



DISASTER HEALTH CARE COALITION COVID-19 VACCINE TASK FORCE

COVID-19 Vaccine Task Force Meeting #1

January 6, 2021

10:30AM – 12:00PM

Meeting Minutes

All Agendas, PowerPoint Presentations, and Minutes/Q&A Sessions will be posted on [READYSLO.ORG](https://www.readyslo.org)

Welcome and Roll Call

Emergency Services

Vince Pierucci, EMS

Chief Steve Lieberman – Fire

Chief Ty Lewis – Law Enforcement

Bioethicist

Luis Ochoa, MD

Community Health Centers

Stephen Clarke, MD

Pharmacies

Maronee Hollister, PharmD

Long Term Care

Karen Jones, Ombudsman, SLO County

Business Community (Chamber nominated)

Kristen Yetter, Promega Biosciences

Occupational Health

Brian Roberts, MD, MedStop

Health Insurers

Paul Jaconette, CenCal Health

Education

Dr. James Brescia, County Office of Education

Courtney Kienow, Cal Poly-Higher Education

Child Care

Raechelle Bowlay, CAPSLO Child Care Resource Connection

Corrections

Christy Mulkerin, MD, Jail CMO

Religious Leaders

Pastor Tim Thuele

Rabbi Janice Mehring

Monsignor Ed Callahan - Absent

Organizations serving racial and ethnic groups

Erica Heredia-Ruvalcaba, Latinx

Veronica Avery, NAACP

Organizations serving people with disabilities

Diva Johnson, Tri-Counties Regional Center

Organizations serving people with limited English proficiency

Irebid Gilbert, Herencia Indigena

Community Representatives

Mary Jean Sage, Health Commission

Betsy Whitaker, Med Anthropologist - Absent

Older Adults (Adult Service Policy Council)

Kim Chartrand, Hospice, ASPC Chair

Homeless Serving Organizations

Janna Nichols, 5 Cities Homeless Coalition

Voluntary Organizations

Rick London, United Way - Absent

Behavioral Health

Jill Bolster-White, Transitions Mental Health Assoc.

Utilities

Samantha Caldwell, PG&E Diablo Canyon

Justin Rogers, PG&E Diablo Canyon

Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash

Agriculture

Brent Burchett, Farm Bureau

Transportation

Geoff Straw, SLORTA

Tania Arnold, SLORTA

Overview of Vaccine Task Force role

Currently, we have less vaccine than people who need it so difficult decisions must be made. The Task Force will build upon guidance provided federally and at the state and will take into consideration guidance from key stakeholders who represent the unique needs and interests of the local community. This group was formed to advise on vaccine allocation as well as to provide clear, accurate information to the communities you represent.

Pandemic Status in San Luis Obispo County – PowerPoint Presentation Posted

- Overview of County response to the pandemic
- Local data, including disproportionate rate of hospitalization and death among different age and racial/ethnic groups

Overview, Background and Context

- Experts at the state and federal level have put out guidance for how to prioritize sectors in the next phase of vaccinations, as well as the criteria they used in determining phases and tiers of vaccine allocation. Federal and state recommendations vary slightly -

- **Federal Vaccine Allocation Guidance (CDC), based on recommendations from the Advisory Committee on Immunization Practices**
 - **Phase 1b:**
 - People aged 75+
 - Frontline essential workers which include: Fire fighters, police offices, corrections officers, food and agriculture workers, postal service workers, manufacturing workers, grocery store workers, public transit workers, education sector (teachers, support staff and day care workers)
 - **Phase 1c:**
 - People aged 65-74
 - People aged 16-64 with underlying medical conditions
 - Other essential workers which include: people in transportation and logistics, food service, housing, construction and finance, information technology and communications, energy, law, media, public safety and public health

