

**MEETINGS OF THE COUNTY OF SAN DIEGO  
COVID-19 VACCINE CLINICAL ADVISORY GROUP**

<b>Meetings and Actions Recommended</b>	
<b>DECEMBER 2020</b>	
<b>Meeting</b>	<b>Actions</b>
12/14/2020	3
12/22/2020	3
12/29/2020	3
<b>JANUARY 2021</b>	
1/05/2021	1
1/12/2021	4
1/19/2021	1
1/26/2021	3
<b>FEBRUARY 2021</b>	
2/02/2021	1
2/16/2021	3
<b>MARCH 2021</b>	
3/02/2021	6
<b>APRIL 2021</b>	
4/06/2021	1
<b>TOTAL ACTIONS RECOMMENDED</b>	<b>29</b>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
1	<p><b>12/14/2020</b> Discussion and vote on current Phase 1a recommendations and tiers.</p>	<p><b>1.1</b> - Phase 1A and associated tiers are approved by the COVID-19 Vaccine Clinical Advisory Group.</p>	<ul style="list-style-type: none"> <li>▪ <b>12/16/2020</b> - The County is following the phases/tiers as outlined by ACIP/CDPH in their vaccination allocation and vaccination sites.</li> </ul>
2	<p><b>12/14/2020</b> Discussion and vote on allocation of doses within acute care, psychiatric, and correctional hospitals.</p>	<p><b>2.1</b> - Approval of using highest risk for the prioritization of the acute care, psychiatric, hospitals:</p> <ul style="list-style-type: none"> <li>▪ Using an equity lens, collect data, create group engagement programs and education/outreach to provide equal access to appropriate information.</li> <li>▪ Create processes to reduce barriers to vaccinate. Follow State recommendations.</li> <li>▪ Offer to vaccinate entire tier; keep tiers open for volunteers.</li> <li>▪ Prioritize allocations to highest risk.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>12/12/2020</b> - CDC recommendations for acute care and psychiatric hospitals for vaccine allocation are being followed.</li> <li>▪ <b>12/19/2020</b> - CDC recommends Phase 1B</li> <li>▪ <b>01/05/2021</b> - Entire <b>Phase 1A</b> is open for vaccination at the State level.</li> </ul>
3	<p><b>12/14/2021</b> Discussion and vote on how to administer vaccine to healthcare personnel in a safe manner.</p>	<p><b>3.1</b> - Approval of adoption of CDC recommendations for vaccine administration:</p> <ul style="list-style-type: none"> <li>▪ Dosage plan: should be administered as specified by EUA.</li> <li>▪ Follow CDC guidelines for administering vaccine to hospital personnel and follow diligence with NPIs.</li> <li>▪ Staggering schedules for healthcare personnel vaccination.</li> <li>▪ Provide Education and outreach to those who decline vaccine.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acute care hospitals did implement strategies to vaccinate healthcare workers including staggering of schedules.</li> </ul>
4	<p><b>12/22/2020</b> Review initial vaccine roll-out for acute care facilities.</p>	<p><b>4.1</b> - Health systems with additional doses or doses allocated by the County will open their vaccine program to healthcare workers using health equity scope.</p>	<ul style="list-style-type: none"> <li>▪ <b>1/11/2021</b> - Vaccination Super Station with Petco Park/UCSD/City of San</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<ul style="list-style-type: none"> <li>▪ Health Systems can be helpful to clinics in <b>Phase 1A, Tier 2</b>, especially if they have spillover.</li> <li>▪ Hospital systems work with clinics and LTCF in support; any leftover vaccines not needed should move to the next tier.</li> <li>▪ The County is encouraged to partner with hospitals to vaccinate outside of hospital affiliations.</li> </ul>	<p>Diego/County of San Diego partnership.</p> <ul style="list-style-type: none"> <li>▪ Rady Children’s Hospital worked with the County of San Diego to vaccinate healthcare workers from FQHCs and other groups in <b>Phase 1A</b>.</li> </ul>
5	<p><b>12/22/2020</b> Review of Healthy Places Index and Health Equity Metric in relation to vaccine allocation.</p>	<p><b>5.1</b> - Allocate vaccines within a tier based on sufficient tier needs, testing positivity rate in that geographic area, as well as case rates.</p>	<ul style="list-style-type: none"> <li>▪ <b>11/19/2020</b> - County vaccination PODs are being set up in areas that have been affected by higher testing positivity rates and case rates.</li> </ul>
