



# County of San Diego

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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

## **County COVID-19 Vaccine Clinical Advisory Group** **Tuesday, January 12, 2021 | 4:00 p.m. – 5:30 p.m.** **Microsoft Teams**

**Members Present:** Rodney Hood, Gail Knight, Eric McDonald, Carey Riccitelli, Denise Lozares, Mark Sawyer, Karl Steinberg, Melissa Thun, Jeannette Aldous, Ruth Kirby, Ankita Kadakia, Merlie Ramira, Kelly Motadel, Jeffrey Norris, Daniel Calac, Kristi Koenig, Sayone Thihalolipavan, Christian Ramers, Lizbeth Lopez, Emily Do, Denise Lozares, Nikos Gurfield, Jon Montgomery, Nicole Esposito, Samantha Williams, Rob Sills, Jennifer Wheeler, Denise Foster, Hana Feldman, Wilma Wooten

**Members Absent:** Carl Medina, Laura Chechel, Nick Macchione, John Malone, Brett Austin, Jennifer Bransford-Koons, Haruna Feldman, Elizabeth Hernandez, Anita Walia

<b>Agenda Item/Topic</b>	<b>Discussion</b>	<b>Action Plan</b>	<b>Lead</b>	<b>Date</b>
<b>I. Roll call and Reminder of Ground Rules</b>	<ul style="list-style-type: none"> <li>County COVID-19 Vaccine Clinical Advisory Group called to order at 4:00 PM on Tuesday, January 6, 2021.</li> <li>Please remember to follow established ground rules. (raise your hand feature, be collegial)</li> </ul>			

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<p><b>II. Vote on Minutes</b></p>	<ul style="list-style-type: none"> <li>Approval of the final meeting minutes for January 5, 2021. The motion to approve was seconded, all present voted yes.</li> </ul>			
<p><b>III. County/CDPH Vaccine Updates</b></p>	<p><b>Vaccination Link and PODs</b></p> <ul style="list-style-type: none"> <li>Phase 1a is open for all tiers, appointments being made directly through County vaccine website or at this <a href="#">link</a>. <ul style="list-style-type: none"> <li>Covid-19 notification form is no longer working</li> </ul> </li> <li>County is opening 8 additional vaccination sites; Sharp Grossmont opened 1.12.21 and Sharp Coronado is being finalized. Pending are Imperial Beach, SDSU and CSUM</li> <li>Each site has its own enrollment requirements and information on what to bring, when to show up, etc.</li> <li>CalFire has begun vaccinating LTCFs that did not participate in federal partnership with CVS/Walgreens in addition to LTCFs in federal partnership to expedite completion of group</li> </ul> <p><b>Volunteers</b></p> <ul style="list-style-type: none"> <li>Vaccinators are needed at Petco Park to volunteer enroll through <a href="#">here</a>.</li> <li>Vaccinators are needed at all other county sites, if interested please sign up through <a href="#">here</a>.</li> </ul> <p><b>Enrollment</b></p> <ul style="list-style-type: none"> <li>Covidreadi portal no longer being used, enrollment portal is now called CalVax</li> <li>CalVax site is not currently available, any provider needing to enroll should wait until portal is up later this week.</li> </ul> <p><b>Doses</b></p> <ul style="list-style-type: none"> <li>Extra 11<sup>th</sup> dose possible to obtain from Moderna; if a complete dose is obtained use, do not use if multiple vials are needed to complete dose.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Pfizer and Moderna have a four-day grace period, both before and after the respective 21 and 28 day booster, but not sooner than four days before the next dose.               <ul style="list-style-type: none"> <li>○ 2nd dose administered before it is due is considered invalid for data collection purposes.</li> <li>○ 2<sup>nd</sup> dose needs to be verified before administering to ensure proper vaccine product is used, booster is within the correct time frame and that patients are not receiving extra doses or mixing doses.</li> </ul> </li> </ul> <p><b>Data update</b></p> <ul style="list-style-type: none"> <li>• Vaccine dashboard to go live 1.13.2021 – data is being pulled from SDIR</li> <li>• Need providers to input complete, accurate data – especially race/ethnicity and address</li> <li>• Dashboard only as good as data input to SDIR               <ul style="list-style-type: none"> <li>○ SDIR staff is reaching out to providers not inputting complete data</li> </ul> </li> </ul> <p><b>CDPH update</b></p> <ul style="list-style-type: none"> <li>• 2nd dose allocations are now able to be requested, HHS will stop differentiating between 1<sup>st</sup> and 2<sup>nd</sup> dose allocations</li> </ul>	<ul style="list-style-type: none"> <li>• Remind providers that data needs to be accurately and timely input into SDIR (townhall)</li> <li>• Include December 11<sup>th</sup> start date.</li> </ul>		
<p><b>IV. Subcommittee Updates</b></p>	<p><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>• UCSD pharmacy students available to assist with vaccinations, students do need pharmacist supervision</li> <li>• Independent pharmacies are now receiving allocations for Phase 1a</li> <li>• Large amount of pharmacists willing to vaccinate – limiting factor is a current BOS.               <ul style="list-style-type: none"> <li>○ Referred to American Red Cross to obtain.</li> </ul> </li> <li>• There will be a uniform state plan for retail/chain pharmacist to follow. Pharmacies will be following state and local Health Officer prioritization recommendations.               <ul style="list-style-type: none"> <li>○ County working on providing attestation document for partners to use for verification</li> <li>○ Verification needs to begin on front end, filtering out non health care workers in current stage</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Outreach to providers in Phase 1a (home health</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Website provides the following about identification: At the time of your appointment, you must present an employee ID badge with your photo (or other valid documentation) that establishes you are a healthcare worker within eligible Phase 1A groups (as of 01/05/21).</li> <li>○ Other documents accepted for healthcare worker identification: Professional license AND a photo ID; or, Signed letter from your employer on facility letterhead AND a photo ID; or, Payment stub or timesheet from your healthcare employer or in-home supportive services AND a photo ID</li> </ul> <p><b>BHS</b></p> <ul style="list-style-type: none"> <li>• Feedback given back to EOC about clarification on: <ul style="list-style-type: none"> <li>○ Can the vaccine websites be clear about the waitlist? No one has received a phone call on the waitlist.</li> <li>○ Communication should be sent to professional societies (this is in process)</li> <li>○ Recommend state advocacy regarding BH residential facilities CLIENTs should be Phase 1B. #3 is most important for situational awareness for surge capacity.</li> </ul> </li> </ul> <p><b>Outreach and Education</b></p> <ul style="list-style-type: none"> <li>• Vaccine willing-when can I get it, when do I know it's my turn and where do I get it.</li> <li>• Vaccine hesitant – is it safe, how do we know it, and why should I risk it. <ul style="list-style-type: none"> <li>○ Identify KEY MESSAGES related to vaccine, then use/expand existing systems to amplify messages, in various modes (7x7 strategy)</li> <li>○ Focus first on Tier 1b, which is a large group. “Prime the Pump” by having messages out ~2 weeks prior to activation.</li> <li>○ Focus on “vaccine willing” first, so they know WHEN they can get it and WHERE</li> <li>○ Explore creating an app that allows residents to register with age, occupation and underlying conditions and let them know what tier</li> </ul> </li> </ul>	<p>care workers, promotoras, social service aids) to be vaccinated</p>		