- **CA Vaccine Allocation Guidance (CDPH), based on recommendations from the Community Vaccine Advisory Committee** further breaks down phases into tiers
 - **Phase 1b - Tier 1**
 - People aged 75+
 - Those at risk of exposure in the following sectors: education and childcare, emergency services, food and agriculture
 - **Phase 1b - Tier 2**
 - People aged 65-74
 - Those at risk of exposure in the following sectors: transportation and logistics, industrial, commercial, residential and sheltering facilities, critical manufacturing
 - Congregate settings with outbreak risk: individuals experiencing homelessness or incarceration
 - **Phase 1c**
 - People aged 50-64
 - People aged 16-64 with underlying health condition or disability which increases risk of COVID-19
 - Those at risk of exposure at work in the following sectors: water and wastewater, defense energy, chemical and hazardous materials, communications and IT, financial services, government operations, community-based essential functions.

Potential Criteria for Phase 1b, 1c Determination

Dr. Borenstein compared the similarities and differences in state and federal guidance and discussed the need to balance reducing severe illness and maintaining a functioning society.

The county will move through each phase/tier as quickly as possible and additional staff are in the process of being trained to administer the vaccine. Hospitals, ASH, CMC, and skilled nursing facilities are vaccinating on location. Scheduled to move into Phase 1b within a few weeks.

Public Comment Summary

To date, the majority of public comment came from high risk, older adults or people with medical conditions advocating for self (Approximately 82%). Essential workers or first responders wondering when it will be their turn comprised nearly 13% of inquiries. And as of January 4th, the County had received requests for the following specific subgroups: Specific medical conditions, front desk staff in medical offices, veterinarians, pet cremation, higher education (Cal Poly and Cuesta), landlords for students housing, homeless outreach workers, CSDs, and peace officers incl. law enforcement, park rangers, probation officers, juvenile services officers, harbor patrol officers.

Going forward, all public comment will be collected on the Vaccine page of [READYLSLO.ORG](https://www.readyslo.org). All public comment will be recorded, compiled, summarized and presented to the Task Force prior to each weekly meeting.

Dr. Borenstein welcomed input from the Task Force as we move forward into Phase 1b adding that how far we get may depend on vaccination availability. Dr. Borenstein acknowledged that the majority of this meeting was focused on providing information to the group. We have 2-3 weeks before Phase 1b starts and we will be discussing details and getting input at the next meeting. She shared the following insights regarding a possible need to adjust the recommended vaccination order for the following groups: Wastewater workers due to their training and small numbers; the homeless population; corrections staff; and breaking down law enforcement into smaller groups—balancing health risk and service to the community.

Task Force minutes and presentation slides will be posted on [READYLSLO.ORG](https://www.readyslo.org).

Question and Answer Session

Q: Are doses reflective of the two dose per person required?

A: Have been receiving second dose allocations, next week almost all second dose. We can pull from second doses for first dose if needed but that makes tracking difficult.

- Q: What is the tipping point for vaccinations that will begin to impact reopening?
A: The community spread needs to slow down significantly before reopening. We won't know when this will be for several months, but the best guess is by summertime.
- Q: Is allocation coming from the state or federal level?
A: The allocation is federal, the state decides how much each county gets based on size and sector, and we receive it directly from Pfizer; Moderna is shipped through a middle distributor.
- Q: What is your understanding of the more virulent version of COVID and whether vaccines will impact that strain?
A: It is not more deadly nor is it causing more severe illness, but it may be contributing to our higher number of cases. The vaccine is deemed effective.
- Q: How can the Task Force members help advocate for the Public Health Department to get the resources needed to reach the 3,000/day threshold.
A: While the question is greatly appreciated, the issue is the lack of vaccinations - the county has informed the state that we want any unclaimed vaccines.
- Q: Will the county be utilizing closed POD agreements to distribute vaccines in various Phases or Tiers?
A: The county will utilize closed pods for any provider that is able to register through the state, provide adequate vaccine storage and have the ability to administer it. Hospitals and the prison are currently being treated as closed PODs. Agencies/organizations need to apply through Cal-Vax – additional information will be provided once the state makes it available and will be posted on readyslo.org.
- Q: How is higher education prioritized within the education tier; i.e. higher education vs K-12?
A: That is not yet determined – discussions are taking place.
- Q: Is there any concern regarding individuals not taking the vaccine due to fear or lack of information?
A: Locally, we expect approximately an 80% vaccination rate. The county will enlist the help of this task force to share appropriate vaccine messaging with those they represent.
- Q: 2851 “new cases” that are identified. What do we know/suspect about the unidentified cases, symptomatic and asymptomatic? How do we think the unidentified cases differ from those known?

