



# COVID-19 VACCINE TASK FORCE

COVID-19 Vaccine Task Force Meeting #3

January 20, 2021

10:30AM – 12:00PM

***PowerPoint Presentations, and Minutes/Q&A Sessions will be posted at***  
<https://www.recover slo.org/en/slo-county-vaccine-taskforce.aspx>

---

**Purpose:** The SLO County COVID-19 Vaccine Task Force provides recommendations on local vaccine distribution based on CDC and State recommendations, the local situation, and input from the public. The task force is focused on ensuring that vulnerable community members have timely and equitable access to the vaccine.

## Task Force Attendees

### **Emergency Services**

Vince Pierucci, EMS

Chief Jonathan Stornetta - *Absent*

Chief Ty Lewis – Law Enforcement - *Absent*

### **Bioethicist**

Luis Ochoa, MD - *Absent*

### **Community Health Centers**

Stephen Clarke, MD

### **Pharmacies**

Maronee Hollister, PharmD

### **Long Term Care**

Karen Jones, Ombudsman, SLO County

### **Business Community**

Kristen Yetter, Promega Biosciences

### **Occupational Health**

Brian Roberts, MD, MedStop

### **Health Insurers**

Paul Jaconette, CenCal - *Absent*

### **Education**

James Brescia, Ed. D., County Office of Education

Courtney Kienow, Cal Poly-Higher Education

### **Child Care**

Raechelle Bowlay, CCRC

### **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, Medical Anthropologist

**Older Adults (ASPC)**

Kim Chartrand, Adult Services Policy Council Chair, Hospice

**Homeless Serving Organizations**

Janna Nichols, 5 Cities Homeless Coalition

**Voluntary Organizations**

Rick London, United Way

**Behavioral Health**

Jill Bolster-White, TMHA

**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)

---

**Welcome**

Jen Miller welcomed task force members and reminded everyone to enter questions into chat and any unanswered questions will be addressed after the meeting and made available to the task force.

**Review Task Force Purpose****Public Comment Update/Summary - Jen Miller**

Total of 419 unique comments submitted through the recoverslo.org Public Comment / Vaccine Advocacy button at <https://forms.emergencyslo.org/Vaccine-Advocacy>. 110 pages of comments summarized as follows:

**44% - Vaccine registration process and logistics**

- 25% of questions/comments were about difficulty understanding eligibility, not clear on how to register, not clear if their appointment was confirmed, general confusion about the process
- 19% of comments were criticizing unclear messaging regarding eligibility and other logistics, frustration with the pace of vaccine distribution, and ideas/recommendations to make the process smoother

**29% - Prioritizing certain age groups over others; including underlying medical conditions for those being vaccinated now**

- Comments advocating for older adults with underlying conditions; advocating for 65+ age group being vaccinated immediately; advocating for 75+ age group be given an appt. now

#### 19% Occupational related prioritization

- Requests to reconsider including veterinarians in Phase 1A; comments advocating for teachers who are currently teaching in-person be prioritized for now; requests for water and water treatment workers, elderly care givers, commercial aviation, ag workers, first responders, sports coaches, and faith-based leaders be given priority
- 5 letters from organizations advocating prioritize their staff: Atascadero Loaves and Fishes, Meals that Connect, District Attorney staff, Health Association of Code Enforcement Officers, Family Care Network

#### 4% - Specific settings / locations

- Cal Poly students / residential staff to be considered now

#### 4% - Healthcare workers requesting how to get the vaccine

- Offers of space and volunteerism

### **Pandemic Status in SLO County as of 1/19 - Dr. Borenstein**

SLO county continues to see the highest numbers since the beginning of the pandemic and there are several deaths per day. 25% of all cases (since March) occurred within the past days.

Rate of deaths is by far the highest for the 75+ age group which is why reinforcing the rationale to move forward with vaccinating this age group at this time.

### **Vaccine Allocation**

Dr. Borenstein summarized the four different allocation and distribution methods in our county.

