



DISASTER HEALTHCARE COALITION COVID-19 VACCINE TASK FORCE

**Meeting #1
January 6, 2021
10:30am - 12:00pm**

www.slopublichealth.org

Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Raise hand icon when ready to make comments/ask questions
- Consistent attendance by members; no delegates or subs
- Website: <https://www.emergencyslo.org/en/vaccines.aspx>
- Public comment via written comments; will be summarized and discussed with Task Force at subsequent meetings



Task Force Representation

Emergency Services (3)	EMS - Vince Pierucci Fire - Chief Jonathan Stornetta Law Enforcement - Chief Ty Lewis
Healthcare coalition (0) Many represented in other categories	
Local Health Department (1)	Penny Borenstein, MD
Health Systems/Hospitals	N/A
Bioethicist (1)	Luis Ochoa, MD
Community Health Centers (1)	Stephen Clarke, MD
Pharmacies (1)	Maronee Hollister
Long Term Care - seniors (1)	Ombudsman SLO - Karen Jones
Business (1)	Kristen Yetter
Occupational Health (1)	MedStop - Brian Roberts, MD
Health Insurers (1)	CenCal - Paul Jaconette
Education (2)	County Office of Ed - Dr. Jim Brescia Higher Ed- Courtney Kienow
Child Care (1)	CCRC - Raechlle Bowlay
Corrections (1)	Jail CMO - Christy Mulkerin , MD
Religious leaders (3)	Monsignor Ed Callahan Pastor Tim Thuele Rabbi Janice Mehring
Organizations serving racial and ethnic groups (2)	Latinx - Erica Heredia-Ruvalcaba NAACP- Veronica Avery
Orgs serving people with disabilities (1)	Tri-Counties - Diva Johnson
Orgs serving people with limited English proficiency (1)	Herencia Indigena - Irebid Gilbert
Community representatives (2-3)	Health Commission - MaryJean Sage Med Anthropologist - Betsy Whitaker
Seniors (1)	ASPC - Kim Chartrand
Homeless (1)	Janna Nichols
Voluntary Organizations Active in Disaster (VOAD) (1)	United Way - Rick London
Behavioral Health (1)	TMHA - Jill Bolster-White
Utilities (2)	PGE - Samantha Caldwell Water/wastewater/trash - Bill Robeson
Agriculture/Food (1)	Farm Bureau - Brent Burchett
Transportation (1)	SLORTA - Geoff Straw



COVID-19 Vaccine Task Force Overview

- Members will be key resources and communicators to your organization's membership
- Over 30 members, representing diverse organizations from across the county
- Transparency - presentations, minutes and membership* will be posted on ReadySLO.com



COVID-19 Vaccine Task Force Purpose

- Enhance equity in COVID-19 vaccine access
- Collect stakeholder feedback to inform prioritization
- Amplify messaging through member networks



