



COVID-19 VACCINE TASK FORCE

COVID-19 Vaccine Task Force Meeting #5

February 10, 2021

10:30AM – 12:00PM

Meeting Minutes

Task Force Committee Members Attendees

Emergency Services

Vince Pierucci, EMS

Chief Jonathan Stornetta, Fire - *Absent*

Commander Caleb Davis – Law Enforcement - *Absent*

Bioethicist

Luis Ochoa, MD

Community Health Centers

Stephen Clarke, MD

Pharmacies

Maronee Hollister, PharmD

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 Ruvalcaba-Heredia, 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, Transitions Mental Health Association

Utilities

Samantha Caldwell, PG&E Diablo Canyon, Energy
Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash

Agriculture

Brent Burchett, Farm Bureau

Transportation

Geoff Straw, SLORTA
(Tania Arnold, SLORTA)

Welcome & Vaccine Task Force Purpose

The task force uses guidance from CDPH and CDC about which groups should come next for vaccine. The vaccine task force is tasked with making sure vaccine is prioritized fairly based on our local situation, and the unique needs of the community. The local process is modeled on the Community Vaccine Advisory Committee at the state level. In the face of limited supply, the vaccine task force has a difficult job of making recommendations to the Public Health Department. Recognizing there will be intense advocacy for prioritizing vaccine, the task force uses a framework in which public and community voice could be heard and incorporated in the process while at the same time, charging the responsibility of making these difficult determinations in the hands of medical and Public Health experts after they have done an in-depth review of the data.

Pandemic Status in SLO County as of 2/9 - Dr. Borenstein

Dr Borenstein provided a COVID-19 status update. Case numbers are dropping, hospitalization numbers are not lowering as quickly. To date SLO County has seen 18,684 cases and over 200 deaths. In the past two weeks, the new case numbers are half what the numbers were in December and January for the same amount of time (a two-week period).

Vaccine Allocation and Distribution

To date, the County has received approx. 30,000 doses, with over 26,000 doses administered as of last Friday. Approx. 20% of individuals vaccinated have received both doses. As of February 5, the total doses administered in SLO County, including Multi County Entities and the Federal Pharmacy Partnership, totaled 36,243. Due to low vaccine supply, the Paso Robles and Arroyo Grande sites were not operational this week. Next week all three clinics will be operational Tuesday – Thursday. The timeline for vaccinating the entire County is dependent on vaccine availability.

Dr. Borenstein explained how the handful of excess doses at the end of a day are distributed;

1. Vaccinate on-site POD workers and volunteers that were not previously vaccinated.

2. Contact law enforcement agencies, including CHP, or a fire department in SLO County to offer those few doses to first responders nearby.
3. Contact other sectors previously identified by the Vaccine Task Force (i.e., licensed water systems workers, jail inmates who are 65+)

Special Education Staff Identified by the Superintendents as Eligible

The County, in concert with Dr. Brescia and other superintendents, have identified approx. 150 Special Education staff who are working in-person with students who often need some type of “hand-to-hand” assistance or intervention, and with students who may not be able to wear masks.

Task Force comment:

- Erica Ruvalcaba-Heredia, Center for Family Strengthening: I am glad that special education teachers are next.
- Kim Chartrand, ASPC: so glad!!!
- Rabbi Janice Mehring: Decision well made.

State Updates

[Updated Vaccine Allocation Guidelines \(CDPH\)](#) – updated 2/4/2021

[MyTurn](#) – County likely will not transition to MyTurn for appointments until March at the earliest. The County is still vetting functionality, flexibility and waiting to assess how other counties are implementing the system.

Q: Tim Theule: In other words, some of these discussions about which groups come next may be irrelevant very soon without MyTurn flexibility?

A: It is still uncertain how much flexibility we will have with MyTurn. The SLO County IT Department is in communication with the State and other counties to learn more before we transition to this platform.

Q: Janna Nichols: Could Public Health control the quantity of doses available if forced to use State system? (i.e., pull out appointments for a separate subgroup, separate from the State public sign-up)

A: TBD. The IT team has posed this question to the State.

Q: Tim Theule: Is any of this discussion even going to be relevant when the state reservation system is mandated? How soon do we think that is going to be?

A: Uncertain. Probably March at the earliest.

Q: Diva Johnson, TCRC: Has there been a date identified when Blue Shield will be responsible for vaccine allocations?

A: No.

Public Comment Review - Statistics

Jen Miller reviewed the public comments submitted through the recoverslo.org Public Comment / Vaccine Advocacy button at <https://forms.emergencyslo.org/Vaccine-Advocacy>.

