



County of San Diego

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County COVID-19 Vaccine Clinical Advisory Group **Tuesday, February 2, 2021 | 4:00 p.m. – 5:30 p.m.** **Microsoft Teams**

Members Present: Ankita Kadakia, Gail Knight, Denise Lozares, Merlie Ramira, Kristi Koenig, Rodney Hood, Stephanie Leonard (Guest speaker), Liza Marcial, Jennifer Wheeler, Emily Do, Denise Foster, Mark Sawyer, Elizabeth Hernandez, Nicole Esposito, Sayone Thihalolipavan, Wilma Wooten, Jeannette Aldous, Nikos Gurfield, Jeffrey Norris, Christian Ramers, Karl Steinberg, Carey Riccitelli, Daniel Calac, John Malone, Melissa Thun, Kelly Motadel

Members Absent: Carl Medina, Nick Macchione, Jon Montgomery, Brett Austin, Jennifer Bransford-Koons, Haruna Feldman, Laura Chechel, Eric McDonald, Robert Sills, Anita Walia, Samantha Williams

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 order at 4:00 PM on Tuesday, February 2, 2021 			
II. Approval of Minutes	<ul style="list-style-type: none"> Approval of the final meeting minutes for January 26, 2021. Motion to approve minutes with corrections approved with one abstention. 			

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<p>III. Presentation/Q&A</p>	<ul style="list-style-type: none"> • Presentation on the Covid-19 vaccine and allergies with a focus on vaccine hesitancy. • San Diego Covid Vaccine Allergy Group formed with a goal to be a resource for institutions, community, and County to dispel myths about the vaccine or provide referrals to allergist • No deaths have been directly associated with Covid-19 mRNA vaccines, deaths have been due to underlying conditions • Severe allergic reactions are rare, 99.99% of people receive a vaccine without a reaction • Anaphylaxis reports to VAERS following Covid-19 vaccine over represent population with past reactions. • Vaccine Site safety includes screening for contraindications, having supplies and staff able to manage anaphylaxis, use of monitoring periods after vaccination and treating suspected anaphylaxis reactions with an epinephrine injection • Determining eligibility to receive an mRNA vaccine <ul style="list-style-type: none"> ○ High Risk – Have had a severe reaction to previous mRNA Covid-19 vaccine or have an allergy to vaccine ingredient. Do not administer vaccine ○ Medium Risk – Have an allergy to another vaccine or injectable medication or a history of anaphylaxis to any cause. Administer vaccine with 30-minute observation ○ Low Risk – Have any other allergy. Administer vaccine with 15-minute observation • It is important to know vaccine ingredients – PEG is known to cause reactions – suspect allergen • Early signs of anaphylaxis include sensation of throat closing, wheezing, nausea, dizziness, swelling of lips, face, or throat <ul style="list-style-type: none"> ○ Labs can help assess for anaphylaxis by testing for tryptase or terminal complement complex serums ○ Essential to have emergency supplies/protocol in place at vaccination sites ○ Pharmacists are trained to treat adverse vaccine reaction • Symptoms after covid 19 vaccine <ul style="list-style-type: none"> ○ Systemic side effects (24-72 hrs), treat symptomatically and administer 2nd dose 			

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	<ul style="list-style-type: none"> ○ Delayed symptoms at injection site (>4 hrs to weeks), treat symptomatically and administer 2nd dose except in case of necrosis or exfoliative dermatitis ○ Immediate type (w/in 4 hrs), do not administer 2nd dose ● Resources: <ul style="list-style-type: none"> ○ Johns Hopkins website: COVID 19 Vaccines: Myth vs Fact ○ NEJM: COVID-19 Vaccine FAQ (Dr. Sax) 			
<p>IV. County/CDPH updates</p>	<ul style="list-style-type: none"> ● New process for motions passed by the advisory group in place, one document has all recommendations listed chronologically with examples of how the recommendation has been implemented. ● County and Non-County Vaccination Sites are currently vaccinating all Phase 1a tiers and persons 65+ ● Vaccinating next is persons at risk of exposure at work in the following sectors: <ul style="list-style-type: none"> ○ Phase 1b Tier 1: Education and Childcare, Emergency Services, Food and Agriculture ● CAHAN San Diego Vaccine Updates: <ul style="list-style-type: none"> ○ Due to limited vaccine supply, available supply is being distributed with health equity i.e. distributing to FQHCs and providers in underrepresented areas. ○ Provides definition of informal caregiver and acceptable documentation at vaccination sites ● CDPH is developing an app to assist with vaccine navigation (MYCAVAX) <ul style="list-style-type: none"> ○ App will send text notifications after successful registration and proactive notifications throughout vaccination process ○ Will send notification if not qualified for a vaccine and will provide users VA FAQ ○ Can be used to report adverse reactions ● Vaccine appointment sites have added Spanish language to search by map or calendar. <ul style="list-style-type: none"> ○ Any browser other than Internet Explorer is recommended to complete appointment registration ● La Mesa superstation opened today, 2.2.2021 at Grossmont Center Mall; operated by Sharp <ul style="list-style-type: none"> ○ 4 superstations now open in South, North, Central and East regions, sites are both walk-up and drive-up 			

