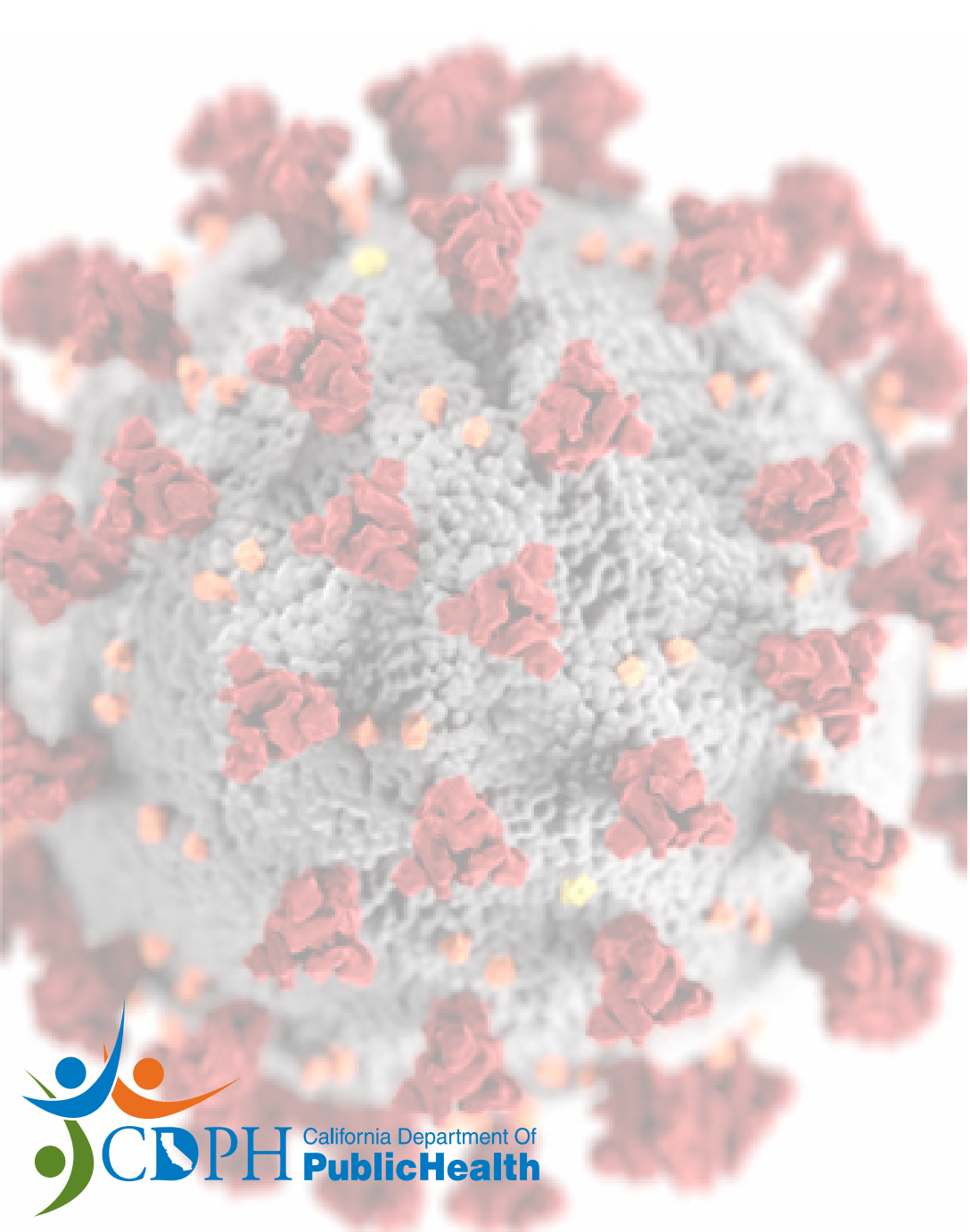
**COMMUNITY VACCINE ADVISORY
COMMITTEE**

MEETING #3

December 9, 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

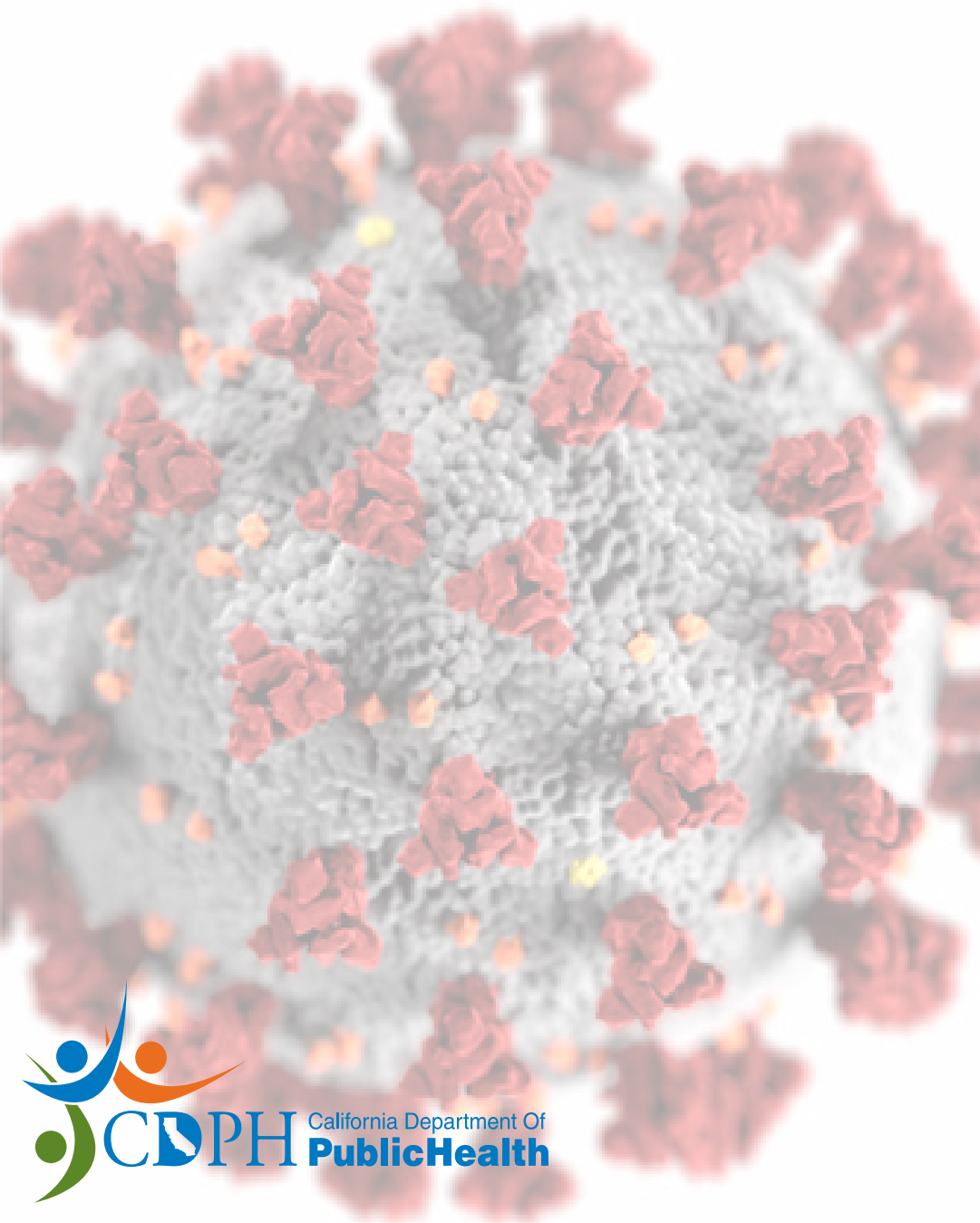
- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Use hand raise icon when you are ready to make comments/ask questions
- Consistent attendance by members; no delegates or substitutes
- Today we will be having ASL Interpreter and closed captioning for members
- Website - <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; Spanish-language interpretation phone line
- Meeting will now be live-streamed on YouTube – https://www.youtube.com/channel/UckNEUklwtlc_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 #2



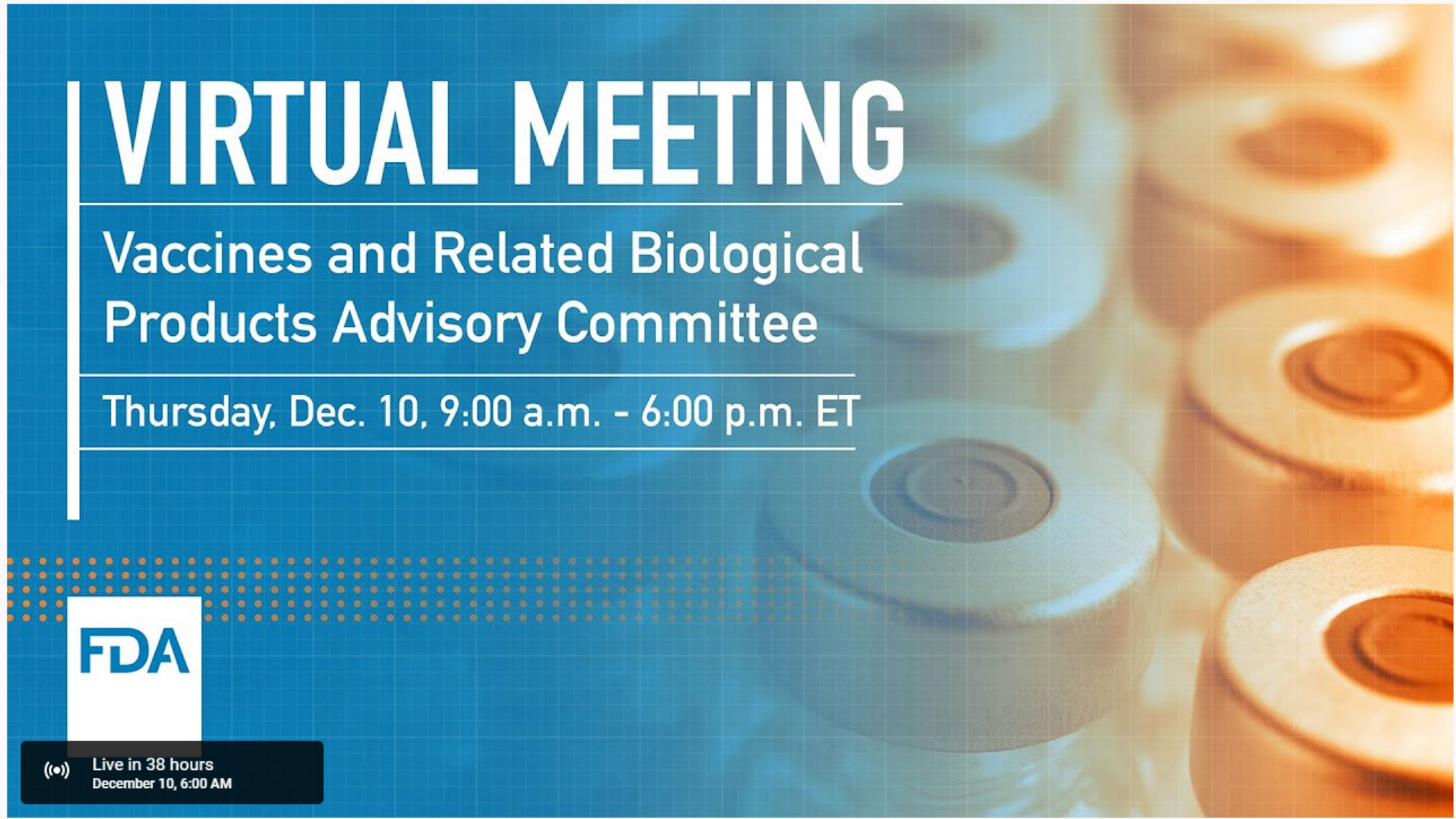
Update on Timing of Vaccine Approval by FDA and CDC



Sequence for Review...