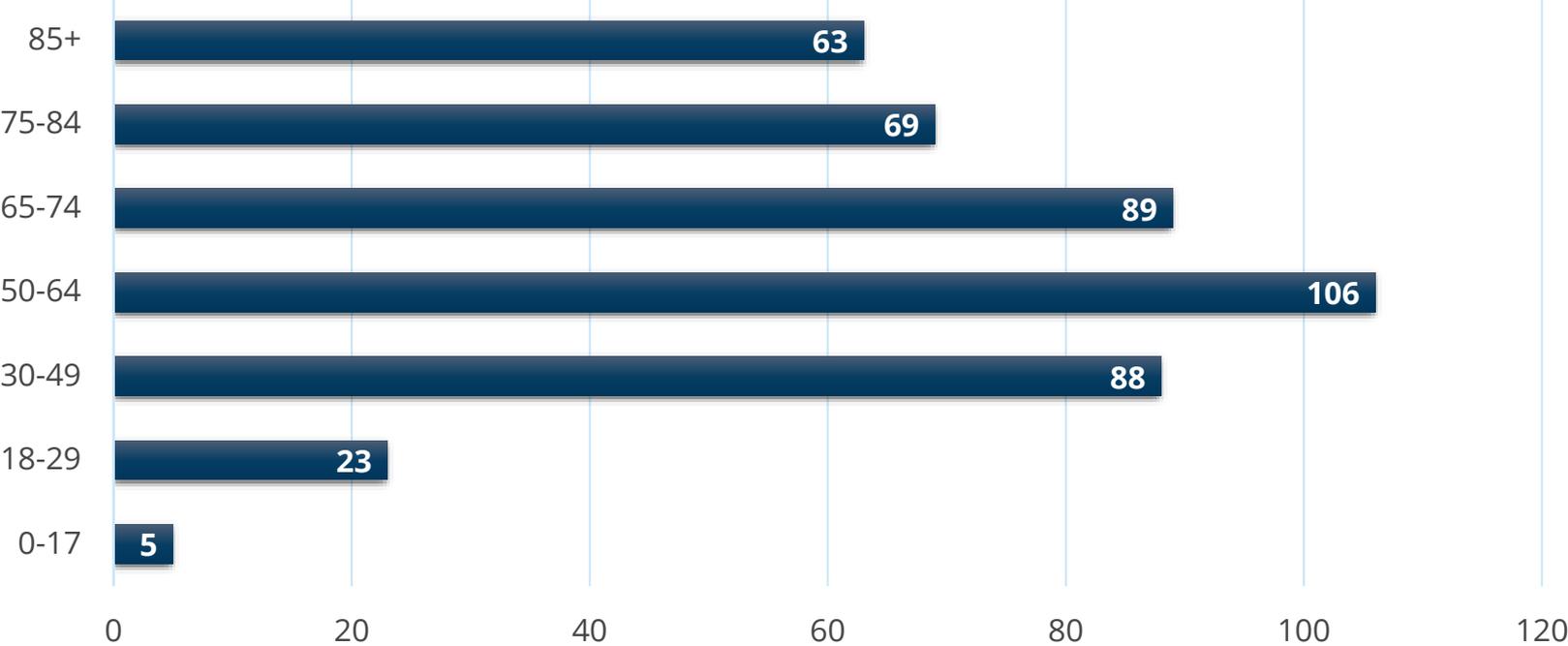
COVID-19 Status in SLO County

Total cases	11,895	
Recovered	9,011	(75%)
New cases (24hrs)	612	
New cases (2 wks)	2,851	(23%)
Hospitalizations	54	Peak 62 (1/1/21)
General	40	51 (1/1/21)
Intensive Care	14	14 (1/5/21)
Deaths	90	(58% past month)
Pending	27	

