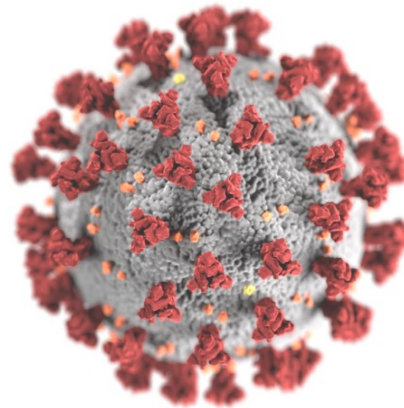# COVID-19 VACCINATION PLAN

County of San Diego
Health and Human Services Agency

December 8, 2020

Nick Macchione, Agency Director
Dr. Wilma Wooten, Public Health Officer
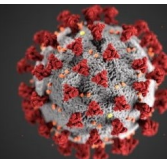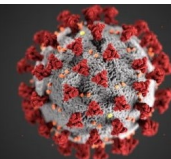3851 Rosecrans Street, San Diego, CA 92106

Table of Contents

COVID-19 Vaccine Implementation for CA Health Jurisdictions

Introduction/Explanation

As is stated in the [CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#), immunization with a safe and effective COVID-19 vaccine is a critical component of the strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal of the U.S. government is to have enough COVID-19 vaccine for all people in the United States who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine, and vaccination efforts may focus on those critical to the response, providing direct care, and maintaining societal function, as well as those at highest risk for developing severe illness from COVID-19. [California's COVID-19 Vaccination Plan](#), as well as a [summary of CA's efforts to plan for COVID-19 vaccine](#), are both posted at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx .

This CDPH document is modeled after the CDC playbook and follows the recommendations for local health jurisdictions that have been presented in weekly webinars with Immunization Coordinators, Emergency Preparedness Planners, Local Health Officers and Health Department Executives. Slides from webinars and other important documents are posted at http://izcoordinators.org/covid-19-vaccination-planning/ .

The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about COVID-19 vaccine. Completion of this template, however, will help to ensure that the foundational planning components for your COVID-19 vaccine response are in place. This is a high-level planning tool that only requires concise responses. This completed template is **due to CDPH by:**

5:00 pm December 8, 2020
Please email completed templates to CDPH.LHDCOVIDVAC@cdph.ca.gov

Box size roughly indicates how much we'd like to hear about your plan for the different sections. Boxes will expand if you need to add more text.

Thank you. We look forward to learning about your strategies and plans as we embark on this new and critical vaccine journey.
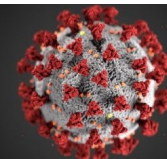
Section 1: COVID-19 Vaccination Preparedness Planning

A. Describe the multi-agency Task Force/Entity that has been put together in your jurisdiction to plan for COVID-19 vaccine implementation.

The County of San Diego (County) has created a robust multi-agency structure to guide the COVID-19 vaccine planning, led the County of San Diego Health and Human Services Agency's (HHSA) Director. Internally, a planning structure was developed that builds off the HHSA integrated model and merges the work of the Immunization Branch of Health and Human Services Agency, Public Health Services department with the Medical Operations Center (MOC), a branch of the COVID-19 Incident Command under the direction of the COVID-19 Test, Trace, Treat (T3) Strategy, in consultation with the Public Health Officer. The vaccine planning structure consists of two major Branches: Operations and Clinical. These Branches are supported by an Administrative Branch made of up of the following teams:
- Human Resources,
- Information Technology,
- Budget,
- Data, and
- Communication (Media, Outreach and Education).

The Operations Branch is led by the director of the COVID-19 Test Branch to bring the expertise of event coordination and logistics of County's robust COVID-19 testing program to the COVID-19 vaccination roll-out. This Branch is handling all coordination around the equitable distribution of the COVID-19 vaccine to providers and San Diegans.

The Clinical Branch, led by the HHSA's Chief Nursing Officer, develops local clinical policy direction building off federal and State guidance. Supporting the Clinical Branch, a County COVID-19 Vaccine Clinical Advisory Group has been assembled to provide clinical advisement. This group will be led by Tri-Chairs who are representative of hospitals, community clinics, and the County. The Tri-Chairs are:
- Gail Knight, MD, Senior Vice President and Chief Medical Officer, Rady Children's Hospital; Co-Chair, Hospital CMO COVID-19 Advisory Group
- Rodney Hood, MD, Founder and CEO, Multicultural Health Foundation; Physician, San Ysidro Health Center; Member, CA Governor's COVID-19 Vaccine Task Force; Chair, San Diego County COVID-19 Equity Task Force
- Ankita Kadakia, MD, Chief/Medical Director Tuberculosis Control and Refugee Health, County of San Diego Public Health Services

The County's COVID-19 Vaccine Clinical Advisory Group is comprised of County and community clinical professionals and subject matter experts. The County is including clinical representation from the broader San Diego region, including Dr. Mark Sawyer, an infectious disease expert and the Medical Director of the San Diego Immunization Partnership, a University of California, San Diego (UCSD) contractor with the County of San Diego Health and Human Services Agency. Dr.
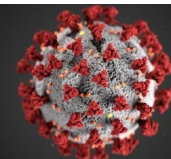
Sawyer is also a member of the State of California's COVID-19 Scientific Safety Review Workgroup. The group will also include representatives from San Diego COVID-19 Equity Taskforce, San Diego Black Nurses Association, San Diego National Association of Hispanic Nurses, Philippine Nurses Association San Diego, and San Diego Immunization Coalition, among others.

Additionally, the County will engage a robust network of external stakeholders representing the region's diverse populations. Using an equity lens, external stakeholders will collaborate with the County in providing insight to resources needed in their perspective communities and will promote immunization efforts. These stakeholder groups will include but are not limited to:

Business
- Chambers
- Child Care Services
- Food & Beverage Providers
- Restaurants

Cities, Governments &Tribal Nations

Community Groups
- Advocacy Organizations
- Community-Based Organizations
- Faith-Based Organizations
- Labor Associations
- Neighborhood Coalitions

Education
- School Districts
- Universities/Colleges

Healthcare
- Community Clinics
- County Fire
- First Responders
- Hospitals
- Managed Care Orgs
- Medical Group Practices
- Medical & Health Associations
- Pharmacies

B. Revisiting institutional memory and after-action reports, what are the major lessons learned from H1N1 in your jurisdiction and how are they being considered for COVID-19 vaccine implementation?
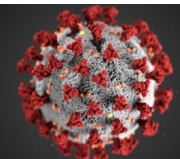
The 2009 H1N1 pandemic response provided several lessons learned which the County is considering for the COVID-19 vaccine plan. A full list of lessons learned are available in the *H1N1 Novel Virus After Action Report*. Key lessons learned were implemented early in the County COVID-19 pandemic. For example, it was identified that early implementation of Incident Command Structure (ICS) is critical to a quick, effective response.

The County activated the ICS on February 1, 2020 and developed a COVID-19 Response Plan in March 2020. Clear, frequent, and timely communication is also critical to a pandemic response. As part of the current COVID-19 response, the County established a communication plan using a Community Sector structure to deliver tailored messages and updates to the community. The County is partnering with Community Health Workers (CHW) to adapt and disseminate culturally tailored messages to harder to reach communities, as well as using a variety of traditional (radio/print) and digital media to reach the public.

This sector-specific communication structure will play a critical role in informing and distributing information on the widespread rollout of the COVID-19 vaccine as it facilitates a direct line of communication with the community.