- Federal Pharmacy Partnership: Doses are allocated directly at the federal level, before any state allocation, to CVS and Walgreens for them to go into long term care setting to vaccinate residents and staff. All six of our skilled nursing facilities have received their first dose visits with other days scheduled for second doses and anyone who missed their first dose. They are beginning to schedule visits at other licensed long term care centers such as residential care facilities for the elderly, adult residential facilities, and assisted living centers. A total of approximately 169 facilities have signed up for this partnership.
- Hospitals and State Facilities: The State sets aside part of their allocation for these multi-county entities that include Dignity, CMC, and ASH. Tenet gets part of their allocation from Public Health.
- Public Health: We started mass vaccination sites with the San Luis Obispo mass clinic, we added a Paso Robles site this week, and a third site in Arroyo Grande will be opening next week.
- Private Providers PODs: Once these entities are approved by the State through CalVax the County will allocate some of our doses to them. To date, we four pharmacies, one urgent care site, and at least one employer is close to being ready – PG&E.

Our county's limiting factor is the amount of vaccine we have, including a large allotment of the Moderna vaccine which is on pause for now. To date, over 8,000 vaccination doses have been administered by public health and more than 5,000 have been administered by our partners. SLO County's vaccine distribution average for first dose is 80% with our goal of having all of our first doses given this week (Federal is 36%; State is 26-31%). Another point of success is that this week we are only one of several counties in CA whose overall positivity rate does not differ significantly from our vulnerable population's positivity rate (vulnerable communities are the lowest quartiles in the Healthy

Places Index). While doses allocated to other providers decreases the doses available for public health clinics, our overall goal is to distribute the vaccine to providers to get the vaccine into the community for ease of access throughout the county. All vaccine distributors are expected to follow the same phase/tier schedule as determined by the local health department.

### **Vaccine Distribution**

With the task force's assistance and concurrence, we opened vaccine appointments to the 75+ age group on Monday and paused the remainder of Phase 1B which includes those aged 65-74, food and ag workers, education and childcare, and first responders due to the limited vaccine supply. The start of vaccination of the 75+ group has been successful, but we are working through some challenges: technology access to register, parking/mobility issues, in-car vaccinations, equity among who is getting appointments, and overall longer observation times needed for the 75+ group.

### **Considerations for Future Subgroups**

#### Long Term Care – Karen Jones, Ombudsman

Unlicensed long term care facilities are not included in the federal pharmacy partnership. Karen discussed the need to vaccinate the unlicensed LTC residents who have limited mobility and are at risk due to being in a congregate setting. Some facilities may be able to bus residents to mass vaccine clinics. She is also working with the State to get the unlicensed HUD facilities vaccinated through the Federal Pharmacy Partnership. Dr. Borenstein added that some our partners may be able to address this group such as pharmacies and CHC where residents are already comfortable going.

#### Farmworkers – Irebid Gilbert

Irebid attended a state call in which many counties expressed similar concerns over migrant farmworkers being vaccinated. Issues included farm workers are very mobile, following the harvest, travel between counties. 1<sup>st</sup>/2<sup>nd</sup> dose could be in different counties, in different vaccine database systems and lag times making it difficult to track vaccine brand and when they were vaccinated. Many Latinx family members have the same name so a need for a third identifier (mother's maiden name, etc. was mentioned), and addressing myths/rumors and mistrust. To help address fears she has recorded indigenous hospital staff getting their vaccine and sharing their experience and has opened a COVID-19 hotline for Mixteco speakers. She suggested vaccinating farmworkers at the hospital in groups via a bus trip, with the foremen leading the effort or bringing a mobile vaccine clinic to the field.

