



# TELEBRIEFING FOR COLLEGES & UNIVERSITIES: INFLUENZA AND COVID-19 VACCINE UPDATE

---

*Melissa Thun, PHN Manager*

*Epidemiology and Immunization Services Branch*

*October 13, 2020*





- 1. What are the updates for State-Purchased Influenza Vaccine Program?**
- 2. What are the plans for COVID-19 vaccine distribution and prioritization?**
- 3. What does mass vaccination look like with COVID-19?**

# IMPORTANCE OF FLU VACCINATION DURING THE COVID-19 PANDEMIC



LIVE WELL  
SAN DIEGO

## **Reduce stress on the health care and public health system**

- **Decrease medical visits and hospitalizations**
- **Reduce diagnostic testing**
- **Prevent flu outbreaks**

## **Focus on adults at higher risk from COVID-19**

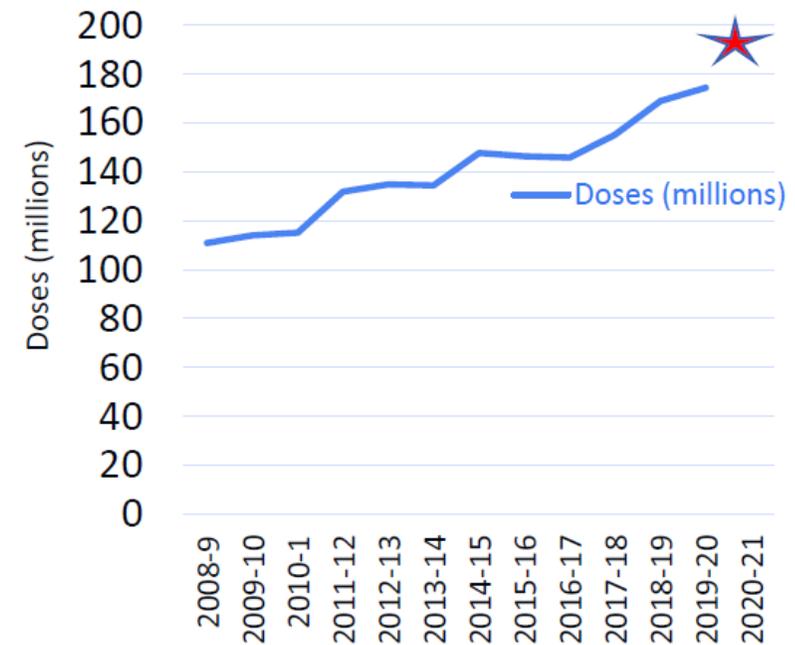
- **Understand local epidemiology and populations at risk**
- **Staff and residents of long-term care facilities; senior living facilities**
- **Adults with underlying illnesses**
- **Older adults**
- **African-American and Latinx populations**
- **Essential workers/critical infrastructure workers**



## Influenza Vaccination Planning for 2020-2021 Season

- Maximize available vaccine supply.
  - Expect >190M doses for U.S. market.
- Operational considerations
  - Outreach to those at higher risk
  - Planning for need to physical distance
  - Extending influenza vaccination season (September through December or later)
- Enhance communication.
  - Align with COVID-19 messaging.
  - Messaging for high-risk individuals

Influenza Vaccine Doses Distributed By Season, 2008-09 to 2019-20, and Projected, 2020-21



# 2020-2021 INFLUENZA VACCINE



**Trivalent** (three-component) egg-based vaccines are recommended to contain:

A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus (updated)

A/Hong Kong/2671/2019 (H3N2)-like virus (updated)

B/Washington/02/2019 (B/Victoria lineage)-like virus (updated)

**Quadrivalent** (four-component) egg-based vaccines, which protect against a second lineage of B viruses, are recommended to contain:

The three recommended viruses above, plus

B/Phuket/3073/2013-like (Yamagata lineage) virus.