Public Comment summary 1.25.21 – 2.9.21

- 279 unique comments

Vaccine registration and logistics – 31%:

- (10%) 27 comments or questions regarding the vaccine registration process (seeking

- appt confirmation, appt cancellation, or inquiring about 2nd dose registration)
- (21%) 58 comments regarding unclear messaging or general vaccine logistics and/or criticizing the pace of vaccine distribution.

Age and underlying conditions – 45%:

- (20%) 56 individuals explaining a personal situation and asking to be prioritized or asking when they will be eligible.
- (14%) 38 comments advocating for people over age 65 be vaccinated immediately
- 21 comments advocating to prioritize the elderly with underlying medical conditions
- 8 comments advocating to prioritize the immunocompromised or developmentally delayed.
- 1 comment advocating for allocation by age only

Occupation related prioritization – 17%:

- 8 comments from unpaid caregivers of medically vulnerable family members
- 7 comments from teachers and school personnel (emphasis on prioritizing in-person staff)
- 6 comments advocating to prioritize childcare personnel
- 5 comments advocating to prioritize veterinarians
- 5 comments advocating for agriculture
- 4 comments advocating to prioritize teachers (to get students back to in-person learning)
- 6 comments advocating to prioritize childcare personnel
- 5 comments advocating to prioritize other job categories (USPS workers, water/wastewater, health care support staff, hairstylists, massage therapists, SWAT officers)
- 5 letters from organizations advocating to prioritize their staff (Everyday Food Pantry, Caltrans Field Staff, CARLAF – farm workers, AARP Tax Aides, Waste Management)

Other – 7%:

- 1 offer to help provide vaccine or offering locations to administer vaccine.
- 1 technical question about the vaccine or COVID 19 virus.
- 18 comments offering praise and thanks.

Phase 1b Census Estimations

People aged 65-74: 38,600
 Food/agriculture sector: 16,000
 Education/childcare sector: 16,000
 Emergency Services sector: 2,000

In total, the next group of people eligible for vaccine, if all are determined eligible at once, would be 70,000. With a 70-80% rate of uptake, we can assume approx. 50,000 people would be interested in the vaccine in SLO County. However, there are only 1,900 first dose appointments available for next week. Dignity Health has 200 – 400 for next week.

Discussion followed about how to triage which groups come next and who will need to wait. The group commented on the following themes:

- Reducing mortality and hospitalizations; target the 65+ age group
- Prioritize vaccine for communities that have been disproportionately affected by COVID-19, specific subgroups within food/ag and education/childcare sectors

- Prioritize teachers and childcare providers to help the community return to normal societal functioning

Have we vaccinated all 75+?

Q: Rabbi Janice Mehring: Do you feel the 75+ is complete?

Q: Brent Burchett, Farm Bureau: So, we have no wait right now for 75+?

Q: Veronica Avery, NAACP Health Committee Chair: I thought we were still not finished with the 75+ group yet.

Q: Diva Johnson: We're not done with 75+. I believe 60% was reported. Is that correct?

Q: Janna Nichols: Is there a need to open it up further at this point?

A: We believe we are getting close to vaccinating all 75+ who want the vaccine. For the past two weeks, appointments have been available signaling that demand was being met. In addition to several multi-lingual outreach campaigns, we have been working with partners and stakeholders to conduct outreach to target hard-to-reach populations, and still we had appointments available. We must use vaccine within seven days of receiving it to ensure our allocation is not affected. We will not stop reaching out to the 75+ population to encourage them to make an appointment, but we must open to the next group to maximize the number of doses we receive.

Q: Tim Theule: Do we have the freedom to go to 70+ and not all the way down to 65?

A: Yes, however, morbidity data for SLO County actually demonstrates a higher death rate among the 65-69 age group.

Comments in support of Education/Childcare:

- Kris Yetter, Promega Biosciences: Vaccinating childcare workers, and education K-12 has a trickle-down impact to allow parents to get back to work.
- Jill Bolster-White, TMHA: a mental health perspective, I would strongly advocate for K-12 educators to be prioritized for vaccines.
- Jill Bolster-White: I would prioritize educators before older populations.
- Geoff Straw, SLORTA: I agree getting kids back to school by vaccinating teachers is vital. It also gets some of our essential workers with young kids back to work.
- Kris Yetter: I would support providing vaccines to teachers/childcare providers 65+ over others as soon as possible.
- Tim Theule: Will teacher unions go back to school if the teachers are vaccinated? I'm not sure.
- Kris Yetter: I understand the challenge is reluctance by teachers to go back into the classroom until they get the vaccine.
- Tim Theule: SLO Classical Academy has been meeting LIVE since September under a granted waiver. No school-based outbreaks. It works and it's safe with the right measures. (Full Disclosure: my wife is the founder and director!)

