



County of San Diego

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County COVID-19 Vaccine Clinical Advisory Group **Tuesday, January 19, 2021 | 4:00 p.m. – 5:30 p.m.** **Microsoft Teams**

Members Present: Karl Steinberg, Kristi Koenig, Merlie Ramira, Rodney Hood, Emily Do, Gail Knight, Ruth Kirby, Denise Lozares, Carey Riccitelli, Eric McDonald, Jennifer Wheeler, Nikos Gurfield, David Metz, Sayone Thihalolipavan, Denise Foster, Lucia Del Puppo, Samantha Williams, Laura Chechel, Kelly Motadel, Jeannette Aldous, John Malone, Jeffrey Norris, Jacqueline Hamed, Melissa Thun, Elizabeth Hernandez, Ankita Kadakia, Liza Marcial, Nicole Esposito, Eric McDonald, Christian Ramers, Daniel Calac, Mark Sawyer

Members Absent: Brett Austin, Jennifer Bransford-Koons, Haruna Feldman, Lizbeth Lopez, Robert Sills, Carl Medina, Nick Macchione, Anita Walia, Wilma Wooten, Jon Montgomery

Agenda Item/Topic	Discussion	Action Plan	Lead	Date
I. Roll call	<ul style="list-style-type: none"> County COVID-19 Vaccine Clinical Advisory Group called to at 4:00 PM on Tuesday, January 19, 2021. 			

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<p>II. Vote on Minutes</p>	<ul style="list-style-type: none"> Approval of the final meeting minutes for January 12, 2021. Motion seconded, passed unanimously. 			
<p>III. County/CDPH Vaccine Updates</p>	<p>CalVax update</p> <ul style="list-style-type: none"> Providers need to input administration data into SDIR within 24 hrs of vaccination in accordance with CalVax registration agreement Submit race and ethnicity information for each patient <p>CDPH Allocation Guidelines</p> <ul style="list-style-type: none"> Continue vaccinating all persons in Phase 1a, begin vaccinating persons 65+ Prioritize and target outreach efforts as follows: <ul style="list-style-type: none"> Age with persons 75+ prioritized Occupational Risk Exposure individuals working in sectors in Phase 1b, Tier 1 Residence in vulnerable communities as determined by the California Healthy Places Index or comparable local health department knowledge, to address equity County vaccination sites are vaccinating Phase 1a and persons 75+ currently <p>Moderna Lot 041L20A Pause</p> <ul style="list-style-type: none"> Recommendation to pause administration of Moderna Lot 041L20A due to high number of adverse events reported for this specific lot. In San Diego County Kaiser, Rady's, UCSD, and CoSD received this lot CDPH is investigating a cluster of cases that originated at Petco Park which elicited severe allergic reactions Important: when there is adverse reactions it is imperative to document in VAERS with as much detail and as timely as possible. <ul style="list-style-type: none"> Please notify the county of adverse events as well CDC and FDA are reviewing the lot and related medical information Dermatologic fillers may be a risk factor for severe allergic reactions/anaphylaxis with COVID-19 vaccination There are no immediate replacement doses available during the pause 	<ul style="list-style-type: none"> Report all adverse reactions here : https://vaers.hhs.gov/ 		

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	<ul style="list-style-type: none"> • Petco Park Super Station has the necessary precautions in place to address any adverse effects and all reactions were treated efficiently • All County sites have emergency kits that include Epi-pens. <p>EMT Training:</p> <ul style="list-style-type: none"> • EMTs are registered with the County but not licensed or certified like a paramedic. Their scope of work is to be a first responder, does not focus on administering medication. • EMTs will not work independently they do need a nurse or paramedic supervising them • EMTs will primarily be administering vaccine, not including drawing vaccine. They will also observe population post vaccination-going up chain of command as necessary <p>County Vaccine Data</p> <ul style="list-style-type: none"> • County website now has vaccine data available broken down by age, gender, region and race/ethnicity • Vaccine dashboard is on county website includes number of vaccines shipped and is broken down by age, gender, region and race/ethnicity 			
<p>IV. Subcommittee Updates</p>	<p>Workforce</p> <ul style="list-style-type: none"> • In addition to EMT update • Focusing on developing a training program working with UCSD, SD Fire, CalFire and Chula Vista for consistent training approach <p>Pharmacy – no updates</p> <p>BHS</p> <ul style="list-style-type: none"> • Focused on operations and feedback directly to EOC, which is currently underway. <p>Motion: Recommend that vaccine sites explore various advanced or open access scheduling or waitlist management solution to give priority to individuals in higher priority phases or tiers</p>			

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	<ul style="list-style-type: none"> • Previous discussion about matchmaking – is it possible to have a database that everyone can access, ultimately making it more accessible for providers to fill open appointment slots. • County is contracting with Accenture which can handle the volume of appointment data – Individuals can sign up and receive notification when appointments become available. Meeting with CalVax to address this issue. • Can the wait list be reopened by the county? <ul style="list-style-type: none"> ○ Not a manageable system by the County, extremely labor intensive ○ When an appointment is made waitlist is not notified • Walk up sites are difficult due to the fragility of the vaccine, which leads to wasted or shortage of doses. <ul style="list-style-type: none"> ○ Long wait times, hours, without guarantee of vaccination. • Need to develop a system that allows providers to pull up smaller/less recognized providers in higher tiers. <p>Revised motion: Recognizing that certain priority groups continue to need access we recommend that vaccination sites focus effort on actively pulling IN the highest priority groups (currently Phase 1A) through networking, matchmaking and outreach efforts, and explore various advanced or open access scheduling solutions, to improve access to individuals in higher priority phases or tiers. While documentation of eligibility is important, efforts to validate eligibility should not be so cumbersome as to impair progress in reaching eligible community members or slowing down progress in community vaccination programs (for example, requiring multiple forms of ID or onerous documentation from eligible recipients)</p> <p>Seconded. 1 – abstention, motion passed</p> <p>Outreach and Education</p> <ul style="list-style-type: none"> • Focus on disseminating information on how and where to access vaccine for those who need it most • Alert app in works through the state/County that allows users to input information and receive notification about tier and vaccine 			