A: We do not have a good understanding of this, but it could be that we have twice as many cases than what is diagnosed.

Q: It's hard to understand the total picture of available doses when local hospitals and Long-Term Care Facilities have arranged for additional doses. Is there a coordination with these organizations to help us understand the county's responsibilities?

A: The number of vaccines given reaches 6000+ to date when combining those given by Public Health and private/state agencies community wide.

SLO RTA and the other public transportation providers in our county (SLO Transit, ride-On, etc.) continue to transport persons to jobs, medical facilities, etc. Three questions:

Q: Should we plan on reducing services due to "malaise" that some persons experience?

A: It is recommended that staff stagger their vaccination dates in order to avoid any possible staffing shortages due to side effects.

Q: Should we plan to provide specialized transportation (i.e., door-to-door) to/from vaccination sites for those vulnerable persons who do not live in a group setting.

A: This is currently being discussed.

Q: Could we expect to have vaccinations occur at our worksite (for up to 150 employees at the various transit agencies)?

A: That is a sufficient number of employees, but the agency must have the means to store and administer the vaccine. Employers must enroll with the state to become a vaccine provider through CalVax to be able to conduct a POD.

Q: What is the message to those who have had COVID – do they vaccinate or not?

A: Yes, but we are asking that they wait 90 days due to the limited vaccination supply – this applies to the general public and health care workers.

Q: How do I ensure that the I/DD (Intellectual /Developmental Disability) system is accurate reflected in the Phase roll out? We are a very complex system with regards to services provided. For example, there was clarity provided around licensed residential facilities, but we also provide the same type of service to individuals living in their own homes and we are not sure where they fit.

- A: The county learned yesterday that this group is in Phase 1a. Details are being discussed including the need for caregivers to provide documentation and the differentiation between paid and unpaid providers.
- Q: Where is law enforcement in the state's tier? Are they considered "emergency service"? Otherwise I don't see them listed.
- A: Phase 1b, Tier 1 according to the state. However, the county needs to consider local needs as well.
- Q: Regarding Homeless Services: Apart from a challenge with congregate shelters, how do we address the vaccination capacity challenge of outreach to more remote homeless populations?
- A: This was an issue with testing. The county will need help from Janna Nichols (task force homeless representative) and other homeless advocates to address this issue and determine a process.
- Q: Can the vaccine be used for inmates even though it is approved under Emergency Use? Usually anything that may be considered "Experimental" is not allowed in incarcerated settings.
- A: We will need to bring this question to the state. We believe it is allowable as that population is recognized in an early phase of vaccination.
- Q: Are you asking us to solicit additional public comment via the email you have posted on ReadySLO? For those groups we represent, how best would you like us to bring you feedback?
- A: To ensure we can gather all inquiries in one location, please have the organizations and individuals you represent use the Public Comment button on the <https://www.emergencyslo.org/en/vaccines.aspx> site. Comments received will be summarized and presented to the Task Force weekly.
- Q: Will people be able to ask for a specific vaccine? For example, if they prefer the Pfizer vaccine?
- A: No. We are not able to accommodate individual vaccine requests due to limited supply and logistical complexity.
- Q: Prior to receiving the vaccination, must recipients take a COVID test? Or only if they are symptomatic? What will be the turn around time? Will there be follow up care through Public Health (or the administering agency)?
- A: No, they do not need to take a COVID-19 test before receiving the vaccine, but symptomatic individuals should wait to receive the vaccine pending the results of a

test. We recommend that individuals who have recently tested positive wait to receive the vaccine for 90 days.

