



Vaccinate ALL 58

Together we can end the pandemic.

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

**COMMUNITY VACCINE
ADVISORY COMMITTEE**

MEETING #4

December 16, 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,

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
- 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 #3



Update from Western States Scientific Safety Review Workgroup

*Grace M. Lee, MD, MPH and Mark H. Sawyer, MD
Members of Scientific Safety Review Workgroup*

Community Engagement and Vaccine Acceptability



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Principles

An **acknowledgement** of complex and nuanced personal and community experiences, and an understanding that lived experiences shape willingness to accept the vaccine;

A commitment to **engagement** by partnering with all our diverse communities across the state to share knowledge and information about the COVID vaccines; and

Action by providing everyone living in California with culturally competent, fact-based messages so they can make an informed decision to vaccinate.

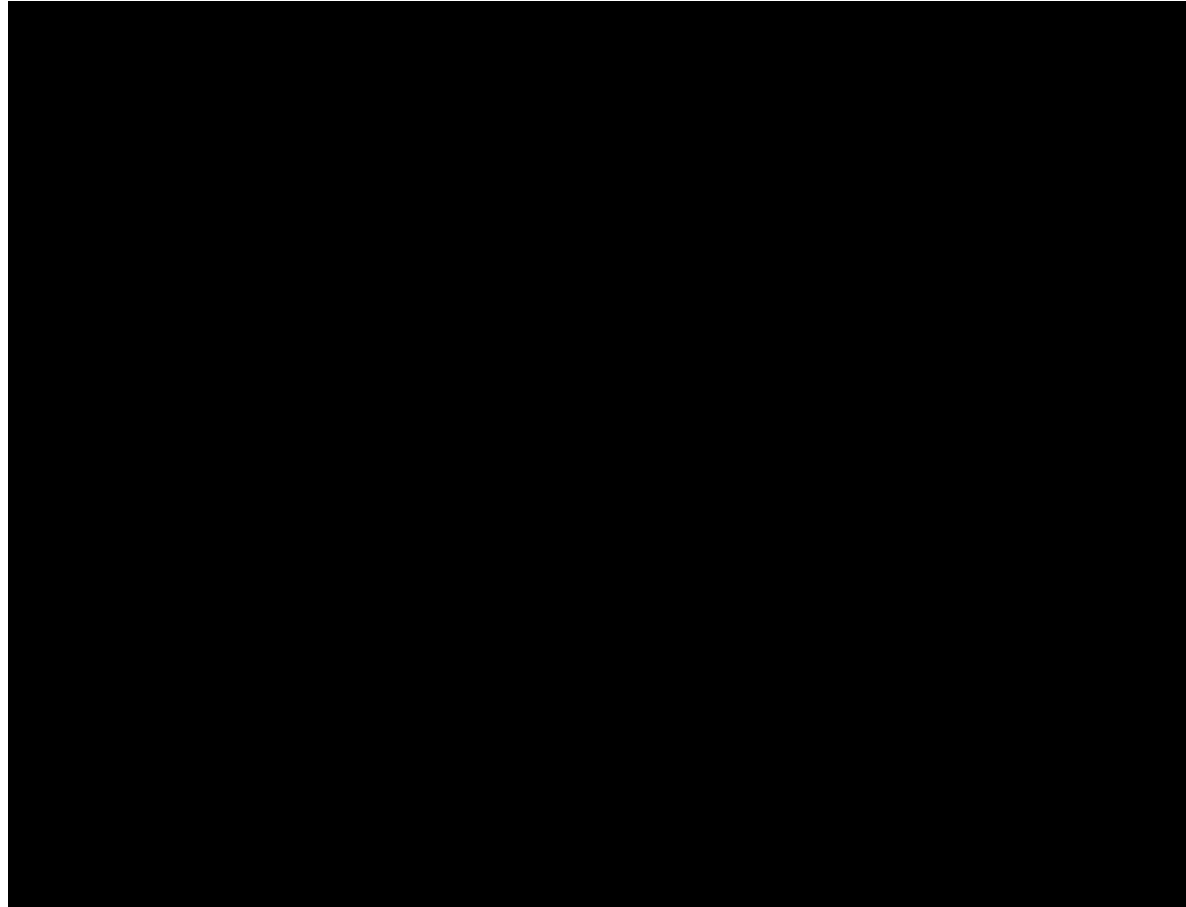
Question One

What do you perceive are the most common **barriers** and **hesitancy** factors among high-risk communities?

Question Two

What are the perceived **motivations** for vaccine **acceptance** among high-risk communities?

Name, Logo, Tagline



Name, Logo, Tagline



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Together we can end the pandemic.



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Juntos podemos acabar con la pandemia.