#### Homelessness – Janna Nichols

Dr. Borenstein stated that shelter workers have been vaccinated as recommended by the task force. Janna shared that nationally, 48% of unsheltered homeless who become infected with COVID end up in the hospital, with 7% of those in the ICU highlighting increased risk for this subgroup. Challenges include how we go to the group, getting them to believe, and how to get them the 2<sup>nd</sup> dose. Dr. Mulkerin, County jail added that the jail population is similar to those facing homelessness as far as being transient and hard to track. Dr. Borenstein acknowledged these issues stating that this vaccine is more difficult than most to administer in an uncontrolled setting due to the storage, state reporting, and post-vaccine observation requirements.

### **Discussion**

#### Water/Wastewater – City of Arroyo Grande – Bill Robeson

Bill asked the task force to consider re-prioritizing water/wastewater workers and explained the importance of maintaining conveyance, quality drinking water, and wastewater systems. These workers require various levels of certification and there are not other workers that can step in due to the complicated water systems we have in our county. The total number of employees is

approximately 200-300 across 26 systems with critical infrastructure workers being approximately 100.

#### Christy Mulkerin, M.D. - Jail

Dr. Mulkerin stated that the jail currently has one 75+, five over age 65+, and approximately 120 with medical conditions. Based on past flu vaccinations, she expects 1/3 of the jail population may want the vaccine. She thanked the task force for recommending vaccination of the jail and juvenile hall staff to prevent further breakouts – they are already seeing improvement. She asked the task force if the jail could begin getting one vial at a time in order to start getting the higher risk jail population vaccinated. Dr. Borenstein stated that persons living congregate settings, other than skilled nursing facilities, such as this group would come after aged 65-74, first responders, food and agriculture, and education - not that this group couldn't be moved up. She also mentioned that our state prison CMC is vaccinating high-risk inmates. Dr. Mulkerin stated she would follow the phases giving the vaccine only to the 75+ inmate at this time.

#### **Considerations for immediate inclusion:**

- Water and Wastewater treatment operators: Large majority of task force agrees that the frontline critical water/wastewater treatment operators (100) should be vaccinated now due to the scarcity of alternative highly specialized staff and critical infrastructure they manage. The majority of the task force did not agree to prioritize the full staff of up to 300 at this time.

#### **Consideration for next task force meeting:**

- Bring Dr. Mulkerin's request to begin vaccinating older county jail inmates to the next meeting.

#### **Surplus Vaccine Doses**

Vaccine sites try for zero extra doses at the end of the day, however sometimes there are extras. Rather than waste a dose, clinic staff make sure to get vaccine into arms, even if the "extra dose" goes to a person who would not fall into the current phase/tier. These doses are administered at the end of the business day and typically requires an immediate response from persons in proximity to the vaccine on hand, making prioritizing certain groups for extra doses difficult. Many times, volunteers at vaccine sites end up receiving the vaccine. One of the highest priorities is to not waste one dose of vaccine. Only a very small number of people have received the vaccine in this manner.

#### **Vaccine Communications: Task Force Role – Tara Kennon**

Two-way communication

- There is a lot of new information on the website including FAQs and a new statistics dashboard at <https://www.recover slo.org/vaccine>
- Share information with your community – we'll provide talking points and sample messages; if you want specific talking points for your group let us know
- Let us know about questions and rumors so we can address them
- We are available to speak to groups

#### **Closing**

Next Meetings

- January 27, 2021 from 10:30AM – 12:00PM
- February 3, 2021 from 10:30AM – 12:00PM
- February 10, 2021 from 10:30AM – 12:00PM
- Future meetings TBD
- Meeting notes, slides, and public comment form available at <https://www.recover slo.org/en/slo-county-vaccine-taskforce.aspx>

Adjourned at 12:02 P.M.