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	<ul style="list-style-type: none"> • Vaccine dashboard – doses are being entered into SDIR <ul style="list-style-type: none"> ○ 322,572 total doses administered ○ 277,327 first doses ○ 55,245 second doses ○ 1.9% fully vaccinated • Vaccine data <ul style="list-style-type: none"> ○ Numbers do not include military, VA, multi-county entities, or pending sites ○ In addition to the vaccine, infrastructure is the limiting factor at the moment <ul style="list-style-type: none"> ▪ Building up workforce and infrastructure for when the vaccine is readily available ○ Most people want to be vaccinated at their doctor’s office or clinic they regularly attend; we will continue to advocate for that ○ State will be prioritizing vaccine supply to providers and pharmacies ○ State is centralizing vaccine distribution process with Blue Cross Blue Shield monitoring process ○ MARC working with state to supply staffing and federal government to provide supplies- an initiative that will help individual patients and hospitals <ul style="list-style-type: none"> ▪ Will be regionally located in North and South County. 			
<p>V. Subcommittee Updates</p>	<p>Workforce</p> <ul style="list-style-type: none"> • Integrating EMTs into workforce, leading to new practices • Lots of recruitment occurring: UCSD, Sharp, Scripps all have their own volunteer sites, the County is using MRC. • Working out logistics of having a new team daily <p>Pharmacy</p> <ul style="list-style-type: none"> • Updated standard for vaccine handling toolkit to include storage and handling • Providers are still struggling with CalVax but process is moving forward • White house is releasing vaccine early to retail pharmacy partnerships approximately 13 major retail pharmacies located in high risk areas 			

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	<ul style="list-style-type: none"> • Pharmacies vaccinating in accordance with CDC guidelines <p>BHS</p> <ul style="list-style-type: none"> • Updates for planning, outreach and communication: <ul style="list-style-type: none"> ○ Ongoing improvement for consistency and simplicity of online scheduling ○ Looking for planning information related to congregate care locations for clients due now (>65) and possible others as Phase 1b Tier 2 is clarified ○ Multiple avenues are being deployed to reach a historically hard population to engage <p>Outreach and Education</p> <ul style="list-style-type: none"> • Continue to get updates on the MyTurn app and provide feedback. • Created a “Community Conversations Toolbox” that lives on the Healthcare Professionals Sector webpage of coronavirus-sd.com and recommend that Vaccine Clinical Advisory Group members to reference these tools and use their “trusted messenger” status to do outreach, especially to vaccine hesitant groups at highest risk. • Working with Champions for Health on a platform to receive and confirm community-requested presentations <ul style="list-style-type: none"> ○ Need to do everything available to not undersell vaccine ○ Would like everyone to make themselves available to small groups for presentations and reserve time for Q & A <p>Data and Quality Assurance</p> <ul style="list-style-type: none"> • Looking at data sources and how to configure them to address vaccine delivery rates, especially in lowest quartile healthy places index areas • Use the data obtained to compare to other areas <p>Solo/Independent Practice</p> <ul style="list-style-type: none"> • Working on finding outlets for reaching out to older providers preferably via print <ul style="list-style-type: none"> ○ Media contractor is going to focus outreach on population 65+ and 18-49 			

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	<ul style="list-style-type: none"> ○ Launching social media, radio, print, and television campaigns ○ Working with partner relay and other established communication outlets <p>Equitable Allocation</p> <p>Motion: 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"> • Clear descriptions of groups eligible for vaccination, using simple language and examples, to help all San Diegans clearly understand their eligibility status. • 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. • 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 <p>Seconded, 1 abstention, 1 rejection, motion approved</p> <ul style="list-style-type: none"> • Goal is to eliminate barriers, abuse that may occur with honors system is outweighed by benefit 			
<p>VI. Roundtable</p>	<ul style="list-style-type: none"> • Inequity of age based COVID-19 vaccine eligibility excludes younger vulnerable populations. • Latino and Native Hawaiian/Pacific Islanders under 65 are disproportionately represented in COVID-19 deaths <ul style="list-style-type: none"> • Vaccinating solely by age misses younger population and ethnicities that have high death rates • In San Diego, Hispanic/Latino and Black race/ethnicities are not receiving vaccination at the same rate as other race/ethnicities. • Can Data and Quality Assurance and Equitable Distribution partner to address this? 	<ul style="list-style-type: none"> • Reach out to Dr. Aranea to speak to advisory group about this topic 		
<p>Next Meeting</p>	<p>Tuesday, February 16, 2021 at 4:00 p.m.</p>			
<p>Meeting Adjourned</p>	<p>Meeting adjourned at 6:15 p.m.</p>			
<p>Submitted by</p>				

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