



Vaccinate **ALL 58**

Toaether 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 #5

December 23, 2020

2:00 PM – 4:00 PM

Welcome to the Community Vaccine Advisory Committee

Erica Pan, MD, MPH,
Acting State Health Officer, Co-Chair

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

Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Use hand raise icon when you are ready to make comments/ask questions
- Consistent attendance by members; no delegates or substitutes
- Today we will be having ASL Interpreter and closed captioning for members
- Website - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx>
- Public listen-in mode via telephone at each meeting in English and Spanish
- 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

Opening Comments

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

Erica Pan, MD, MPH,
Acting State Health Officer, Co-Chair

Summary of Public Comments Since Meeting #4



Discussion of Phase 1b Recommendations

Oliver Brooks, MD
Rob Schechter, MD

Co-Chairs, Drafting Guidelines Workgroup

Recap

Drafting Guidelines Workgroup Review

Allocation criteria: risk-based

- Phase 1a groups prioritized by risk of members'
 - acquiring infection
 - severe sickness and death
 - negative societal impact
 - spreading disease
- Assessed essential worker sectors by
 - Occupational exposure
 - Equity
 - Societal Impact
 - Economic impact
- Review of
 - Limited data on risks of Covid-19 in different sectors
 - Economic analysis

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

Phase 1b: Leading Candidates For Tier 1 Sectors

Alphabetical order - not further ranked

Education & Child
Care
1.4 M Workers

Emergency
Services
1.1 M workers

Food and Agriculture
3.4 M workers

ACIP Meeting 12/20/20

ACIP Vote

ACIP Vote – Interim Recommendation

As an update to ACIP recommendations for vaccination in Phase 1a (health care personnel, and long-term care facility residents), if COVID-19 vaccine supply is limited, the following groups should be offered vaccination:

Phase 1b: persons aged ≥ 75 years and frontline essential workers

Phase 1c: persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and other essential workers

ACIP: Balancing Goals

Reducing severe illness

- 1A: Long Term Care
- 1B: Age 75 years and older
- 1C: Age 65-74 years
- Age <65 years and high risk medical conditions

Societal Functioning

- 1A: Health care settings
- 1B: Frontline Essential Workers
- 1C: Other Essential workers