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	<p>availability. Guest speaker next week that will discuss features of the app and how group can help get information about the app out.</p> <ul style="list-style-type: none"> • Using 211 in disconnected communities as they are already involved with testing. • Committee wants to emphasize need of a central location for information that is user friendly whether it is a website or app. <p>Data and Quality assurance</p> <ul style="list-style-type: none"> • Data is being entered into SDIR more completely and efficiently. • Committee wants to follow up on methodology of survey for quality assurance purposes. Results do correlate with other surveys conducted across the country <p>Solo/Independent Practice</p> <ul style="list-style-type: none"> • Private practice staff, BHS providers continue having difficulty connecting to vaccination sites, but there has been progress with vaccine super sites • Reaching out to solo/independent providers to ensure they are receiving pertinent information. <p>Equitable Allocation</p> <ul style="list-style-type: none"> • Public perception does not amount to equitable distribution, County is vaccinating Phase 1a and persons 75+, while other entities have moved on to persons 65+ • There is concern about Petco super site requiring SSN and driver's license • Knowledge implementation gap – perception that no action is occurring on recommendations/motions • LTCFs are seeing top tier nursing homes receiving vaccinations while others have had limited communication about vaccine rollout to their sites <ul style="list-style-type: none"> ○ CalFire is vaccinating LTCFs in addition to CVS/Walgreens to complete vaccine rollout more expediently • Residents in vulnerable communities should be a priority for vaccine rollout. 			

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	<ul style="list-style-type: none"> ○ Important to look at incentives, if volume is a priority it favors larger providers with UL freezers vs incentives for focusing on neighborhoods with vulnerable populations 			
<p>V. Presentation: Countywide Vaccine Survey</p>	<ul style="list-style-type: none"> • 1637 interviews conducted online and telephonically with residents in San Diego County from Dec. 19, 2020 to Jan. 5, 2021 in English and Spanish • Supplemented survey participants with African Americans, Latinos and unhoused San Diegans to ensure a statistically significant sample • 2/3 of respondents have had or know someone who has had COVID-19, 1/3 of respondents claim they are part of a high risk population • Most people (95+%) surveyed are aware of the COVID-19 vaccine. • Over 72% of respondents likely to receive the vaccine with 1/2 very likely to receive the vaccine – inclination to receive vaccine has increased over time. • Most believe vaccine will be effective in preventing the spread of COVID-19, although there is hesitancy around being vaccinated • The strongest arguments for vaccination focus on making it easier to get back to normal, resume day-to-day activities and re-open the economy. The fact that the vaccine is free is also highly compelling • Main reasons to not receive vaccine were cited as it may have dangerous side effects, that it's "too new" and its impacts are unknown, that its development was rushed and that it is made with "dangerous chemicals and toxins." • Older adults <u>most</u> willing to receive vaccine; those under age 50, those at lower risk and those with lower levels of formal education were less likely; African American residents are <u>less</u> likely to receive the vaccine among all ethnicities in San Diego County. • Hesitation around children being vaccinated, especially within the African American community • Population feels most comfortable receiving vaccination at their doctor's office, a pharmacy or a medical clinic in their community • Doctors, nurses, and medical researchers are by far the most trusted messengers on the vaccine. 2/3 of respondents also say they trust the County's health department on the issue. • County working on summary document (1 page) that highlights key take aways and how education and outreach groups can act on 			

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	<ul style="list-style-type: none"> ○ Can develop a summary document (1 page) and packet that can be used to educate population by key messengers • Helps priortize groups that are hesitant and are in high risk demographics and outreach accordingly 			
<p>VI. Discussion: Telework and Essential Sectors</p>	<p>Guidance on remote workers (Phase 1b and 1c)</p> <ul style="list-style-type: none"> • Father Joe's used 3 level scoring system for prioritization-on-site staff has highest priority, staff that needs to return to office medium priority and telecommuters lowest priority. Good way to internally manage vaccine prioritization. • Managing teleworking staff at county sites would be difficult • Instead of focusing on restrictions/barriers to teleworking staff, should focus on expediency and getting through the phases. Challenging to police this aspect at vaccination sites, many factors to consider. <ul style="list-style-type: none"> ○ Honors system is valid, with limited resources it is more beneficial to administer vaccine to target priority populations rather than enforce restrictions on teleworking staff. 			
<p>VII. Roundtable Discussion</p>	<p>Discussions</p> <ul style="list-style-type: none"> • Knowing allocation limitations, how is group going to move forward, confident that vaccine will be provided when the doses are needed. • Where are vaccination sites going to be located to address the most underserved populations • Strongly support an honor system for eligibility - next meeting 			
<p>Next Meeting</p>	<p>Tuesday, January 26, 2021 at 4:00 p.m.</p>			
<p>Meeting Adjourned</p>	<p>Meeting adjourned at 6:29 p.m.</p>			
<p>Submitted by</p>				