Vaccinate ALL 58

我們可以一起終止疫情。

Localized Engagement



Vaccinate Los Angeles

Together we can end the pandemic.



Vaccinate Riverside

Together we can end the pandemic.



Vaccinate Yolo

Together we can end the pandemic.

Toolkit

Messaging:

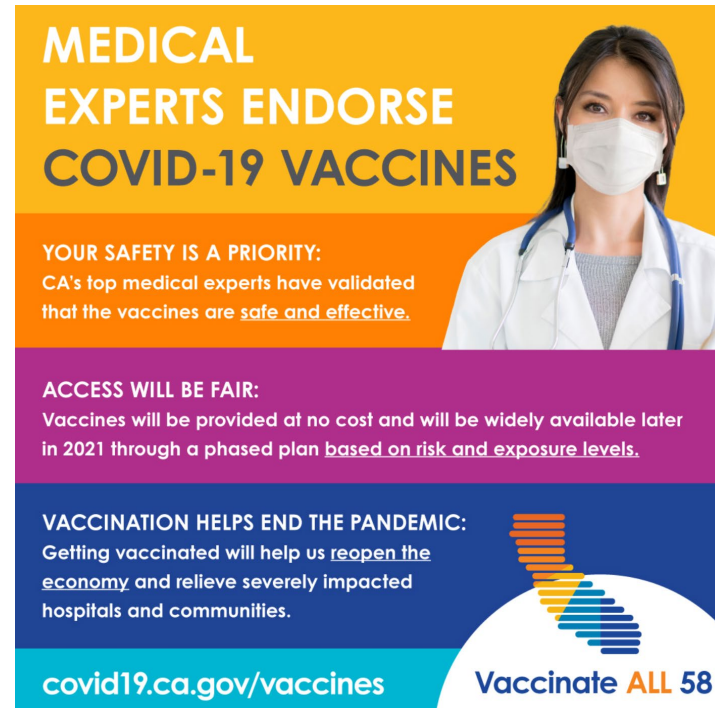
Safety and effectiveness of vaccine.

Phased distribution.

Keep wearing a mask.

- Fact Sheet
- Social media toolkit

**Please help amplify*

A graphic with a yellow and orange background. It features a woman in a white lab coat and mask. Text includes: 'MEDICAL EXPERTS ENDORSE COVID-19 VACCINES', 'YOUR SAFETY IS A PRIORITY: CA's top medical experts have validated that the vaccines are safe and effective.', 'ACCESS WILL BE FAIR: Vaccines will be provided at no cost and will be widely available later in 2021 through a phased plan based on risk and exposure levels.', 'VACCINATION HELPS END THE PANDEMIC: Getting vaccinated will help us reopen the economy and relieve severely impacted hospitals and communities.', 'Vaccinate ALL 58', and 'covid19.ca.gov/vaccines'.

MEDICAL EXPERTS ENDORSE COVID-19 VACCINES

YOUR SAFETY IS A PRIORITY:
CA's top medical experts have validated that the vaccines are safe and effective.

ACCESS WILL BE FAIR:
Vaccines will be provided at no cost and will be widely available later in 2021 through a phased plan based on risk and exposure levels.

VACCINATION HELPS END THE PANDEMIC:
Getting vaccinated will help us reopen the economy and relieve severely impacted hospitals and communities.

covid19.ca.gov/vaccines **Vaccinate ALL 58**



Break

Vaccine Supply Update

Sequence for Review...

Moderna candidate vaccine

- Phase III Data submitted to HHS
 - FDA, CDC, Advisory Committees review
- 12/17 FDA VRBPAC meeting
- FDA considers authorization
- 12/19 ACIP Meeting
- CA/NV/OR/WA Scientific Safety Review Workgroup convening
- Doses poised for shipment nationwide
- *(12/20 ACIP meets on Phase 1b, 1c groups definition)*

FDA Briefing Package Analysis

Table 17. Final Scheduled Efficacy Analysis, Primary Endpoint, COVID-19 Starting 14 Days After the Second Dose per Adjudication Committee Assessments, Per-Protocol Set

Primary Endpoint: COVID-19 (per adjudication committee assessment)	Vaccine Group N=13934 Cases n (%) (Incidence Rate per 1,000 person- years)*	Placebo Group N=13883 Cases n (%) (Incidence Rate per 1,000 person- years)*	Vaccine Efficacy (VE) % (95% CI)**	Met Predefined Success Criterion***
All participants	11 (<0.1) 3.328	185 (1.3) 56.510	94.1% (89.3%, 96.8%)	Yes
18 to <65 years ¹	7/10551 (<0.1) 2.875	156/10521 (1.5) 64.625	95.6%; (90.6%, 97.9%)	NA
65 years and older ²	4/3583 (0.1); 4.595	29/3552 (0.8); 33.728	86.4%; (61.4%, 95.5%)	NA