Balancing Goals

Reducing severe illness

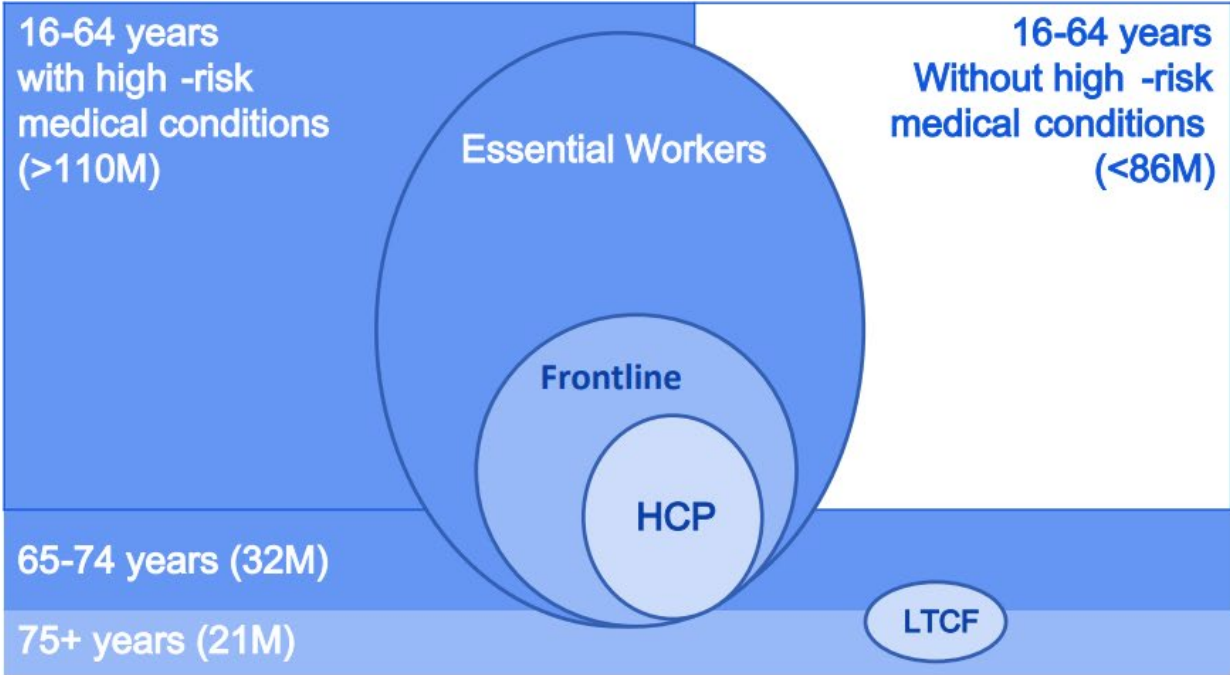
Societal Functioning

*Societal Impact, Equity,
Economic Impact*

- Long Term Care
 - Age 75 years and older
 - Age 65-74 years
 - Age <65 years and high risk medical conditions
- Health care settings
 - Frontline Essential Workers
 - Other Essential workers

ACIP Proposed Phases

Proposed Phases of COVID-19 Vaccination



ACIP Proposal – Phase 1b

Compare and contrast

Frontline Essential Workers:

- Education
- Emergency Services
 - Fire, Police, Corrections
- Food & Agriculture
 - Including grocery store workers

Also proposed by ACIP

Frontline Essential Workers:

- Manufacturing
- Transportation & Logistics - subset
 - Postal service
 - Public transit