6	<p><b>12/22/2020</b> Discussion and vote on how to implement vaccination with health equity.</p>	<p><b>6.1</b> - Explore matchmaking options and to partner with other smaller facilities to provide equitable distribution resources.</p>	<ul style="list-style-type: none"> <li>▪ <b>1/8/2021</b> - Staff carefully looking at identifying who has vaccine and who needs it.</li> </ul>
7	<p><b>12/29/2020</b> Discussion regarding vaccine distribution equity and how to get vaccine to the right people.</p>	<p><b>7.1</b> - In order to implement equity, establish an Equity Distribution Subcommittee.</p>	<ul style="list-style-type: none"> <li>▪ Equity Distribution subcommittee established and included ethicists to contribute to discussion.</li> </ul>
8	<p><b>12/29/2020</b> Discussion regarding vaccine distribution equity and how to get vaccine to the right people</p>	<p><b>8.1</b> - Sub-prioritize behavioral health services facilities in <b>Phase 1A, Tier 1</b> with high percentage of Medi-Cal clients.</p>	<ul style="list-style-type: none"> <li>▪ <b>12/23/2021</b> - CDPH added staff of these facilities to Phase 1A. County is implementing.</li> </ul>
9	<p><b>12/29/2020</b></p>	<p><b>9.1</b> - Create a centralized registry to match providers with vaccine storage capacity (vaccination sites) with providers</p>	<ul style="list-style-type: none"> <li>▪ <b>12/16/2021</b> - Data regarding providers volume of vaccine</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
	Discussion regarding process for excess vaccines and who to contact and establishing a backup in case extra vaccines become available	who do not have storage capacity (smaller practices) so that small practices can receive vaccination by partnering with a vaccination site (matchmaking).	shipped and numbers of vaccinations entered into SDIR are being tracked.
<b>10</b>	<b>1/5/2021</b> Discussion regarding Phase 1b/1c and health equity metric	<b>10.1</b> - Given the state of the pandemic and rapid spread of virus, priority is to give as many doses as possible to eligible persons within the appropriate tiers, with a priority in volume and reducing barriers to access. As well as vaccinators operating at their maximum possible capacity, and prioritizing getting dose 1 with the expectation that dose 2 will arrive in future shipments.	<ul style="list-style-type: none"> <li>▪ <b>1/23/2021</b> - Providers with available vaccine were allowed to vaccinate 65 and older if they had vaccinated all they could in Phase 1A.</li> </ul>
<b>11</b>	<b>1/12/21</b> Review Outreach and Education subcommittee updates.	<b>11.1</b> - Recommend that the county pursue a simple app that can be used by the general public to see where they fall in tiers and phases and receive notifications, that focus of outreach and education be to Phase 1b now.	<ul style="list-style-type: none"> <li>▪ <b>1/22/2021</b> - County is piloting <i>MyTurn</i></li> </ul>
<b>12</b>	<b>1/12/21</b> Review Data and Quality Assurance subcommittee updates.	<b>12.1</b> - Recommend vaccinators and providers provide accurate address, race and ethnicity data within 24 hours to all those who are vaccinated.	<ul style="list-style-type: none"> <li>▪ SDIR staff contacted providers via email on <b>January 20</b>; Dr. Wooten held a meeting, on <b>January 25</b>, to discuss timely input of data into SDIR and new CDPH guidance regarding vaccine distribution.</li> </ul>
<b>13</b>	<b>1/12/21</b> Review Equitable Distribution subcommittee updates.	<b>13.1</b> - To assist in achieving health equity, operational capacity and partnerships driven by the County and larger healthcare entities should strongly consider the most affected communities and lowest quartile health equity neighborhoods when determining the location of access	<ul style="list-style-type: none"> <li>▪ <b>12/30/2020</b> - Community POD located in Chula Vista.</li> <li>▪ <b>01/21/2021</b> - Community POD located in National City.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p>points. Therefore, priority for mass vaccination events should be given to communities with the highest case rate of COVID-19 and lowest measures of health equity/socioeconomic status (i.e., Healthy Places Index).