- Phase III Data submitted to HHS
 - FDA, CDC, Advisory Committees review
- 12/10 FDA VRBPAC meeting
- 12/11 ACIP meets to review data
- FDA considers authorization
- 12/13 ACIP meets, potential vote
- CA/NV/OR/WA Scientific Safety Review Workgroup convening
- Doses poised for shipment nationwide






VIRTUAL MEETING

Vaccines and Related Biological Products Advisory Committee

Thursday, Dec. 10, 9:00 a.m. - 6:00 p.m. ET



Live in 38 hours
December 10, 6:00 AM

The background of the announcement features a close-up, shallow depth-of-field photograph of several white and orange pill capsules. The text is overlaid on a blue grid pattern that covers the left side of the image.

Vaccines and Related Biological Products Advisory Committee - 12/10/2020

FDA Briefing Package Analysis

Table 6. Final Analysis of Efficacy of BNT162b2 Against Confirmed COVID-19 From 7 Days After Dose 2 in Participants Without Evidence of Prior SARS-CoV-2 Infection - Evaluable Efficacy Population

Pre-specified Age Group	BNT162b2 N^a = 18198 Cases n1^b Surveillance Time^c (n2^d)	Placebo N^a = 18325 Cases n1^b Surveillance Time^c (n2^d)	Vaccine Efficacy % (95% CI)	Met Predefined Success Criterion*
All participants	8 2.214 (17411)	162 2.222 (17511)	95.0 (90.3, 97.6) ^e	Yes
16 to 55 years	5 1.234 (9897)	114 1.239 (9955)	95.6 (89.4, 98.6) ^f	NA
> 55 years and older	3 0.980 (7500)	48 0.983 (7543)	93.7 (80.6, 98.8) ^f	NA

<https://www.fda.gov/media/144245/download>

FDA Briefing Package Analysis

Table 9. Demographic Characteristics, Participants With Protocol Defined Case (Without Evidence of Infection Prior to 7 Days After Dose 2)

Characteristic	BNT162b2 (N^a=8) N^b (%)	Placebo (N^a=162) N^b (%)	Total (N^a=170) N^b (%)
Sex: Female	5 (62.5)	81 (50.0)	86 (50.6)
Sex: Male	3 (37.5)	81 (50.0)	84 (49.4)
Age at Vaccination: Mean years (SD)	51.4 (12.47)	47.4 (15.21)	47.6 (15.09)
Age at Vaccination: Median (years)	51	48	48
Age at Vaccination: Min, max (years)	(30, 69)	(18, 79)	(18, 79)
Age Group: 16 to < 18 years	0	0	0
Age Group: 18 to < 65 years	7 (87.5)	143 (88.3)	150 (88.2)
Age Group: ≥ 65 to < 75 years	1 (12.5)	14 (8.6)	15 (8.8)
Age Group: ≥ 75 years	0	5 (3.1)	5 (2.9)
Race: American Indian or Alaska Native	0	1 (0.6)	1 (0.6)
Race: Asian	1 (12.5)	4 (2.5)	5 (2.9)
Race: Black or African American	0	7 (4.3)	7 (4.1)
Race: Native Hawaiian or Other Pacific Islander	0	1 (0.6)	1 (0.6)
Race: White	7 (87.5)	146 (90.1)	153 (90.0)
Race: Multiracial	0	1 (0.6)	1 (0.6)
Race: Not reported	0	2 (1.2)	2 (1.2)
Ethnicity: Hispanic or Latino	3 (37.5)	53 (32.7)	56 (32.9)
Ethnicity: Not Hispanic or Latino	5 (62.5)	109 (67.3)	114 (67.1)
Ethnicity: Not reported	0	0	0
Comorbidities ^c : Yes	4 (50.0)	86 (53.1)	90 (52.9)
Comorbidities: No	4 (50.0)	76 (46.9)	80 (47.1)
Comorbidity: Obesity	3 (37.5)	67 (41.4)	70 (41.2)

<https://www.fda.gov/media/144245/download>

FDA Briefing Package Analysis

Table 18. Frequency of Solicited Systemic Adverse Events Within 7 Days After Each Vaccination-Reactogenicity Subset of the Phase 2/3 Safety Population*, >55 Years of Age and Older

Adverse Event	BNT162b2	Placebo	BNT162b2	Placebo
	Dose 1 N=1802 n (%)	Dose 1 N=1792 n (%)	Dose 2 N=1660 n (%)	Dose 2 N=1646 n (%)
Fever				
≥38.0°C	26 (1.4)	7 (0.4)	181 (10.9)	4 (0.2)
>38.0°C to 38.4°C	23 (1.3)	2 (0.1)	131 (7.9)	2 (0.1)
>38.4°C to 38.9°C	1 (0.1)	3 (0.2)	45 (2.7)	1 (0.1)
>38.9°C to 40.0°C	1 (0.1)	2 (0.1)	5 (0.3)	1 (0.1)
>40.0°C	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)
Fatigue^a				
Any	615 (34.1)	405 (22.6)	839 (50.5)	277 (16.8)
Mild	373 (20.7)	252 (14.1)	351 (21.1)	161 (9.8)
Moderate	240 (13.3)	150 (8.4)	442 (26.6)	114 (6.9)
Severe	2 (0.1)	3 (0.2)	46 (2.8)	2 (0.1)
Headache^a				
Any	454 (25.2)	325 (18.1)	647 (39.0)	229 (13.9)
Mild	348 (19.3)	242 (13.5)	422 (25.4)	165 (10.0)
Moderate	104 (5.8)	80 (4.5)	216 (13.0)	60 (3.6)
Severe	2 (0.1)	3 (0.2)	9 (0.5)	4 (0.2)
Chills^a				
Any	113 (6.3)	57 (3.2)	377 (22.7)	46 (2.8)
Mild	87 (4.8)	40 (2.2)	199 (12.0)	35 (2.1)
Moderate	26 (1.4)	16 (0.9)	161 (9.7)	11 (0.7)
Severe	0 (0.0)	1 (0.1)	17 (1.0)	0 (0.0)

December 2020 ACIP Meeting – Welcome & COVID-19 Vaccine



The screenshot shows a Zoom meeting slide with a green header. On the left, it says "COVID 19 CORONAVIRUS DISEASE". On the right, it says "You are viewing ACIP CDC's screen" and "View Options". Below the header, the slide text reads: "ACIP COVID-19 Vaccines Work Group", "Dr. Beth Bell, Work Group Chair", and "December 1, 2020". To the right of the text is a 3D illustration of a coronavirus particle with red surface proteins and a grey core. At the bottom left of the slide is the CDC logo. The Zoom interface at the bottom shows a video player with a progress bar at 18:01 / 2:46:45, and icons for Participants (93), Chat, Share Screen, and Reactions.



Possible Vaccine Distribution Timeline – Subject to Change!

■ Pfizer
■ Moderna

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	7	8	9	10	11	12
				FDA VRBPAC ACIP		
13	14	15	16	17	18	19
ACIP				FDA VRBPAC ACIP?		
		R1: Pfizer Round 1 doses arrive?				
20	21	22	23	24	25	26
ACIP?		R1: Moderna Pfizer Round 2 doses arrive?				
		R2: Pfizer Round 2 doses arrive?				



Definition of Equity



Definition of Equity used in the NASEM Report

Definition of Equity used in the NASEM report published this year entitled *Leading Health Indicators 2030: Advancing Health, Equity, and Well-Being*:

Health equity is defined by the HHS Office of Minority Health (OMH) as, “Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”



Break



Initial Discussion of CDPH Plans for Distribution and Logistics



California's Immunization Infrastructure

- ~19 Million influenza vaccine doses given in 2019-2020 season
 - Most of these given in ~3 months
- Tens of millions of other routine vaccine doses given per year
 - High immunization rates for children, lower for adults
- Most doses administered in clinical settings
 - >90% of doses given in clinics, hospitals, pharmacies...
- Local health departments (LHDs) are a key safety net
 - <10% of seasonal influenza doses
 - Surge capacity during pandemics, outbreaks, other urgencies
 - Double the routine doses in the 2009-10 H1N1 pandemic
 - Allocate most local supplies of pandemic vaccines



Current Estimates

Date

- Mid-December:
- End of December:

1st Doses in Series (Cumulative)

1/3 M
2+ M



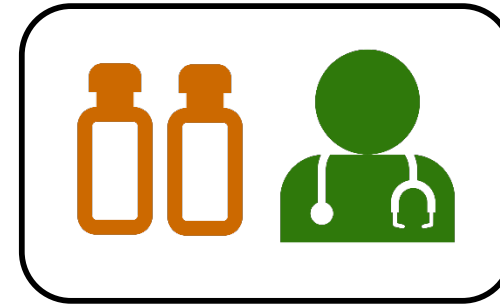
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		R1: Pfizer Round 1 doses arrive?				
20	21	22	23	24	25	26
ACIP?		R1: Moderna Pfizer Round 2 doses arrive?				
		R2: Pfizer Round 2 doses arrive?				