Data from 1/5/21 11am



SLO County COVID-19 Hospitalizations by Age

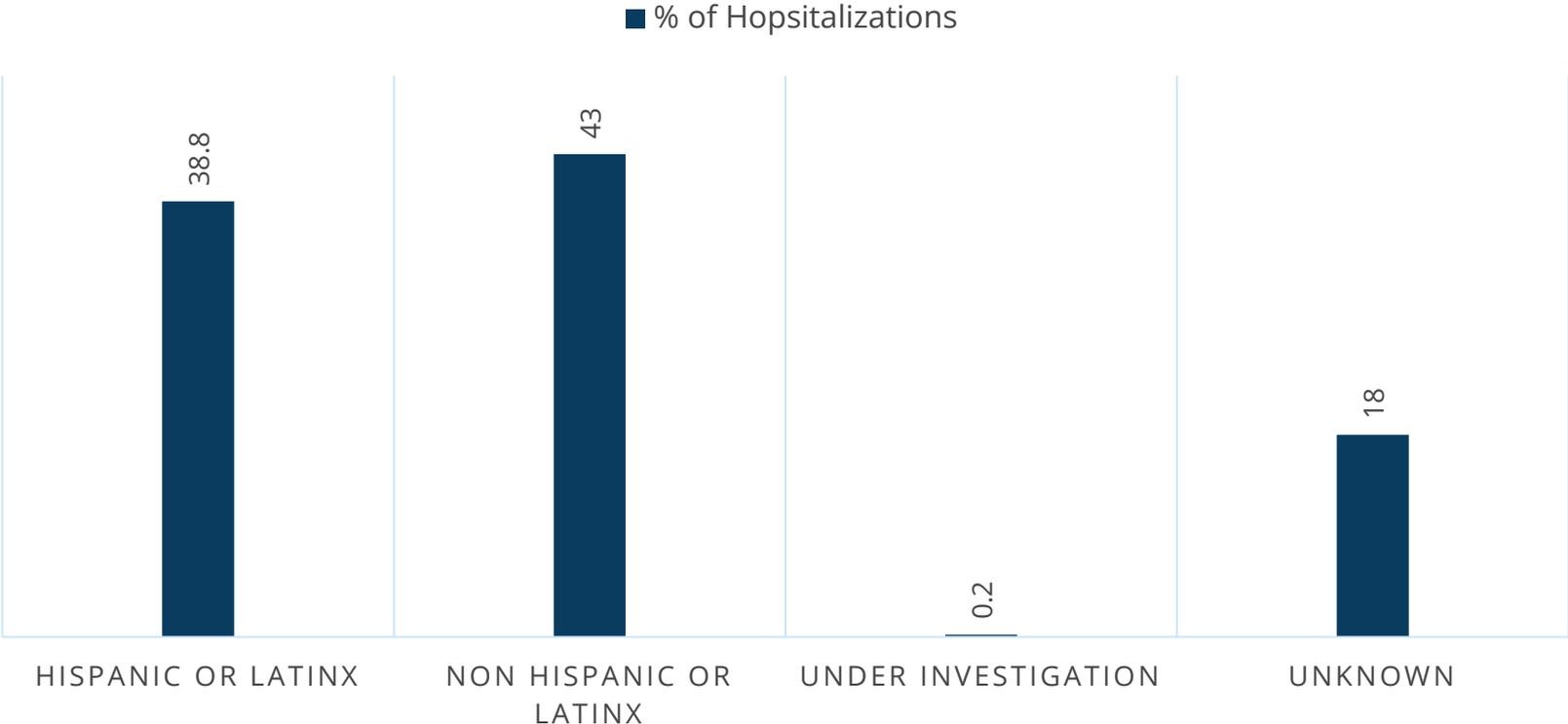


■ Hospitalizations by Age

Data from 1.5.2021, 11am <https://www.emergencyslo.org/en/positive-case-details.aspx>



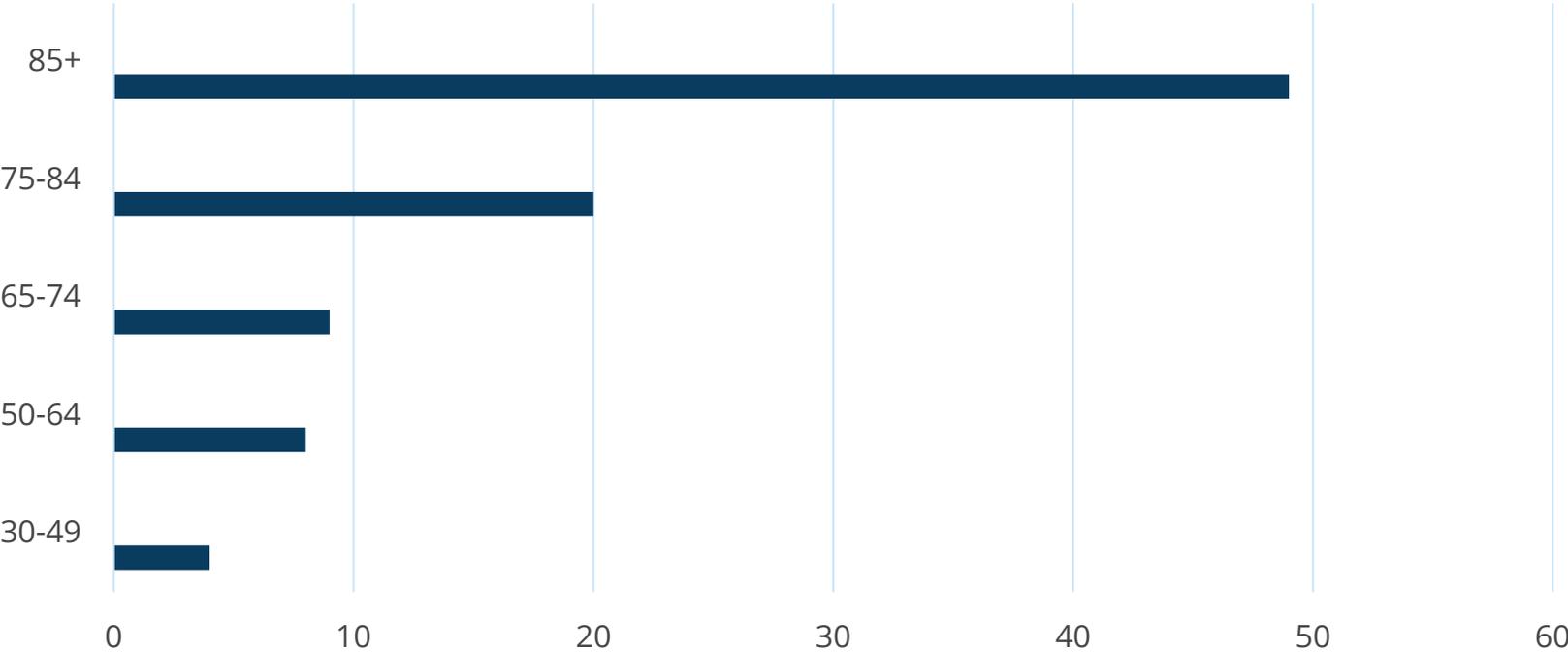
Hospitalizations by Race/Ethnicity



Data from 1.5.2021 11am <https://www.emergencyslo.org/en/positive-case-details.aspx>