Q: On Covid testing: Is the county leaning towards 15 minute results or 3 days? Why?

A: Most rapid tests at this time are antigen tests which are not as reliable in detecting the virus in asymptomatic individuals and are more likely to give false positives. County testing sites are not using rapid tests at this time. They use PCR tests with a current turnaround time of approx. 24 hours.

Q: Is there a consideration process to examine the extremely critical nature of water and waste water workers? The protection of our drinking water and waste disposal systems are critical to community health and functionality. There are limited employees in this field due to State certifications. so having these workers vaccinated as early as possible i.e. phase 1b will prevent any break downs in these basic living health and safety networks.

A: Criteria for how to prioritize subpopulations (like water and wastewater workers) will be reviewed in future meetings. Scarcity of workers in highly specialized positions and the societal functioning implications of their absence will be a point of discussion.

Q. Given limited supply of vaccine and a potential high percentage of asymptomatic individuals, would it be appropriate to use the antibody testing in advance of administering the vaccine to help with prioritization?

A: No.

Q. Given the rapidity of the spread, within each tier does it make sense to look at the volume of people a person is likely to come into contact with? For example, those in shelter facilities versus those living independently.

A: Criteria for how to prioritize subpopulations will be reviewed in future meetings. We can discuss inclusion of likelihood of spread to the public, coworkers, and/or congregate living situations as a possible criteria for prioritization.

Q. Is there a need for agencies to provide staff and volunteers to help at PODs or other vaccination events?

A: To sign up to be a Medical Reserve Corps volunteer, please contact slomrc@gmail.com.

Q. In home service is the priority of hospice and adult service group as well. Glad to hear this. We have volunteers that provide home service who haven't be able to help; would our volunteers be able to be prioritized for vaccine?

A: At this time, we only have capacity to provide vaccine to those who are currently able to provide in-person, in-home services. This type of nuanced questions and considerations are important in determining priority groups. Please bring this up again at the next Vaccine Task Force meeting.

Q: It would be great if you could provide talking points to this group on what information you would like us to share with the groups we represent. Specifically, around the information you need to have shared.

A: Thank you for being willing to disseminate information with the groups you represent. We will meet internally with our Public Information Officer to gather talking points and share with the Task Force.

Q. Is information available in Spanish?

A. Yes. The information on the emergencyslo.org website can be translated into Spanish using the translate feature in the top left corner. Not all Task Force meeting materials will be translated, but we can raise this question with our internal translation committee, if the Task Force feels this is a priority.

Q. I would also request that the presentation be provided in advance so we can review and prepare questions/comments in advance.

A: We will do our best!

Q. If the second dose of the vaccine can't be given on time because of logistics (like an inmate gets released) do we know the science behind getting a delayed second dose? Is it as effective if given later than planned?

A: The 2nd dose of Pfizer vaccine should be administered as close to the 21 day window as possible. However, there is no maximum interval between the 1st and 2nd dose for the vaccine. The same applies to the Moderna vaccine, with the exception that the window is 28 days.

Q. Herencia Indigena is happy to support SLO PHD with any translation/interpretation from English to Mixteco.

A: Thank you!

Closing and Next Steps

Jennifer Miller thanked everyone for today's participation. She reminded the group that that this information will be posted on READY.SLO.ORG so anyone who does not wish to be published or identified needs to let her know today. This meeting will be held every Wednesday from 10:30AM to 12:00PM until further notice. Will be adjusted as needed. The next meeting will be Wednesday, January 13, 2021. COVID-19 information can also be

found at the Wednesday, 3:15PM, weekly press briefings on KSBY, Public Health Facebook, and posted on READY.SLO.ORG