Step 1: CA Local Health Departments



Review enrolled providers

Review CDPH prioritization guidance

Allocate vaccine doses to enrolled providers according to guidance

Approve orders and forward them to CDPH for processing



Step 2: CA Dept. of Public Health



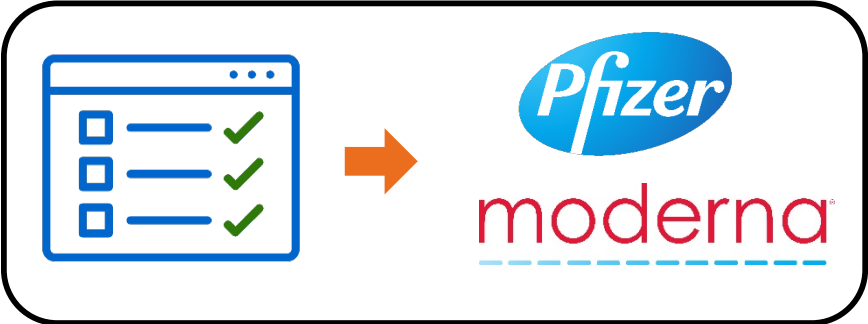
Reviews local health department order and submits it to CDC



Step 3: CDC



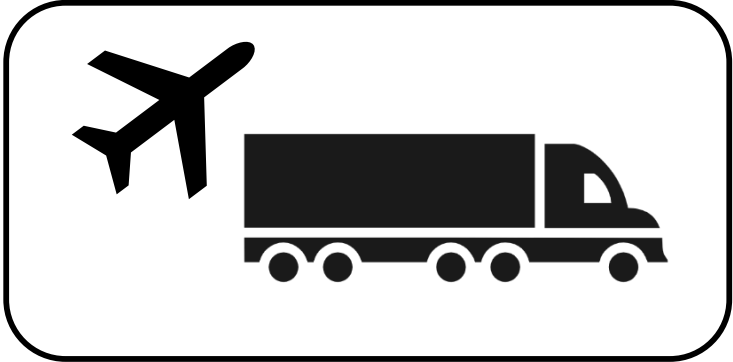
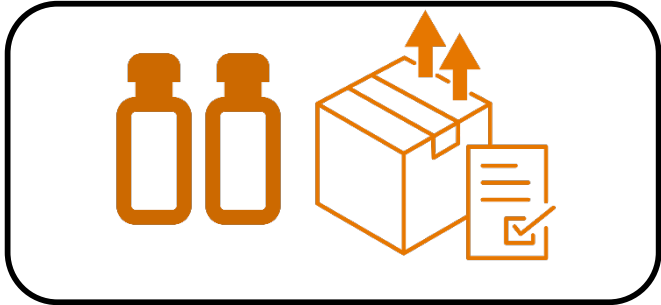
Receives and reviews California's vaccine order



Submits order to Pfizer & Moderna



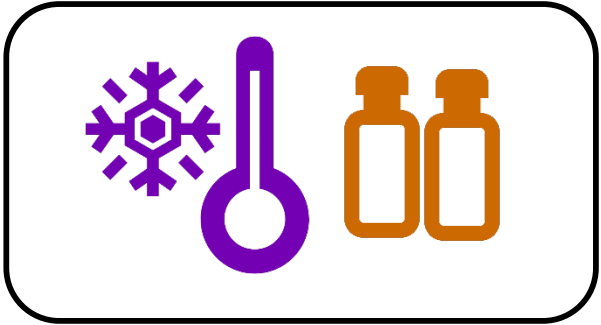
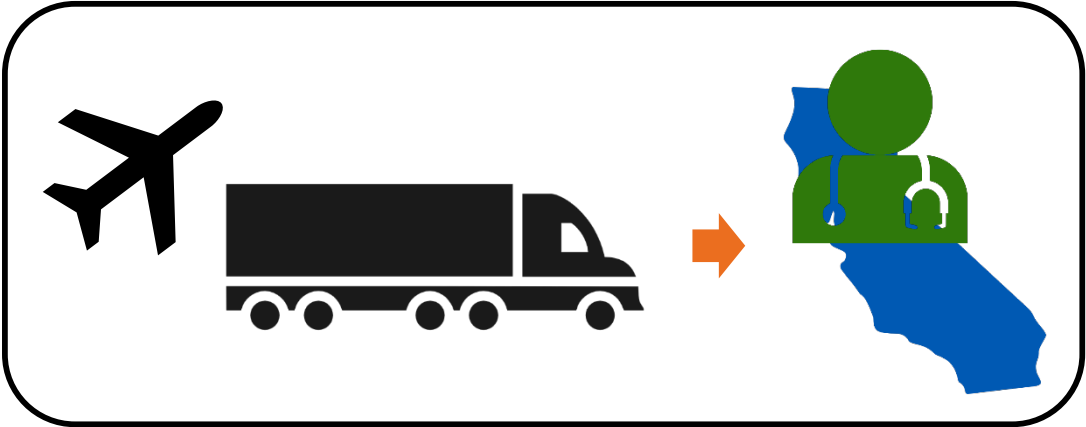
Step 4: Manufacturers Fulfill Orders



Process orders for shipment

Distribute vaccine – Pfizer does its own distribution; Moderna uses McKesson

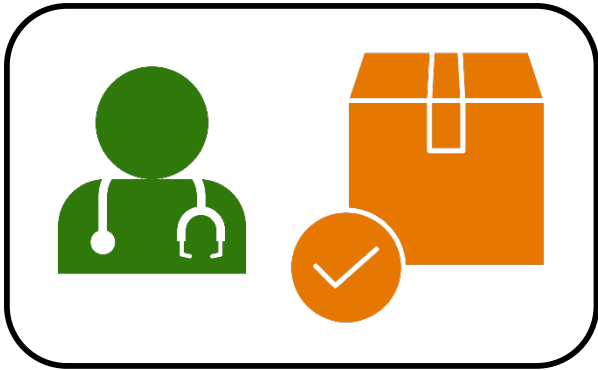
Step 5: Distributors (UPS, FedEx, DHL)



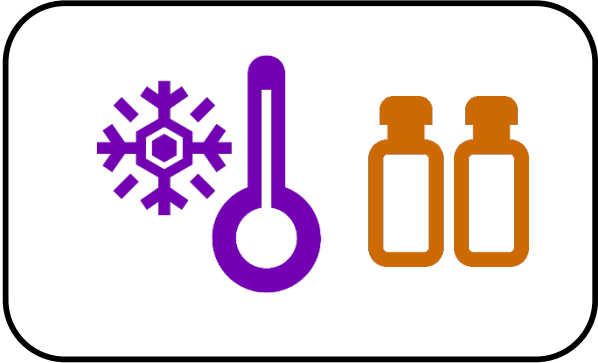
Transport vaccine to CA providers

Maintain cold-chain requirements during transport

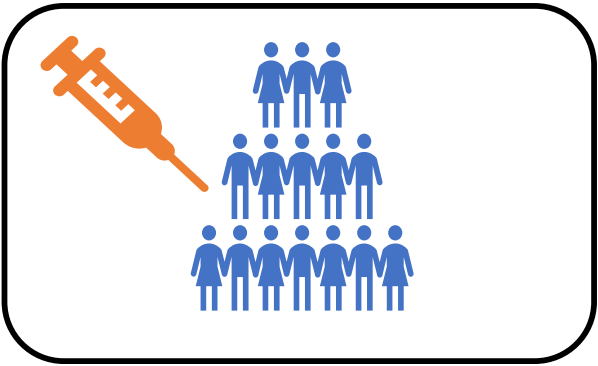
Step 6: California Providers



Receive vaccine



Store vaccine according to cold-chain requirements



Administer vaccine

Where Will Vaccines be Available?

Local mixes of settings, once supply increases...

- Routine locations

- Clinics, public and private
- Hospitals
- Pharmacies

- Special clinics

- Facilities, e.g., LTCF
 - CDC Pharmacy Partnership
- Public venues
- Workplaces
- Others...



California will share only de-identified data

The New York Times

The C.D.C.'s call for data on vaccine recipients raises an alarm over privacy.



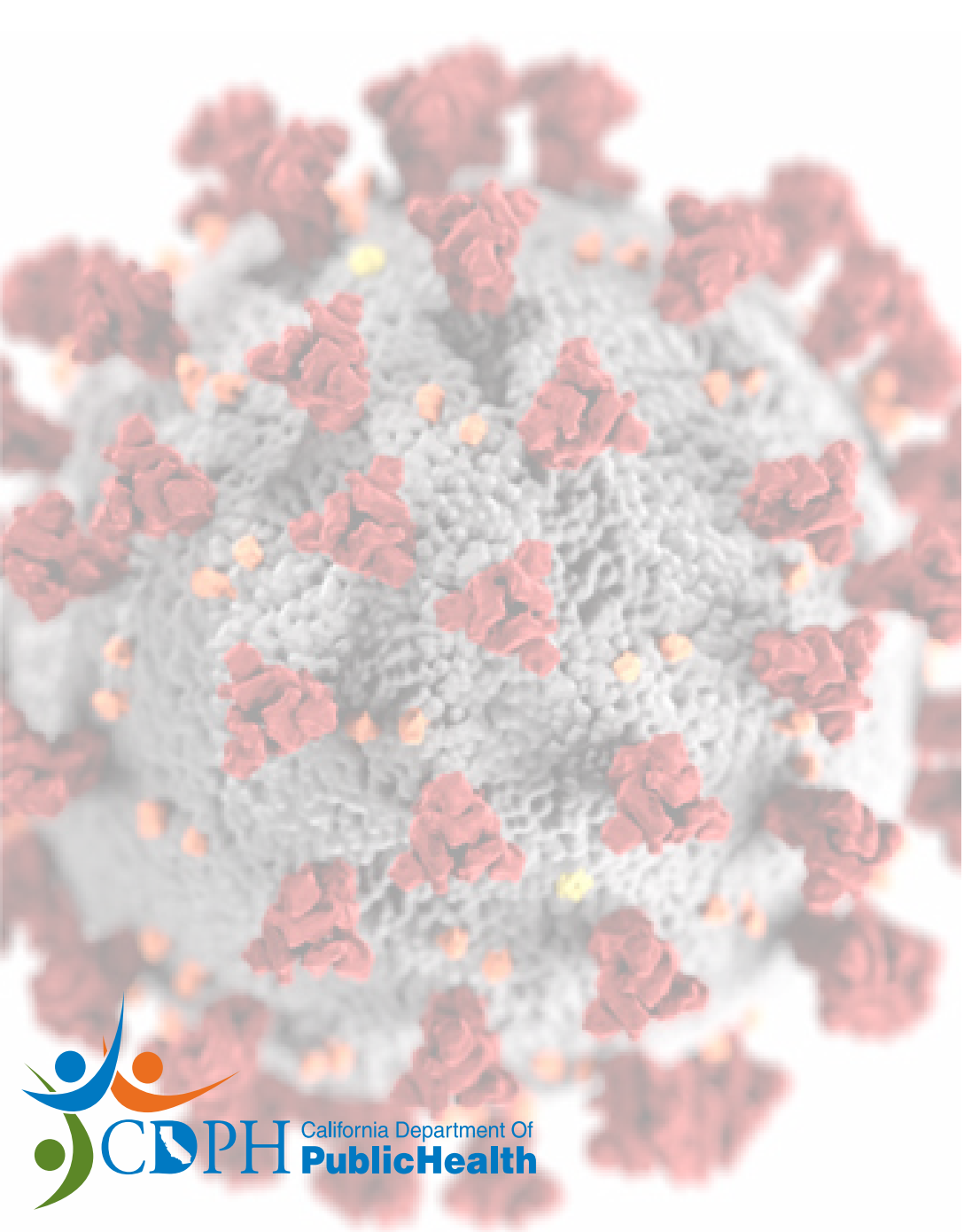
By Sheryl Gay Stolberg

Dec. 8, 2020, 6:07 a.m. ET

<https://www.nytimes.com/2020/12/08/world/the-cdcs-call-for-data-on-vaccine-recipients-raises-an-alarm-over-privacy.html>



Discussion of Phase 1b New Data and Criteria Regarding Essential Workers



California Essential Critical Infrastructure Sectors Other than Health Care and Public Health

- Emergency Services
- Food and Agriculture
- Energy
- Water and Wastewater
- Transportation and Logistics
- Communication and Information Technology
- Education and Child Care
(included in Govt operations and community-based essential functions)
- Government Operations and other Community-Based Essential Functions
- Critical Manufacturing
- Financial Services
- Chemical and Hazardous Materials
- Defense Industrial Base
- Industrial, Commercial, Residential and Sheltering Facilities and Services



Industry Versus Occupation

Industry

- Industry data shows that type of business a given job is at
- Industry data comes from administrative data reported by businesses
- Industry data is based on where they work
- Industry data is based on official unemployment insurance filings

Occupation

- The occupation data comes from a household survey
- Occupation data shows what kind of job it actually is
- Occupation data is based on where employees live
- Occupation data is based on how an employee self-identifies their work