</p> <p><b>13.2</b> - To achieve equitable vaccine distribution, we recommend the following strategies:</p> <ul style="list-style-type: none"> <li>▪ Vaccine outreach, education and promotion shall consider historical inequities and mistrust of the medical establishment in specific populations (e.g., African American, Latinx), in assessing and addressing vaccine hesitancy. Outreach strategies involving trusted messengers in listening sessions, town halls, and other collaborative meetings are preferred to empower informed decision-making.</li> <li>▪ SDIR and other vaccine data shall be collected and reviewed to identify variance across race/ethnicity, socioeconomic status, and geography. These data shall be shared publicly to ensure transparency and guide adjustments toward achieving equitable vaccine distribution.</li> <li>▪ Vaccine outreach teams and specialized vaccination events should be tailored towards underserved populations to improve vaccine access (e.g., people</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>1/15/2021</b> - SDIR data is being shared publicly on the county vaccine website and dashboard.</li> <li>▪ <b>11/19/2020</b> - Numerous presentations on vaccine education and hesitancy given to local organizations, townhalls, telebriefings.</li> <li>▪ <b>1/15/2021</b> - Vaccine data, by age, gender, geography, and R/E, from SDIR is now available on County vaccine webpage.</li> <li>▪ <b>02/02/21</b>, A slide set that community providers can be used has been linked in a vaccine CAHAN sent out to providers.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		experiencing homelessness, behavioral health conditions, and incarceration).	
14	<p><b>1/12/21</b> Discussion regarding deeper dive into Phase 1b/1c and moving to the next phase.</p>	<p><b>14.1</b> - County is currently open for phase 1a and that phase takes priority. However, phases are recommended to be allowed to overlap when doing so will maximize efficiency of vaccinators to utilizing their current capacity and operations. Vaccinators will make best efforts to prioritize people in higher tiers, but when unable to identify available persons in that tier, they will fill in available capacity to ensure that vaccinating at full capacity.</p> <p><b>14.2</b> - Consistent with CDPH allocating doses of vaccine to Counties based on vaccine given and documented in immunization registries, the County should allocate doses to vaccine providers based on dose used and documented in immunization registries.</p>	<ul style="list-style-type: none"> <li>▪ <b>1/18/2021</b> - Current vaccination at county sites including partnered sites is for all of <b>Phase 1A</b> and <b>Phase 1B, part of Tier 1</b>, 75 and up. Other providers who have additional vaccine and have vaccinated who they could in phase 1A are allowed to move to 65 and up.</li> <li>▪ <b>1/12/21</b>- The County is following state guidance regarding vaccine allocation based on utilization.</li> </ul>
15	<p><b>1/19/2021</b> Discussion regarding removing barriers to access vaccination for high priority groups.</p>	<p><b>15.1</b> - Recommend that vaccination sites explore various advanced, open access scheduling, or wait-list management solution to give priority to individuals in higher priority phases or tiers.</p> <p><b>15.2</b> - Recognizing that certain priority groups continue to need access, we recommend that vaccination sites focus effort on actively pulling IN the highest priority groups (currently Phase 1A) through networking, matchmaking and outreach efforts, and explore various advanced or open access scheduling solutions, to improve access to individuals in higher priority phases or tiers. While documentation of eligibility is important, efforts to validate</p>	<ul style="list-style-type: none"> <li>▪ <b>1/11/2021</b> - Community PODs and Super Stations are advised to have mitigation plan for leftover vaccine at the end of day, if it occurs.</li> <li>▪ Informed group that the County would continue the vaccination prioritization as is published on the County COVID-19 webpage.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p>eligibility should not be so cumbersome as to impair progress in reaching eligible community members or slowing down progress in community vaccination programs (for example, requiring multiple forms of ID or onerous documentation from eligible recipients).</p>	