FDA Briefing Package Analysis

Age and risk for severe COVID-19**			
18 and <65 and not at risk	4 / 8309 (<0.1) 2.524	57 / 8323 (0.7) 36.034	93.0% (80.8%, 97.5%)
18 and <65 and at risk	1 / 2098 (<0.1) 2.428	18 / 2061 (0.9) 44.673	94.6% (59.4%, 99.3%)
≥65	0 / 3527	15 / 3499 (0.4) 21.046	100%

FDA Briefing Package Analysis

Race and Ethnicity			
Non-Hispanic white	5 / 8858 (<0.1) 2.657	70 / 8755 (0.8) 37.721	93.0% (82.6%, 97.2%)
Communities of color	0 / 5054	20 / 5102 (0.4) 23.892	100%
Ethnicity			
Hispanic or Latino	0 / 2783	12 / 2769 (0.4) 26.346	100%
Not Hispanic or Latino	5 / 11019 (<0.1) 2.243	77 / 10987 (0.7) 34.729	93.6% (84.1%, 97.4%)
Race			
American Indian or Alaska Native	0 / 107	0 / 110	
Asian	0 / 616	3 / 684 (0.4) 26.549	100%
Black or African American	0 / 1,369	4 / 1338 (0.3) 18.566	100%
Native Hawaiian or Other Pacific Islander	0 / 33	0 / 30	
White	5 / 11078 (<0.1) 2.215	80 / 11005 (0.7) 35.821	93.8% (84.8%, 97.5%)
Multiple	0 / 293	1 / 304 (0.3)	100%

FDA Briefing Package Analysis

Most common solicited adverse reactions were

- injection site pain (91.6%),
- fatigue (68.5%)
- headache (63.0%)
- muscle pain (59.6%)

There were no anaphylactic or severe hypersensitivity reactions with close temporal relation to the vaccine.

Current Estimates – Subject to Change!

Date

1st Doses in Series (Cumulative)

- Mid-December: 1/3 M
- End of December: 2 M
- End of January: 4+ M?
- End of April: Up to 20+ M?

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?					

QUESTIONS RAISED AT CVAC MEETING

on December 9, 2020

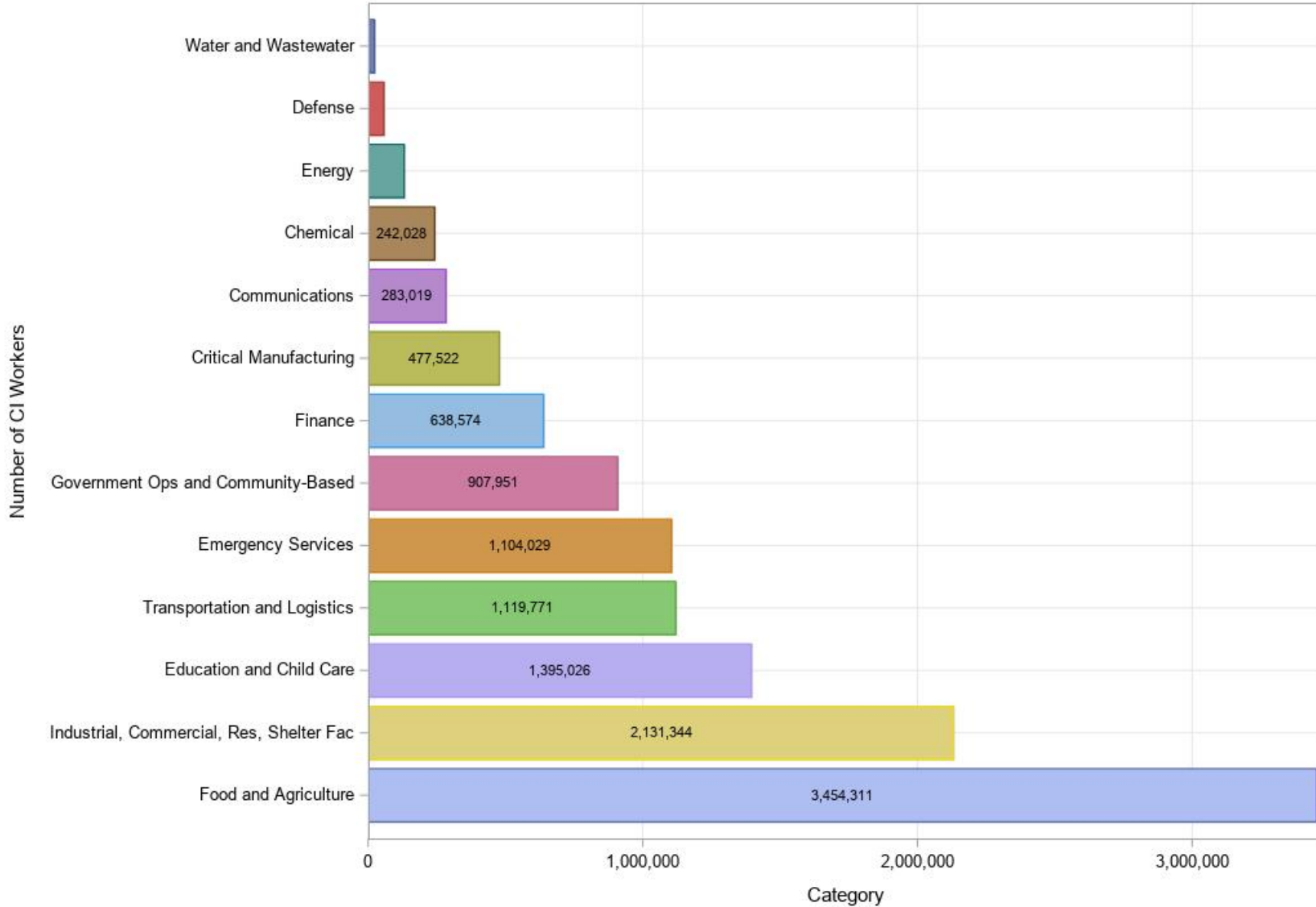
1. Where do people with co-occurring conditions or disabilities who are high risk but not living in congregate settings fall in the prioritization?
2. Explain again how the pharmacy distribution to long term care facilities will work and when it will start?
 - See <https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html> for details.
3. How will any group of essential workers receive notification that they qualify to receive the vaccine? How will home-based caregivers/IHSS workers be notified that it's their turn for the vaccine?
4. How will immunizers/employers generate, validate, receive lists of employees eligible for vaccines? How will workers verify their eligibility?
5. What role will health plans play in the process of notifying essential workers?
6. Can the State and/or employers make the vaccine mandatory in order to work?