*For instance, if a truck driver works for a lumber company, the industry is **forestry and logging**, but the occupation is **transportation**. And an accountant working for the same lumber company would have an occupation categorized as **business and financial operations**.*

Total Infrastructure Workers

Critical Infrastructure Workers	Total Number
Agriculture	989,500
Educational Services	1,337,353
First Responders Police CHP Fire Ambulance	153,909
Other Critical Infrastructure Workers	5,750,296
Total Healthcare	2,550,480
GACH Healthcare Workers	733,857
Healthcare Workers	1,338,750
MCE Healthcare Workers	477,873
Total Critical Infrastructure Workers	10,781,538

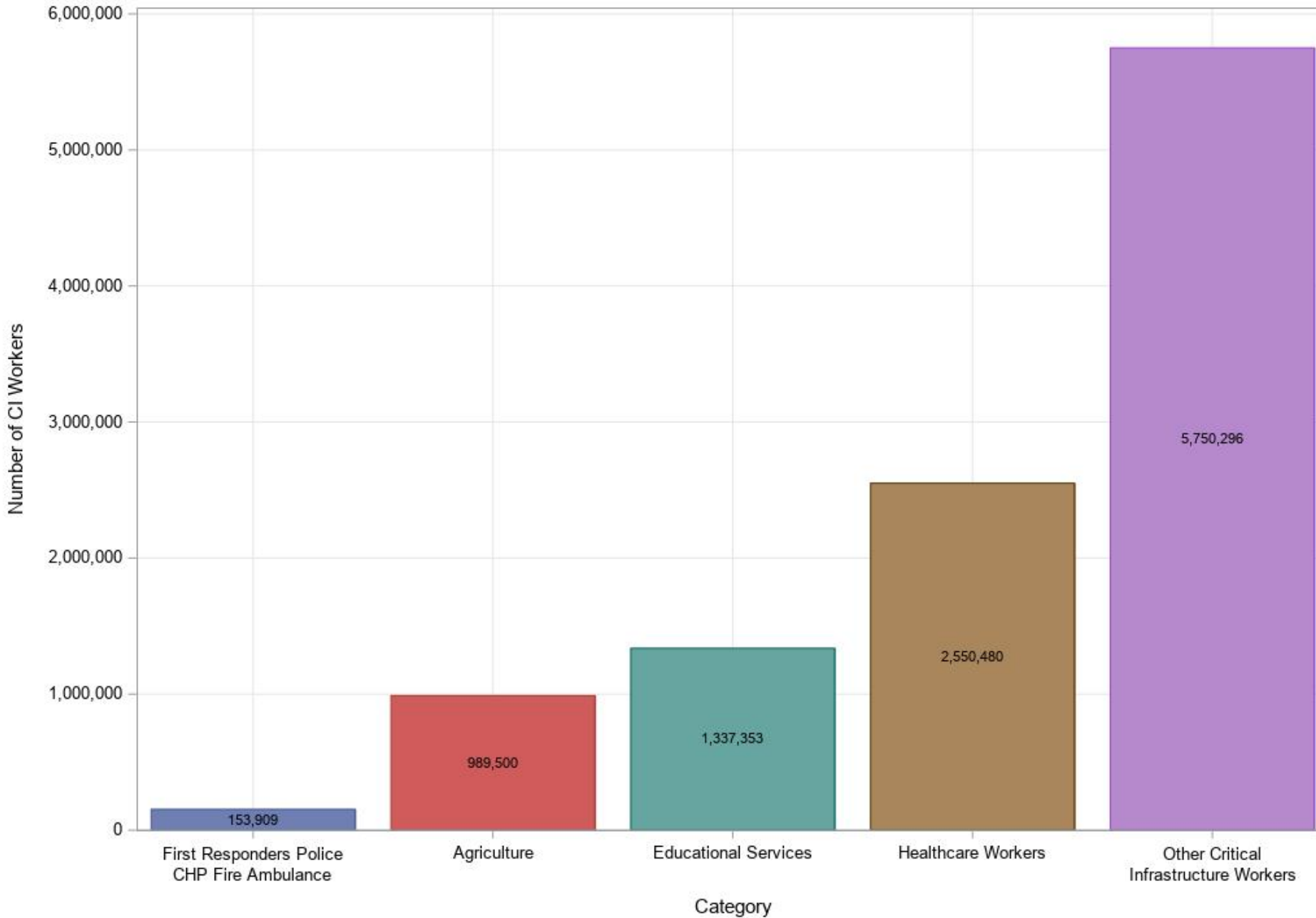


Agriculture Worker Numbers Explained

- UC Davis study: “California has a complex farm labor market in which nearly **1 million workers** fill an average of **425,000** full-time equivalent jobs.” (2016 data, no updates)
- CDPH Vaccine Data Team used first quarter data 2020 from Quarterly Census of Employment and Wages gathered statewide from all employers who eligible for unemployment insurance. **Many agriculture workers may not be in this dataset.**



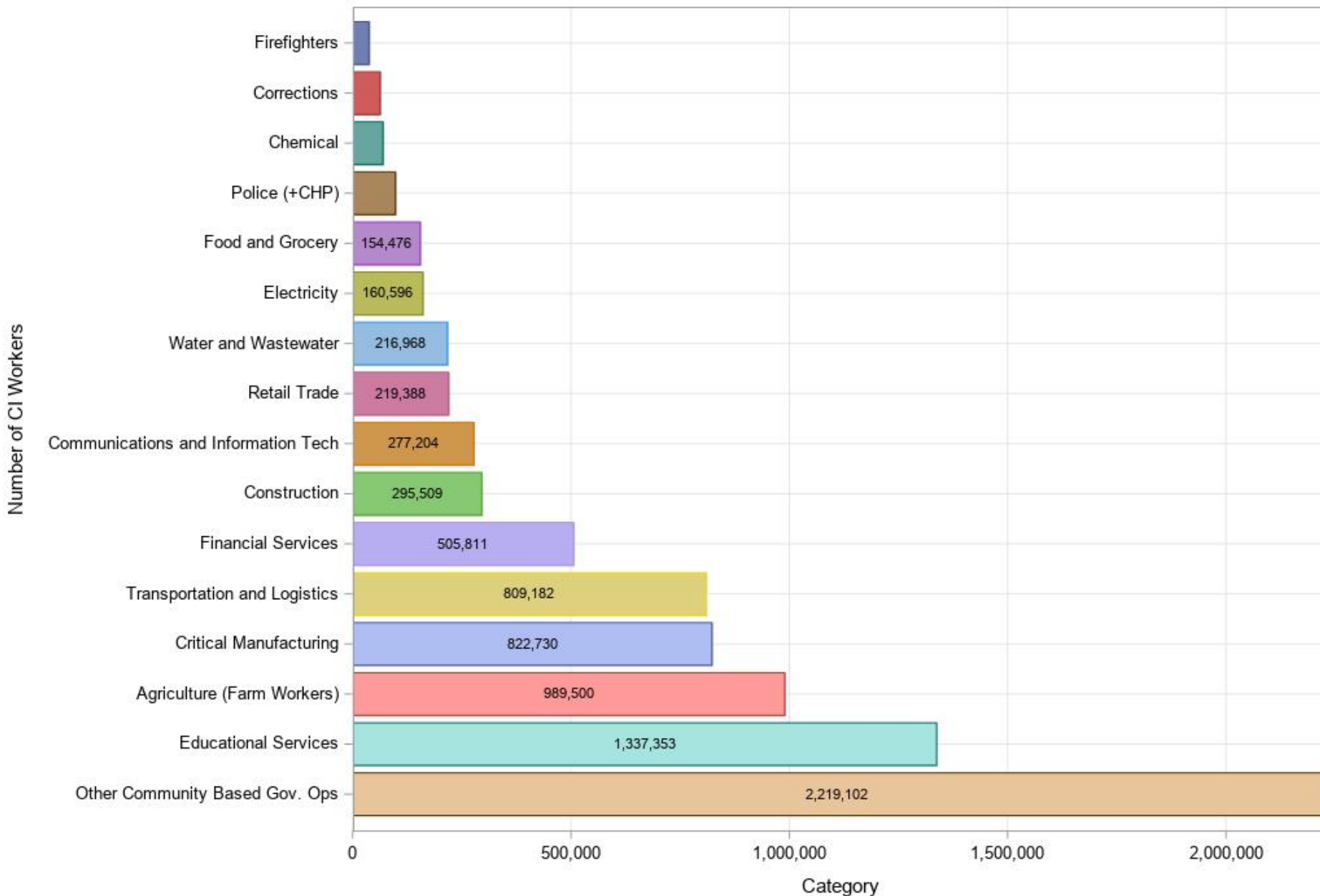
Distribution of Critical Infrastructure by Group



Critical Infrastructure by Group

Distribution of Critical Infrastructure by Group (excluding healthcare)