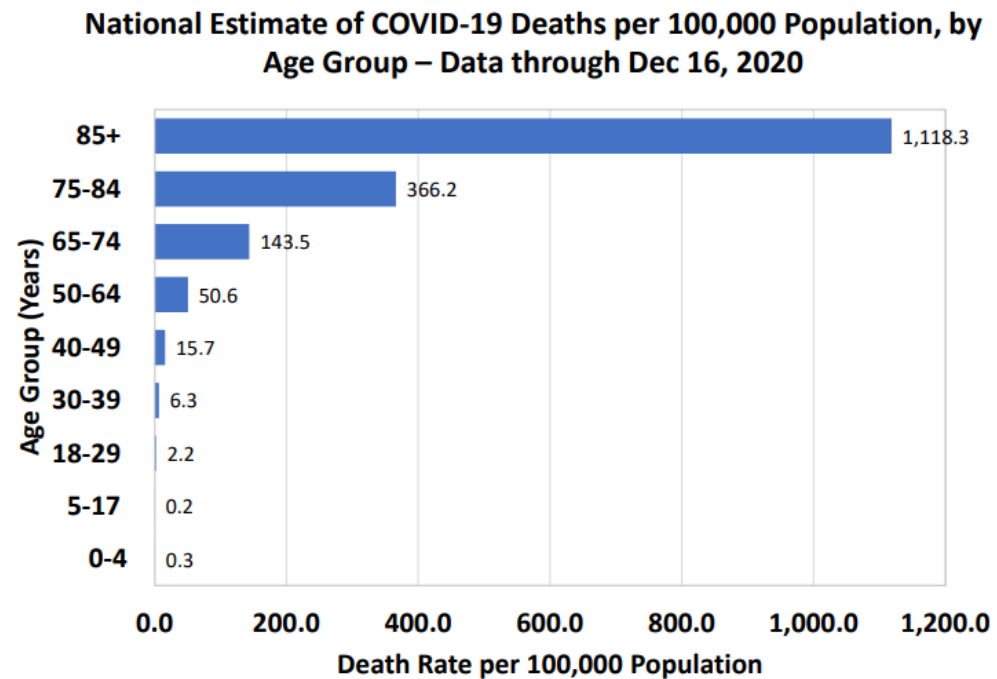
Persons 75 years and older

Not proposed by ACIP for 1b

- Others at potential higher risk in California

COVID-19 Mortality Rates

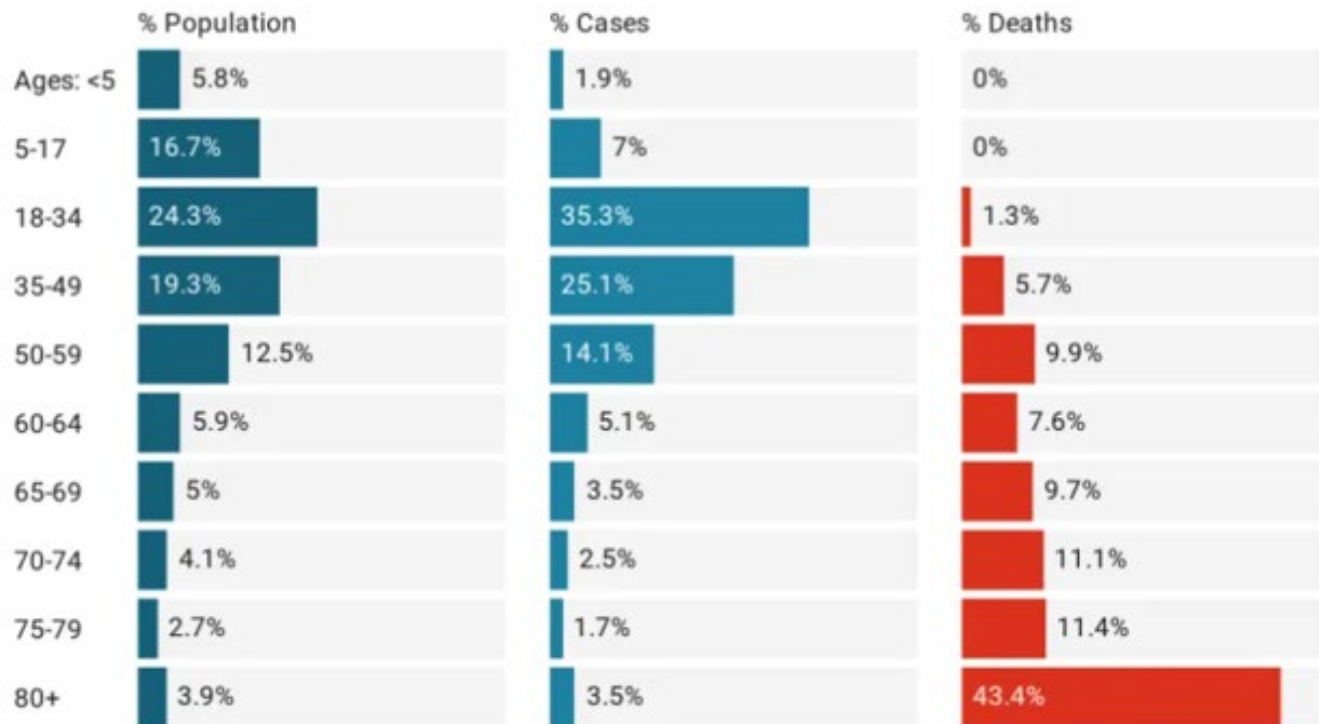
COVID-19 mortality rates are highest in older adults



*Data sources: CDC COVID-19 data tracker. Population estimates from 2019 US Census Bureau. Data provisional, subject to change.

Coronavirus cases are skewing younger, but older Californians make up a vast majority of the deaths

Californians 65 and older comprise 16% of the state's population but just 11% of coronavirus infections, and a whopping 76% of deaths. By contrast, Californians 18-34 are 24% of the population, 35% of cases, and just 1% of all coronavirus deaths.



Based on cumulative totals as of July 27, 2020.