While the COVID-19 vaccine may only be available in limited quantities upon its first distribution, the H1N1 pandemic taught us the importance of having trained staff to meet surge needs. Vaccination training is also critical to timeliness of implementation, which has been clear through multiple outbreaks throughout the years. As a result, the County has a well-trained nursing staff with experience responding to multiple outbreaks. To keep the current workforce prepared, the County instituted annual N-95 respirator fit-testing. To meet surge needs, the County has developed training models to quickly onboard new nursing staff. Additionally, it will be important to utilize all staffing resources available, such as Disaster Service Workers, Medical Reserve Corps, contracted staff, and students from local healthcare programs.

As with H1N1, limited quantities of the COVID-19 vaccine will mean that a strong inventory management system is needed. The County plans to use an Inventory Management Assessment Tool (IMAT) software for supplies and an Access database for vaccine inventory management with mandatory San Diego Immunization Registry (SDIR) entry for all doses distributed to community providers.

C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

Administering a vaccine within the context of a pandemic response creates unique challenges. This year's *Influenza (flu) Response Plan* has served as a precursor to the COVID-19 vaccine. Lessons learned thus far that will inform the COVID-19 vaccine response include:

Providers: It will be important that all providers have approved vaccine storage and monitoring equipment and all staff are trained on temperature monitoring, reporting and SDIR data entry. Additionally, the County has begun requiring all flu providers to enter doses into SDIR in preparation for mandatory Immunization Information Systems (IIS) reporting with COVID-19.
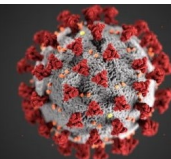
Providers are also able to use Microsoft Bookings to schedule flu vaccine distribution appointments allowing providers to schedule appointments based on staff availability. This model can be adapted for the COVID vaccination.

Vaccine Dissemination: The current flu season has allowed the County to implement and assess best practices from previous flu and outbreak responses, but within the context of a pandemic. First, maintaining the County's ICS structure, which includes the Medical Operations Center (MOC), has helped expedite the allocation of resources and staffing. For staffing, while the majority of staff who are currently trained in vaccinations have been directed to the COVID-19 pandemic response, the ICS structure allows for flexibility and ability to leverage staff working on and at COVID-19 testing sites. This approach supports a scalable and fluid staffing model for both vaccine dissemination and COVID-19 response activities, depending on the immediate need.

Currently, the County is leveraging San Diego County Fire, the local branch of CalFire, staff to perform COVID-19 testing in rural areas of the region. County Fire is currently piloting the administration of flu vaccine at the same community-trusted locations utilizing best clinical practices for separate registration and symptom checks. This pilot will inform the ability to implement this model throughout the region.

As sites will need to adhere to social distancing guidelines, there are additional challenges the County is working to overcome for the County-administered vaccine. The County is currently implementing enhanced infection control measures at flu vaccine administration sites. Additionally, the County is currently utilizing points of dispensing (PODs) and agreements with community partners to disseminate flu vaccines. These will continue to be utilized and other methods of disseminating vaccine into harder to reach communities will be provided.

Data: Data analytics will serve as a key backbone staff to inform planning and to measure the success of saturation within priority groups. The County is using Geographic Information System (GIS) mapping with population health statistics and SDIR data to map need and saturation for the flu vaccine. These similar models will be used for the COVID-19 vaccine. Additionally, through the current flu vaccine season, the County has been able to work with providers to institutionalize comprehensive data collection to ensure accurate representation of demographic information of vaccinated groups.

Communication: The County is infusing ongoing flu vaccine promotion into current COVID-19 communication activities where applicable. This includes developing resources on how to prevent flu during the COVID-19 pandemic and leveraging the Community Sector communication structure, County COVID-19 testing sites, and external partners to help promote information. Flu vaccine promotion has also been layered into the County's Be COVIDSafe framework (discussed further in Section 12) through broader messaging emphasizing individuals' health and safety and the role of vaccines in prevention.
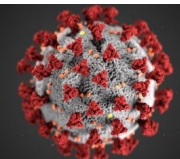
Section 2: COVID-19 Organizational Structure and Partner Involvement

A. Please share your local organizational (org) chart that is guiding COVID-19 vaccine planning by pasting it into the space below or add it as an Appendix at the end of this document.

Please see Appendix for Additional Organizational Charts

County of San Diego COVID-19 Vaccine Organizational Chart
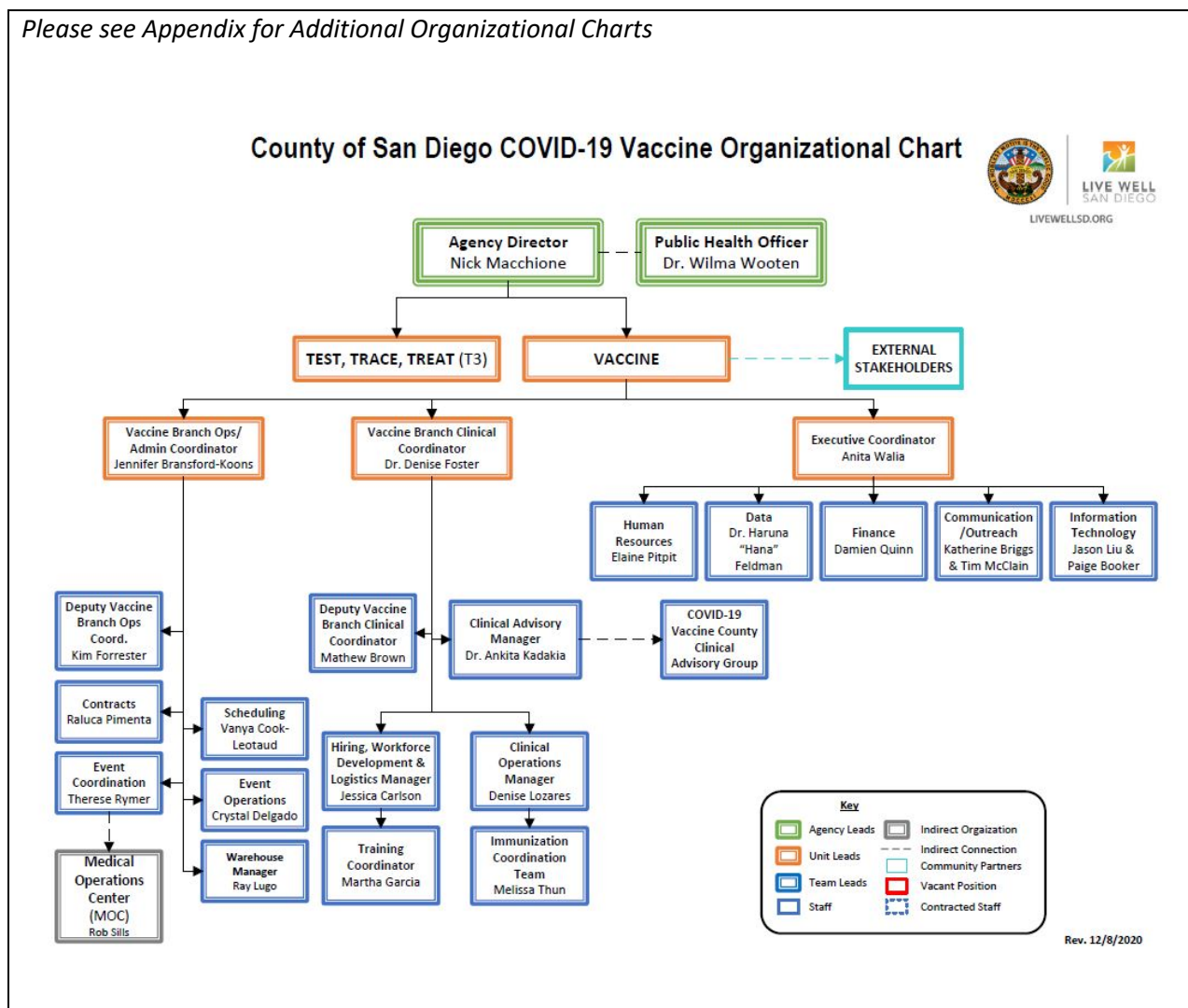
B. How are you engaging external partners in your planning process? Who are your primary external (outside of your local health department) planning partners?
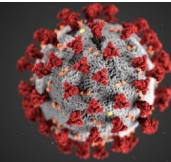
As referenced in section 1A, the County of San Diego (County) is engaging a strong network of external stakeholders who represent a wide variety of fields and expertise from medial associations to education to grassroots community organizing. These external stakeholders are representative of the diverse communities throughout the region and will provide insight to community needs as well as serve as a conduit for sharing communication and outreach to the communities they serve.