SLO County Deaths by Age

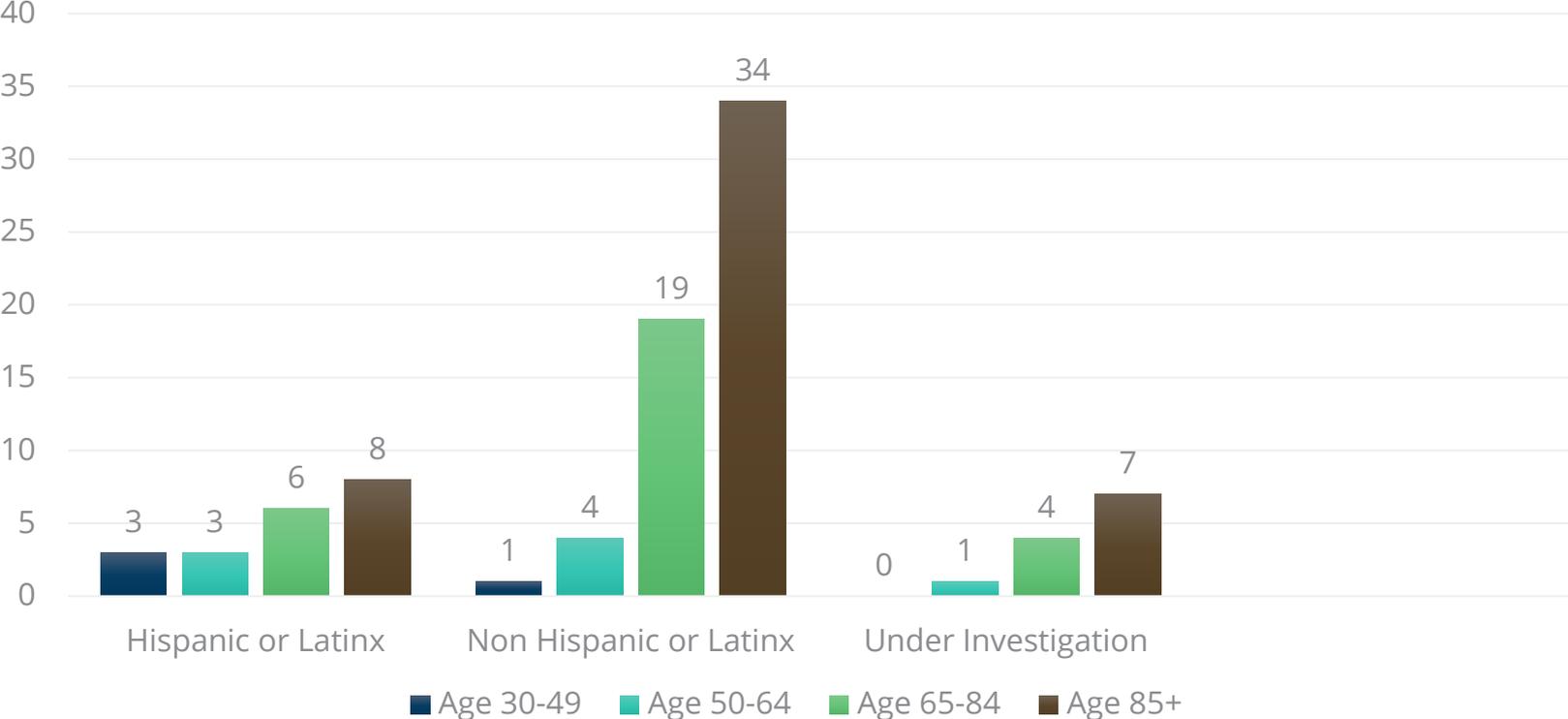


■ Number of Deaths

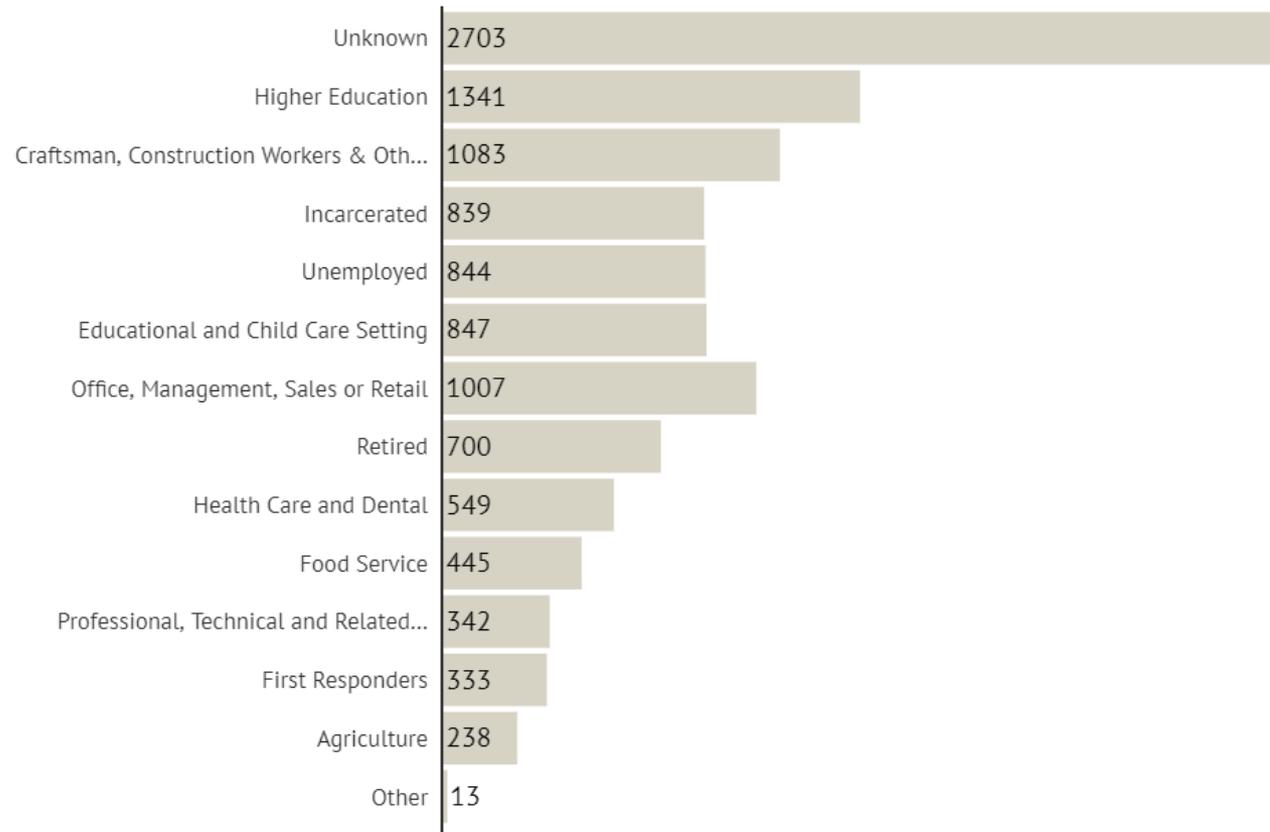
Data from 1.5.2021 11am <https://www.emergencyslo.org/en/positive-case-details.aspx>



SLO County Deaths by Race/Ethnicity



SLO County Cases by Occupation



Data from 1.5.2021 <https://www.emergencyslo.org/en/positive-case-details.aspx>



State and Federal Guidance

CDC: Advisory Committee on Immunization Practices

CA: Community Vaccine Advisory Committee

- Scientific Safety Review Workgroup
- Drafting Guidelines Workgroup

Guiding Principles: Safety. Equity. Transparency



Phases and Tiers

Phases developed at a national level

Phase 1a

