



# County of San Diego

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**HEALTH AND HUMAN SERVICES AGENCY**  
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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

**County COVID-19 Vaccine Clinical Advisory Group**  
**Tuesday, March 16, 2021 | 4:00 p.m. – 6:00 p.m.**  
**Microsoft Teams**

**Members Present:** Ankita Kadakia, Liza Marcial, Merlie Ramira, Denise Lozares, Kristi Koenig, Emily Do, Karl Steinberg, Mark Sawyer, Rodney Hood, Carey Riccitelli, Nicole Esposito, Nikos Gurfield, Sayone Thihalolipavan, Jeffrey Norris, Laura Chechel, Kelly Motadel, Eric McDonald, Jon Montgomery, Ruth Kirby, Christian Ramers, Daniel Calac, Seema Shah, Denise Foster, Dijana Beck

**Members Absent:** Carl Medina, Gail Knight, Jeannette Aldous, Nick Macchione, John Malone, Samantha Williams, Wilma Wooten, Brett Austin, Jennifer Bransford-Koons, Haruna Feldman, Elizabeth Hernandez, Robert Sills, Anita Walia, Jennifer Wheeler

Agenda Item/Topic	Discussion	Action Plan	Lead	Date
I. Roll call	<ul style="list-style-type: none"> <li>County COVID-19 Vaccine Clinical Advisory Group called to order by Dr. Kadakia at 4:00 PM on Tuesday, March 16, 2021</li> </ul>			

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<p><b>II. Approval of Minutes</b></p>	<ul style="list-style-type: none"> <li>Approval of the final meeting minutes for March 2, 2021. Motion to approve seconded, passed unanimously</li> </ul>			
<p><b>III. County/CDPH Updates</b></p>	<p><b>Updated Vaccine Eligibility</b></p> <ul style="list-style-type: none"> <li>County website has been updated to reflect the following changes, with eligibility requirement links with specifics for each group</li> <li>Phase 1A now includes massage therapists</li> <li>Phase 1B now includes janitors, County is allowing homeless shelter staff to be vaccinated under Emergency Services</li> <li>Phase 1C now includes individuals who reside or work in a high risk congregate setting, including people experiencing homelessness and public transit/airport and commercial airline workers</li> <li>Additional eligible medical conditions now vaccinating include: asthma, cerebrovascular disease, cystic fibrosis, hypertension, immunocompromised state, neurologic conditions, liver disease, overweight, obese, pulmonary fibrosis, thalassemia, type 1 diabetes mellitus <ul style="list-style-type: none"> <li>County vaccination sites will have patients sign an attestation form</li> <li>Community/Non-County sites are encouraging patients be vaccinated by their healthcare provider</li> </ul> </li> </ul> <p><b>Vaccination Sites</b></p> <ul style="list-style-type: none"> <li>Organizations offering no cost COVID-19 vaccinations can have their vaccine link on the County's vaccine webpage</li> <li>Organizations who would like to list their vaccination appointment link or website on the County's vaccine webpage should fill out this <a href="#">request form</a></li> </ul> <p><b>Vaccine Equity Metric</b></p> <ul style="list-style-type: none"> <li>Vaccine equity metric introduced March 4<sup>th</sup> sets aside 40% of vaccine doses for most impacted communities</li> <li>Statewide Vaccine Equity metric goal #1: 2 million doses administered to persons living in the vaccine Equity quartile (assessed statewide) will shift purple tier to &gt;10 cases/100,000 and widen red tier to 4-10 cases/100,000</li> <li>Statewide Vaccine Equity metric goal #2: 4 million doses administered to persons living in the vaccine Equity quartile (assessed statewide) will</li> </ul>	<p>Sets</p>		

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	<p>narrow red tier to 6-10 cases/100,000, orange tier will shift to 2-5.9 cases/100,000 and yellow tier will shift to &lt;2 cases/100,000</p> <p><b>Fully Vaccinated Guidance</b></p> <ul style="list-style-type: none"> <li>• Fully vaccinated people in non-healthcare settings can: <ul style="list-style-type: none"> <li>○ Visit with other fully vaccinated people indoors without wearing masks or physical distancing</li> <li>○ Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing</li> <li>○ Refrain from quarantine and testing following a known exposure if asymptomatic</li> <li>○ In public fully vaccinated should continue to follow physical distancing and masking guidelines</li> </ul> </li> </ul> <p><b>Federal Pharmacy Partners</b></p> <ul style="list-style-type: none"> <li>• Vaccines going directly to pharmacy partners independently of County</li> <li>• Scheduling can be completed through each individual pharmacy's link <ul style="list-style-type: none"> <li>○ <a href="#">CVS</a>, <a href="#">Rite Aid</a>, <a href="#">Walgreens</a>, <a href="#">Albertsons</a></li> </ul> </li> </ul> <p><b>VaxText</b></p> <ul style="list-style-type: none"> <li>• Text messaging resource available at no cost to provider or patient</li> <li>• Sends patients text message reminders to get 2<sup>nd</sup> dose of COVID19 vaccine</li> <li>• Also reminds patients to sign up for v-safe to report adverse outcomes following vaccination</li> </ul> <p><b>Vaccination Data</b></p> <ul style="list-style-type: none"> <li>• Across the regions 63%-74% of population 65+ are vaccinated with at least a first dose</li> <li>• South region is an outlier with 94% of population 65+ vaccinated with at least one dose</li> <li>• There is a lot of work to be done in the Black/African American and Hispanic/Latino communities</li> <li>• More work to do in Health Equity Quartiles based on Census tract data</li> </ul> <p><b>TPA updates</b></p>			