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	<p>they are in and option to “register” for alerts – Key to have one location where all information is available</p> <ul style="list-style-type: none"> <li>○ App and website geared toward making things very simple – feedback shared with T3 Communication team for implementation</li> <li>○ Engage 211 as partner for call-in option for same features as app – plug in info, get tier, registering callers for alerts</li> <li>○ Use a “vanity” vaccine webpage name to direct people directly to key vaccine info</li> <li>○ Ask all COVID-19 Vaccine Clinical Advisory Group members to commit to serving as speakers to get the key messages out to various groups</li> <li>○ For Healthcare partners, ensure messaging in 2 “buckets”: those who vaccinate and those who don’t</li> </ul> <p><b>Motion: 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.</b></p> <p>Seconded. Motion passed unanimously.</p> <p><b>Data and Quality Assurance</b></p> <ul style="list-style-type: none"> <li>● Need to be able to obtain data that allows informed recommendations.</li> <li>● Recommend providers/vaccinators obtain correct address information and enter in timely manner into SDIR</li> <li>● Dashboard will be great resource for data.</li> </ul> <p><b>Motion: Recommend vaccinators and providers obtain correct addresses to input into SDIR as well as race and ethnicity.</b></p> <p>Seconded. Motion passed unanimously.</p> <p><b>Amendment: Recommend vaccinators and providers provide accurate address, race and ethnicity data within 24 hrs to all those who are vaccinated.</b></p> <p>Seconded. Passes unanimously</p>			

