



## COVID-19 VACCINE TASK FORCE

### COVID-19 Vaccine Task Force Meeting #2

January 13, 2021

10:30AM – 12:00PM

Meeting Minutes and Question and Answer Session

***All Agendas, PowerPoint Presentations, and Minutes/Q&A Sessions will be posted at  
<https://www.recover slo.org/en/slo-county-vaccine-taskforce.aspx>***

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### Attendees

#### Emergency Services

Vince Pierucci, EMS

Jonathan Stornetta - Fire

[Chief Ty Lewis – Law Enforcement - Absent](#)

#### Bioethicist

[Luis Ochoa, MD - Absent](#)

#### Community Health Centers

Stephen Clarke, MD

#### Pharmacies

Maronee Hollister

#### Long Term Care

Karen Jones, Ombudsman, SLO County

#### Business Community

Kristen Yetter, Promega Biosciences

#### Occupational Health

Brian Roberts, MD, MedStop

#### Health Insurers

[Paul Jaconette, CenCal - Absent](#)

#### Education

Dr. James Brescia, County Office of Education

Courtney Kienow, Cal Poly-Higher Education

#### Child Care

Raechelle Bowlay, CCRC

#### Corrections

Christy Mulkerin, MD, Jail CMO

#### Religious Leaders

Pastor Tim Thuele

Rabbi Janice Mehring

[Monsignor Ed Callahan - Absent](#)

Organizations serving racial and ethnic groups

Erica Heredia-Ruvalcaba, Latinx  
Veronica Avery, NAACP  
Organizations serving people with disabilities  
Diva Johnson, Tri-Counties Regional Center  
Organizations serving people with limited English proficiency  
Irebid Gilbert, Herencia Indigena  
Community Representatives  
Mary Jean Sage, Health Commission  
Betsy Whitaker, Med Anthropologist  
Hospice  
Kim Chartrand, ASPC  
Homeless Serving Organizations  
Janna Nichols  
Voluntary Organizations  
[Rick London, United Way - Absent](#)  
Behavioral Health  
Jill Bolster-White, TMHA  
Utilities  
Samantha Caldwell, PG&E Diablo Canyon  
Justin Rogers, PG&E Diablo Canyon  
Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash  
Agriculture  
Brent Burchett, Farm Bureau  
Transportation  
Geoff Straw, SLORTA  
Tania Arnold, SLORTA

### Task Force Overview

- Seek input and feedback on planning efforts
- Ensure vaccine is distributed and allocated equitable
- Consider barriers for vaccine distribution, especially for vulnerable members of the community
- Guiding Principles: Safety. Equity. Transparency.

### Pandemic Status in San Luis Obispo County, as of 1.11.21 – Dr. Borenstein

#### Case Status

- Total cases: 13,735; 25% of all cases occurring within the past two weeks with up to 500 cases per day
- Hospitalizations: 45 – General 34; Intensive Care 11
- Deaths: 111 – 24 pending; highest death rate is among 85+ years of age

#### Vaccine Allocation

- Public Health: Received 10,275 vaccine doses; redistributed 1,040 doses to hospitals
- Hospitals: Tenet – 1,500; Dignity – 1,000 (est)
- State facilities – CMC, ASH: 2,000 (est)

#### Vaccine Administration

- Public Health and Other – (hospitals, SNFs, CMC) ~10,000 (58%)
- Currently vaccinating Phase 1a (healthcare 5 days/week in SLO; CVS vaccinating SNFs)
- Current rate: ~650 vaccines/day
- Planned rate: ~3,000 vaccines/day

#### Vaccine Planning

- Infrastructure in place to vaccinate 2,700 but don't have sufficient vaccine doses
- Adding additional vaccination clinic in Paso Robles beginning 1/18/2021
- Goal is to have vaccines distributed widely through our community partners – also required to follow phase/tiers
- Divide tiers further as needed to ensure vaccines are distributed appropriately and equitability based on community need

#### Vaccination Phases/Tiers

- Phase 1A
  - Healthcare workers and long-term care residents – currently vaccinating this group.
- Phase 1B Tier 1
  - Individuals 75+ (~26,500) and those at risk of exposure at work in education & childcare, emergency services, and food & agriculture.
  - State announced yesterday that age 65-74 has been added to Phase 1B Tier 1 (~38,600 in SLO County)
- Phase 1B Tier 2
  - Those at risk of exposure at work in transportation and logistics; industrial, commercial, residential, and sheltering facilities; critical manufacturing
  - Congregate settings with outbreak risk: Incarcerated and individuals experiencing homelessness
- Phase 1C
  - People 16-49 years of age with underlying health conditions or disability which increases their risk of severe disease.
  - Those at risk of exposure at work in water and wastewater, defense, energy, chemical and hazardous materials, communications and IT, financial services, government operations/community based essential functions.