Chart: By: Harriet Blair Rowan - Bay Area News Group • Source: California Department of Public Health • Created with Datawrapper

<https://www.mercurynews.com/2020/07/30/three-charts-explain-who-is-dying-as-california-tallies-record-coronavirus-deaths/>

Proposals

Proposed Populations for Phase 1b

During Phase 1b of allocation, COVID-19 vaccine should also be offered to the following persons in California:

- Persons at risk of exposure to SARS-CoV-2 through:
 - Their work in any role in selected California Essential Critical Infrastructure Sectors or
 - Residence in selected settings
- Persons 75 years of age and older
- Persons aged 65–74 years with medical conditions or disabilities that place them at high risk of severe COVID-19

Proposed Populations for Phase 1c

During Phase 1c of allocation, COVID-19 vaccine should also be offered to the following persons in California:

- Persons at risk of exposure to SARS-CoV-2 through their work in any role in California Essential Critical Infrastructure Sectors not included in Phase 1b
- Persons 65-74 years of age not included in Phase 1b
- Persons aged 16–64 years with medical conditions or disabilities that place them at high risk of severe COVID-19

Proposed Phase 1b, Est. Populations, Millions

(Total sector size – but not all workers at occupational risk)

Tier 1

Workers

- Education & Child Care 1.4
- Emergency Services 1.1
- Food and Agriculture 3.4

Severe Illness

- 75+ years of age, all 2.6

Tier 2

Workers

- Critical Manufacturing 0.5
- Facilities and Services 2.1
- Transportation & Logistics 1.1

Severe Illness

- 65-74 years, high-risk 2.5

Congregate settings with outbreak risk

- Incarcerated 0.2
- Experiencing Homelessness 0.1

Proposed Phase 1c, Est. Populations, Millions

(Total sector size – but not all workers at occupational risk)

Risk of severe Illness

- 65-74 years, remainder 1.0
- 16–64 years, high-risk 10.0

Workers

- Chemical 0.2
- Communications and IT 0.3
- Defense 0.06
- Energy 0.1
- Finance 0.6
- Govt Ops, Community-Based 0.9
- Water and Wastewater 0.02

Estimates last week from HHS

(Phase 1a - ~2.5 M)

Month	New 1 st Doses (people)	Cumulative	Sufficient Doses for Phases...
December	≤2.5 M	≤2.5 M	1A
January	3.75 M	6.25 M	1B**
February	6.25 M	12.5 M	1B (some 1C?)
Spring, Summer	?	?	1C and some 2

For Phase 1B, LHDs will be **preparing for vaccination (e.g., by enrolling providers, etc.) in beginning to mid-January. Populations in Phase 1B will start to be vaccinated mid-to-late January as determined by the LHD in partnership with CDPH.