Total CI (excluding healthcare)= 8,274,635



Critical Infrastructure by Group

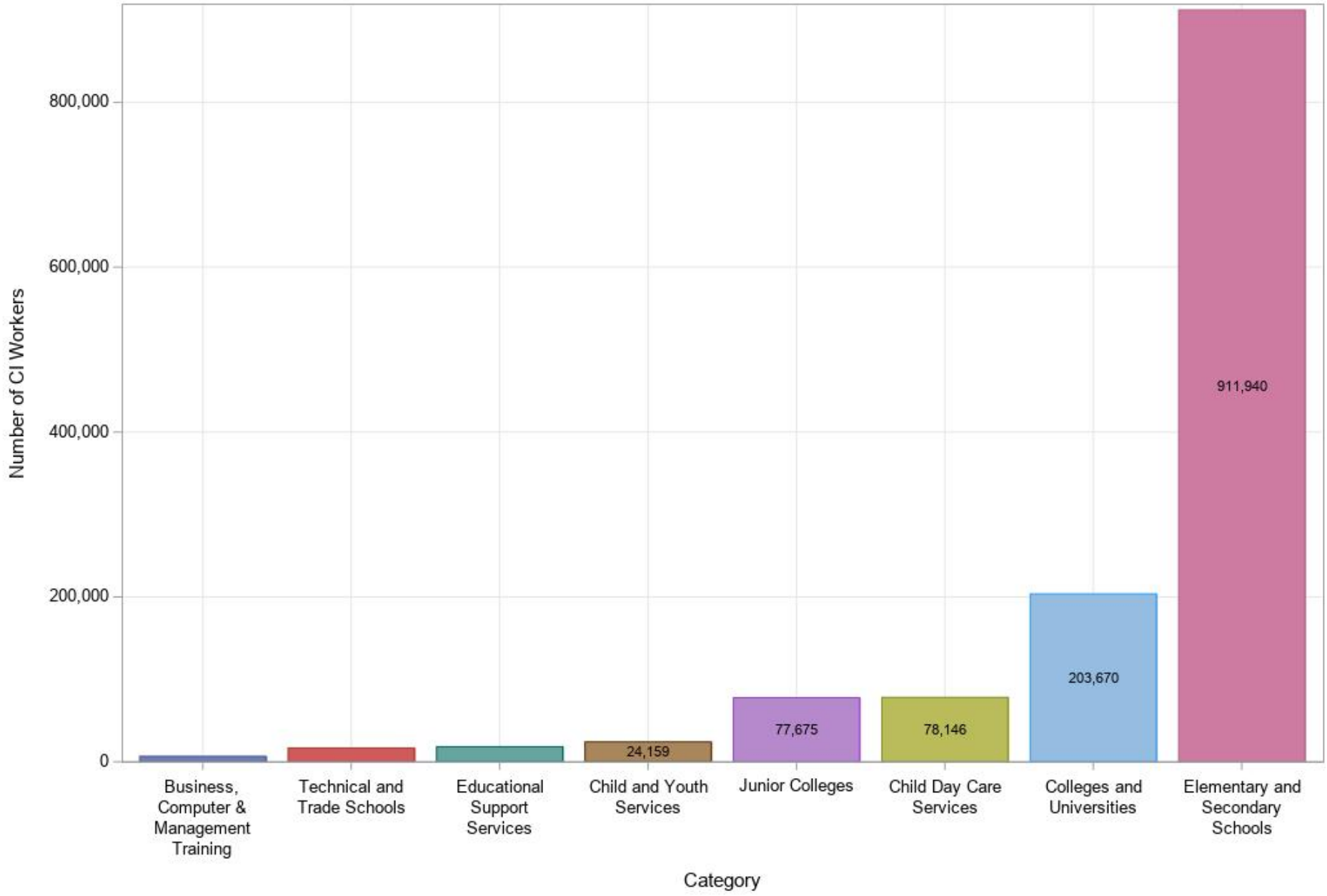
Educational Services

Sector Description	Industry Description	Employees	Establishments
Educational Services	Business, Computer & Management Training	6,641	824
Educational Services	Child Day Care Services	78,146	8,590
Educational Services	Child and Youth Services	24,159	1,217
Educational Services	Colleges and Universities	203,670	2,957
Educational Services	Educational Support Services	18,349	1,937
Educational Services	Elementary and Secondary Schools	911,940	15,045
Educational Services	Junior Colleges	77,675	376
Educational Services	Technical and Trade Schools	16,773	1,209
Total		1,337,353	32,155



Distribution of Education Workers by Industry

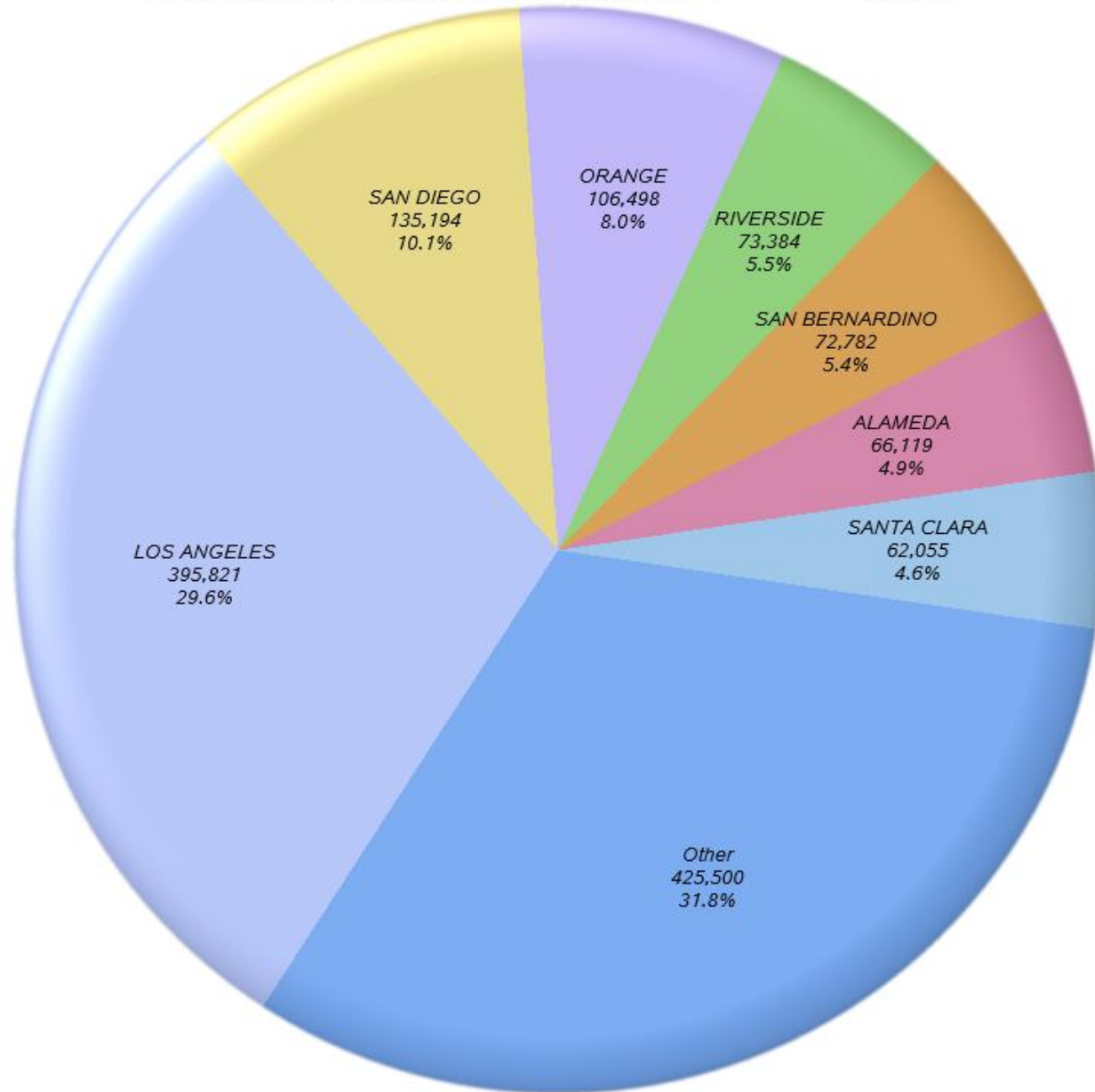
Total Education Workers: 1,337,353



Education Workers by Industry Group

Distribution of Education Workers by County TOTAL=

1,337,353



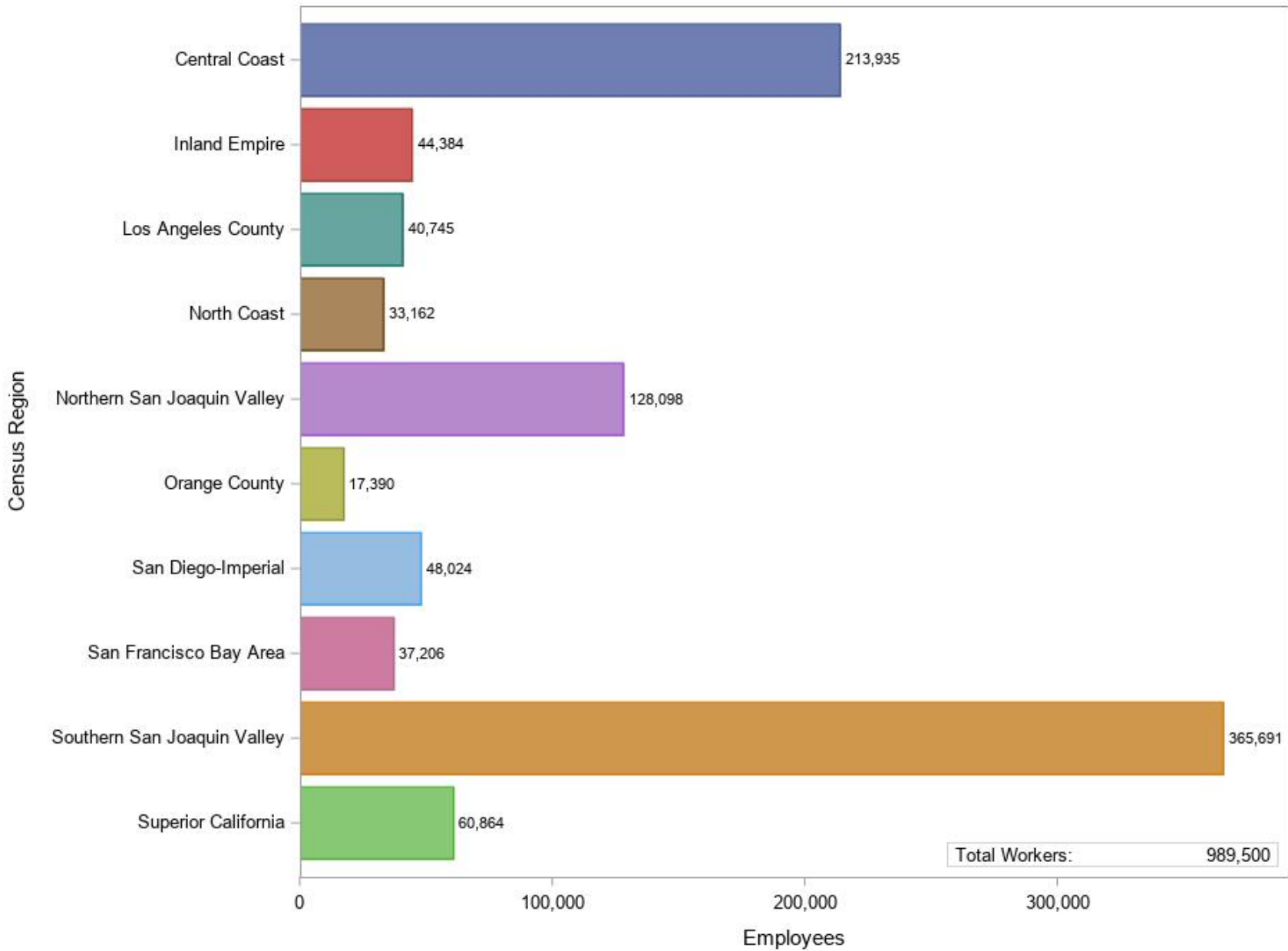
Education Workers by County

Agriculture Workers

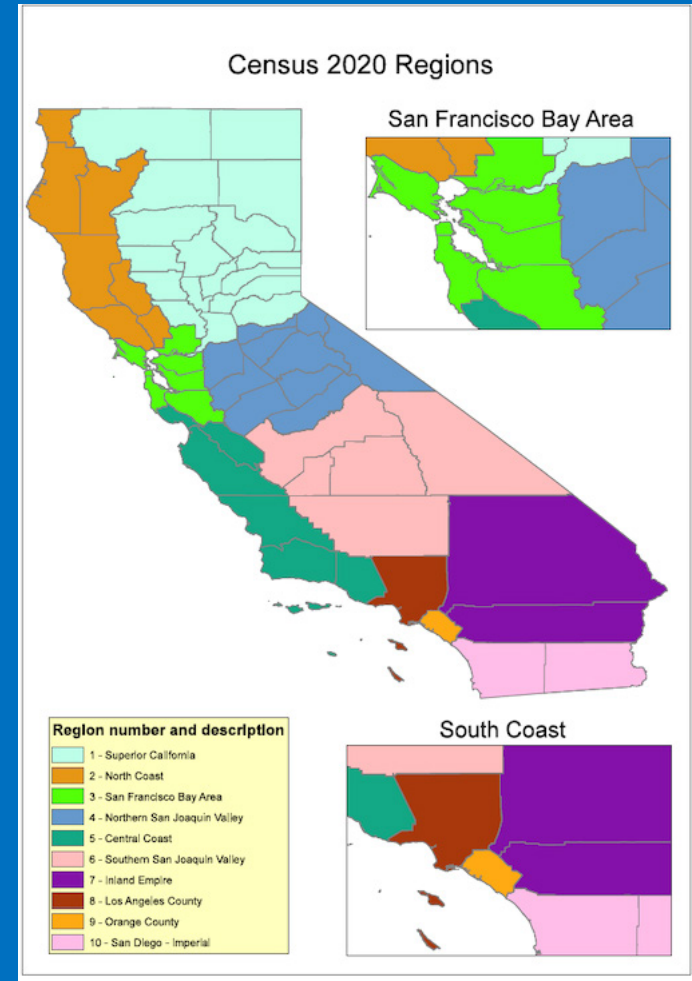
- Full-time, seasonal, and migratory workers
- Hard to count
- Most workers employed in agriculture do not work year-round
- Undocumented—hard to know exact numbers
- Need outreach to access vaccine and language and culturally appropriate vaccine information