Phase 1b

Phase 1c

Phase 2

Tiers developed at the state level

Phase 1a – Tiers 1, 2, 3

Phase 1b – Tiers 1, 2



Ethical Principles

- **Maximize benefits and minimize harms** – use best available data to promote public health and minimize death and severe illness
- **Mitigate health inequities** – reduce health disparities in the burden of COVID-19 disease and death
- **Promote justice** – treat affected groups, populations and communities fairly
- **Promote transparency** – make clear understandable decisions and open for review and public participation



Balancing Goals

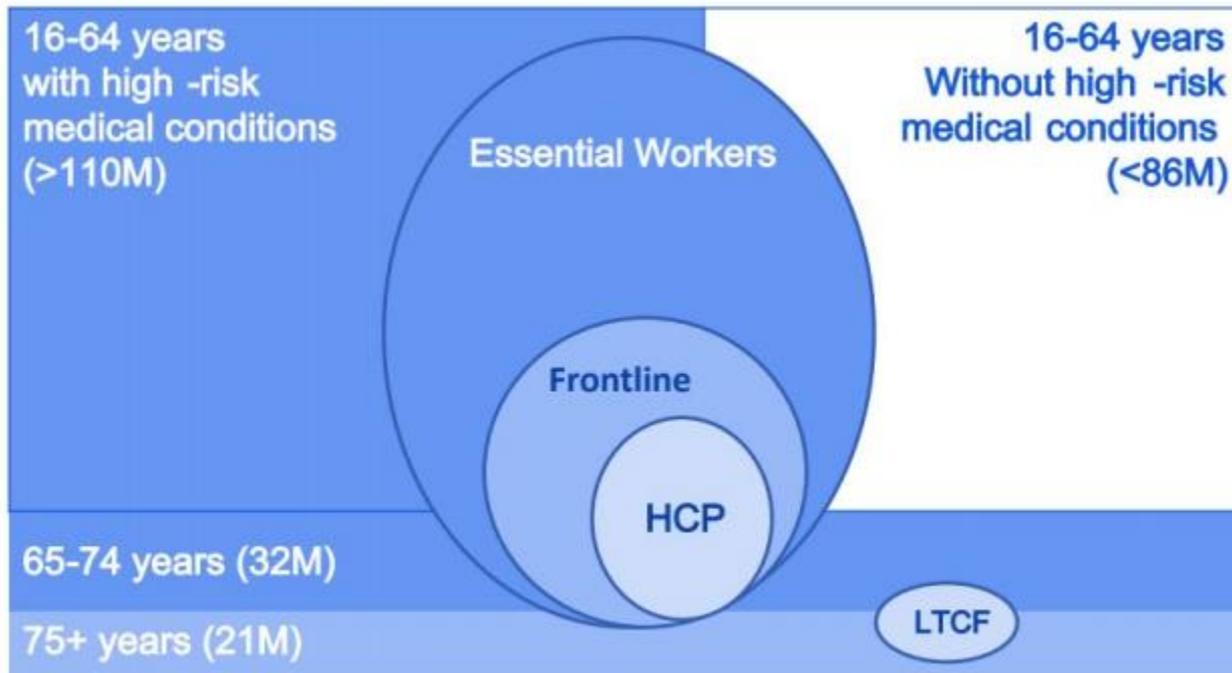
Reducing severe illness ↔ **Societal Functioning**