For 2020-2021, **cell- or recombinant-based vaccines** are recommended to contain:

A/Hawaii/70/2019 (H1N1)pdm09-like virus (updated)

A/Hong Kong/45/2019 (H3N2)-like virus (updated)

B/Washington/02/2019 (B/Victoria lineage)-like virus (updated)

B/Phuket/3073/2013-like (Yamagata lineage) virus

# STATE-PURCHASED INFLUENZA VACCINE PROGRAM OVERVIEW



LIVE WELL  
SAN DIEGO

## 2020-2021 INFLUENZA VACCINE PURCHASED BY CDPH

- Vaccine is provided annually to LHDs
- Allocations to LHDs are determined by CDPH
- Vaccine may be shared with community partners who meet storage & handling requirements
- LHDs may use vaccine to immunize ages  $\geq 6$  months
- Immunizations should be directed to uninsured and underserved adults
- A separate agreement will be provided by CDPH for federally-purchased vaccine for use in expanded populations including first responders and critical infrastructure

# INFLUENZA VACCINES



## 2020-21 STATE-FUNDED INFLUENZA VACCINES

Product	Formulation	Age Ranges for Use	Priority Groups
Afluria®	5.0 mL multi-dose vial	≥ 3 years*	≥ 18 years; non-pregnant
Fluzone®	5.0 mL multi-dose vial	≥ 3 years*	≥ 18 years; non-pregnant
Fluarix® (preservative free)	0.5 mL single-dose syringe	≥ 6 months	≥ 6 months; pregnant women
Flumist®	Nasal sprayer	2-49 years	School-based clinic use only – very limited supply

\*Licensed for ages ≥6 months, but per CA law, pregnant women and children under 3 years cannot be given flu vaccine from multi-dose vials

# COUNTY REGIONAL PUBLIC HEALTH CENTER CLINICS



## ROUTINE: PUBLIC HEALTH CENTERS

- **Central Region Public Health Center**
- **East Region Public Health Center**
- **North Central Region Public Health Center**
- **North Coastal Region Public Health Center**
- **North Inland Region Public Health Center**
- **South Region Public Health Center**



Clinic addresses and hours can be found at <http://www.sdiz.org/documents/IZ-clinics/iz9es-latest.pdf>

# FREE FLU CLINICS

COUNTY MASS VACCINATION  
EVENTS BEGIN ON 10/22/2020 AND  
RUN THROUGH 11/3/2020.

MORE INFORMATION IS  
AVAILABLE AT [WWW.SDIZ.ORG](http://WWW.SDIZ.ORG).

## FREE FLU CLINIC

ALL FLU CLINICS  
WILL BE OPEN FROM  
10 A.M. – 4 P.M.

NORTH CENTRAL PUBLIC HEALTH CENTER  
OCTOBER 22, 2020  
5055 RUFFIN ROAD, SAN DIEGO, CA 92123

SOUTH PUBLIC HEALTH CENTER  
OCTOBER 24, 2020  
690 OXFORD ST., CHULA VISTA, CA 91911

NORTH COASTAL PUBLIC HEALTH CENTER  
OCT 27, 2020  
3609 OCEAN RANCH BLVD, OCEANSIDE, CA 92056

CENTRAL PUBLIC HEALTH CENTER VIP TRAILER  
OCT 28, 2020  
3177A OCEANVIEW BLVD., SAN DIEGO, CA 92113

EAST PUBLIC HEALTH CENTER  
OCT 29, 2020  
367 N. MAGNOLIA AVE., EL CAJON, CA 92020

NORTH INLAND PUBLIC HEALTH CENTER  
NOV 3, 2020  
640 W. MISSION AVE #2, ESCONDIDO, CA 92025



 LIVE WELL  
SAN DIEGO

MORE INFORMATION AT [211SANDIEGO.ORG](http://211SANDIEGO.ORG)  
OR BY CALLING 2-1-1

# MASS VACCINATION PLANNING CONSIDERATIONS

## WHO, AND HOW

- Venue
- Time/day
- Priority Population
- Appointment or Walk-Up
- Registration
- Products Offered
- Supplies
- Staffing
- Data Entry
- Observation
- Follow-up

**YOU CALL THE SHOTS** 

### Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Below are supplies that may be needed to conduct a satellite, temporary, or off-site vaccination clinic. The list may not be comprehensive. Your [state or local public health immunization program](#) may also have a checklist.

For large-scale clinics held at large facilities, such as stadiums and arenas, or over multiple days, additional supplies will be needed. Contact your state or local public health preparedness program and work with the clinic medical director for additional guidance and assistance.

Quantity of supplies needed will vary significantly between smaller, one-day clinics held in schools, churches, or pharmacies and large-scale clinics held in arenas or held over multiple days.



#### VACCINES

**Refrigerated vaccines**

Select the vaccine(s) that will be offered at the clinic.