Comments in support of Food/Agriculture, Equity and Latinx outreach:

Q: Janna Nichols: Do we have the ability to overlay geographic communities that have been more severely affected (i.e., Paso Robles) with a service industry (i.e., Field Workers)?

A: No, but we do have a health equity indicator which tracks positivity rates in the lowest [Healthy Places Index](#) census tracts. Indicators that factor into the HPI score include, but are not limited to income, educational attainment, access to transportation, neighborhood safety, housing

(homeownership, severe cost burden, habitability), clean environment and access to healthcare.

Q: Christy Mulkerin, SLO County Jail: Hi PH Team, do we know if our Latinx communities are getting vaccinated at an appropriate rate? For example, if they are 20% of the County's population, have they received 20% of the vaccine?

A: Although we are now collecting ethnicity data, we were not collecting it at the outset. Our data is incomplete. However, based on anecdotal feedback, people of color do not account for 20% of those receiving vaccines.

Q: Tim Theule: How are the mortality rates for black and brown skinned peoples trending in SLO County?

A: As of January, data for SLO County shows case rates and hospitalizations are nearly 3x higher in Latinx communities, however, mortality rates are not higher.

- Brent Burchett, Farm Bureau: I believe we should not proceed to the next age tier yet. Reaching farmworkers will be very difficult, so we need to start now getting it out to the ones we can soon.
- Janna Nichols: I am concerned about multiple families living doubled up
- Veronica Avery, NAACP Health Committee Chair: Do we have data on number of persons who reserve an appointment but do not make their appointment to get the vaccine? (might give insight on intimidation being a factor at the sites)
- Brent Burchett, Farm Bureau: Veronica - On the tour of SLO site last week the figure was 10% no-shows. Not certain if that was county wide or site-specific.
- Veronica Avery, NAACP Health Committee Chair: Wow, those numbers are concerning (thank you Brent). Means there is more surplus doses going into arms of the less vulnerable.
- Erica Ruvalcaba-Heredia: The Promotores have been sharing information about the vaccine and offering support to families who don't have internet access in order to register for their appointment.
- Luis F. Ochoa-Pelaez, MD: I agree with prioritizing farm workers for all the issues discussed by the previous three speakers . . . and by prioritizing farm workers, we will decrease community exposure.
- Karen Jones: Do we have anyone in this group representing the Filipino community?
- Rabbi Janice Mehring: We are reaching out to the Pastor of the Filipino community in Los Osos. Getting that underway.

Comments in support of age:

- Janna Nichols: I am in favor of prioritizing age within these populations that you have identified.
- Veronica Avery, NAACP Health Committee Chair: I agree with Janna.
- Luis F. Ochoa-Pelaez, MD: agree.
- Maronee Hollister, PharmD Pharmacies: Traditional administration using 65+ would work well in pharmacies.
- Elizabeth (Betsy) Whitaker, PhD, community representative: how about prioritizing farm workers or their family members who are over 65?
- Janna Nichols: Elizabeth's comment is what I am advocating. Prioritize 65+ of anyone in the household for these groups that have been identified.

- Veronica Avery, NAACP Health Committee Chair: Also, the fact that a lot of these multiple generation families have young persons who work multiple jobs (in direct contact with the public).

Other Q&A

Q: Veronica Avery, NAACP Health Committee Chair: Since we are tightening surplus doses process, are we going to delay the second dose for those who got their 1st dose ahead of their tier?

A: No. Even folks who receive an Excess Dose will receive their 2nd dose within the recommended window of 4-6wks.

Q: Pastor Tim Theule, Grace Central Coast: I've fielded a couple questions from other Faith Community Leaders about if they fall in this next phase? (asking for others, not myself!)

A: Not yet, unless they are over age 65.

Q: Karen Jones, Ombudsman, SLO County: I am receiving a lot of calls from people who are frustrated that paid caregivers can get the vaccine, but unpaid/family caregivers cannot get the vaccine. Also, there is a lot of frustration that persons under the age of 65 who are disabled cannot get vaccinated, even when their paid caregivers can receive the COVID vaccine.

A: Thanks, Karen. We sought guidance from the state on these questions. Unpaid caregivers, unless they are caring for a regional center consumer are ineligible. Although data shows people with certain disabilities can be at greater risk of mortality with COVID-19, disability is not factored into the current age-based framework.

Q: Karen Jones: This is off my normal advocacy efforts, but if County Animal Services is getting vaccinated in Emergency Services, can we include SLO Heet (Horse Emergency Evacuation Team) response volunteers in that population? The HEET volunteers frequently work in close quarters with fire and law enforcement personnel when a horse or other large animal is involved in an emergency.

A: We will consult our emergency services representative on the task force and get back to you on this.