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

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



Proposed Phases of Vaccine Distribution



COUNTY
of SAN LUIS
OBISPO

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Process and Status of Phase 1a (~10-17k)

COVID-19 VACCINE IN SLO COUNTY

CURRENTLY VACCINATING

- Hospital workers*
- Skilled nursing and assisted living facility workers and patients*
- Emergency medical services workers (paramedics and EMTs)
- Dialysis center health care workers and patients
- Primary care clinics
- Urgent care clinics
- Specialty care clinics and practices
- Home health care workers
- Intermediate care facility staff
- Community health workers
- Public health COVID-19 response clinicians and field staff
- Psychiatric Health Facility staff
- Labs (includes blood banks)
- Dental care
- Pharmacies
- Residential Care Facilities for the Elderly (staff)
- Adult Residential Facilities (staff)

**Hospital staff and long-term care facility staff and patients are receiving the vaccine directly through employers and pharmacy partnerships*



Phase 1a

Tier 1 – 12/21/20

- Acute care, psychiatric and correctional facility hospitals
- Skilled nursing facilities, assisted living facilities and similar
- Emergency Medical Services personnel
- Dialysis Centers

Tier 2 – 12/23/20

- Intermediate care facilities, home health and in-home supportive care
- Community health workers and public health field staff
- Primary care

Tier 3 – 12/28/20

- Specialists
- Laboratory workers
- Dentistry
- Pharmacy staff



Vaccine Allocation and Administration SLO County

Vaccine Allocation

- Public Health - received 10,275 vaccine doses
 - redistributed 240 doses to hospital EDs
- Hospitals - Tenet – 1500; Dignity – 1500 (est.)
- State facilities - CMC, ASH - ?? (few hundred)
- Skilled Nursing Facilities/CVS - ~700 staff; 730 residents

Vaccine Administration

- Public Health - 3,134 (31%)
- Currently vaccinating healthcare workers 5 days/week
- Current rate: ~ 650 vaccines/day
- Desired rate: ~ 3,000 vaccines/day



Proposed Phase 1b (CDC)

- **People aged 75+**
- **Frontline essential workers**, such as
 - Fire fighters, police officers, 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)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html>



Proposed Phase 1c (CDC)