16	1/26/2021	<p><b>16.1</b> - The Data/QC Team moves that the COVID-19 Vaccine Clinical Advisory Group recommends that the County perform a follow-up survey to measure the effectiveness of County interventions undertaken to address vaccine hesitancy as described in the first FM3 survey and also collaborate with the Immunization Branch 2021 Random Digit Dialing Telephone Survey to incorporate COVID-19 vaccination acceptance questions into this survey in order to obtain additional data to maximize the coverage of COVID-19 vaccination efforts.</p> <p><b>16.2</b> - Recommend vaccinating the approximately 87 individuals over 65 living in the congregate care homeless facility at the San Diego Convention Center. See this as a high-risk congregate care facility similar to SNFs where individuals may result in hospitalizations and ICU care. This motion is only specific to this situation, not regarding other issues with age criteria.</p> <ul style="list-style-type: none"> <li>▪ Amended to include PMP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dr. Wooten informed the group that the County has already issued a survey (<b>December 2020</b>), that included questions about vaccine hesitation. Results are being shared at community forum convenings. <ul style="list-style-type: none"> <li>○ Date Survey Administered: <b>12/19/20</b></li> <li>○ Date Survey Closed: <b>1/5/21</b></li> <li>○ Date Survey Shared with the Public: <b>1/19/21</b></li> </ul> </li> <li>▪ The policy group will determine the next timing of survey.</li> <li>▪ <b>1/23/2021</b> - Individuals over 65 are being vaccinated throughout the County, including persons who are homeless at the Convention Center.</li> <li>▪ The PMPs are in Phase 1A and have been vaccinated.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p><b>16.3</b> - The Advisory group does not recommend a straight age-tier system due to concerns about Equity and Effectiveness.</p> <p>1: Equity: that people in vulnerable groups (for example incarcerated, homeless, and or those in group living) will be left behind under the new strategies.</p> <p>2: Effectiveness against the pandemic: age only delays vaccination of those most likely to have/transmit the virus or leaves behind people with comorbidities who may be at higher risk of death.</p>	<p>▪ <b>12/16/2020</b> - County officials have stated at prior press briefings that we will continue to vaccinate by the prioritization phases and tiers.</p>
17	<p><b>2/2/2021</b> Equitable allocation committee recommendation on honors system</p>	<p><b>17.1</b> - In accordance with county policy, and to promote equity and expediency, the advisory committee supports the following guidance to support community vaccinators:</p> <ul style="list-style-type: none"> <li>• Clear descriptions of groups eligible for vaccination, using simple language and examples, to help all San Diegans clearly understand their eligibility status.</li> <li>• Vaccinators should have systems in place to support their good-faith efforts to ensure those referred for vaccination fall into clearly defined groups prior to scheduling vaccines.</li> <li>• To ensure equitable access to vaccination, it is acceptable for these good faith efforts to include verbal attestation from the patient that they meet the criteria when other documentation is not available</li> </ul>	<p>▪ <b>2/2/2021</b> - Accept attestations of eligibility at county sites but community vaccinators are allowed to accept verbal attestation at their vaccination sites</p>
18	<p><b>2/16/2021</b> Discussion on equitably administering/distributing</p>	<p><b>18.1</b> - Since best practices and anticipated challenges may be different for different types of vaccinators (for example large or small vaccine programs and those serving unique populations), and Advisory Committee recommendations may be targeted to different groups of vaccinators, the advisory committee has</p>	<p>▪ <b>2/27/21</b> - County vaccine webpage updated to reflect partner vaccination sites, eligibility requirements</p>



#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
