



COVID-19 VACCINE TASK FORCE

COVID-19 Vaccine Task Force Meeting #6

February 24, 2021

10:30AM – 12:00PM

Meeting Minutes and Question and Answer Session

Task Force Committee Members Attendees

Emergency Services

Vince Pierucci, EMS

Chief Jonathan Stornetta, Fire

Sheriff Ian Parkinson, Law Enforcement

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

Hospitals

Mark Lisa, Tenet

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

Jen Miller welcomed task force members, expressed appreciation to the members for their advocacy on behalf of the organizations and communities they serve and represent.

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 2.9.21 – 2.22.21

- 673 unique comments

Occupation related prioritization – 66%:

- 411 comments (61%) advocating to prioritize teachers and school personnel.
- 12 comments advocating to prioritize childcare personnel
- 12 comments advocating to prioritize other job categories (massage therapists, unpaid caregivers, public defenders, construction, gas station workers, garbage industry, UPS Store, veterinarians and grocery store employees)
- 7 letters organizations advocating to prioritize their staff (SLO Meals on Wheels, Estero Bay Kindness Organization, Los Osos Cares, Children's Museum, fitness organizations, CASA, CA Conservation Corps)

Vaccine registration and logistics – 24%:

- 88 comments (13%) or questions about vaccine registration process and call center (frustration with phone system, frustration with the "hunger games process," unclear about confirmation, unsure how to cancel appointment)
- 59 comments regarding unclear messaging or general vaccine logistics and/or criticizing the pace of vaccine distribution
- 14 questions about scheduling 2nd dose appointments
- 2 comments about not wanting the vaccine

Age and underlying conditions – 9%:

- 31 comments individuals explaining their own personal situation and wondering when they will be eligible
- 12 comments asking to prioritize people who are immunocompromised (all ages)
- 11 comments advocating to prioritize people with disabilities
- 5 comments advocating for people with underlying medical conditions
- 1 comment advocating for allocation by age only

Other – 1%:

- 6 comments of praise or thanks
- 2 questions asking for vaccines on site (Cambria and Los Osos Senior Mobile Home Park)

Vaccine Task Force Communications Update - Tara Kennon, Public Information Officer

Tara used the term “Vaccine Champions” to describe the Task Force members. She expressed appreciation for their communication via social media, newsletters, media, presentations, virtual events and personal conversations. Task Force members are the trusted messengers for the communities they represent.

Upcoming events:

- **Weds, 3/3 from 10:30am – 12:00pm**, the County’s communications team will be available to have an informal conversation with vaccine task force members about effective communication strategies. Zoom link will be forthcoming.
- **Tues, 3/16 from 6-7pm**, the County will host a Virtual Town Hall for Long Term Care Facility staff. Vaccine uptake among this group is approximately 45%, and many of the people in these roles are Filipino. Panelists will address questions collected in advance of the town hall, in particular vaccine hesitancy in the Filipino community.

Pandemic Status in SLO County as of 2/22 - Dr. Borenstein

The number of active infections and positivity rate continues to decrease over recent weeks. SLO County’s case rate has dipped below 14 cases per 100,000. Although we remain in the Purple Tier, the County is getting closer to the Red Tier. Test positivity rate and health equity metric are in the orange tier. Numbers continue to trend downward. To date, 7% of SLO County’s population has have COVID-19.

Vaccine Allocation and Distribution

To date, SLO County Public Health has received approx. 40,000 doses of vaccine, of which 37,000 have been administered. When combined with other distribution channels such as hospitals, multi-county entities (e.g., ASH and Dignity), and long-term care facilities, over 54,000 doses have been administered in the last nine weeks in SLO County. 35% of those who have received the vaccine have been given both doses. 15% of the County population has received one dose. This week we will provide 10,000 additional doses at the vaccine clinics with the Cuesta site administering 1,000 doses per day. There continues to be a much greater demand than available vaccine, but the County is moving as quickly as possible.

Per State requirements, 10% of SLO County’s vaccine allotment will be available for education and childcare providers beginning next week. The County has been working with the County Office of Education and the Childcare Planning Council to develop a plan to make appointments.

Dr. Borenstein addressed local race/ethnicity inequities, and populations that are underserved. The County recently hired Abby Lassen as the Health Equity Coordinator to help understand and mitigate inequities amid the pandemic.