Next Steps

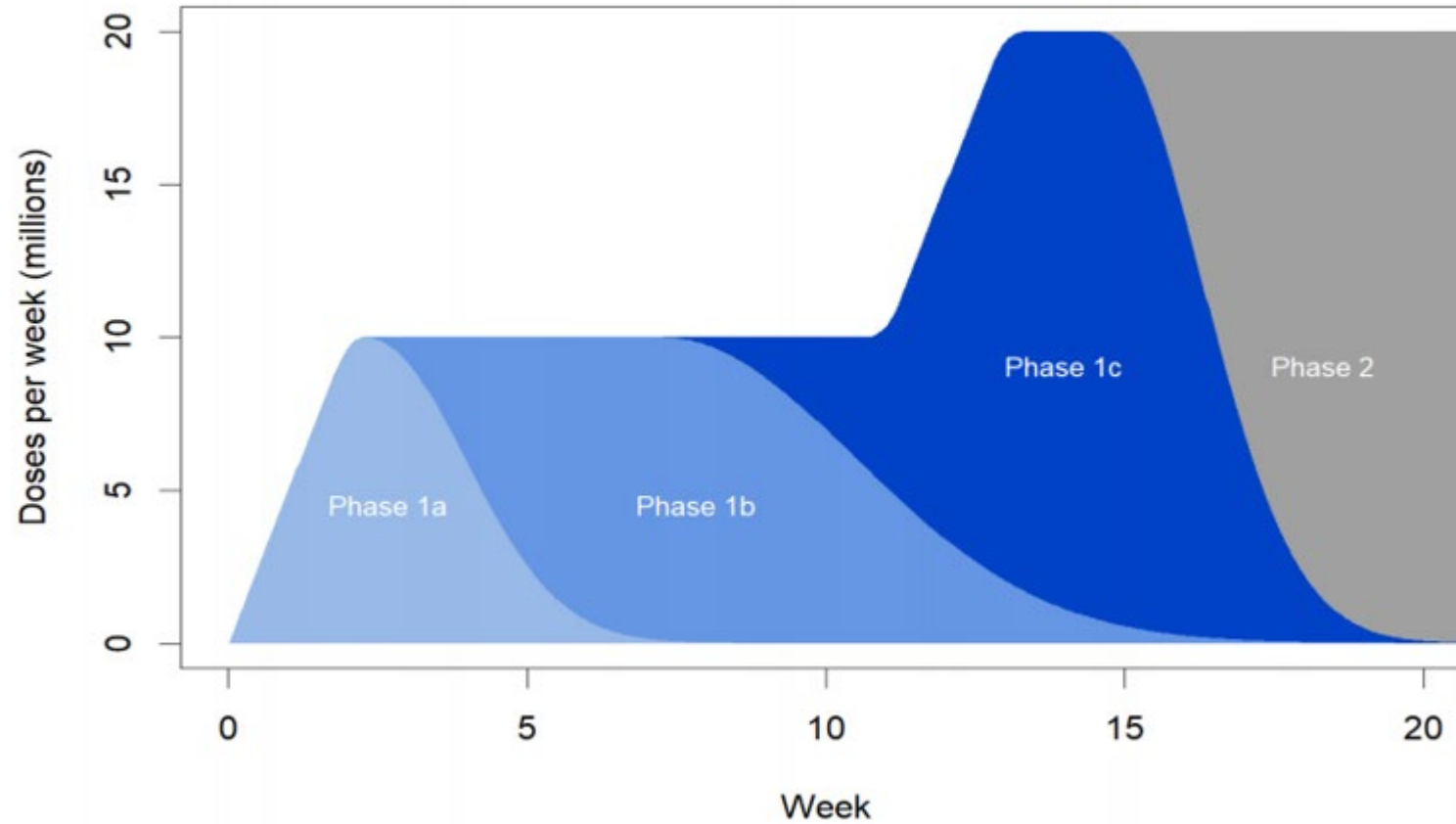
Possible criteria for subprioritization (not ranked)

- Level of occupational exposure
- Risk of severe disease or death within occupation
 - Advanced age or underlying medical conditions
- Live or work in disadvantaged communities disproportionately affected by the pandemic
- Likelihood of spreading disease to coworkers and the public
- Others?

Transitioning Between Phases

- Strategy for transitioning between phases will be necessary to move to the next phase as **supply increases** and **exceeds demand** for the current phase
- Phases may **overlap**; not necessary to fully complete vaccination in one phase before moving to the next phase
- Decisions on moving to the next phase made at a **state/local** level

Example of a possible Phase 1 sequence



How to reach prioritized persons?

- Outreach, education, counseling
- Access to COVID-19 vaccine in an expanding mix of locations
 - Routine sites of care
 - Designated clinics in the community
 - Workplace-based immunization
- In all aspects, partnerships in the community will be crucial