Select partners are being engaged through the County's COVID-19 Vaccine Clinical Advisory Group to provide direct guidance and input to the planning process. The County will leverage its strategic partnerships with community contractors who provide direct COVID-19 outreach in the community to solicit feedback throughout the planning process. Additionally, the robust County Outreach and Education sector branch communication structure previously provides the foundation and infrastructure for focused outreach to engage in key aspects of the planning process. Examples of stakeholders engaged in the Outreach and Education sector branch communication structure include:

Business
- Chambers
- Child Care Services
- Food & Beverage Providers
- Restaurants

Cities, Governments &Tribal Nations

Community Groups
- Advocacy Organizations
- Community-Based Organizations
- Faith-Based Organizations
- Labor Associations
- Neighborhood Coalitions

Education
- School Districts
- Universities/Colleges

Healthcare
- Community Clinics
- County Fire
- First Responders
- Hospitals
- Managed Care Orgs
- Medical Group Practices
- Medical & Health Associations
- Pharmacies
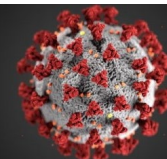
Section 3: Phased Approach to COVID-19 Vaccination

A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? ☒ yes   ☐no

B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

The County of San Diego (County) has many POD agreements with partners including hospitals, law enforcement, businesses, military, tribal entities, jurisdictions, and other organizations. Additionally, agreement templates are created for entities providing population specific (closed) and public (open) PODs which are in process of being executed for existing and new entities. The County currently has agreements with nine hospital entities that are capable of potentially vaccinating Phase 1A populations, and others agreements are pending.

The County is engaging alternative POD partners such as fire departments and County Fire. Several of these organizations are already assisting with flu vaccine and are willing to assist with COVID-19 vaccines.

The County is also exploring ways to engage additional partners including:
- Pharmacies,
- Travel Vaccination Organizations,
- Occupational Health Organizations, and
- Other Organizations with Mobile Units Capable of Vaccination.

Additional references include:

Graphic on page 11 of CDC COVID-19 Vaccination Program Interim Playbook and

A phased approach to Vaccine Allocation for COVID-19 from National Academies of Sciences Engineering Medicine
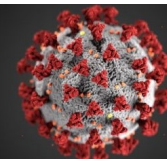
Section 4: Critical Populations

A. Describe your efforts to identify the health care workforce, critical infrastructure workforce and vulnerable populations in your jurisdiction including reviewing the data from CDPH.

The County of San Diego (County) has existing expertise for identifying the healthcare workforce, critical infrastructure workforce and vulnerable populations through previous immunization efforts and emergency responses, as well as work completed through *Live Well San Diego,* the County's long-term strategy for healthy, safe and thriving communities focused on improving population health and achieving collective impact through public-private partnerships. A team of data experts within the County representing expertise in population health, immunizations, epidemiology, and biostatistics is analyzing both the California Department of Public Health (CDPH) data and the County's data to develop a best estimate of these populations.

The County currently maintains an extensive data warehouse of demographic, economic, occupational, population health and social behavior survey data organized by small area geographies and lenses of health equity including age, gender, geography, race/ethnicity and socioeconomic status. The County also maintains complete lists of advanced life support and basic life support Agency first responders and has access to data on health care workforce and patient/resident census at local hospitals, skilled nursing facilities, long term care and congregate living communities and pharmacies. These resources have been in place for several years in response to past public health emergencies and disasters.

B. Describe your plan for communicating with acute care facilities about their readiness to vaccinate during Phase 1a. (Are they ready to hit the ground running?)

The County has been working with the San Diego County Healthcare Disaster Coalition (SDHDC) and the Hospital Preparedness Program Partners (HPPP), as well as the County's COVID-19 Healthcare Sector for communication about vaccine readiness. The County is also conducting follow-up and outreach to encourage acute care facilities to complete the survey disseminated by the CDPH and continue conversation on throughput and storage. The County is contacting each acute care hospital that CDPH sent the original storage & handling survey, to verify and complete missing information, determine their throughput (amount of staff they can vaccinate in a day while observing social distancing and maintaining an adequate workforce) and to ensure they received the invite to enroll in COVIDReadi. Also, there are existing COVID-19 response coordination meetings between County leadership and Hospital CEOs. Readiness to vaccinate is a key topic discussed at these meetings.

C. With an eye on equitable distribution, how do you plan on reaching other populations that will need vaccinations in subsequent phases?
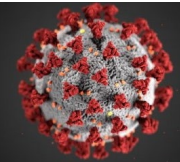
The County will leverage the existing Health Equity focused work from its COVID-19 Test, Trace, Treat (T3) Strategy to inform equity strategies for vaccination distribution. The County will analyze data on vulnerable and other populations and current immunizations, as well as use GIS mapping to determine geographic areas of the region which require focused efforts to increase saturation. Partnership will play a key role in reaching many of the populations, specifically those disproportionately affected by COVID-19. The County will engage the Homeless Assistance Resource Team (HART)/Homeless Outreach Team (HOT), homeless shelters, Behavioral Health Services to engage Residential Treatment Facilities, first responders (e.g., County Fire), and other partners to provide COVID-19 vaccine in rural areas, including for migrant farm workers. Also, the County will work closely with the one tribal health organization receiving supply from the County, Indian Health Council, Inc. reach tribal nations. Additionally, the County has a dedicated team that is in regular communication with long term care facilities and other entities to assess needs and readiness. This team will be leveraged to support this effort.

As referenced in previous responses, the County is creating a robust network of external stakeholders who represent specific populations and communities. Many of these stakeholders have specific focus on equity. These stakeholders will be critical to informing planning efforts. In addition, they will play a key role in disseminating vaccination information to their communities as part of the vaccination communication plan. The County will also leverage the Community Sector communication structure and contracted partners to deliver tailored messaging for African American, Latino/Hispanic, Asian and Pacific Islander, refugee and 18-24 year old populations (discussed further in Section 12).

Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook
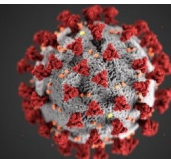
## Section 5: COVID-19 Provider Recruitment and Enrollment

CDPH is identifying large health systems and other multi-county entities (MCEs) that will receive vaccine allocation directly from CDPH. Some MCE criteria are that the entity has facilities in three or more counties; is able to set policy for its facilities, can plan centrally and support implementation of a COVID vaccination program at all of its facilities in California; and that the entity can order, store and administer vaccine to its employees or arrange with an outside provider (other than the local health department) to do so. It is not necessary for local health departments (LHDs) to invite these entities to enroll as COVID vaccine providers. LHDs should review the list of MCEs for their jurisdiction and be familiar with the MCEs' vaccination plans.