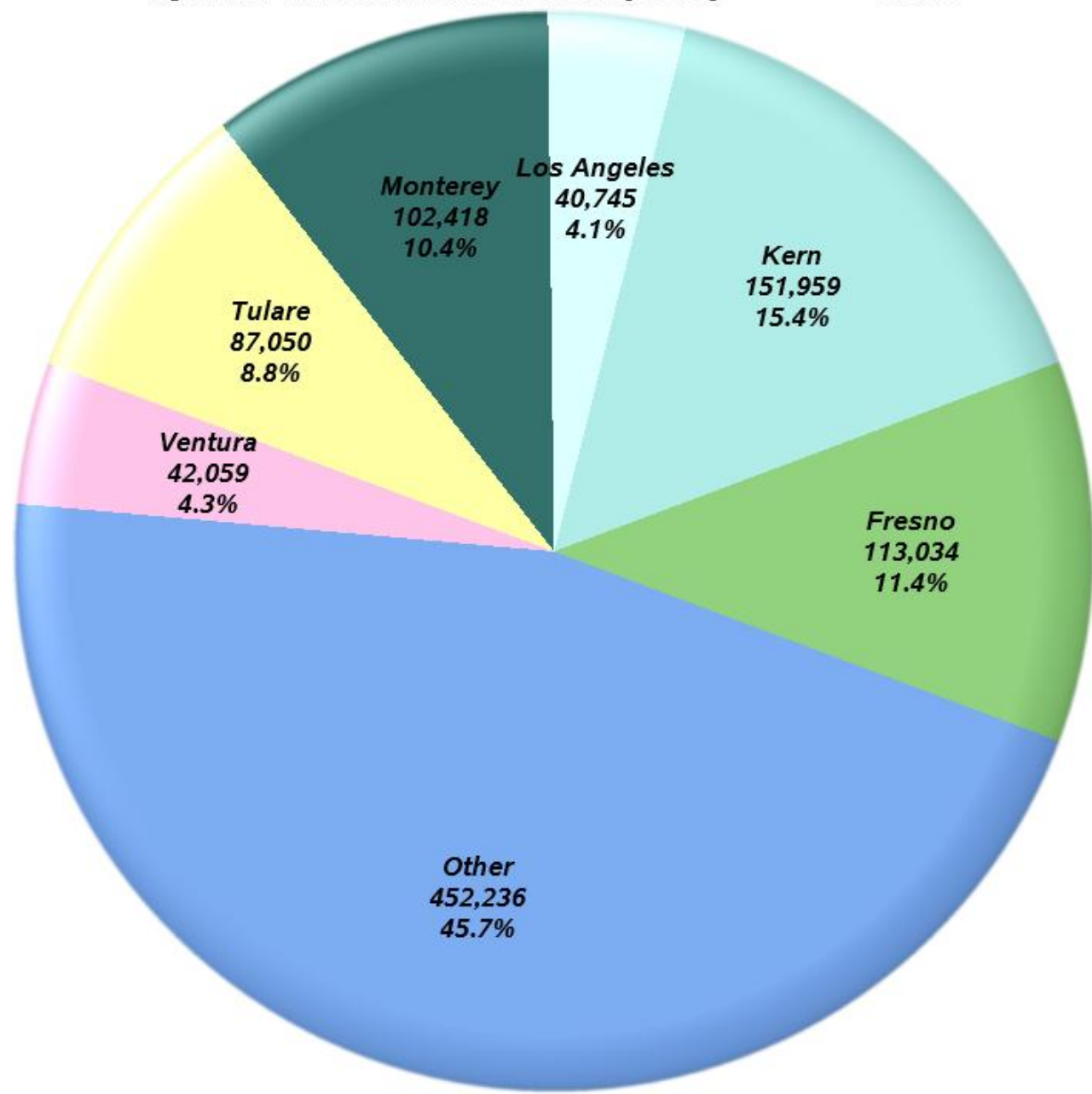
Agriculture Critical Infrastructure Workers by Census Region



Source: Martin, Hooker, Stockten 2016 <https://doi.org/10.3733/ca.2019a0002>

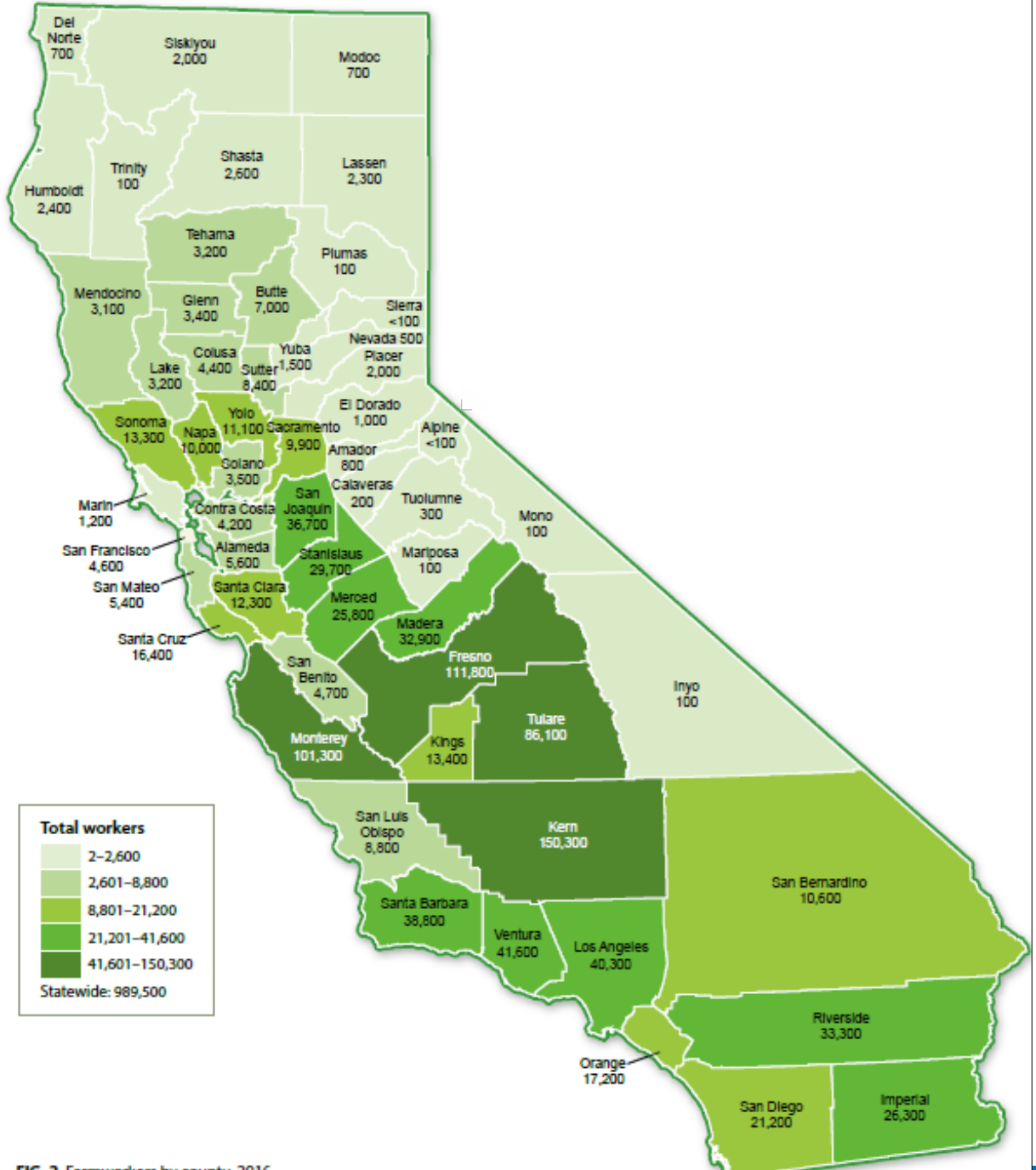


Agriculture Workers by Census Region



Source: Martin, Hooker, Stockten 2016 <https://doi.org/10.3733/ca.2019a0002>

Agriculture Workers by County

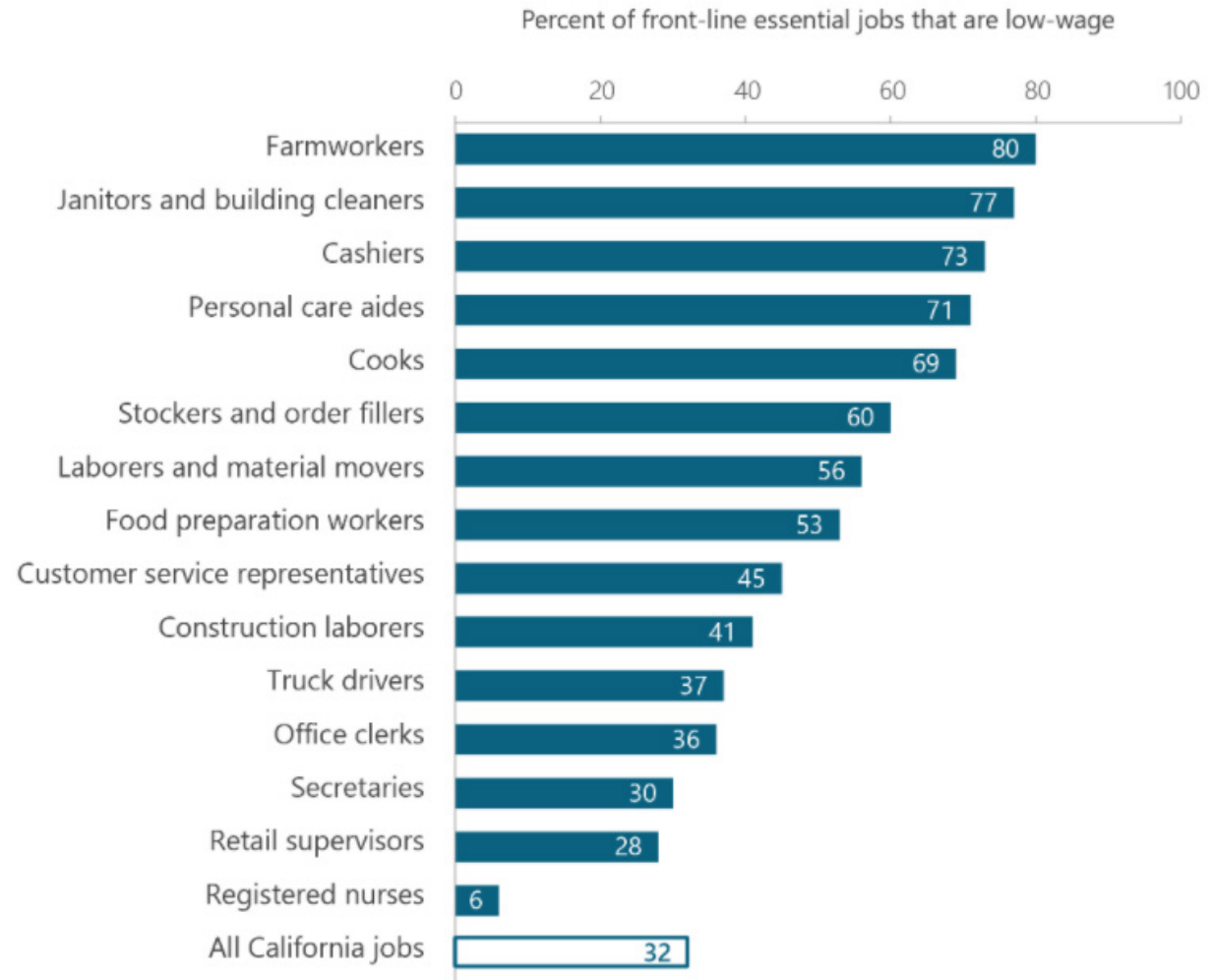


Agriculture Workers by County

FIG. 2. Farm workers by county, 2016

Essential Workers: Low Wages, Top 15 Occ.