## Questions & Answers

- Q. Janna Nichols, 5Cities Homeless Coalition: Given the various allocation methods, do those that are not public health, have an independent way to determine who will receive the vaccine?
- A. All entities who are distributing vaccines are expected to follow the local health department's phase/tier schedule for vaccine allocation.
- Q. Janna Nichols, 5Cities Homeless Coalition:
- A. Will the increase in Private Providers have an impact on the number of doses that Public Health will receive?
- A. Yes. Private Providers pull from the quantity SLO County is allocated.
- Q: Rabbi Janice Mehring: Are the private entities and multi county entities prioritizing 75+ group?
- A. Yes, they should be.
- Q. Kris Yetter, Promega Biosciences: Will Private Providers be expected to follow the vaccine roll out prioritization?
- A. Yes, when private providers enroll in CalVax to be able to administer the vaccine, they must confirm that they will follow the same phase/tier schedule set forth by the local health jurisdiction.
- Q. Tim, Grace Central Coast: The delta between received vs administered for Private is a question. Only 88 administered? What's the hang up?
- A. Pharmacies just received their doses this week and most were part of the "paused" Moderna lot.
- Q. Janna Nichols, 5Cities Homeless Coalition: Any update as to whether you can use 2nd dose allocation for 1st doses if the supply chain remains as a "trickle.
- A. Yes, we are using 50% of 2<sup>nd</sup> doses received as 1<sup>st</sup> doses next week. There will be enough vaccine eventually. While a second dose of vaccine is highly recommended to ensure maximum immunity against COVID-19, public health officials say receiving the second dose a few weeks later than expected will not be detrimental to health and will not require the recipient to start the vaccine series over.
- Q. Rabbi Janice Mehring: Are we empowered to share the slides with our groups, or would you prefer we keep to the talking points document?

- A. Yes, slides can be shared. They are also posted on [recoverslo.org](https://recoverslo.org)
- Q. Diva Johnson-TCRC to Everyone: how has vaccine deployment been impacted by the Moderna recall?
- A. Public Health put out a press release on this issue: <https://www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Department-News/COVID-19-Updates/COVID-19-Vaccine-Updates/SLO-County-to-Pause-Administration-of-Specific-Lot.aspx>. We were notified in the evening on 1/20 that the pause has been lifted.
- Q. Steve Clarke, CHCC: A large portion of the 75+ population cannot functionally navigate the POD website process. CHCCC can address this by gathering info and consents and just sign up our patients. My concern is for all those who don't have our capacity. I worry that, as SLO POD sign-ups start to decline, we'll decide to progress to the 65-74 group BUT leaving many 75 plusers never vaccinated.
- A. This is an important point; we need all partners to think about how to reach these seniors that might have barriers to technology. In-reach by CHCCC would be an effective option. More fully engaging the Area Agency on Aging in helping disseminate the message is another. What other organizations could function as assistors in signing up seniors for appointments? Wilshire Community Services?
- Q. Brian Roberts, MedStop: What percentage of those over 75 live in SNFs, LTCFs and similar congregate settings??
- A. Our best estimate from data CDPH has shared is that is on the order of 3000 person. Karen Jones, Long-Term Care ombudsman may have better information. To date, more than 1,000 doses have been administered through the Federal Pharmacy Partnership, with about 50% of those being for residents.
- Q. Christy Mulkerin, SLO County Jail: I'd like to discuss the plan to vaccinate inmates in the SLO County Jail - for example, I have a group of inmates over age 65 and many more with severe underlying conditions. Would they be in phase 1b?
- A. We will address this point in future meetings.
- Q. Erica Ruvalcaba-Heredia: Some barriers for the Latinx community is transportation, not having an email to register, not being aware that vaccines are available. Promotores are currently working with Public Health to provide the information to the Latino community, making sure that we provide the support that they need.
- Q. Kris Yetter, Promega Sciences: For future consideration. Critical manufacturing is included in phase 1b as well. This includes defense contractors, etc. Do you have a way to capture the quantity of vaccines needed for this group?