Recent guidelines about vaccinating those with high-risk medical conditions and disabilities

CDPH's Drafting Guidelines Workgroup is recommending that the next phase or tier after Phase 1B Tier 1 should include, at a minimum, individuals 16-64 years with underlying serious medical conditions or disabilities that increase their risk of developing severe COVID-19. Those with high-risk medical conditions should be prioritized after completion of Phase 1B, Tier 1 (65+, Food/Ag, Education/Childcare, EMS) and before moving to age-based criteria. This is a large group and is prioritized based on their comparative aggregate risk of severe outcomes. CDPH's Drafting Guidelines Workgroup recommends that this group be vaccinated in health systems settings rather than mass clinics or other health department clinics in order to be able to verify underlying conditions or disabilities through medical records. Though the State is recommending this guidance take effect on March 15, it is dependent upon vaccine supply. SLO County will need to have made more progress on eligible individuals in the current Phase and Tier before moving toward vaccinating the high-risk medical conditions and disabilities group.

Dr. Clarke, Medical Director of Community Health Centers of the Central Coast (CHCCC) provided an update for the group regarding CHCCC being chosen to pilot for Federally Qualified Health Centers. CHCCC patients account for one in 4.5 SLO County people and include difficult to reach groups such as agriculture and migrant workers. The expectations of the FQHC partnership are that the clinics will be able to respond to the needs of vulnerable groups who have been disproportionately affected by the pandemic.

Q: Brian Roberts, MD: How they define "Cancer" will be a big issue.

Q: Diva Johnson: As of March 15th, what is the approximate sum total of individuals eligible for vaccination?

A: Of those currently eligible in Phase 1B Tier 1 (70,000 SLO County individuals), we expect about 50,000 individuals will want the vaccine. Since we have opened to this tier 2 weeks ago, we have administered about 8,000 first doses.

Q: Brian Roberts, MD: How they plan to "verify" these conditions will be challenging.

A: It is for this reason that we hope more medical providers will have enrolled as a vaccination site soon so they will be able to vaccinate their own patients, verifying eligibility with existing medical records.

Q: Janna Nichols: What is the supply chain looking like?

Q: Kris Yetter: Are you getting better information regarding future vaccine supply?

A: We continue to receive between 4,000-5,000 1st doses/week. Though we have been told we can anticipate a three-week window into our allocation, that has yet to materialize. If CHC clinics begin to receive additional doses through the federal partnership, if the State sends an addition 10% for the education sector and if the new Johnson and Johnson vaccine becomes available soon, our supply could increase.

Q: Tim Theule: Most encouraging stat I've heard so far today: That we've distributed 37K of the 40K doses we've received. Great job! Lots of friends getting vaccinated out in Bakersfield. Everyone who tries to get an appointment, seems to get one quick!

Q: Karen Jones: For the medically fragile, can you set aside a % of the available vaccine and give their doctors some parameters to use when referring their patients for the set aside medically fragile doses?

A: This process is to be determined.

Q: Jill Bolster-White: That is exciting about CHC getting an additional allotment of vaccine! If Transitions-MHA can help, we would be happy to do so.

Vaccine Appointment Registration Updates

The appointment system currently being used is imperfect. It favors people who are comfortable with technology and have family members that can help. With the current system, the 4,000 first dose appointments that were available were filled within a few minutes last week. As discussed at a previous task force meeting, the group decided NOT to move to the lottery system if the County would soon be required to transition to the State's MyTurn platform. We have learned that the timeline has been delayed, therefore shifting the County's current process to a lottery system is the most equitable approach to making vaccine available to all who are currently eligible. The IT team is working hard behind the scenes. With the new lottery system, people will need to register only once. Then, registrants will be informed when an appointment is available to them. The new system will be available sometime next week.

Q: Karen Jones: For the media push, should we wait to promote vaccine safety until all of the folks who qualify to get the vaccine can get their appointments? I still get a lot of calls from folks who qualify and want to get the vaccine and cannot get it. I hate to push reluctant folks through an outreach campaign only to have them find difficulty getting the vaccine.

A: From Tim Theule: "Be patient, keep trying!" With our church and sector, I've been promoting vaccine safety along the way, because it takes people time to process and we need to counter misinformation.

Q: Janna Nichols: Given the lag of doses available for those who are already eligible, we're heading to a huge bottleneck - just my opinion. Realize we need to address State mandates, but we're setting up a huge challenge. Lottery will be needed.

Q: Elizabeth (Betsy) Whitaker, PhD: I agree, Janna. It's hard to see how to do this without a lottery.

