



County of San Diego

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County COVID-19 Vaccine Clinical Advisory Group Tuesday, January 26, 2021 | 4:00 p.m. – 5:30 p.m. Microsoft Teams

Members Present: Daniel Calac, Mark Sawyer, Merlie Ramira, Kristi Koenig, Liza Marcial, Ruth Kirby, Ankita Kadakia, Emily Do, Sayone Thihalolipavan, Denise Lozares, Rodney Hood, Samantha Williams, Jennifer Wheeler, Gail Knight, Jeffrey Norris, Nicole Esposito, Eric McDonald, Melissa Thun, Nikos Gurfield, Elizabeth Hernandez, Jeannette Aldous, Kelly Motadel, Carey Riccitelli, Christian Ramers, John Malone, Denise Foster, Wilma Wooten, Karl Steinberg, Laura Chechel

Members Absent: Carl Medina, Nick Macchione, Jon Montgomery, Brett Austin, Jennifer Bransford-Koons, Haruna Feldman, Robert Sills, Anita Walia

Agenda Item/Topic	Discussion	Action Plan	Lead	Date
I. Roll call	<ul style="list-style-type: none"> County COVID-19 Vaccine Clinical Advisory Group called to at 4:00 PM on Tuesday, January 26, 2021 			
II. Vote on Minutes	<ul style="list-style-type: none"> Approval of the final meeting minutes for January 19, 2021. The motion to approve was seconded , passed unanimously. 			

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<p>III. County/CDPH Vaccine Updates</p>	<p>County Updates</p> <ul style="list-style-type: none"> • New process for motions passed by the advisory group: Motions will be sent to Public Health Officer (PHO) after meetings, PHO will present recommendations to Board of Supervisors Covid subcommittee, once approved by the Board of Supervisors Covid subcommittee recommendations will be posted on the website. <ul style="list-style-type: none"> ○ There is an easy to find link for the recommendations at the top of the clinical advisory webpage. • County and non-county vaccination sites are now vaccinating all Phase 1a tiers and persons 65+ <ul style="list-style-type: none"> ○ Possible changes to prioritization based on age • The County is participating in a pilot program - myturn.ca.gov an user-friendly, appointment software. <ul style="list-style-type: none"> ○ Allows users to schedule appointments 3-days in advance, as well as schedule 2nd dose appointments ○ If user is not eligible for an appointment in the current phase/tier, they can sign up for message alerts for when they are eligible. <p>Enforcement</p> <ul style="list-style-type: none"> • CDPH Letter to Providers announcing possible redirection of vaccine for providers who have not used 65% of vaccine within 1 week of possession. <ul style="list-style-type: none"> ○ PHO met with SDIR enrolled providers who had not input vaccine administration data into SDIR to discuss CDPH announcement. ○ Notice will be given to provider by PHO, provider has 24 hrs to develop and submit a plan for administering vaccine within 96 hrs. ○ If plan is not implemented, PHO can recover unused vaccine, notifying CDPH. ○ Alternate allocation plan will be in place prior to recovering vaccine, PHO may direct doses to vulnerable populations to increase vaccination rates. 	<ul style="list-style-type: none"> • Apply through this link • Coordinate allergist presentation for next meeting 		

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	<p>Workforce</p> <ul style="list-style-type: none"> • Retired physicians can be vaccinators – need to apply to restore license to active status <p>Vaccine Administration</p> <ul style="list-style-type: none"> • Moderna Lot 41L20A administration can resume immediately, vaccine is safe for use <ul style="list-style-type: none"> ○ Vaccine was handled appropriately ○ Lot is back in circulation • 2nd dose administration of mRNA vaccines should be administered as close to the recommended interval as possible <ul style="list-style-type: none"> ○ If adherence to recommended interval is not possible, administration may be scheduled up to 6 weeks after the first dose. ○ Efficacy of mRNA vaccines administered beyond this interval is unknown ○ No need to restart series if the 2nd dose is administered beyond the stated intervals • 5 County PODs opening this week, latest to open is N. Coastal POD. Majority of vaccination sites are located in Southbay, followed by East County, Central San Diego, and North County. • Wednesday the County plans to release an interactive vaccination site map which will include partners, independent pharmacies and County sites. • CalFire has already vaccinated 100 LTCF facilities administering 2,375 vaccinations under Operation Collaboration. <p>Allocations</p> <ul style="list-style-type: none"> • Adding paused Moderna lot helped with limitations • 254 providers are registered, County allocating through an equity lens to FQHCs, Community Clinics, Health Systems, Private Providers, and County sites. <ul style="list-style-type: none"> ○ Covid watch provides weekly immunization information There continue to be lags in data. 	<ul style="list-style-type: none"> • Subscribe to COVID watch through county website. 		