	vaccine following established guidelines	<p>agreed upon the following terms to ensure clarity in our guidance:  The term “County vaccine site“ will be used to refer to the county run and county partnership vaccine sites. These are primarily vaccinating large portions of the general population. The term “Community vaccinator“ will be used to refer to non-county vaccinators serving the community. Examples include federally qualified health centers, private practices, community-based organizations and faith-based partnerships.  “Hospital systems” may fall into either category, depending on the context, and will be specified as needed for clarity</p> <p><b>18.2</b> - The Advisory recognizes that clients in behavioral health facilities have complex and serious health conditions just like RESIDENTS OF other long-term care facilities where residents have been deemed eligible for Phase 1A vaccines. Thus, residents of BH facilities should be included in Phase 1A if the facility has the same license or certification type as other CA care facilities deemed eligible under Phase 1A and the federal pharmacy partnership program for long term care facilities.</p>	<ul style="list-style-type: none"> <li>▪ <b>1/8/21</b> - Staff working in behavioral health residential and non-residential, or outpatient, facilities. Includes residents in these facilities added to Phase 1A and communicated via a <a href="#">CAHAN alert</a>.</li> <li>▪ <b>2/27/21</b> - Both staff and residents of behavioral health facilities and nonresidential facilities are included in phase 1A for vaccination. The intent was similar to LTCFs to vaccinate residents, as well.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p><b>18.3</b> - Support the County in using a percentage-based approach with a focus on equity for allocation of vaccine for the various industry sectors.</p>	<ul style="list-style-type: none"> <li>▪ <b>2/27/2021</b> - 20% of local vaccine allocation has been reserved for childcare and education sector (above and beyond the 10% recommended by the State), 10% is reserved for emergency services and food and agriculture sectors.</li> </ul>
<p><b>19</b></p>	<p><b>3/2/2021</b> Discussion on TPA Blue Shield, SNFs, LTCFs and Johnson and Johnson vaccine</p>	<p><b>19.1</b> - The County COVID-19 Clinical Vaccine Advisory Group recommends that, when a third-party Administrator takes over distribution of California vaccine:</p> <ol style="list-style-type: none"> <li>1) A portion of the overall allocation for our region be allocated directly to the County of San Diego for the specified purpose of preserving health equity programs. For example, faith-based events, pop up events, FQHC programs, Project SAVE programs, and other health equity focused outreach activities deemed necessary based on local demographics</li> <li>2) The TPA use the County COVID-19 Vaccine Clinical Advisory Group to inform future decisions on equitable allocation and re-distribution of vaccine as needed to ensure an ongoing local equity lens</li> </ol>	<ul style="list-style-type: none"> <li>▪ <b>11/20/2020</b> - The County enrolled as a provider in the State’s <a href="#">CA Vax system</a>, and as a provider, the County will continue to receive vaccine.</li> <li>▪ <b>3/2/2021</b> - The County will continue to utilize the Advisory Committee to inform equity decisions. However, CDPH makes the decisions about allocations, not the TPA.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p><b>19.2</b> - We make a recommendation to local hospital systems that COVID vaccination be OFFERED to appropriate patients (e.g., those being sent to congregate long-term care settings) upon discharge from the emergency department or from the inpatient floor.</p> <p><b>19.3</b> - We recommend that skilled nursing facilities and other LTCF settings make efforts to obtain vaccines from their LTCF dispensing pharmacies.</p>	<ul style="list-style-type: none"> <li>▪ <b>3/2/2021</b> – Will discuss on next HASDIC/CEO call.</li> <li>▪ Using the CDPH <i>Considerations for use of Janssen COVID-19 Vaccine in CA</i> guidance, found <a href="#">here</a>, and once the increase in Janssen vaccine volume occurs, the County will distribute a CAHAN to hospital providers to provide vaccinations to any individuals who fall under the categories referenced in the guidance.</li> <li>▪ <b>3/2/2021</b> - The LTCF pharmacy must sign-up as a provider with the State.