Discussion

Operationalizing Distribution of Vaccines with Local Health Departments

Eric Sergienko, MD, MPH

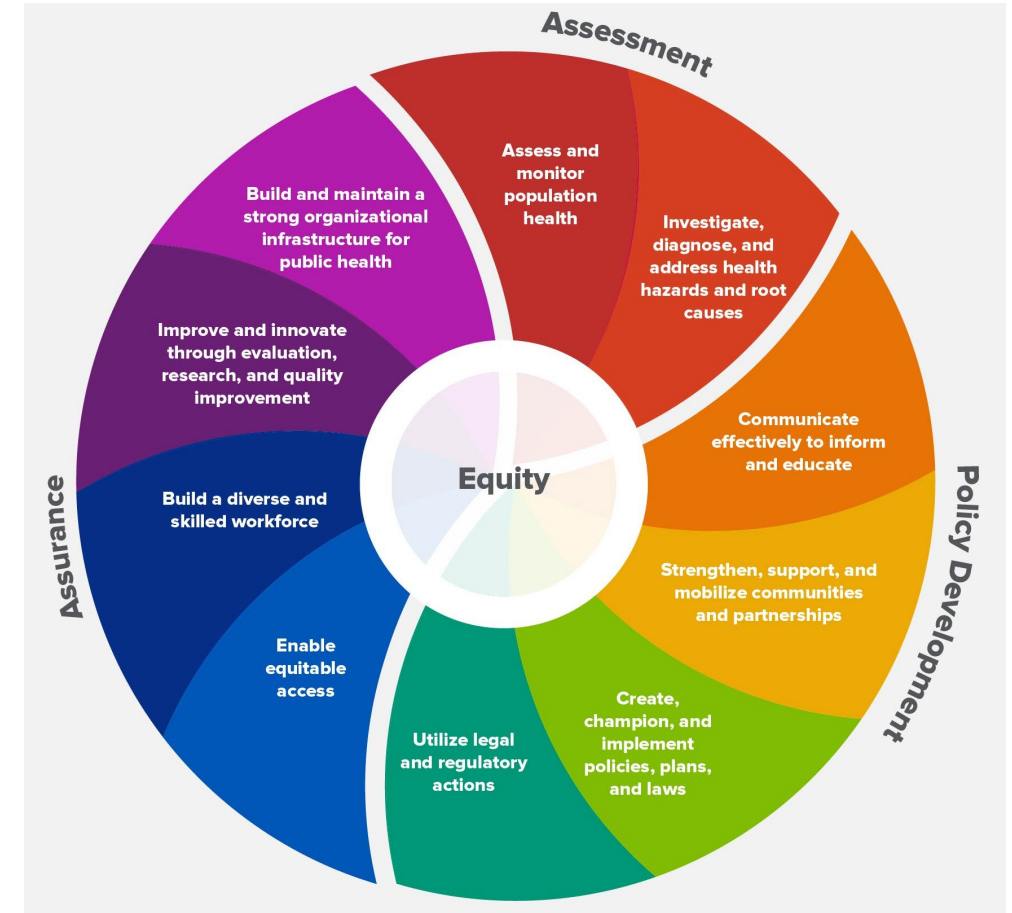
Health Officer, Mariposa County Health and Human Services Agency

Kim Saruwatari, MPH

Director, Riverside University Health System-Public Health

Public Health at the Local Level

- 61 Separate Local Health Jurisdictions (LHJs)
 - 58 counties, 3 cities
- May be organized as stand alone or part of a “superagency”
 - Scope of work varies
 - Must address the ten essential public health services
 - Builds around a core of equity
 - May include direct patient services



Coordinated with State Efforts

- **California Conference of Local Health Officers (CCLHO)**
 - Established in statute in 1947 to advise policymakers on all matters affecting health.
 - The mission is to prevent disease and improve the health of all California residents.
- **County Health Executives Association of California (CHEAC)**
 - Statewide organization of county and city Health Department and Agency Directors, who are responsible for a broad range of local public health and indigent health care services.
- **Health Officers Association of California (HOAC)**
 - Membership organization representing the physician health officers in California's city and county jurisdictions.