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<p style="text-align: center;">IV. Subcommittee Updates</p>	<p>Workforce</p> <ul style="list-style-type: none"> • EMT training rolling out next week, UCSD will be pilot location. EMTs will not be drawing up vaccine • County has partnerships with nursing schools, nursing students are available to assist with vaccinations • MRC has over 200+ volunteers ready and trained – MRC volunteers only deployable to County sites due to liability <p>Pharmacy</p> <ul style="list-style-type: none"> • Pharmacies struggling with CalVax enrollment, waiting in different status for weeks • Working with Board to clarify pharmacist supervision ratio for students and technicians at mass vaccination sites. • Pharmacists are relying more on interns than technicians-too expensive to train • Temporary pharmacists are needed to vaccinate throughout the County. • Pharmacists are reporting discrepancies between data entered into SDIR and resulting data <p>BHS</p> <ul style="list-style-type: none"> • Recommendation that BH clients would benefit from multiple avenues for appointment making. • Continue to advocate for behavioral health facility residents to be included in open phases. <p>Outreach and Education</p> <ul style="list-style-type: none"> • Myturn app demonstration presented to the group, established contact for updates on myturn • 211 role will be to support persons 75+ to make appointments • Data team provided one pager and slide deck for trusted messengers to use as an education tool <p>Data and Quality Assurance</p>	<ul style="list-style-type: none"> • Connect with workforce team for details. 		

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	<ul style="list-style-type: none"> Discussed FM3 survey methodology, participation rate 3%-average for surveys of this nature, data presented is weighted <p>Motion: 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 vaccination efforts.</p> <p>Seconded, passed unanimously</p> <p>Solo/Independent Practice</p> <ul style="list-style-type: none"> Focusing on providers accessing vaccination sites Event at vaccination site in Valley Center drew a large portion of dialysis patients that had not been offered a vaccine through dialysis centers San Diego County Medical Society is sending out regular updates to members Independent practices can benefit from a matchmaking system to complete staff vaccinations. <p>Equitable Distribution</p> <ul style="list-style-type: none"> Focusing on enforcing recommendations already approved, and reaching special populations Would like to have granular data for the general population to ensure equitable distribution 			
<p>V. Discussion: Vulnerable populations including Convention Center, Unsheltered</p>	<ul style="list-style-type: none"> State is considering moving to age-based vaccinations after first responders, food and agriculture workers, teachers and childcare. <ul style="list-style-type: none"> Purely age-based, will eliminate current tiers Proposal to contract 3rd party administrator to allocate vaccine – allowing local health departments to focus vaccinating with equity lens 			

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<p>Homeless, and Age Based Tier System</p>	<ul style="list-style-type: none"> ○ Age based will potentially allow for faster vaccinations and faster movement through the population • Vulnerable populations will be left out based solely on age, risking equity since they will no longer be a priority. • Epidemiology of virus does not follow the age system - what is the effectiveness if persons 20-30 years old are transmitting virus? • Industrial and Critical manufacturing are left out, most work in congregate settings i.e. assembly lines • Is there any way to address both high risk and age? • Risk of death should be a consideration • Concern that persons under 50 with underlying medical conditions will be left out. • Mass vaccination sites will be critical for implementation • Efficiency in congregate settings will be difficult <p>Motion: Recommend to vaccinate 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"> • Amended to include PMP <p>Seconded, passed unanimously</p> <p>Motion: The Advisory 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>Seconded, passed unanimously</p>			

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VI. Discussion: Documentation at Vaccination Sites	Documentation for informal caregivers <ul style="list-style-type: none"> • Parents have a lot of questions about who is included under informal caregivers <ul style="list-style-type: none"> ○ Includes kids that are vulnerable and have severe medical conditions including cerebral palsy, epilepsy, etc. but list is not exhaustive • Providers have been receiving a lot of calls from parents asking for a letter stating they are informal caregivers <ul style="list-style-type: none"> ○ Can information be disseminated defining informal caregiver? • Letter from DDS is sufficient, we don't want to be documentation police <ul style="list-style-type: none"> ○ Template should not be issued ○ County is launching a landing page that gives examples of acceptable forms of documentation that may be required at sites 			
VII. Roundtable	<ul style="list-style-type: none"> • Meetings will now be 1st and 3rd Tuesday of each month for as long as needed <ul style="list-style-type: none"> ○ Updates will be provided on 2nd and 4th Tuesdays and as needed via email. 			
Next Meeting	Tuesday, February 2, 2021 at 4:00 p.m.			
Meeting Adjourned	Meeting adjourned at 6:17 p.m.			
Submitted by				