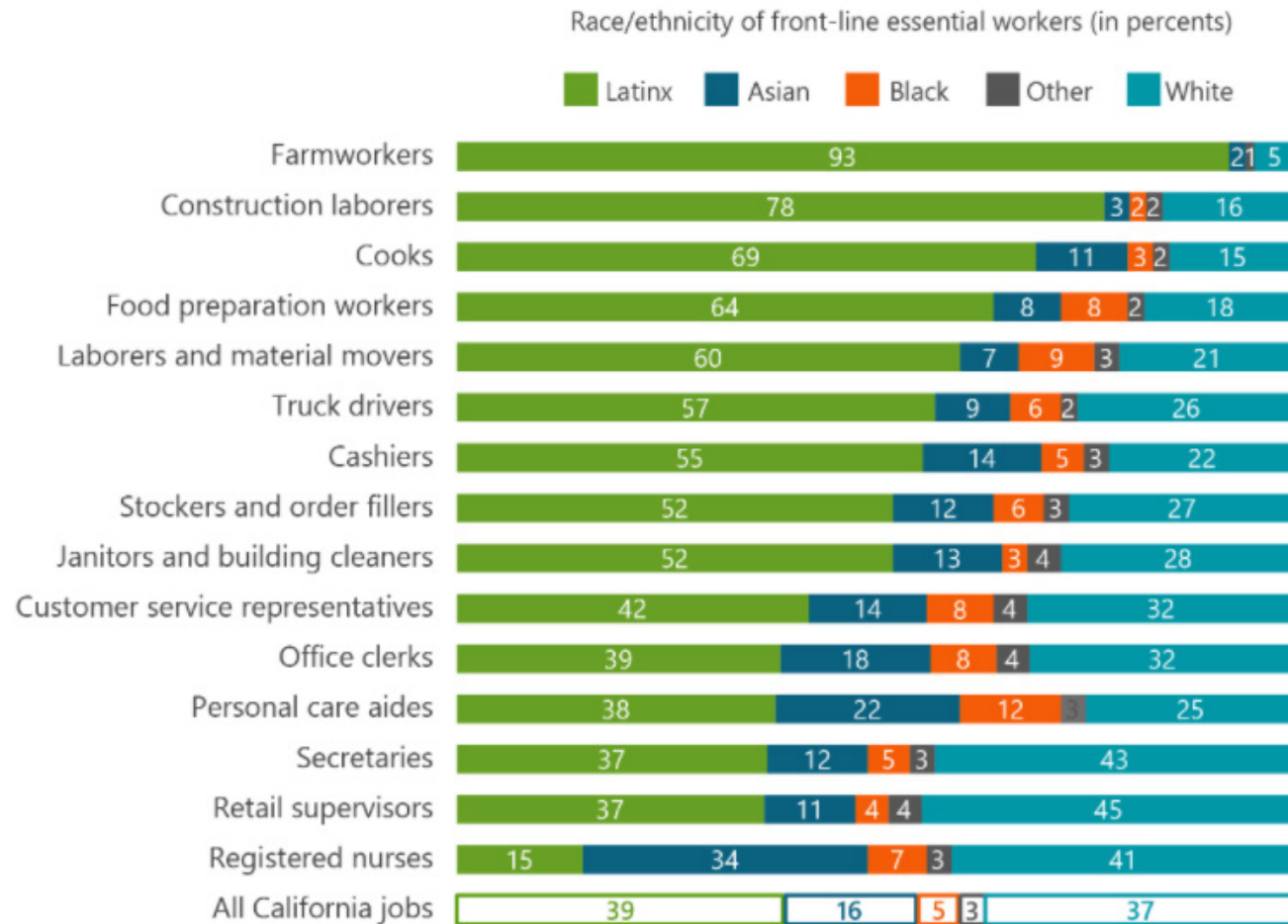
- Low wages in front-line essential jobs, top 15 occupations, California, 2018



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

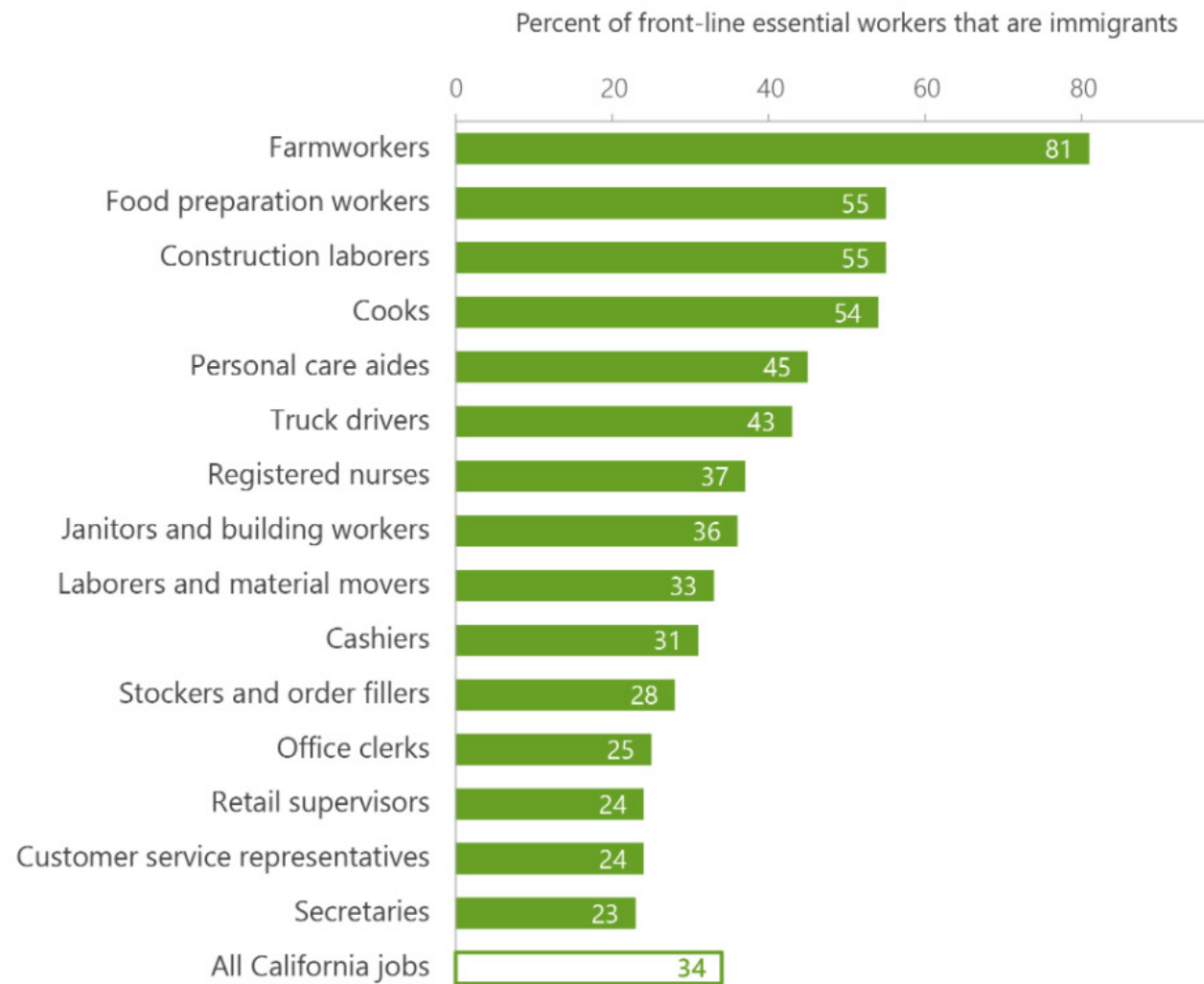


Source: UC Berkeley Labor Center (May 14, 2020)



Essential Workers: Nativity, Top 15 Occ.