Phase 1b

Continuing Discussion to Prioritize Workers

Distribution of Essential Critical Infrastructure Workers by Sector

Total CI (excluding healthcare)= 11,964,048



% Critical Workers (11,964,048)

% Total Employment (17,652,926)

0.2%	0.1%
0.5%	0.3%
1%	1%
2%	1%
2%	2%
4%	3%
5%	4%
8%	5%
9%	6%
9%	6%
12%	8%
18%	12%
29%	20%
100%	68%

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

Drafting Guidelines Workgroup Review

Review of

- Limited data on risks of Covid-19 in different sectors
- Economic analysis

Assess essential worker sectors by

- Occupational exposure
- Equity
- Societal Impact
- Economic impact

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

Education and Child Care - 1.4 M Workers

- *Child Care Workers – formal and informal*
- *Preschools*
- *Elementary and Secondary School Personnel*
- *Community Colleges*
- *Colleges and Universities*
- *Trade Schools*

Emergency Services – 1.1 M Workers

- *Non-medical first responders*
- *Law Enforcement*
- *Fire Fighters*
- *Child and Youth Services*
- *Shelters*
- *Non-residential social services for elderly and people with disabilities*
- *Durable Goods Merchants including safety devices*
- *Justice and Safety Activities*

Food and Agriculture 3.4 M workers

- *Agricultural Workers*
- *Animal/Seafood/Bakeries Food Manufacturing and Slaughtering/Processing*
- *Fruit, Vegetable, Dairy and Special Foods Manufacturing*
- *Grocery Stores/Food Markets*
- *Food and Drinking Establishments*
- *Pharmacies/Drug Stores*
- *Warehouse Clubs*
- *Community Food Services*
- *Nurseries/Florists*
- *Sawmills*

Possible criteria for subprioritization of workers within a sector (not ranked – partial list)

Occupational exposure

- Risk of severe disease or death
 - Advanced age or underlying medical conditions
- Inability to work at home
- Economic necessity of higher-risk work
- Reside or work in disadvantaged communities disproportionately affected by the pandemic
- Likelihood of spreading disease to workers and the public

How to reach prioritized workers?

- 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

Phase 1b prioritization – next steps

National deliberations

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

Centers for Disease Control and Prevention

Atlanta, Georgia 30329

December 19 and 20, 2020

Sunday, December 20, 2020

4:00

VOTE

Allocation of initial supplies of COVID-19 vaccine: Phase 1b and 1c

Phase 1b prioritization – next steps

- Discussion today from CVAC
- Meeting of Drafting Workgroup review
 - ACIP deliberations and recommendations
 - CVAC discussion
 - Subprioritization criteria

Closing Comments

- Next Meetings
 - 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