A. We will consider once we get closer to vaccinating that tier.

Q. Tim, Grace Central Coast: How far out are these appointments being scheduled?

A. One week, due to limited, unpredictable supply.

Q. Courtney Kienow, Cal Poly: Do we know what our allocation for next week will be?

A. Varies each week.

Q. Tim, Grace Central Coast: are you only scheduling appointments in line with vaccine supply?

A. Yes

### **Comments to increase accessibility and mobile vaccine clinics:**

Q. Janna Nichols, 5-Cities Homeless Coalition: Suggest outreach to some of the larger entities in the faith community to do "drive-in" vaccinations for high-need people

Q. Janna Nichols, 5-Cities Homeless Coalition: Minnesota did just that with a mobile vaccination van

Q. From Tim, Grace Central Coast: I love the "vaccine-mobile" idea!

Q. From Kris Yetter to Everyone: I wonder if the blood bank would partner with use of their mobile unit

Q. Raechelle Bowlay, Child Care Planning Council: Karen's suggestion of a "vaccine mobile," is a great idea. Would it be possible to partner with CHC or blood banks to use their mobile set ups?

A. We are exploring all options, but we are currently hamstrung due to stringent handling requirements (cold chain, logistics) and limited resources. Keep the ideas coming.

Q. Rabbi Janice Mehring: It seems group vaccination and group transportation would be beneficial for farm workers. Are those resources available?

A. Brent Burchett, Farm Bureau: Hi Janice - In general, the workers are being transported along with others in their household or crew to the field, so the foreman has the ability to transport them to a vaccine site. Certainly be interested in other resources to help facilitate transportation.

### **Comments about accessibility/messaging for seniors:**

Q. Tim, Grace Central Coast: I'm hearing of 75+ who are trying, but unable to schedule appointments. Can you address this process and how it's going?

- A. There are many people trying to get a limited number of appointments. Everything was booked within a couple of hours. We have phone assistance center callers ready to help people enroll over the phone, when appointments are available. There are also a growing number of POD sites that are opening vaccine options; French Hospital, Albertsons and Vons recently announced that they are also scheduling vaccine appts now for the 75+ age group.
- Q. Tim, Grace Central Coast: So I'm hearing the message to 75+ trying to make appointments is "keep trying" !!
- Q. From Tim, Grace Central Coast: I think for the 75+ population trying but not being able to make appointments leaves them confused and more discouraged. I wonder if it would be valuable to just keep scheduling appointments way far out would provide some consolation. I know this creates the chance that there would not be a vaccine available for appointments, but maybe rescheduling in that case?
- A. Yes, Tim. "Keep trying!" or "check the website/call periodically to see if there are cancellations," are the messages we are sending. There are a multitude of reasons we cannot open appointments beyond a week out. Though it is a hard message to hear, our internal team (IT, communications, logistics, and planning, among others) feels that this is the *least* confusing option for the 75+ age group, at least for now.
- Q. Karen Jones LTC Ombudsman: Once the phone assistance center is available to help seniors access the vaccinations, can the appointment system hold times each day for people who cannot use the computer option? That would allow those seniors to get an appointment.
- A. Yes, that is our current practice.
- Q. From Geoff Straw, SLO RTA to Everyone: We have committed the RTA's Runabout and Ride-On's door-to-door vans to transport persons in Tier 1b who are unable to get to/from the vaccination stations.
- A. That's important too – thank you!
- Q. From Kris Yetter, Promega Sciences: are we talking about prioritizing homeless individuals over other individuals in tier 2?
- A. Kris: we are just beginning discussions around how to reach challenging groups that are coming up in a later part of tier 1 and tier 2
- Q. Tim, Grace Central Coast: Our church and others would be eager to serve as vaccination sites, just like we serve as voting sites.
- Q: Rabbi Janice Mehring: As would our synagogue and partner churches in North County. How else could faith communities help with logistics?
- A. We will be currently using Medical Reserve Corps volunteers, but we will reach out to the chairperson of VOAD to see how we can be more closely involved for administrative or logistical

assistance. We will have more information about how faith communities can support the effort soon. Thank you!