</li> <li>▪ <b>3/4/2021</b> - County notified the third-party Administrator that LTCF dispensing pharmacies should be included as vaccine providers.</li> <li>▪ <b>3/16/21</b> - The State recognizes that there are four (4) LTCF pharmacy partners already in place.</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p><b>19.4</b> - We recommend that while the characteristics of the Johnson &amp; Johnson COVID-19 vaccine will be especially useful in certain settings; we feel that this vaccine should be broadly distributed throughout the county as an equivalent 3rd vaccine to combat the pandemic.</p> <p><b>19.5</b> - Community vaccinators are encouraged to use, under Phase 1C, CDC, CDPH and clinical judgement when determining patients who are appropriate for vaccination based on their risk conditions.</p> <p><b>19.6</b> - When vaccine allocation is switched to a third-party administrator, the advisory committee recommends that the equity considerations be considered alongside expediency incentives.</p>	<ul style="list-style-type: none"> <li>▪ <b>3/2/2021</b> - The County policy-decision is that the one-dose vaccine will be utilized in the same manner as the two-dose vaccine, and in situations where a one-dose vaccination is practical.</li> <li>▪ <b>3/8/2021</b> - The County received Johnson &amp; Johnson vaccine, which was distributed to County vaccination sites, including Operation Collaboration as a 3rd vaccine.</li> <li>▪ County website and CAHAN alert issued communicating pending and IC categories.</li> <li>▪ <b>3/4/2021</b> - CDPH determined the vaccination equity metrics and provided guidance.</li> </ul>
<b>20</b>	<b>4/6/2021</b> Discussion on TPA Blue Shield and continuation of equitable allocation	<p><b>20.1</b> -The committee reiterates that an appropriate COVID-19 response is one that is <i>equitable</i>.</p> <p>1. For the purposes of this committee and the work of county-led programs, vaccine equity is defined as the intentional prioritization of the populations most heavily impacted by COVID-19.</p>	<ul style="list-style-type: none"> <li>▪ <b>4/20/2021</b> – Data at a granular level for race/ethnicity including census tracts and health equity quartiles and health equity zip code summary presented to vaccine advisory group and</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED
		<p>2. Equitable allocation of vaccine and resources includes proportionally higher distribution to communities most heavily impacted. And, in times of vaccine scarcity, may require redistribution of vaccine doses from less impacted areas in order to preserve full capacity in those most impacted.</p> <p>a. This equity approach will allow heavily impacted communities to return to pre-pandemic normalcy at the same rate as other less impacted communities (thereby achieving equality)</p> <p>3. The committee recommends continued transparency and granularity in collecting and reporting race/ethnicity and geographical data of COVID-19 vaccination for the purpose of informing and directing vaccine equity efforts.</p> <p>4. Current data shows continued significant county-wide disparities in vaccination for heavily impacted communities. However, equity focused vaccination efforts including Project SAVE, the Black Nurses Association, Appointment assistance efforts (e.g. Vaccine Hunters, San Diego Vaccine angels), FQHC and community clinic programs, and other proactive efforts targeting lowest quartile healthy places index neighborhoods and underrepresented populations have demonstrated efficacy in reaching underrepresented populations. The committee applauds the County's strong commitment to vaccine equity, as evidenced by their development and support for these programs, and strongly recommends the County preserve, promote and expand such programs.</p>	<p>publicly available on county's coronavirus website.</p> <ul style="list-style-type: none"> <li>▪ <b>2/17/2021</b> – Project SAVE working with several community organizations in low health equity quartiles for vaccine scheduling assistance and continues under the county's allocation.</li> <li>▪ <b>4/15/2021</b>- The Black Nurses Association of San Diego continues vaccination under the county before and after transition to third party administrator</li> </ul>

#	ACTION	RECOMMENDATIONS	EXAMPLE OF HOW IMPLEMENTED