A. What are you doing to identify non-MCE providers to invite to participate in Phase 1a? *(e.g. acute care hospital providers not affiliated with an MCE, staff of long-term care facilities, ambulatory care settings providers).*

The County of San Diego (County) will crossmatch community assessment data with California Department of Public Health (CDPH) data to identify non-multi-county entities (MCE) providers. The County will work with the Long-Term Care Facilities Sector of the Emergency Operations Center's Education & Outreach (E&O) Branch to identify providers and their enrollment needs. Providers may be eligible to enroll and receive vaccine directly, may need to enroll in the County's program to obtain vaccine to vaccinate staff/residents, or identify as needing vaccination services through Rapid Response Teams, from Pharmacy Partners, etc. The County will follow-up on all identified tribal clinics who opt out of receiving vaccines through Indian Health Services and choose County assistance. There are regular meetings with hospitals' and community health centers' Chief Medical Officers in which providers may be identified for Phase 1a. The County will coordinate internally with the County jail medical team for staff vaccinations. Additionally, the County will disseminate a California Health Alert Network (CAHAN) update with provider enrollment information for providers who are not contacted directly once vaccine is more widely available and open for the public.

B. How will you continue to recruit new providers to register and vaccinate during subsequent phases when there is more vaccine?

The County's recruitment efforts will follow the prioritization recommendations from CDPH and will continue to recruit new providers to register and vaccinate by leveraging the networks and expertise of County's COVID-19 Vaccine Clinical Advisory Group and External Stakeholder groups. Between these two groups, there is representation from local Federally Qualified Health Centers, Community Clinics, the San Diego Medical Society, the Hospital Association of San Diego and Imperial Counties, and other providers. Additionally, the County's vaccination communication plan includes components specifically for existing and new providers including a new COVID-19 vaccination webpage with enrollment information, CAHAN updates, and others.
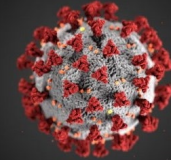
The County has a dedicated enrollment team who will be supporting the outreach and enrollment process.

C. Who will be reviewing your local provider enrollment data to ensure that pharmacies and providers are enrolled?

The County will define a process to compare and correlate the COVIDReadi enrollment information with the SDIR system. This process will also include a focus on the areas that serve vulnerable populations. Current partnerships with stakeholders will be leveraged to help remove barriers and encourage enrollment for the organizations that serve these specific populations including utilizing our Chief Pharmacy Officer to provide information to local pharmacies. Additionally, existing relationships with local pharmacy coalitions or professional groups will be leveraged. This process will be supported by the County's dedicated enrollment team, data team and communication team.
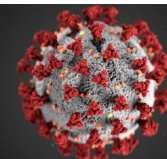
Section 6: Vaccine Administration Capacity

A. Looking at your previous dispensing and vaccination clinic activities, what elements have resulted in greater throughput results?

Based on previous dispensing and vaccination clinic activities, the following elements have resulted in greater throughput results:
- Maintaining Incident Command Structure (ICS) to decrease confusion, clarify roles, and increase efficiency**.**
- Conducting continual, real-time evaluation for process improvement and modification of strategies to increase throughput. This includes utilization of a flexible staff model to move staff between stations a needed.
- Conducting Just In Time (JIT) trainings to ensure consistent implementation of vaccination protocols and to maintain efficient clinic functioning.
- Utilizing technology to streamline processes such as for online pre-registration.
- Creating fast-track vaccination lines at clinics.
- Implementing a comprehensive communication plan that includes a wide variety of components and partners and is tailored to various communities.
- Using nurse "Foot-Teams," an innovative vaccination model developed during the hepatitis A outbreak, to reach those traditionally more difficult to reach, such as those experiencing homelessness where they are residing.
- Streamlining training with a focus on dedicated resource leads to support surge staffing needs.
- Convening annual Points of Dispensing (POD) in each of the six Health and Human Services Agency (HHSA) Regions.

B. What mapping information do you have access to that will help your recruitment efforts and POD plans? (e.g. disease hot spots, vulnerable communities, testing sites, POD sites etc.)

The County of San Diego (County) has robust data collection and analysis capacity that is currently used for many County projects. Data that have previously been geo-located for mapping purposes includes community assessment data, the vulnerable community index, health insurance coverage data, healthy places index (HPI), San Diego Immunization Registry (SDIR) coverage data, POD site data, and flu vaccination status. Data that have been added to this list and geo-coded specifically for the COVID-19 effort (to identify test site locations, track disease hot spots, etc.) includes testing site data, positive case mapping, hospitalization rates, and Health Equity data. Mapping will be used to identify physical COVID-19 POD locations by combining layers of San Diego Association of Governments (SANDAG) data, such as community groups, Community Clinics, and the over 500 *Live Well San Diego* partners, in conjunction with the data above; as well as geographically represented locations with high levels of unvaccinated residents.
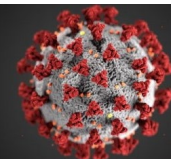
Additional data to be included in this effort include but are not limited to:
- Community assessment data,
- COVID-19 Health Equity data,
- COVID-19 Hospitalization rates,
- COVID-19 testing site data,
- Influenza cases and vaccination data.
- Insurance coverage information,
- POD site data,
- SDIR coverage data, and
- Vulnerable community index.

C. How will data be entered into CAIR/SDIR/RIDE from your POD sites?

    a. ☒ PrepMod
    b. ☐ Mass Vax module
    c. ☒ Other - _Direct date entry enter to San Diego Immunization Registry (SDIR) by County Staff_

D. Please describe the staffing strategies you are planning for mass vaccination PODs. (e.g. mass vaccinator contract, Medical Reserve Corps, volunteers etc.) Also, in this section, please add any anticipated support you think you will need from the State for the different phases.

The County's COVID-19 staffing strategies will build off the current COVID-19 pandemic response strategies and lessons learned from past outbreak and vaccination responses. The staff strategies will focus on flexible staffing patterns that allow for scalability of efforts and maximize each person's work to their license and education. Efforts are already underway to onboard staff for COVID-19 vaccination efforts and temporarily assign them to COVID-19 testing and other active response efforts to cross-train to ensure a workforce that is immediately available to be deployed.

The County has already developed creative and innovative recruitment strategies. These strategies and others to be explored include:
- Redeploying non-essential County staff to essential COVID-19 response roles,
- Utilizing contract temporary staffing resources,
- Tapping into the Medical Reserve Corps,
- Leveraging County Fire and other paramedics and EMTs,
- Partnering with Community Partners and other providers,
- Using medical student workers, nursing students, and pharmacy students,
- Engaging pharmacy technicians,
- Partnering with medical residency programs, and
- Engaging with Student Health Centers at local colleges and universities.
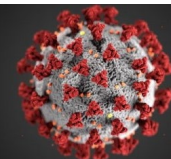
E. Describe your plan for identifying where PODs will be conducted in the community and for which populations.