Whether to prioritize licensed Diablo Canyon Power Plant Operators for vaccine now

A specific request was made by Samantha Caldwell, with Emergency Planning of PG&E. Samantha requested licensed plant operators be considered for early vaccination because they will be working through an upcoming outage and will be in close contact with each other on site. The majority of the task force agreed to vaccinate a group of approximately 50 licensed power plant operators, given the inability to back-fill highly skilled positions, the scarcity of the workforce and the danger to public health without operators.

Q: Elizabeth (Betsy) Whitaker, PhD, community representative: How many doses would be needed for the power plant operators?

A: 75 operators, but about 25% of them have already been vaccinated (or qualify by age), therefore, about 50 individuals.

- Kris Yetter: I still do not understand the risk to the community if there was a significant outbreak during the outage at Diablo.

- Tim Theule: potential nuclear meltdown!

Final decisions for the next stage of vaccine eligibility: age-based framework with targeted outreach to certain groups

Dr. Roberts offered that the best approach to making these decisions is to frame the around avoiding hospitalizations, ICU admissions and deaths. The way to do that is to start with the 65+ group who is at much higher risk than others. Then conduct outreach to make sure those who are disproportionately affected by COVID and over age 65 go first.

- Veronica Avery, NAACP Health Committee Chair: Good insight, Dr. Roberts.
- Diva Johnson: I agree with Dr. Roberts.
- Rabbi Janice Mehring: Well said, Dr. Roberts. I agree to target 65+ within target groups. I wonder if it is feasible to actually do that and manage the 65+ expectations that they are all eligible and therefore should be able to get the vaccine?
- Luis F. Ochoa-Pelaez, MD: 65 or older is a good delineator but we need to do better than that and take into account other populations with the goal to decrease transmission.
- Tim Theule: In light of all the perspectives I've heard today, I'm in favor of prioritizing farm workers and minority communities if we can figure out a way to do that.

Q: Elizabeth (Betsy) Whitaker, PhD, community representative: Could we set aside more of the supply for people who don't have computers, in hopes of getting more farmworkers and their family members in?

A: We will continue to monitor demand and adjust as needed.

- Brent Burchett, Farm Bureau: May be best for County to qualify that, I think they can prepare for this so they stay on priority groups for the day.
- Tim Theule: I think this proposal on the table is going to create a LOT of frustration in our community, given the shortage of doses.
- Kris Yetter: Based on the County website, Paso has 3693 cases, SLO 3492 - very close.
- Luis F. Ochoa-Pelaez, MD: The most prescriptive states are about allocating vaccines, the longer the vaccination process will take place and the greater the chance that vaccines are wasted.
- Jill Bolster-White: I vote not to open up to 65+ now.
- Veronica Avery, NAACP Health Committee Chair: I agree with Jill. Let's finish up the 75+ group first then open up next week maybe?
- Karen Jones: Since the County staff have to take the pressure and deal with the frustrations that may come up, I agree to open up to 65+.
- Christy Mulkerin, SLO County Jail: I have to go to another meeting, but I vote open it up to all 65 and up.
- Kris Yetter: I feel that opening up the 65 and up supports the "wave" approach to offering the vaccine.
- Rabbi Janice Mehring: I vote to open up to 65+ plus which will encompass the older folks in the vulnerable populations. Outreach will be key. Agree with Diva.
- Mary Jean Sage: Yay Diva - I agree!

Q: Janna Nichols: What's the number where we can help our most vulnerable get through?

A: 805-543-2444.

Q: Mary Jean Sage: Will all three clinics be open next week?

A: Yes, Tues – Fri.

After more discussion, the vaccine task force ultimately chose to open eligibility to residents age 65 and older based on the goal of reducing mortality. The task force pushed to make vaccine available to the other sectors soon and asked members representing the food/agriculture and education/childcare sectors to meet before the next meeting (in two weeks) and provide a recommendation for how we might move ahead with the most at-risk sub-groups within those sectors.

Vaccine Task Force Communications Tara Kennon

- Tara thanked members for sharing talking points and key messages. It has also been helpful to get suggestions from the task force members. We continue to be available to provide presentations to groups as needed.
- Resources are available to reach out to groups.
- The website content has been improved and updated: www.recoverslo.org/vaccines

Closing and Next Steps

Next meetings (2nd and 4th Wednesdays of the month):

- February 24, 2021 from 10:30AM – 12:00PM
- March 10, 2021 from 10:30AM – 12:00PM
- March 24, 2021 from 10:30AM – 12:00PM
- April 14, 2021 from 10:30AM – 12:00PM
- April 28, 2021 from 10:30AM – 12:00PM

Meeting notes, slides, and public comment form available at <https://www.recoverslo.org/en/slo-county-vaccine-taskforce.aspx>

Adjourned at 12:10pm.