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	<ul style="list-style-type: none"> <li>• Meeting with Blue Shield (BS) representative occurred and County pushed that all providers currently vaccinating continue to be able to conduct pop-ups, waiting on a response from BS</li> <li>• Discussions continue to occur between providers and BS, independently of County</li> <li>• FQHCs have requested language inserted into contract that ensures FQHCs do not have to vaccinate general population and can maintain effort on focused populations</li> </ul>			
<p><b>IV. Subcommittee Updates</b></p>	<p><b>Equitable distribution</b></p> <ul style="list-style-type: none"> <li>• White, non-Hispanic population and North Central region leading vaccination rates – not representative of SD County’s diversity</li> <li>• ZIP codes with highest COVID-19 rates are not the zip codes with the highest vaccination rates</li> <li>• FQHCs are ideal for vaccinating vulnerable/hard to reach populations: <ul style="list-style-type: none"> <li>○ Most patients currently served are from lowest equity quartile populations</li> <li>○ Clinic locations are already in health equity neighborhoods – some of the hardest hit by the COVID 19 pandemic</li> <li>○ Patients trust FQHCs, no need for new marketing campaigns</li> <li>○ Existing systems in place to contact and schedule patients that are well received by the communities served</li> </ul> </li> </ul> <p><b>Outreach and Education</b></p> <ul style="list-style-type: none"> <li>• Sector engagement – expanded <i>Live Well San Diego</i> outreach sectors to 9 community sectors and 12 subsectors <ul style="list-style-type: none"> <li>○ The sectors have conducted 525 telebriefings with 59,980 views providing information about COVID19, vaccines, reopening guidance and available resources</li> </ul> </li> <li>• Focused community outreach brought on 200 community health workers and promotores <ul style="list-style-type: none"> <li>○ Project SAVE was rolled out to reach “hard-to-reach” communities in the South Bay with plans to expand program to other health equity focused areas of the county.</li> </ul> </li> <li>• Media and Communications has been an evolving campaign that has focused on trusted messengers and has built on existing services <ul style="list-style-type: none"> <li>○ Looking into making short videos on navigating myTurn: how to help others with making an appointment</li> </ul> </li> </ul> <p><b>Data and Quality Assurance</b></p>			

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	<ul style="list-style-type: none"> <li>• Census tract data is currently for one dose, in the future a fully immunized map will be available</li> <li>• Percent vaccinated has increased in each HPI quartile, although the 4<sup>th</sup> quartile has the lowest percent vaccinated it has seen the greatest percentage increase in vaccinations from 2.23.21 to 3.8.21</li> </ul> <p><b>Solo/Independent Practice</b></p> <ul style="list-style-type: none"> <li>• No updates</li> </ul> <p><b>BHS</b></p> <ul style="list-style-type: none"> <li>• DHCS to consider behavioral health conditions for eligible groups</li> </ul> <p><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Received CDPH guidance on documentation for population 16-64 with underlying medical conditions</li> <li>• Staying busy vaccinating, continue to be challenged by limited vaccine supply</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>• Continue to collaborate with nursing associations, nursing schools to meet need at community events <ul style="list-style-type: none"> <li>○ Nursing school ability to assist at events</li> </ul> </li> <li>• Impact of MyTurn registration for smaller events and IT resources needed</li> </ul>			
<p><b>V. Discussion: Persons experiencing homelessness and vaccination plans</b></p>	<ul style="list-style-type: none"> <li>• Kicked off a foot POD that goes out County-wide on a weekly standing schedule, days that are not scheduled vaccinations will be offered at food distribution sites or smaller shelters <ul style="list-style-type: none"> <li>○ Current destinations include: riverbeds, encampments</li> <li>○ Focus has been Central and South regions – going out 7 days/week in South vs. 1-2 days/week in non-hotspots</li> <li>○ Nurses have access to SDIR to ensure appropriate vaccine dose administered</li> </ul> </li> <li>• Shelter providers across the County are being assisted by Operation Collaboration</li> <li>• Would like to receive community partners cooperation to promote vaccinations</li> </ul>			

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	<ul style="list-style-type: none"> <li>○ Working with local police departments and Champions for Help</li> <li>● Increased vaccine hesitancy among this group</li> <li>○ Uptake was 36% at the Convention Center</li> <li>○ Nurse recognition makes this group more comfortable and receptive</li> </ul>			
<b>VI. Roundtable</b>	<ul style="list-style-type: none"> <li>● AstraZeneca VERBAC meeting not scheduled for March, may be reviewed mid-April</li> <li>● Vaccinate individuals at discharge from hospital to SNF/LTCFs – vaccine supply issue, logistics of completing series in two dose vaccine at hospital discharge</li> <li>● Updated website, Advisory group recommendations now easier to access</li> <li>● Census tracts do not align with highest rates of COVID – correlation of data in question</li> <li>● TPA will allocate vaccine but CDPH will direct the TPA on where vaccine goes in each county</li> <li>● Nationwide standard – Homeless informed consent about vaccine options if Jansen not wanted</li> <li>● FQHCs/BHS clients receiving pushback can reference website for support</li> <li>● Data not broken down by country of origin for Asian American ethnicity/race because SDIR does not breakdown Asian ethnicity/race</li> <li>● Moderna pediatric trials for 6 months to 12 year olds may be added sometime this summer/fall</li> </ul>			
<b>Next Meeting</b>	Tuesday, April 6, 2021 at 4:00 p.m.			
<b>Meeting Adjourned</b>	<b>Meeting adjourned at 5:35 p.m.</b>			
<b>Submitted by</b>				