California has a long history
of vaccinating individuals

Vaccine Administration

- Most (but not all) LHJs do some form of vaccine administration
 - Many do 'mass vax' influenza clinics
 - Others partner with other providers to ensure vaccination in their jurisdictions
 - Vaccines for Children (VFC) provides another network for immunization resources



Vaccination Efforts in California

- Decades long partnership between CDPH, LHJs, public and private providers
 - **Example:** Between 2014 and 2016, California bought more than ten million doses of ACIP recommended vaccines **per year** with VFC funds. VFC-purchased vaccines are distributed through both public and private healthcare providers who enroll as VFC providers.
 - **Example:** Over 1,515,910 doses of vaccine (all types) administered in Riverside County between January 1, 2020 and December 21, 2020 by public and private providers
- Robust Vaccine Infrastructure

California Immunization Registry Participation

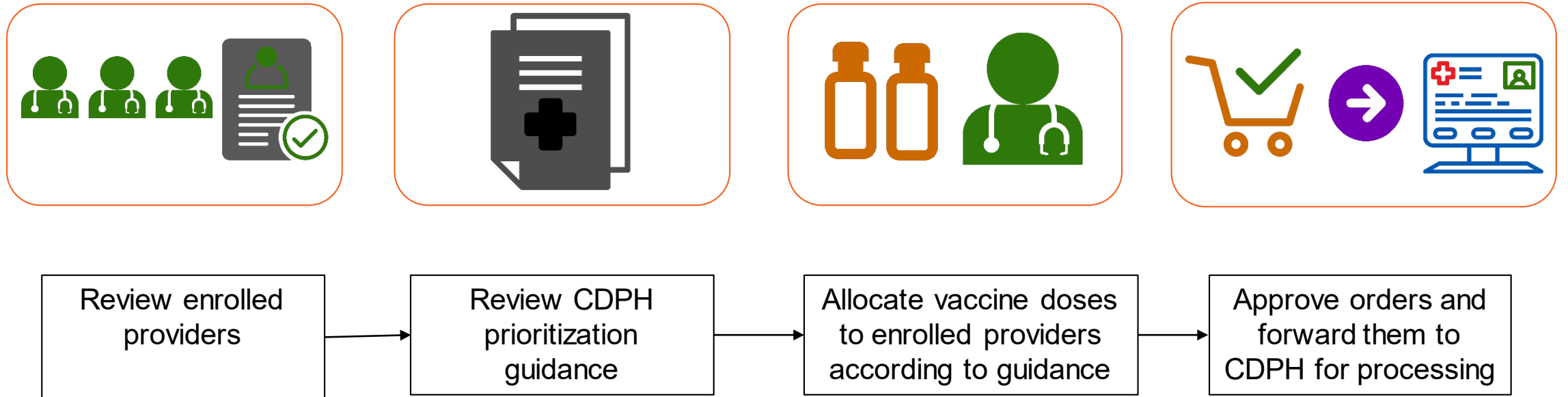
...as of 2016

	0 to 5 years	6 to 18 years	19+ years	All Ages
Estimated CA Population	3,024,392	6,620,697	30,141,371	39,786,460
Patients in CAIR	3,221,551	6,696,345	14,343,968	24,261,864
% Population in CAIR*	106.5%	101.1%	47.6%	61.0%
Total Doses in CAIR	35,547,972	118,139,375	67,855,679	221,542,926

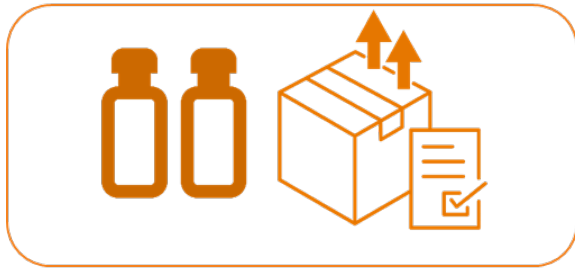
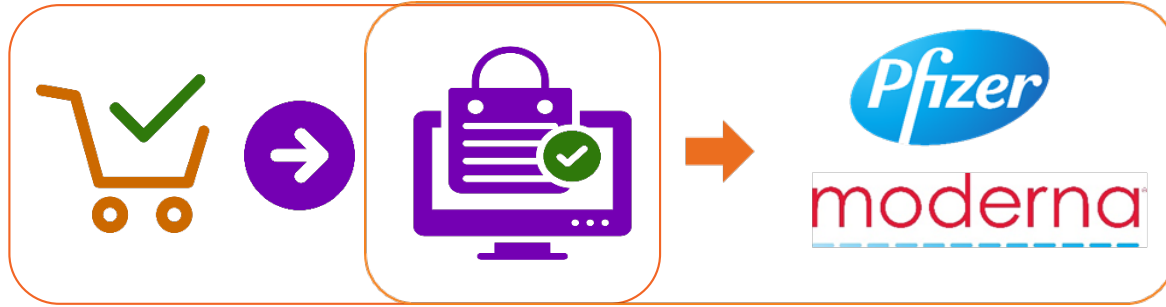
*Can be higher than 100% due to limitations in population estimates and/or duplicate entries.