Identification for PODs in the region will be data-driven with input from the community and stakeholders. The County will geo-code data to create maps what will help identify areas in which vaccination distribution events are needed. All planning will be done through a health equity lens that seeks to prioritize populations disproportionately impacted by COVID-19. Data to be analyzed include but is not limited to:

- Community Assessment ,
- COVID-19 Testing Site,
- Flu Vaccination Status,
- Health Insurance Coverage,
- Health Places Index (HPI),
- Hospitalization Rates,
- POD Site,
- San Diego Immunization Registry (SDIR) Coverage,
- Positive Case Mapping,
- Vulnerable Community Index, and
- Other Health Equity-related data.

In combination with this data, the County will utilize the County's COVID-19 Vaccine Clinical Advisory Group, External Stakeholders including the San Diego COVID-19 Equity Taskforce, and other community groups to help identify locations that best meet the needs of the community.

F. How will you assess provider throughput for LHDs PODs and for the broader provider community? *(Consider your current experience running socially distanced flu clinics to help answer this question.)*

The County will apply the Public Health Emergency Preparedness Domain 4-time studies focused on distribution and dispensing to assess throughput for Local Health Department (LHD) PODS. The County will be developing provider assessments to evaluate other providers throughput.

In addition, the County has several Lean Six Black Belt staff who will be utilized for flow mapping and just in time methods to quickly identify bottlenecks, and increase efficiencies.
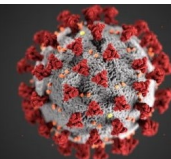
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

A. Who will be responsible for submitting allocations to State for conversion to orders? *(title/role of individual(s))*

> The County of San Diego's (County) Immunization Coordinator will submit allocations to the State with the support of a team who will be responsible for reviewing requests.

B. How will you use storage capacity information in the registration system to allocate doses?

> The County will utilize data from CalVax and County enrollment forms to assess storage capacity when determining allocation of doses. Multiple smaller allocations may be made to accommodate providers with limited storage capacity.

C. Describe your process to follow up with providers who may not be meeting ordering, storage, inventory or IIS requirements.

> The County will create a Quality Assurance and Quality Improvement Team to conduct follow-up via telephone, email, and/or in-person visits as needed to discuss deficiencies in meeting requirements. This team will provide suggestions to remedy deficiencies and have a plan in place to document compliance. Potential remedies may include reviewing San Diego Immunization Registry (SDIR) , developing an internal policy and procedure to provide vaccination administration documentation to the County for data entry support, and documenting training to provide staff about storage requirements. Reports will be reviewed on a weekly basis.
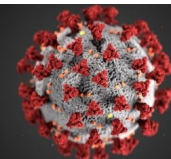
Section 8: COVID-19 Vaccine Storage and Handling

A. Describe your plan to assess cold storage capacity for LHDs and providers (including ultra-cold storage capacity)

The County of San Diego (County) will develop a cold storage requirement checklist to distribute to providers that will include:

- Requirement that all providers provide proof of appropriate cold storage devices including photos, equipment model numbers, and specifications.
- Requirement to submit data logger reports, calibration certificates, and temperature logs to the County.
- Requirement to submit proof of completion of EZIZ (https://eziz.org/eziz-training/) trainings on vaccine storage and handling.
- Requirement to track all enrollment details in a database.

B. Describe your plan to ensure that you have access to dry ice if needed.

The County conducted a competitive procurement in accordance with federal procurement guidelines for dry ice vendor to allow for 24/7 access to dry ice. The County has executed Blanket Purchase Agreement (BPA) for "as needed" dry ice.

Centers for Disease Control and Prevention (CDC) will be providing at least one shipment of dry ice with each vaccine shipment to maintain the temperatures in the shipping containers for an additional five days. Additional dry ice may be obtained through our contracted dry ice vendor who has agreed to maintain an adequate supply to allow 24/7 access to dry ice.
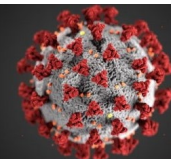
Section 9: COVID-19 Vaccine Administration Documentation and Reporting

A. How will you handle questions from local providers about vaccine administration reporting and have you identified the staff responsible?

The County of San Diego (County) has a team in place that collects usage reports from flu vaccine providers. This team will be expanded to meet the same needs for the COVID-19 vaccine with support from the data and San Diego Immunization Registry (SDIR) teams. Local providers can submit questions to the dedicated email address that usage reports will be sent to and staff will monitor and respond.

The County is also building out a COVID-19 vaccine focused webpage as part of the larger COVID-19 website, www.coronavirus-sd.com. This website will be a resource to the public and providers. It will be regularly updated with information for providers and with responses to frequently asked questions.

B. On a high level, what kind of data analysis are you planning to do regarding COVID-19 vaccine administration for your jurisdiction? For reference, see pages 45and 46 of California's COVID-19 Vaccination Plan.

County staff will be reviewing vaccine administration data with the required and optional elements. The current flu vaccine report will be modified for COVID-19 vaccine tracking, and Health Equity Reports will be updated to include vaccine-specific information. Data reports will be updated for COVID-19 vaccine percent completed, vaccination rates for both partial and full dose, vaccination rates by the Health Places Index (HPI), and vaccination rates/access to vaccination sites for vulnerable populations. Quantitative analysis and geo-coding this data will identify gaps in coverage and build a countywide picture of vaccine recipients. Data reports will be generated by the SDIR team, with assistance from other County Health and Human Services Agency (HHSA) departments. Summary reports will be prepared daily.

The County is also conducting a public opinion poll for the COVID-19 vaccine to assess attitudes toward a COVID-19 vaccine among San Diego County residents, particularly segments of the population that based on prior research may have heightened resistance to taking a vaccine. Results from this survey will inform tailored messaging for the vaccine.
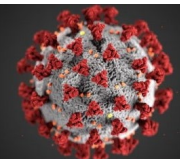
Section 10: Vaccination Second Dose Reminders

A. How will you inform vaccinees at your PODs of second doses of COVID-19 vaccine and remind them when to come back?

A key takeaway from the Hepatitis A (HEP-A) and Meningococcal B outbreaks was the need for second dose reminders to ensure completion of vaccine. The San Diego Immunization Registry (SDIR) has a reminder/recall feature that can be used by providers to help identify patients due for their 2nd dose. Centers for Disease Control and Prevention (CDC) is also providing reminder postcards that will be distributed to each patient after the first dose is administered. These cards will have the date of the vaccine, the product name, and the earliest date they may return for a second dose. The County of San Diego (County) will ensure communication with providers on the importance of second dose reminders and methods of doing reminders. In addition, the County will explore automated reminders through PrepMod. Further, second dose importance will be a component of the County's communication plan.

B. How will ensure that patients coming for their second doses receive the appropriate product?

The County will deliver clear guidance to providers on how to ensure the appropriate vaccine product is provided to patients, especially during times when multiple products will be available. Providers will be required to look up the patient in SDIR prior to administration of the second dose to verify the appropriate product is offered for second dose. SDIR has the functionality to provide reminder/recall reports. Second dose reminders within PrepMod are also being explored. As discussed above, reminder cards that will be provided by the CDC with the name of the vaccine product will be given to each patient. These cards proved to be effective reminders for second dose of HEP A vaccine with both sheltered and unsheltered patients. Persons with smart phones will be asked to take a photo of their second dose reminder card in case the card is lost.

C. How will you communicate with/monitor other providers about second doses for their patients?

All COVID-19 vaccine doses administered will be required to be entered into SDIR, either manually or via electronic transfer. Information about how to use reminder/recall reports will be provided. If they are not able to generate reminder/recall reports from their systems, SDIR staff will produce and forward to the participating providers, who will be responsible for further follow-up with patients. Providers will be encouraged to use flags for reminder/recall specific to their Electronic Health Records. Additionally, SDIR has a Vaccine Forecasting Module that will include the various COVID-19 vaccine products which will automatically flag when a patient is due for subsequent doses.