- Diphtheria, tetanus, and pertussis (DTaP)
- DTaP-HepB-IPV (Pediarix)
- DTaP-IPV/Hib\* (Pentacel)
- DTaP-IPV (Kinrix, Quadacel)
- Haemophilus influenzae type b\* (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- HepA-HepB (Twinrix)
- Human papillomavirus (9vHPV)
- Influenza, injectable (IIV) (in season)
- Influenza, live attenuated intranasal (LAIV) (in season)
- Measles, mumps, rubella\* (MMR)
- Meningococcal ACWY\* (MenACWY)
- Meningococcal B (MenB)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)
- Polio, inactivated (IPV)
- Rotavirus\* (RV)
- Tetanus-diphtheria, adult (Td)
- Tetanus, diphtheria, and pertussis (Tdap)
- Zoster, recombinant (RZV, Shingrix\*)

**Frozen vaccines**

(Frozen vaccines may only be administered at satellite, temporary, and off-site clinics if they can be safely shipped to and monitored at the site. They should never be transported from one location to another.)

- Measles, mumps, rubella, varicella\* (MMRV, ProQuad)
- Varicella\*

\*Diluent for ActHib, Hibrix, Menveo, Pentacel, Rotarix, and Shingrix comes packaged in the same container as the lyophilized component. Diluent for MMR, MMRV, and varicella comes from the manufacturer packaged with the vaccine in separate containers.

#### CLINICAL SUPPLIES

**Administration supplies**

- Adhesive bandages
- Appropriate needles (length, gauge) for the route of administration (Subcut, IM) and the expected patient population
- Sterile alcohol prep pads
- Syringes (1 or 3 cc)



**Table and chairs for patient and vaccination provider at each vaccination station**

- Vaccine storage units (onsite) or portable refrigerators or packouts (for transport) that can maintain the appropriate vaccine cold chain
- Wastebaskets

**Vaccination standing orders and protocols, as necessary**

- Vaccine information statements (VISs) for each vaccine being offered and in multiple languages as appropriate (in some instances, an emergency use authorization [EUA] form may be required)
- Vaccine storage temperature log(s)

**Trash bags**

- Walkie-talkies or similar devices, depending on size of the clinic

**Light source to examine mouth and throat**

- Oxygen
- Stethoscope
- Timing device for measuring pulse
- Tongue depressors
- Tourniquet

**patients, including:**

- appropriate PPE for staff. Gloves one administering intranasal or oral level of community transmission, be recommended.
- patient temperature before

# MASS VACCINATION PLANNING CONSIDERATIONS



## NON-PHARMACEUTICAL INTERVENTIONS

**NOTE: Defer routine vaccinations for potential or known COVID+ patients**

**Screen patients and staff**

**Physical distancing of 6'**

**Barriers at triage and reception**

**Face masks, cough etiquette**

**Hand hygiene**

**Frequent decontamination**

**PPE**

### CHECKLIST of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

**BEFORE THE CLINIC (Please complete each item before the clinic starts.)**

#### VACCINE SHIPMENT

YES  NO  N.A. Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (Direct shipment is preferred for cold chain integrity.)

#### VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)

YES  NO  N.A. Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines). Dry ice or coolers used to transport food are NOT ACCEPTABLE. See CDC's Vaccine Storage and Handling Toolkit and pack-out: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf) and pack-out: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/pack-out-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/pack-out-toolkit.pdf) and manufacturer instructions for packing configuration and proper conditioning of coolants. Pack-out should include packing instructions. If not, contact the company for instructions on

ensuring that all vaccines were transported in the passenger compartment of the vehicle (NOT in the trunk or cargo area).

A current and valid Certificate of Calibration Testing was placed directly with the vaccines and used for all transport.

The amount needed for the clinic was calculated and the amount needed for the workday was calculated.



### Healthcare Providers / Professionals

#### Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

The purpose of this guidance is to assist with jurisdictional planning and implementation of satellite, temporary, or off-site vaccination clinics by public and private vaccination organizations. Other users may include public health preparedness professionals. The guidance primarily focuses on clinical considerations for planning a vaccination clinic, including vaccine storage, handling, administration, and documentation. However, large-scale clinics such as those held in arenas or stadiums, those held over multiple days or those conducted during emergency scenarios, will likely require added logistical and technical considerations. Consult your state or local public health preparedness office for additional support.

The guidance applies to clinics that are open to the general public and clinics that are for targeted populations only (i.e., critical workforce personnel and/or higher-risk priority groups). These clinics may be provisionally located at walk-through sites (churches, community centers, outdoor tents) or other settings such as mobile, curbside, or drive-through sites. Guidance is applicable whether routine vaccination is provided (i.e., back-to-school or annual flu clinic) or emergency vaccination is provided in a preparedness scenario (i.e., pandemic influenza or COVID-19 vaccination when vaccine is available).

