



County of San Diego

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County COVID-19 Vaccine Clinical Advisory Group **Tuesday, December 22, 2020 | 4:00 p.m. – 5:30 p.m.** **Virtual Zoom Meeting**

Members Present: Christian Ramers, Dan Calac, Emily Do, Nicole Esposito, Denise Foster, Gail Knight, Jeffrey Norris, Ankita Kadakia, Karl Steinberg, Denise Lozares, Maria Luisa Ramira, John Malone, Rodney Hood, Samantha Williams, Sayone Thihalolipavan, Melissa Thun, Jennifer Wheeler, Jeannette Aldous, Laura Chechel, Kelly Motadel, Wilma Wooten, Mark Sawyer, John Montgomery, Hana Feldman, Brian Christianson (delegate for Kristi Koenig)

Admin: Alice Re and Lizbeth Lopez

Members Absent: Nikos Gurfield, Kristi Koenig, Ruth Kirby, Carl Medina, Elizabeth Hernandez, Nick Macchione, Eric McDonald, Carey Riccitelli, Robert Sills

Agenda Item	Discussion	Action Plan	Lead	Date
I. Roll Call	Called to order the virtual Zoom meeting of the County COVID-19 Vaccine Clinical Advisory Group at 4:00 PM on Tuesday, December 22, 2020.			
II. Vote on Charter	Member reviewed the final draft Charter, including Executive Sponsor(s)/delegates, voting quorum, role of Administrative Assistant, goals and ground rules. The motion to approve was seconded, all present voted YES.			

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III. Vote on Minutes	Approval of the final meeting minutes for December 14, 2020. The motion to approve was seconded, all present voted YES.			
IV. Update on initial vaccine roll-out for acute care facilities	<p>Discussion</p> <ul style="list-style-type: none"> • Roll-out started last Tuesday, Dec. 14. • All acute care hospitals have the vaccine. • Rady's has vaccinated over 2500 recipients with small amount of vaccine reactions from recipients, (less than expected). • Rady's has 96% accurate in terms of priority. • Rady's is almost through Tier 1 and is ready to proceed to Tier 2, goal is to keep moving through the vaccine process; prior tiers will not close. • All hospitals have received correspondence/communications from doctors, nurses, and community members regarding priority. • FQHC perspective: higher risk of staff exposure; concerns of perception about communities, when working with lower tiers; not as smooth of a rollout compared to some facilities; spillover doses of larger hospitals going to lower tiers (risk), when Phase 1A isn't completed. • Pilot program in progress with the County. • Multiple dose vial must be fully used, no waste. • Vaccines have expiration dates, which must be used within a certain timeframe. • Hospitals, who receive allocation, should be able to proceed from one tier to the next. • Vaccine allocations come in weekly to the County; amount is not consistent. Leadership is made aware of amounts. • State guidelines: when good faith effort is made in vaccinating all of Tier 1, you may proceed to Tier 2. • Some facilities don't have the proper vaccine storage. • Concern regarding hospital organization systems/affiliations and specific geographic areas. • Systems are not allowed to redistribute vaccines more than once; they may transfer within their system. • Providers must provide honest numbers of what they need. • Not everybody will accept the vaccine; 50-60% acceptance rate. 			

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	<ul style="list-style-type: none"> • Can we move on to FQHCs by evaluating a system to determine their allocation for highest, high, etc. risks dependent on quantity the County has for distribution? • How to allocate doses to Tier 2 with FQHC and private doctors; use hospitals that volunteer as sites for private doctors. • Equity lens should utilize information the County has in terms of populations most affected, consideration of spread in northern, tribal, and southeast areas. • Vaccinators are needed to vaccinate. • 82,000 needed for acute care and psychiatric hospitals. <p>Recommendations on how to enter Tier 2 from primary care standpoint:</p> <ul style="list-style-type: none"> • Systems can be helpful to clinics in Tier 2, especially if they have spillover. • Hospital systems work with clinics and LTCF in support; any leftover vaccines not needed should move to the next tier. • County partnership with hospitals. • Maximize number of vaccinators for different groups. • Set up sites for Behavioral Health, etc. • Partner with pharmacies. • Enroll in Covid Ready. • Third party vaccinators, similar to Los Angeles. • Nursing partners offering to vaccinate. • Don't leave behind a tier and don't delay the next one. • Focus on Behavioral Health. • County distribute allocation rather than going to silos. <p>Motion put on floor: Health systems with additional doses or doses allocated by the County will open their vaccine program to healthcare workers using health equity scope.</p> <p>The motion to approve was seconded, all present voted YES.</p>			
V. SNF and LTCF vaccine allocation	<p>Update:</p> <ul style="list-style-type: none"> • Communication with Walgreens and CVS. 			

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	<ul style="list-style-type: none"> • 21 pages of SNFs and LTCF who have signed up. • 15% roughly covered by Walgreens, remaining covered by CVS. • Cannot start program until December 28. • Walgreens goal is to have everyone started within first two weeks. • CVS goal is to have everyone started within one month. • Plan is clinic on day one, come back in 17-21-day period to vaccinate second dose. • 16 different SNFs and LTCFs that are not part of it. • Surplus of pharmacists able to provide vaccinations. • County collected info from various SNFs and started vaccinating in LTCF. • Dialysis working directly with County, they need to complete enrollment. Hoping to vaccinate next week after enrollment. • Dialysis centers can vaccinate on their own; pick up from County warehouse. • Working with CalFire to spearhead efforts with EMTs and paramedics to be vaccinators, hoping this is done in a week or two. 			
VI. Overview of Healthy Places Index and Health Equity Metric	<p>Metrics composed of adjusted case rate, testing positivity and Health Equity Metric. Based on CA Healthy Places Index.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Health/racial disparities need to translate into action. • Test sites fit in to health equity/rotated. • Accomplish best vaccine distribution • Stringent storage of vaccine. • Pairing vaccine using data matrix. • Group and County work on plan. • Before Health Places Index came out in July, the County used hot spots to set up test sites, using data. • Apply through CovidReadi. The County is responsible for determining the allocation amount, and what gets distributed to you. Based on staffing and patient numbers provided by facilities. Motion put on the floor to allocate vaccines within a tier based on sufficient tier needs, test positivity rate in that geographic area, as well as case rates. 		<i>Group and County</i>	

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	The motion to approve was seconded, all present voted YES.			
VII. Tier 2: How to implement vaccination with health equity	<ul style="list-style-type: none"> • Is there another site/alternative for vaccines from the County? • County will follow strategy for immunizations at public health centers. • Direct efforts to paramedics. • Unreliability based on rural data/populations; not the best way to calculate tribal areas/needs. • Allocate vaccine to areas based on test positivity rate. • Look at case rate and testing positivity percentages. • Moving within a tier with equity priority. • Partnership with smaller practices. <p>Motion put on floor to explore matchmaking options and to partner with other smaller facilities to provide equitable distribution resources.</p> <p>The motion to approve was seconded, all present voted YES.</p>			
VIII. Subcommittees (Data, Outreach and Education, Solo/Independent practice	Tabled for next meeting or offline.			
IX. Wrap-up/ Next Steps	<ul style="list-style-type: none"> • Have a system where if qualified should receive allocation. • Vaccines in correctional facilities/staff will be coordinated at Sheriff's meeting, (Phase 1B). • Forming plan on law enforcement, (Phase 1B). • College/Student Health Centers fall in Phase 1A Tier 2. • Workforce Planning Subgroup. <p>Meeting adjourned at 6:00 PM</p>			
Next Meeting	Tuesday, December 29, 4:00 PM			