The County will ensure communication regarding second doses through the external stakeholder groups, meetings with Hospital CEOs, the County's COVID-19 Vaccine Clinical
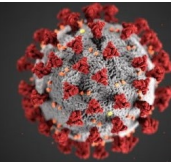
Advisory Group and the County's COVID-19 vaccine webpage and through SDIR broadcast messages.

Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

A. What are your strategies for directing providers to the CDPH Provider Enrollment and Management page/system for all phases?

Providers will receive direct outreach and the County of San Diego (County) will leverage the networks and expertise of the County's COVID-19 Vaccine Clinical Advisory Group, External Stakeholder group, and the over 500 *Live Well San Diego* recognized partners to direct providers to the CDPH Provider Enrollment and Management page/system for all phases. Between these groups, there is representation from Federally Qualified Health Centers, Community Clinics, the San Diego Medical Society, San Diego hospital association, local pharmacies, and other community-based providers. Additionally, the County's vaccination communication program includes components specifically for existing and new providers including a new COVID-19 vaccination website with enrollment information, CAHAN health alerts, and other related resources. The County has a dedicated enrollment team who will be supporting the outreach and enrollment process. The County will also coordinate with local Vaccine for Children/Vaccine for Adult (VFC/VCA) staff to obtain participant lists.
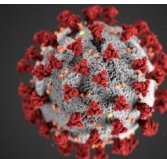
Section 12: COVID-19 Vaccine Program Communication

A. On a high level, what is your COVID-19 vaccine communication plan? Please consider the following:

   a. Communicating with external providers
   b. Communicating with transparency to the general public
   c. Using multiple communication channels to ensure information is accessible to all populations
   d. Ensuring updated information on your website
   e. Establishing methods to hear (or learn about) and respond to public concerns and address potential vaccine hesitancy

The COVID-19 vaccine communication plan builds upon *Live Well San Diego,* the County of San Diego's (County) long-term strategy for healthy, safe and thriving communities focused on improving population health and achieving collective impact through public-private partnerships. The plan engages community members and stakeholders through a variety of communication channels to facilitate transparency, ensure accessibility for all populations, and keep the general public informed of the latest information as it relates to local response efforts. Communication channels include the County COVID-19 website, opt-in direct text and e-mail subscriptions to residents, social media, County News Center, live press briefings, print/television/radio advertisements, and outdoor and mobile marketing. The robust Community Sector communication structure previously mentioned, as well as strategic partnerships with community contractors, provides the foundation and infrastructure for COVID-19 vaccine education and outreach activities. Multiple "touchpoint" opportunities have been established with external providers and community members through this sector-specific model to solicit direct and indirect input and feedback to inform development of County COVID-19 vaccine messaging and materials (see Sections 12B & 12C for additional details). Additionally, a general e-mail account will be utilized to respond to public concerns and questions about the COVID-19 vaccine, enabling COVID-19 Vaccine Branch and Communications Team staff to receive and answer specific inquiries directly, as well as update the website and other communication channels as needed.

The County is doing a public opinion poll for the COVID-19 vaccine to assess attitudes toward a COVID-19 vaccine among San Diego County residents, particularly segments of the population that based on prior research may have heightened resistance to taking a vaccine. The plan will incorporate findings from this poll and will also incorporates best practices, lessons learned, and resources identified through H1N1, HEP A, and other past vaccination activities. This includes leveraging established relationships with immunization coalitions, local medical societies and other vaccine partners, and distributing health alerts (CAHANs) to local providers. Additionally, peer-to-peer education through existing COVID-19 community health workers and 'promotores' will play a key role in disseminating messaging within communities.

The County aims to address common elements of vaccine hesitancy (e.g., confidence, convenience, and complacency) among community members in a culturally and linguistically
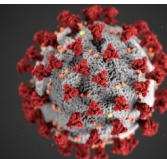
appropriate manner through a phased communication approach that concentrates on before, during, and after the COVID-19 vaccine is available. Additionally, vaccine messaging is embedded within the County's broader messaging framework, *Be COVIDSafe*, which focuses on limiting individuals' COVID-19 risk through healthy behaviors and simple precautions, preventing further community transmission, and ensuring individuals and organizations are connected to resources to support safe and responsible recovery of the region.

B.   Describe how you will identify and work with trusted messengers to communicate with vulnerable and diverse communities.

Beyond the Community Sector communication structure, the County has strategic partnerships through 12 separate contracts to support COVID-19 communication in the region. Seven community-based organizations have been contracted to provide Community Health Worker (CHW) based outreach & communications services for diverse, hard-to-reach populations (i.e., African American, Latino, Asian and Pacific Islander, and Refugee and Immigrant communities). Four more organizations are contracted to utilize the CHW and 'Promotoras' model to conduct home visits and assist with disease control activities in coordination with the County's Epidemiology Unit. CHWs connect with residents who may have not been reachable by other means, augmenting overall COVID-19 health education efforts. Lastly, the County has a contract with a San Diego-based marketing firm, Brown Marketing Strategies, Inc., to support development, placement, and promotion of key messages under the Be COVIDSafe framework and related communications through traditional and mass media outlets including various ethnic community newspapers. All contracted partners participate in a COVID-19 Communication and Outreach Collaborative with County media, communications, and County's Education and Outreach sector staff on a weekly basis. Participating CHWs are trusted messengers in the community so the Collaborative provides a critical avenue to solicit their opinions on County COVID-19 vaccine messaging and discuss community concerns/questions related to COVID-19. Additionally, the County's COVID-19 Vaccine Clinical Advisory Group and External Stakeholders Group being established through the County's broader vaccine planning framework will also help to inform messaging. In addition, the County lead and coordinate with
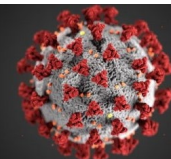
the over 500 *Live Well San Diego* recognized partners as well as with other key community, education, and healthcare coalitions and networks in the region, such as San Diego Black Nurses Association, San Diego National Association of Hispanic Nurses, and Philippine Nurses Association San Diego to communicate with vulnerable and diverse communities.

C. Describe how you will communicate with employers, community-based organizations, faith-based organizations, and other stakeholders.

The County's Education and Outreach sector branch is comprised of 10 Community Sectors and 13 sub-sectors (i.e., Community Sector communication structure previously mentioned). Through these sectors, the County continuously communicates sector-specific COVID-19 information virtually to thousands of stakeholders. These sectors are representative of the over 500 *Live Well San Diego* recognized partners who serve the 3.3 million county residents. Weekly and bi-weekly sector-specific information is distributed through e-mail newsletters, live telebriefings using Zoom, community presentations, and subpages on the County COVID-19 website. Each sector also maintains a listing of frequently asked questions (FAQs) and answers for their sector and has a sector-specific e-mail account for community members to contact them with concerns or questions. Since March 2020, E&O sectors have conducted an average of 12 Zoom telebriefings per week with an average of over 1,300 telebriefing participants each week. Sectors have also distributed up to 20 e-newsletters a week to more than 12,000 opt-in recipients (as of November 14, 2020). Each sector has established tailored resources and a schedule of updated activities for their sector stakeholders. This structure will continue throughout the vaccination campaign to support communication to stakeholders.