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	<p><b>Solo Independent Practice</b></p> <ul style="list-style-type: none"> <li>• Improve matchmaking process to facilitate contact with providers on fringes of phases</li> <li>• Super vaccination site allowed many individuals to access vaccination</li> <li>• Reached out to California Academy of Family Resources to access resources and contact individuals who are interested in being vaccinated.</li> </ul> <p><b>Equitable Allocation</b></p> <ul style="list-style-type: none"> <li>• Focus on making recommendations that are action oriented</li> </ul> <p><b>Motion: 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 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 (e.g. Healthy Places Index)</b></p> <p>Seconded. Passes unanimously.</p> <ul style="list-style-type: none"> <li>• Principle will be important in coming phases, with having sites in areas/neighborhoods that need it</li> </ul> <p><b>Motion: To achieve equitable vaccine distribution, we recommend the following strategies:</b></p> <ul style="list-style-type: none"> <li>• <b>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</b></li> <li>• <b>SDIR and other vaccine data shall be collected and reviewed to identify variance across race/ethnicity, socioeconomic status,</b></li> </ul>			

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	<p>and geography. These data shall be shared publicly to ensure transparency and guide adjustments toward achieving equitable vaccine distribution.</p> <ul style="list-style-type: none"> <li>Vaccine outreach teams and specialized vaccination events should be tailored towards underserved populations to improve vaccine access (e.g. people experiencing homelessness, behavioral health conditions, and incarceration)</li> </ul> <p>Seconded. Motion passed unanimously</p> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>Working with CFH to coordinate events that one time or intermittent (schools, rural areas, etc.)</li> <li>Focus on driving people to the SD MRC to volunteer with the County</li> <li>Expanding workforce through students, volunteers and retired staff.</li> <li>Updated list of authorized vaccinators per CDPH</li> </ul>			
<p>V. Discussion: Phase 1b/1c Deeper Discussion</p> <p>VI. Discussion: Moving to the next phase</p>	<ul style="list-style-type: none"> <li>State is moving 65+ from phase 1b tier 2 to tier 1</li> <li>How can phase 1b be concurrently open with phase 1a? What evidence/data/documentation can this group provide to Dr. Wooten for this to occur? <ul style="list-style-type: none"> <li>Populations in Chula Vista, rural North County have multiple households in one home increasing risk for older members of the household thus supporting movement</li> <li>Concern about adding 65+ to large group of emergency workers, teachers, agriculture workers already in group. May overwhelm system. Need to first observe how well large sites do with open phase.</li> </ul> </li> <li>Link list of essential workforce from state to county website, it is more descriptive will guide general population on what phase/tier people fall into</li> <li>State is basing allocation based on SDIR entries, current data does not support more doses, therefore inhibiting moving forward to other tiers by limited vaccine availability <ul style="list-style-type: none"> <li>SDIR team is reaching out to providers that have received allocations but have no administered documentation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Essential workforce link</a> to provide on County website</li> <li>Reminder to providers that vaccines need to</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Healthcare systems need to understand full scope of definition of HCW, not only permanent staff, but home health care staff, vendors, promotoras. Delays movement to next phase/tier.</li> <li>• 450,000 additional people that would be moving into phase 1b tier 1</li> <li>• Healthcare systems are claiming 70% of workforce is vaccinated, need data to support statement which will allow movement to next tier within the next 10 days.</li> </ul> <p><b>Motion: 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.</b></p> <p>Seconded. Motion passed.</p> <ul style="list-style-type: none"> <li>• Will imposing consequences on providers not entering information into SDIR encourage data entry?</li> <li>• State vaccination allocation is affected by SDIR entry by healthcare systems</li> </ul> <p><b>Motion: 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.</b></p> <p>Seconded. Motion passed unanimously.</p>	<p>be entered into SDIR within 24 hrs</p>		
<p><b>VII. Roundtable Discussion</b></p>	<ul style="list-style-type: none"> <li>• Remote workers that are in essential workers categories – next week</li> <li>• Guidance on prioritization of leftover vaccine, currently advising to follow prioritization to best ability. <ul style="list-style-type: none"> <li>○ Let County know about excess vaccine when possible to coordinate vaccination of appropriate workers</li> <li>○ Age is the next best group to move to (75+) when there is leftover vaccine.</li> </ul> </li> </ul>			



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	<ul style="list-style-type: none"> <li>○ No shows increasing – there is a waitlist that providers are pulling from to fill appointment slots</li> </ul>			
<b>Next Meeting</b>	Tuesday, January 19, 2021 at 4:00 p.m.			
<b>Meeting Adjourned</b>	<b>Meeting adjourned at 6:25 p.m.</b>			

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