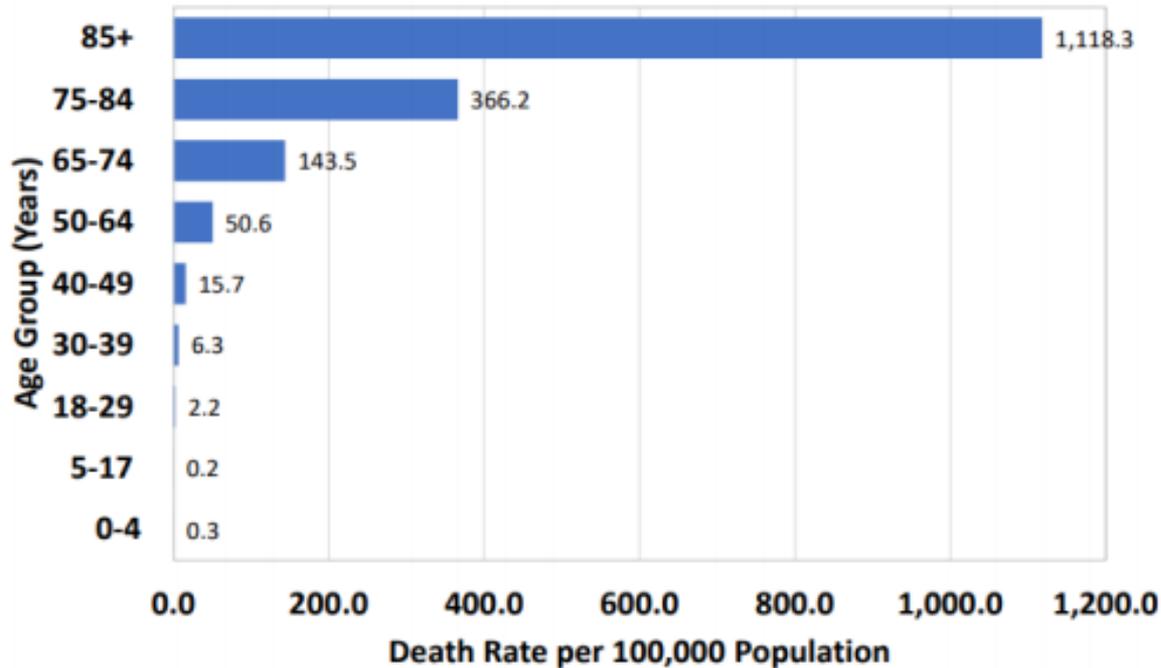
- **People aged 65-74**
- **People aged 16-64 with underlying medical conditions**
- **Other essential workers, such as**
 - People in transportation and logistics
 - Food service
 - Housing, construction and finance
 - Information technology and communications
 - Energy, law, media, public safety and public health

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html>



Mortality Rates Highest in Older Adults

National Estimate of COVID-19 Deaths per 100,000 Population, by Age Group – Data through Dec 16, 2020



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



COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds

0-4 years

5-17 years

18-29 years

30-39 years

40-49 years

50-64 years

65-74 years

75-84 years

85+ years

HOSPITALIZATION¹

4x lower

9x lower

Comparison Group

2x higher

3x higher

4x higher

5x higher

8x higher

13x higher

DEATH²

9x lower

16x lower

Comparison Group

4x higher

10x higher

30x higher

90x higher

220x higher

630x higher

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>), accessed 08/06/20). Numbers are unadjusted rate ratios.

² Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>), accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS319360-A 08/10/2020

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>



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COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

How to Slow the Spread of COVID-19



Wear a mask



Stay 6 feet apart



Wash your hands



References on back

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS319360-A 11/30/2020

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>



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Rate Ratios: SLO County COVID-19 Cases, Hospitalizations and Deaths by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	Hispanic or Latinx persons
Cases	2.9x
Hospitalizations	2.7x
Crude Deaths*	1x

* Data as of 1.5.21, Deaths are not adjusted for age.



Proposed Populations Phase 1b

Phase 1b

- Persons at risk of exposure to COVID-19 due to
 - Their work in any role in selected CA Essential Critical Infrastructure Sectors or
 - Residence in selected settings
- Persons aged 75+
- Persons aged 65-74 with medical conditions or disabilities that place them at a high risk of severe COVID-19



Phase 1b: Leading Candidates for Tier 1 (CA)

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



Proposed Phase 1b (CA)

Tier 1

- **People aged 75+**
- **Those at risk of exposure at work in the following sectors:**
 - Education and Childcare
 - Emergency Services
 - Food and Agriculture

<https://covid19.ca.gov/vaccines/>



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Proposed Phase 1b (CA)

Tier 2

- **People aged 65-74**
- **Those at risk of exposure at work in the following sectors:**
 - Transportation and logistics
 - Industrial, commercial, residential and sheltering facilities
 - Critical manufacturing
- **Congregate settings with outbreak risk:**
 - Incarcerated
 - Individuals experiencing homelessness