Sectors and sub-sectors include:
- Business
- Community and Faith-Based Organizations
    - Sub-sectors: Community-Based Organizations (CBO), Faith-Based Organizations (FBO), Rural, Youth
- Education
    - Sub-sectors: Colleges and Universities, Early Care and Education, K-12
- Government
    - Sub-sectors: Bi-national Leaders, City Managers and Unincorporated Areas, Legislators, Tribal Nations
- Healthcare
    - Sub-sectors: Dental Providers, Clinical Providers
- Homeless
- Laboratories
- Long-Term Care and Residential Facilities
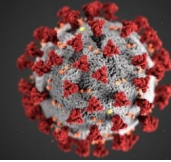
- Military and Veterans
- Older Adults and Disability Service Providers
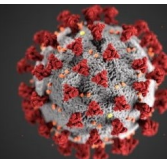
Section 13: Regulatory Considerations for COVID-19 Vaccination

A. Have you designated where on your local website you will post the Emergency Use Authorization (EUA) Fact Sheets for COVID-19 vaccine? Please include the links to those pages.

The Emergency Use Authorization (EUA) Fact Sheets will be posted on the COVID-19 Vaccination website with the ability to link from other webpages, including the broader County of San Diego (County) COVID-19 website, www.coronavirus-sd.com, and the San Diego Immunization website, www.sdiz.org. Additionally, the County of San Diego will release a California Health Alert Network (CAHAN) health alert.

B. How will you communicate about EUA fact sheets to other providers and vaccinators in your jurisdiction? How will you ensure that all health department clinics use the proper EUA fact sheets?

The County will refer providers to the documents posted on the County COVID-19 website and Immunization COVID-19 vaccine webpage, as well as ensure links to the EUA Fact Sheets will be disseminated through CAHAN health alert, San Diego Immunization Registry (SDIR) broadcast function, and as well as through the County's COVID-19 Vaccine Clinical Advisory Group and External Stakeholders. Vaccination staff will be required to review the Fact Sheets; County uses a Learning Management System (LMS) and Policy Tech to document distribution and review of all required policies, procedures, and associated attachments which ensures all staff level are aware.   The COVID vaccine protocol will be amended to include the Fact Sheets.
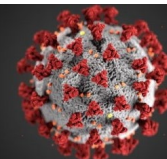
Section 14: COVID-19 Vaccine Safety Monitoring

A. How will you communicate with providers in your jurisdiction about reporting of potential adverse events (via VAERS) and reporting of potential vaccine errors (via VERP)? Have you identified where on your local website you will post links to VAERS and VERP? If yes, please provide links to those pages below.

> The County of San Diego (County) will utilize the previously mentioned methods of communication for providers to report potential adverse events. This includes but is not limited to:
> - Direct outreach from the provider enrollment team.
> - Disseminating information through the County COVID-19 Vaccine Clinical Advisory Group and external stakeholder group.
> - California Health Alert Network (CAHAN) health alert notification with link to County COVID-19 vaccine webpage, VAERS & VERP websites.
> - San Diego Immunization Registry (SDIR) Broadcast function.
> - Post guidelines for reporting on www.coronavirus-sd.com and www.sdiz.com websites.
>
> VAERS and VERP reporting requirements will be added to the COVID Vaccine Protocol Chapter and entered in PolicyTech for required reading by all vaccination staff administering vaccines. Additional reminders may be provided at relevant sector meetings.
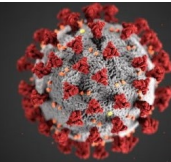
Section 15: COVID-19 Vaccination Program Monitoring

A. What key metrics will you monitor regarding your overall COVID-19 vaccine plan in your jurisdiction? For reference see page 71 of California COVID-19 Vaccination Plan

The County of San Diego (County) will be reviewing the draft key metrics provided in the California COVID-19 Vaccination Plan to determine if they are applicable and practical for this region. In addition to the draft key metrics, the County will review data currently used to account for flu vaccine, and key metrics that have been identified in the County COVID-19 response to-date.
These metrics include but are not limited to:
- Communication and education events/outreach dates, locations;
- Demographics of patients including gender, race/ethnicity, age, and location;
- Health Equity metrics, including Health Places Index quartiles;
- Location and mapping capability for all mass and ongoing vaccination clinics;
- Number of patients receiving vaccine with status of partial or full dose (partial specifically designated by due for next dose versus not due), as well product/antigen type;
- Population status for at-risk for medical conditions; and
- VAERS and VERP related metrics.

B. How will you monitor the above metrics?

The County has created a COVID-19 Vaccination data team comprised of subject matter experts on COVID-19 data, population health statistics, epidemiology, biostatics, GIS mapping experts, and health planners. This team will develop the processes and protocols for monitoring the metrics mentioned above and will create dashboards to help inform the implementation of the vaccination program and drive policy decision. This team will be responsible for developing a Quality Assurance monitoring plan for this data. Many of these data points are existing from community health statistic data sources, SDIR, historical COVID-19 data, San Diego County Communicable Disease Registry, and San Diego Association of Governments (SANDAG) 2019 Population Estimates.
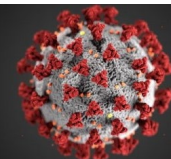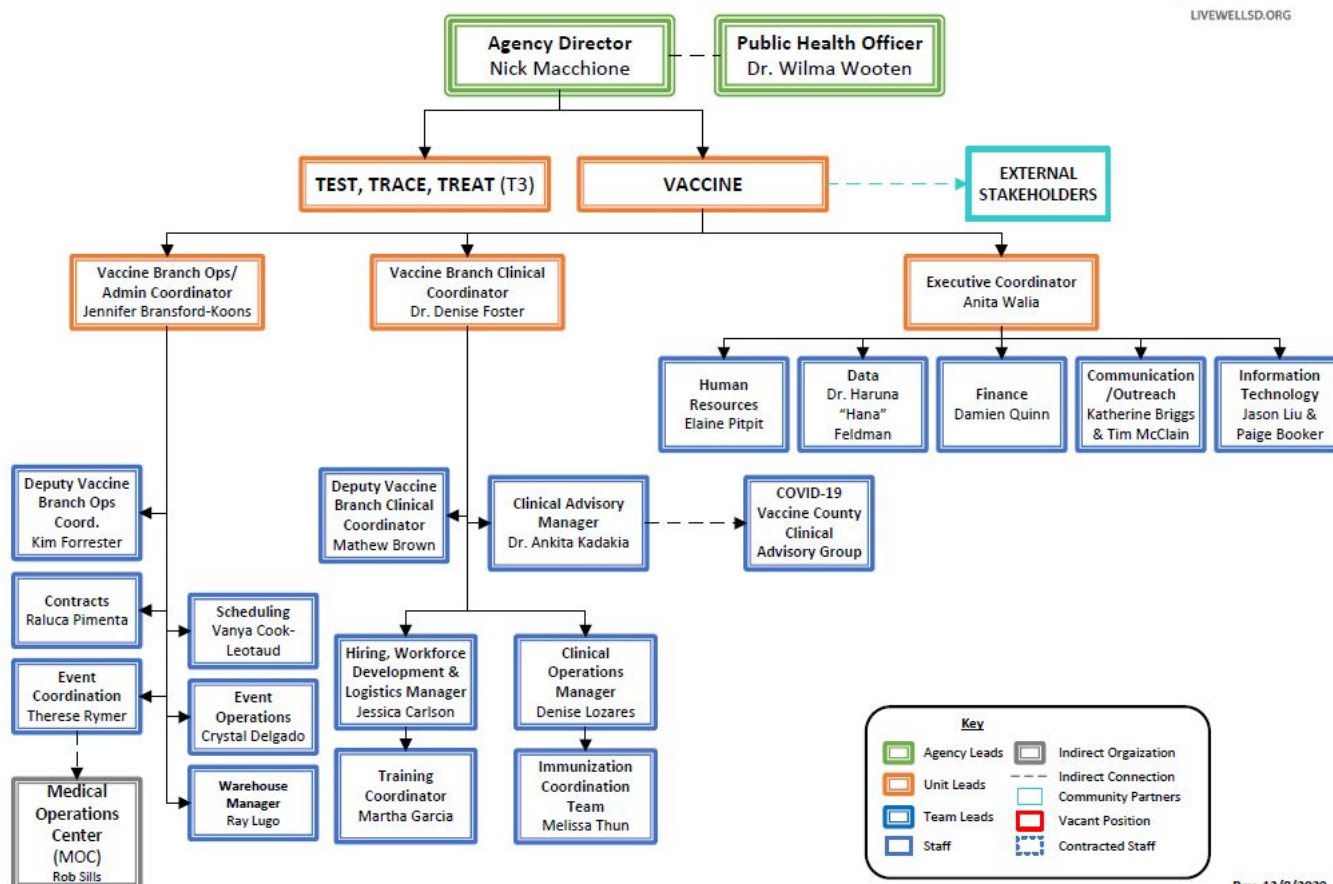
Appendix: Organizational Charts