Due to the amount of vaccine available, we are addressing/discussing sub prioritization within tiers based on our community needs, societal impact of job, equity, economical impact and occupational exposure. Also, for consideration are public comments from <https://www.recoverslo.org/en/covid-19-vaccines-in-slo-county.aspx> summarized by Jen Miller. Dr. Borenstein added that an emergency decision was made to vaccinate correctional deputies working within the jail due to rapid spread of disease that required immediate action prior to the Jan 13 Task Force. There is active transmission to the inmates and correctional officers. Although the State recommends vaccinating Law Enforcement in Phase 1b Tier 2,

Public Health has decided to vaccinate Correctional Officers now in an effort to break the chain of transmission and avoid further impact to our hospital system of care.

For local consideration the following groups were discussed.

- Homeless shelter staff (~50)
- Water and Wastewater treatment operators (~200)
- Corrections staff (180 Jail, 40 JSC)
- Veterinarians, vet techs (850)
- Age  $\geq$  75 (26,500); Age 65–74 (38,600)
- Emergency Services not covered in Phase 1a (i.e. CAL Fire, Law enforcement, Parks Rangers, Animal Service Officers, etc. ~1,000)
- Education TK-12 (~5,000); Childcare (~1,800); Higher Ed (~7K)
- Food and Agriculture (~10,000)

Based on the group's input Dr. Borenstein summarized the current sub prioritization plan -

Considerations for immediate inclusion:

- **Veterinarians:** Task force determined that veterinary staff should not be prioritized over the 75+ age group and should remain in in Phase 1c as initially planned.
- **Water and wastewater workers:** Keep as is for now (Phase 1b, Tier 2), revisit at next meeting. Young age of workers and isolated work environments pose less risk than other groups; however, the critical nature of their work, the lack of alternative staff with same skill level and the degree of consequence to the health and safety of the public make water systems workers an essential position.
- **Homeless shelter staff:** Majority of task force agrees to vaccinate staff working in shelters now due to outbreaks and as a protective measure for vulnerable residents.
- **Probation staff at JSC:** Majority of task force agrees to vaccinate now due to outbreaks and congregate living situation, for protection of inmates residing in a setting of very high risk and do not have a choice to live elsewhere.
- **Medical transportation:** Majority of task force agrees to vaccinate now due to nature of job (transporting dialysis patients, medical appointments, hospitals) and inability to socially distance from their passengers. This is a protective measure for vulnerable populations using transport service as well as drivers.
- **Food Bank Staff:** Majority of task force agrees to vaccinate Food Bank staff now as food distribution to vulnerable populations, including home delivery to those isolating, is an essential service.

Considerations for Phase 1b subprioritization:

- **75+:** Task force agrees to prioritize this group above other groups in this Phase/Tier.
- **Emergency Services:** Task force decided to readdress at a future meeting. Many of these groups have mutual aid agreements, giving them the ability to back-fill positions in event of outbreak.

- **Education:** Task force agreed to prioritize 75+ group ahead of education for now, as the majority of staff are in lower risk age group.
- **Food and Agriculture** – Task force agreed to move forward with vaccinating food bank now (28 staff); will readdress farmworkers and others in the food system at a future meeting. Multiple comments noted that the indigenous community is disproportionately affected by COVID, more likely to be sharing households with other families and have difficulty isolating. These communities are primarily located in Nipomo, San Miguel and Paso Robles. Question was raised whether elders in these groups could be prioritized for vaccine.

#### Task Force Role – Communication

##### Two-way communication

- Share information with your community – talking points will be available to group soon
- Share with us questions and rumors

#### Vaccine Communication Tactics

- Daily: Website updates and phone assistance center
- Weekly: Share announcements via news releases, website, social media; share updated FAQs and messages with community partners and spokespeople
- Onetime: Postcard for all SLO County households
- Ongoing: PSAs for TV and Radio

#### Closing

- All questions in today's chats will be answered and included in the meeting notes – notes and slides will be posted on [readyslo.org](http://readyslo.org). Submit final questions now or email them to Jen Miller, Vaccine Task Force Coordinator
- Send constituents to [recoverslo.org/vaccine](http://recoverslo.org/vaccine) for up-to-date information and bring comments to us.
- Continue meeting on Wednesdays weekly from 10:30-12:00 until no longer needed.

Adjourned at 12:13 P.M.