<https://covid19.ca.gov/vaccines/>



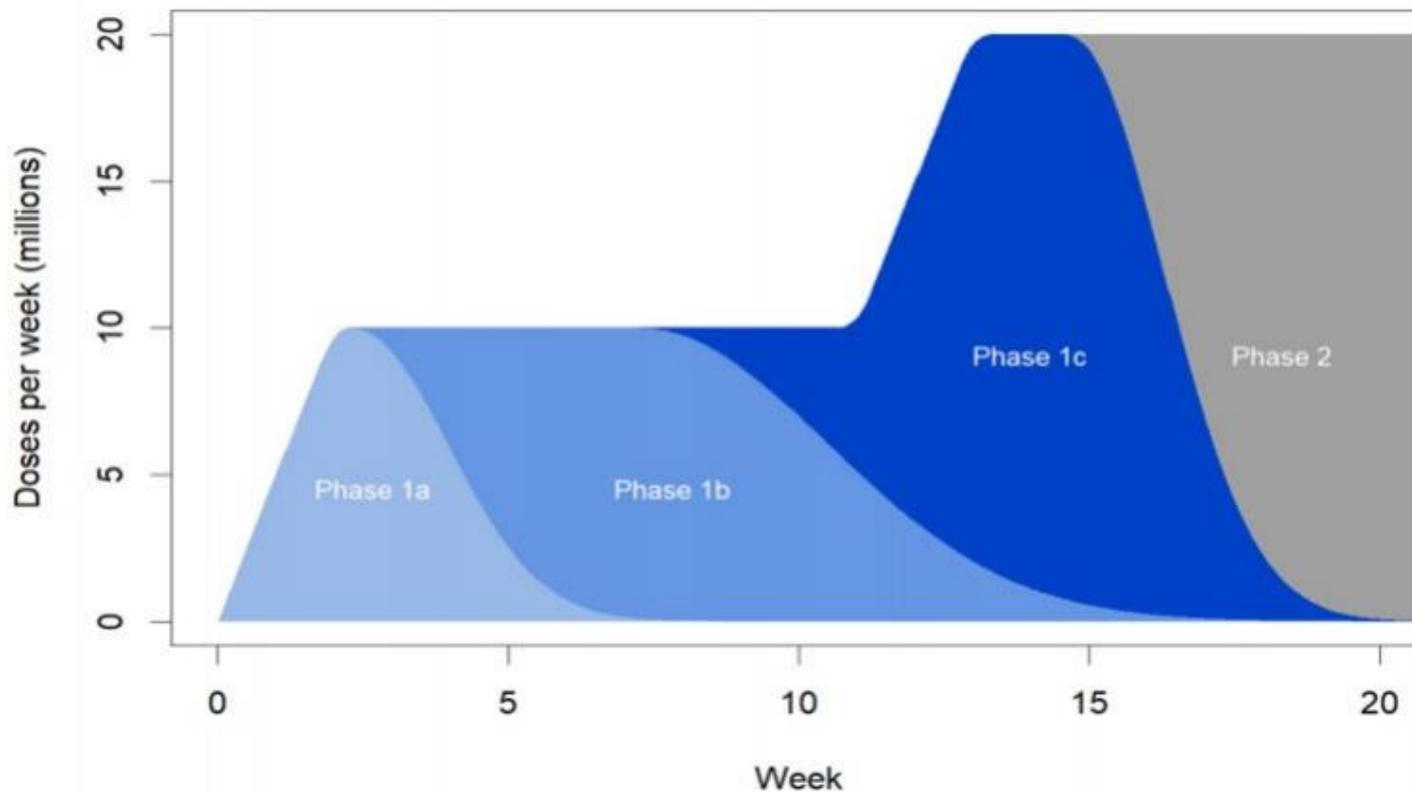
Proposed Phase 1c (CA)

- **People aged 50-64**
- **People aged 16-64 with underlying health condition or disability which increases risk of severe 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

<https://covid19.ca.gov/vaccines/>



Transitioning Between Phases



Possible Criteria for Subprioritization

Societal Impact of Job

- Necessary for survival/daily living basics/safety
- Scarcity of workers
- Parents losing jobs because no school/limited childcare (disproportionately affects women)
- Stability of safe functioning of communities
- Education of next generation
- Caring for people who cannot care for themselves

Impact on Economy

- Scarcity of workers
- Wage and price stability
- Indirect support of economy (schools, childcare, families)

Equity

- Economic necessity
- Disproportional impact on already disadvantaged communities
- Increased pressure on racial and ethnic communities
- Deepening health and educational disparities

Occupational Exposure

- Those unable to work from home
- Interaction with the public
- Impact on other essential workers
- Risk of severe disease/death
- Likelihood to spread due to having to work
- Shared congregate workplace housing



Possible Criteria for Subprioritization

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



Public Comment To Date

- Categorized email to Public Health, Joint Information Center, Office of Emergency Services, Emergency Operations Center
- Call Center data
- As of January 4, 2021, the public can provide comment via a web form: www.EmergencySLO.org/vaccines
- All comments will be summarized and shared with members of the COVID-19 Vaccine Task Force at each meeting



Public Comment To Date

- High risk, older adults or people with medical conditions advocating for self - 82%
- Essential workers or first responder inquiries – 13%
- Advocacy for specific subgroups – 5%



How to Reach Prioritized Populations

- Outreach, education, counseling
- Access to COVID-19 vaccine is an expanding mix of locations
 - Workplace-based immunization
 - Designated vaccination sites
 - Routine sites of care
- In all aspects, partnership will be crucial



Discussion



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Closing Comments

- Next meetings
 - January 13, 2021 from 10:30am – 12:00pm
 - January 20, 2021 from 10:30am – 12:00pm
 - January 27, 2021 from 10:30am – 12:00pm
 - Future meetings TBD
- Meeting notes, slides and public comment form available at <https://www.emergencyslo.org/en/vaccines.aspx>



Thank you!



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