County of San Diego COVID-19 Vaccine Organizational Chart

County of San Diego COVID-19 Vaccine Organizational Chart

Clinical Branch

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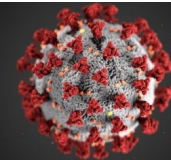
County of San Diego COVID-19 Vaccine Organizational Chart
Operations Branch
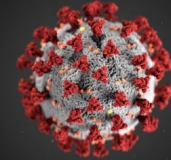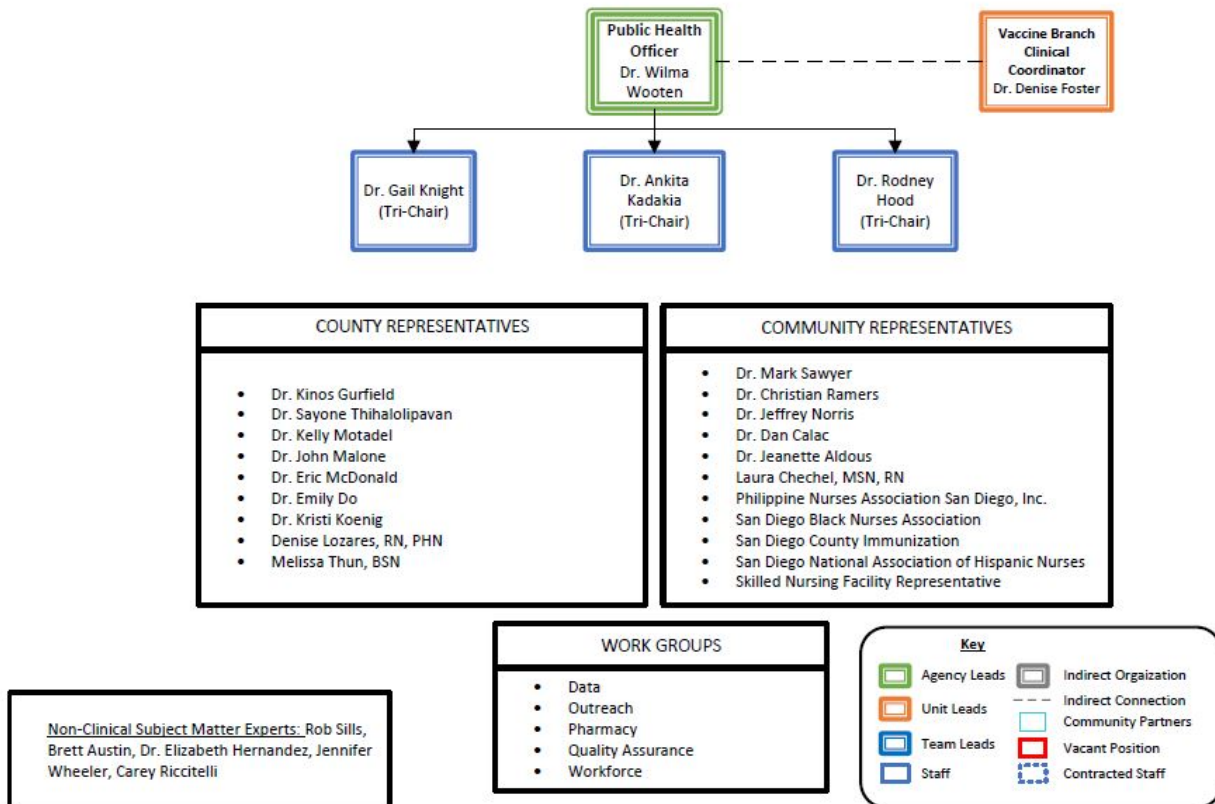
County of San Diego COVID-19 Vaccine Organizational Chart
COVID-19 Vaccine County Clinical Advisory Group

LIVE WELL SAN DIEGO
LIVEWELLSD.ORG

Public Health Officer
Dr. Wilma Wooten

Vaccine Branch Clinical Coordinator
Dr. Denise Foster

Dr. Gail Knight (Tri-Chair)

Dr. Ankita Kadakia (Tri-Chair)

Dr. Rodney Hood (Tri-Chair)

COUNTY REPRESENTATIVES
- Dr. Kinos Gurfield
- Dr. Sayone Thihalolipavan
- Dr. Kelly Motadel
- Dr. John Malone
- Dr. Eric McDonald
- Dr. Emily Do
- Dr. Kristi Koenig
- Denise Lozares, RN, PHN
- Melissa Thun, BSN

COMMUNITY REPRESENTATIVES
- Dr. Mark Sawyer
- Dr. Christian Ramers
- Dr. Jeffrey Norris
- Dr. Dan Calac
- Dr. Jeanette Aldous
- Laura Chechel, MSN, RN
- Philippine Nurses Association San Diego, Inc.
- San Diego Black Nurses Association
- San Diego County Immunization
- San Diego National Association of Hispanic Nurses
- Skilled Nursing Facility Representative

Non-Clinical Subject Matter Experts: Rob Sills, Brett Austin, Dr. Elizabeth Hernandez, Jennifer Wheeler, Carey Riccitelli

WORK GROUPS
- Data
- Outreach
- Pharmacy
- Quality Assurance
- Workforce

Key
- Agency Leads
- Unit Leads
- Team Leads
- Staff
- Indirect Organization
- Indirect Connection
- Community Partners
- Vacant Position
- Contracted Staff

Rev. 12/8/2020

LIVE WELL SAN DIEGO · CDPH

County of San Diego COVID-19 Vaccine Organizational Chart
External Stakeholders

Cities, Governments, & Tribal Nations

Healthcare
- Hospitals
- Community Clinics
- Medical Group Practices
- Pharmacies
- Managed Care Organizations
- Medical & Health Associations
- First Responders
- County Fire

Business Sector
- Chambers
- Child Care Services
- Restaurants
- Food & Beverage Providers

EXTERNAL STAKEHOLDERS

Education
- Universities/ Colleges
- School Districts

Community Groups
- Neighborhood Coalitions
- Community-Based Organizations
- Faith-Based Organizations
- Advocacy Organizations
- Labor Associations

Rev. 12/8/2020