- Q. Tim, Grace Central Coast: Lots of homeless right across the street from our SLO Campus in Mitchell Park! Our God's Storehouse every Saturday is an outlet for the SLO County Food Bank. Vaccinate homeless when they come for their weekly food!
- Q. Rabbi Janice Mehring: I completely understand what you are saying Penny. Community Church in Atascadero already hosting warming shelter from those not housed at ECHO. Once supply/logistics lend themselves, this could be a vehicle to reach homeless population.
- Q. Maronee Hollister, PharmD, Pharmacies: The vaccine is not a ticket to freedom. Everyone has to wait for herd immunity"
- A. Tim, Grace Central Coast: A good reminder, Maronee

**Comments about water and wastewater workers being elevated in vaccine schedule:**

- Q. Janna Nichols, 5-Cities Homeless Coalition: Bill - how do we say yes to these folks, and no those who are on the custodial staff cleaning public restrooms?
- Q. Mary Jean Sage, Health Commission: Bill: how many workers are we talking about?
- A. Approx. 100 critical, licensed staff. Approx. 300 if including admin and supervisors.
- Q. I thought we approved these workers getting vaccinated last week? Again, I thought we talked about the issue with these workers was not them catching COVID from wastewater, but them catching COVID from one another and what would happen if a group of them went down . . .
- Q. Maronee Hollister, PharmD, Pharmacies: ACIP put grocery workers and teachers ahead of wastewater
- Q. Veronica Avery, NAACP Health Chair: water is life!
- Q. Janna Nichols, 5Cities Homeless Coalition: If we are to move forward with wastewater workers I would ask that task that it not include administrators.
- Q. Tim, Grace Central Coast: Thumbs up on the 100
- Q. Janna Nichols, 5Cities Homeless Coalition: Dr. Roberts, what other infrastructure groups are you thinking of?
- Q. Kris Yetter, Promega Biosciences: Thank you for requesting our input on this difficult challenge
- Q. Brian Roberts, MedStop: Just to put it in writing. The question about critical services. What is the chance that if these workers follow all of the things we know that help avoid this disease, that regardless of this, the disease will decimate the ability to deliver the critical services?

- Q. Geoff Straw, SLO RTA: Persons eligible for vaccinations that work in the field (i.e., not in front of a PC) are having difficulty signing up for an appointment. Can an agency that employs those employees sign up in bulk (or at least not be blocked due to a single IP address)?
- A. We will look into this; however, we encourage people to sign themselves up if possible, or have a family member/friend do so, since there are fields that require sensitive information, self-attestation, etc.
- Q. Janna Nichols, 5-Cities Homeless Coalition: What conversations are we having with the other providers, I have heard rumors that they are less “thoughtful” in who they might be vaccinating
- Q. Tim, Grace Central Coast: I heard of hospital volunteers getting vaccinated!
- A. We have heard the same and have addressed this concern with hospital leadership, reminding them of the agreement to follow the same phase/tier schedule as all vaccine distribution sites in SLO County.

#### **Comments on surplus vaccine doses (end of day)**

- Q. From Tim, Grace Central Coast: Are you asking for further prioritization for when you have extra vaccine in an open vial?
- Q. Jill Bolster-White, Promega Biosciences: I think that makes sense to administer the vaccine, so none goes to waste!
- Q. From Mary Jean Sage, Health Commission: Glad we are not wasting any!!
- Q. Veronica Avery, NAACP Health Chair to Everyone: Might I suggest a waitlist of vulnerable populations or folks next on the vaccine schedule to be called (same day/last minute) for a vaccine before it is given to young healthy admin etc
- Q. Tim, Grace Central Coast: Agree on the idea of a waitlist.
- Q. Samantha Caldwell - PG&E at DCP: Great point Veronica!
- Q. From Christy Mulkerin, SLO County Jail to Everyone: thank you to SLOPH for the open discussion! and awesome job on vaccine distribution

\*\*\*