#### Guidance during the COVID-19 pandemic

Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check [infection control guidance for healthcare professionals about coronavirus \(COVID-19\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-guidance-for-healthcare-professionals.html) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.



### Pesticide Registration

**List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)**  
All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.  
Finding a Product  
To find a product, enter the first two sets of its EPA registration number into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.  
For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product.

#### Resources for hosting an off-site vaccination clinic

Resources for hosting an off-site vaccination clinic

The Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations



## FLU VACCINE PLANNING AS A PRECURSOR TO COVID-19 VACCINE

**Current influenza planning/work sets the foundation for COVID-19 vaccination efforts.**

- **Opportunity to evaluate locations and existing POD/new social distancing processes with a routine vaccine**
- **Allows for onboarding new providers before storage, handling and dispensing is needed for COVID**
- **Timing of flu & COVID-19 vaccinations may overlap**
  - **No concurrent administration under EUA**
- **Build upon warehouse capability to receive, stage, store and distribute support supplies from PHRP warehouse, bolster Rosecrans vaccine warehouse capability, and identify back-up space for medication storage and distribution.**

**THINKING AHEAD TO COVID-19**



## WHAT WILL BE DIFFERENT WITH THAT VACCINE?

**Limited doses may overlap with flu in timing**

**2 doses will be needed 21-28 days apart**

**Diluent or adjuvant may be required for reconstitution at the point of administration**

**Cannot concurrently administer other (i.e. flu) vaccines**

**Will be given prioritization for COVID at first; subject to change with supply**

**Demand unknown**

**May need more security, at least initially**

**Possible increased observation period following vaccination and MD on-site for adverse events.**

**EUA vs. FDA approved with Vaccine Information Statement (VIS)**

**Likely to see non-traditional vaccinators (paramedics, pharmacists, students)**

**Cold chain storage may be more complex**

**New provider type onboarding**

# COVID VACCINE ALLOCATION PLANNING ASSUMPTIONS



LIVE WELL  
SAN DIEGO

- **Centralized process from Feds/Manufacturer > State > LHD.**
- **Providers will enroll on CDPH enrollment website and go through CDPH and LHD approvals process.**
- **4 phase allocation process, informed by ACIP/NAM recommendations, current epidemiology & vaccine production/availability:**
  - **Phase 1: “Jumpstart Phase”**
    - **A- high risk workers in healthcare facilities & first responders**
    - **B- people of all ages with comorbidities causing elevated risk & older adults in congregate or overcrowded settings**

- **Phase 2: critical risk workers (based on essential function & elevated exposures), teachers & school staff, all ages with comorbidities contributing to moderately increased risk, all older adults not included in phase 1, people in homeless shelters or group homes, incarcerated individuals & staff.**
- **Phase 3: young adults, children, workers in essential roles with increased exposure risk and not included in above phases**
- **Phase 4: everyone who did not receive the vaccine previously**



## COVID-19 COLLABORATION PLANNING EXPECTATIONS

### Working with Sectors

- a. Healthcare/pharmacies/LTC
- b. Business
- c. First responders
- d. Health insurance plans/providers
- e. Education
- f. Corrections
- g. Tribal
- h. Faith-based
- i. Organizations serving:
- j. minorities, people living with disabilities, people with LEP, homeless

### Vaccine provider recruitment

- a. Large hospitals/health systems
- b. Commercial providers/pharmacies
- c. Mobile vaccination providers
- d. Occ health settings for large employers
- e. Centralized community health centers that could cover a large area
- f. In-home care providers

# IMMUNIZATION UNIT CONTACTS



**Melissa Thun, PHN Manager**

**[Melissa.thun@sdcounty.ca.gov](mailto:Melissa.thun@sdcounty.ca.gov)**

**619-692-5607**

**Mariana Venegas, SR PHN, Vaccine Coordinator**

**[Mariana.Venegas@sdcounty.ca.gov](mailto:Mariana.Venegas@sdcounty.ca.gov)**

**619-692-5513**

**Sarah Pinto, State Flu Vaccine Coordinator**

**[Sarah.pinto@sdcounty.ca.gov](mailto:Sarah.pinto@sdcounty.ca.gov)**

**619-692-5738**

**Immunization Unit Nurse Line**

**(866) 358-2966**

Thank  
YOU!