COVID-19 Vaccine

Step 1: CA Local Health Departments



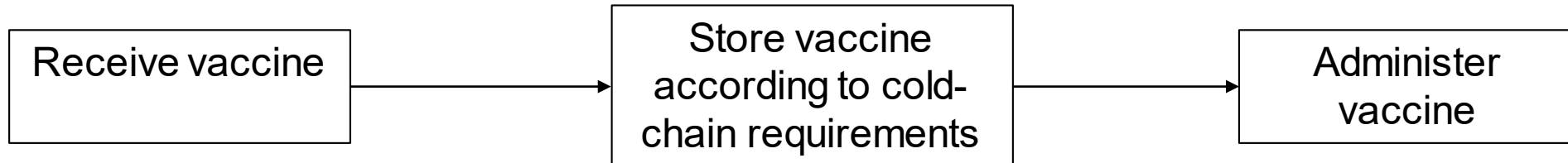
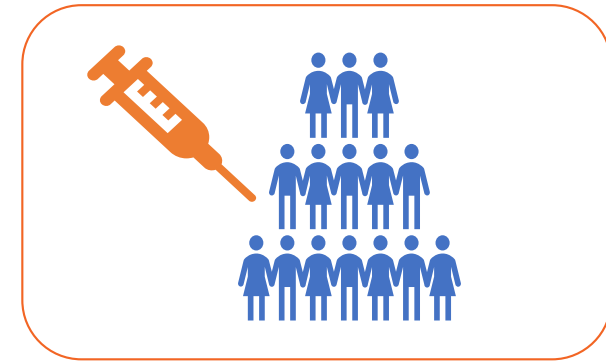
Steps 2-5



State and Federal Roles in Vaccine Administration — Counties maintain situational awareness of the process



Step 6: California Providers



For at least the initial distribution of vaccines, LHJs are serving as recipients and will redistribute to vaccinators in their jurisdictions. Some hospitals will receive vaccine directly.

Ensuring Equitable Distribution

- COVID Vaccine Plans done at the state and LHJ levels
 - Identified at risk populations
 - “With an eye on equitable distribution, how do you plan on reaching other populations that will need vaccinations in subsequent phases?”
- Adhere as best practicable to the established CDC and CDPH tiers
 - Phase 1a – fairly straight forward
 - Phase 1b – further delineation will be beneficial
- Monitor distribution
 - Both state and local plans call to look at data
 - Provide feedback to vaccinators on adherence to tiers and phases

Ensuring Equity – Local Examples

- Many LHJs have a Vaccine Equity Task Force
 - Example in Riverside County: Public Health, Emergency Management, Office on Aging, Social Services, CBOs, UCR, NAACP local chapter, FQHC, Tribal, Center on Deafness Inland Empire, Managed Care Provider
 - Add partners as we move through the phases/tiers
- Partnerships with CBOs to reach lowest equity quartile
 - Vaccination education and outreach
 - Assistance with vaccination clinics
- Bi-directional communication with Tier Groups
 - Example: Hospitals identified highest risk employees
 - Example: Use of surveys

Finding a Point of Contact at Your LHJ

- Department/Agency Director
- Health Officer
- Public Health Emergency Preparedness (PHEP) Program
- Vaccines/Immunizations Coordinator
- PH Department Operations Center Director

Closing Comments

- Next Meetings
 - 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