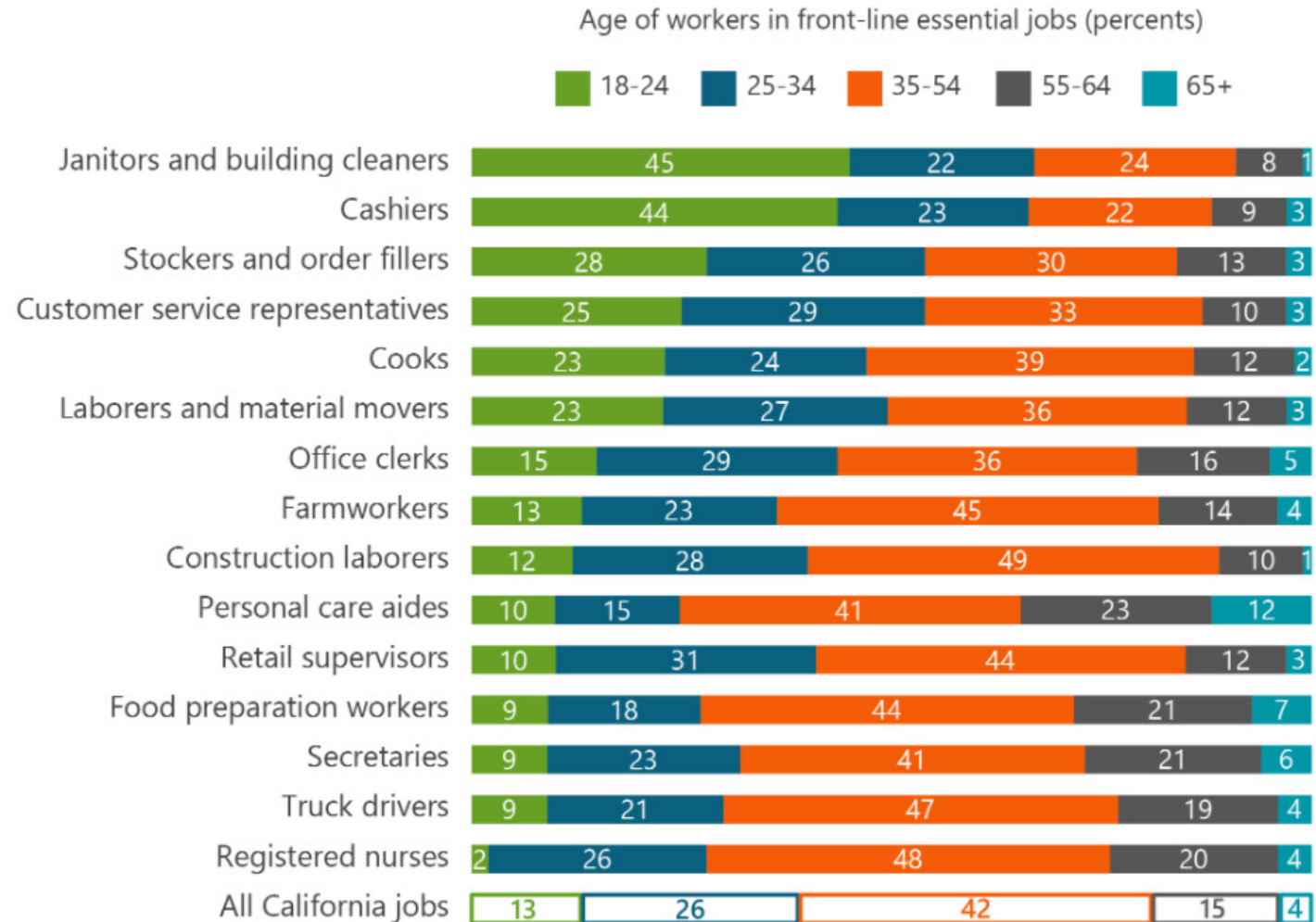
- Nativity of front-line essential workers, top 15 occupations, California, 2018



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



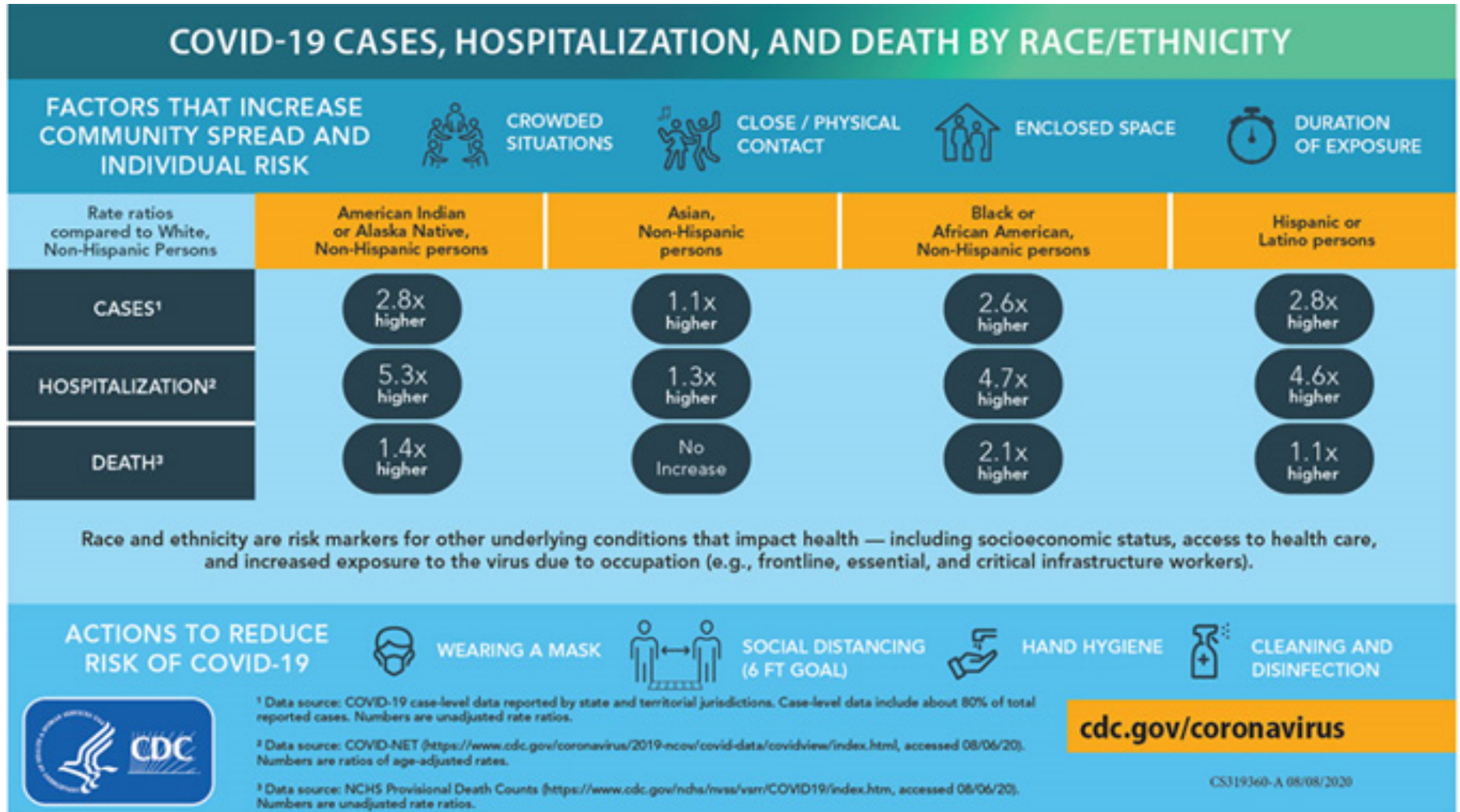
Source: UC Berkeley Labor Center (May 14, 2020)

Risk for COVID-19 in Essential Workers

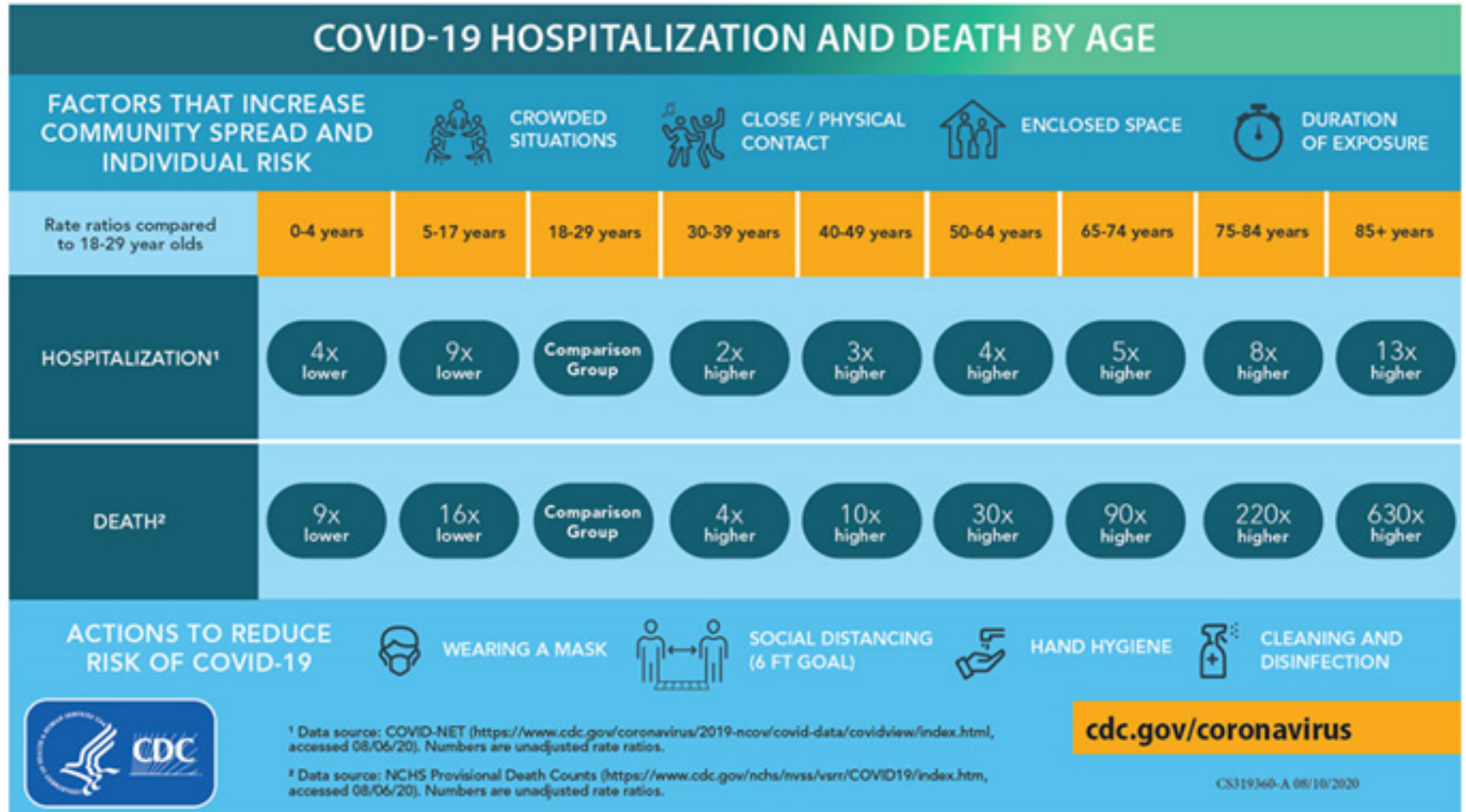
- On August 8, 2020, CDPH has reported 26,399 health care workers testing positive for COVID-19.
- Complete data are not available for other essential workers
- Report from WA State with available employer data show COVID-19 prevalence by industry sector (11/10/20):
 - Health care and social assistance (25%)
 - Agriculture, Forestry, Fishing and Hunting (11%)
 - Retail Trade (10%)
 - Manufacturing (9%)
 - Accommodation and Food Services (7%)
 - Construction (7%)



COVID-19 by Race/Ethnicity



COVID-19 by Age



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



Criteria for Allocation of Essential Workers Categories Survey

N=53 responses (2/3 of members responded)

1. Do you agree with these 4 criteria to evaluate the allocation of essential workers: a) Societal impact of job, b) Equity, c) Impact on economy, d) Occupational exposure

	Responses	
Yes	96%	51
No	4%	2
	Answered	53
	Skipped	0

Additional Criteria: Most Common Responses

1. Geography – Prioritizing regions and neighborhoods that have been disproportionately impacted (5)
2. Death / Adverse outcomes risk – Not just consideration of risk of spread, but also likelihood of death or severe health outcomes (10)
3. Risk of community spread – are they a potential vector for community spread (2)
4. Equity as a (3) lens within categories – e.g. consider low income workers, those working in vulnerable communities



Ranking of Criteria

83% of responses – YES to rank criteria

17% of responses – NO to rank criteria

Suggested ranking by respondents:

1. Occupational exposure
2. Equity
3. Societal impact of job
4. Impact on economy



Closing Comments

- Next Meetings

- December 16, 2020 from 3:00 – 6:00pm
- 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