Q: Brian Roberts, MD: The lottery seems like potentially a great idea. Once registered, I recommend you give feedback weekly even to those who are not chosen so they are aware that they are still in the lottery que.

A: Yes Dr. Roberts, that is our plan.

Local Considerations and Discussion

At the last meeting, the task force decided to begin vaccinating people aged 65+ with the promise to examine how to proceed with vaccinating the occupational sectors included within Phase 1B Tier 1. Dr. Borenstein requested that task force members representing occupational sectors included in Phase 1B Tier 1 come to today's meeting prepared to recommend a plan to sub-prioritize within each sector (food and agriculture, education and childcare, and emergency services).

- **Brent Burchett, representing agriculture, presented a plan to vaccinate farm workers.** The plan was developed with input from the farm worker task force members. The goal is to vaccinate farm workers at the South County clinic with Spanish and Mixteco translation and multicultural support in partnership with Promotores, Herencia Indigena, CHC Health Educators. The pilot will begin mid-March and aim to vaccinate 500-600 farm workers in one day. The plan is a starting point and will continue to be refined and expanded in collaboration with partners. The plan does not include other parts of the food/ag sector at this time.

- **Dr. Brescia, County Office of Education Superintendent, presented the State recommendation to allocate 10% of vaccine specifically for those in the education and childcare sector.** It remains unclear whether the State will send additional doses for this purpose or whether the 10% will come out of the Public Health Dept. allocation. Each superintendent in the County is developing prioritized lists of personnel within each district based on risk and person-to-person contact. The Child Care Planning Council is doing the same with all 200 formal and informal childcare providers. As vaccine becomes available, SLOCOE and Child Care Planning Council will be able to schedule education and childcare staff for vaccine appointments. Employers of both childcare and K-12 will prioritize a list of appointments for employees serving students or children in-person and contact those employees. Employee appointments will be prioritized based on exposure and health-related risk factors.
- **Sheriff Ian Parkinson presented issues specific to law enforcement.** There are 195 sworn officers who wish to receive vaccinations and have not yet had the opportunity. The Sheriff recommended vaccinating these individuals.

Q: Janna Nichols: Brent mentioned that the vaccination location in South County will be moving. As an example of community challenges, this will result in the winter shelter for people experiencing homelessness having to move. I think we've worked it out, but not so easily done.

A: Thank you, Janna. We have left no stone unturned in looking for alternate sites in South County with a footprint large enough to vaccinate up to 1,000 people per day. Moving folks experiencing homelessness to a new site was not our first choice, and we apologize for the inconvenience. We did not have other options. Your partnership in this endeavor is appreciated.

Q: Jill Bolster-White: With schools opening sooner than 10 weeks, can we work to get education/childcare vaccinated sooner?

A: We are prepared to start vaccinating the education sector as soon as Monday and will work hard to get this group vaccinated as quickly as possible, while still serving the 65+ group.

Q: Elizabeth (Betsy) Whitaker, PhD: Could someone remind me how many people are in the emergency services category?

A: Of the 595 sworn officers, 450 are on patrol (direct, in the field, person-to person contact) and 195 officers who want the vaccine are waiting to receive it. There are others in this sector, such as animal control officers, emergency managers, hazard disaster responders, etc., but we do not have a reliable numeric estimate.

Q: Brian Roberts, MD: Of the 195 front-line officers, how many are over age 55 and or have multiple high risk medical conditions??

A: We are unsure.

Q: Jill Bolster-White: Have there been a high number of COVID cases within the population of sworn officers?

A: Christy Mulkerin: Yes. We have had a very high number of officers in the jail who have tested positive.

A: If one looks at the occupational breakdown of all cases first responders are on the low end. There is not good information as to the source of exposure for most cases, i.e., workplace vs personal life.

Q: Karen Jones: Law enforcement, fire and ambulance staff have little control over their ability to socially distance or ensure persons they contact are properly masked. I support making sure their personnel are protected and more importantly have less potential to spread the virus.

Q; Brian Roberts, MD: The logic of including teachers who work with highly disabled and potentially violent children follows to field officers who cannot keep social distancing and avoiding close unprotected contact.

Q: Rabbi Janice Mehring: When would the lottery system begin if we open it up? And first responders would be able to get end of day doses as well, yes?

A: We would like to open the lottery system as soon as next week. If we end up vaccinating the 195 law enforcement officers in a closed POD, they will no longer be on the end of day dose list.

Q: James Brescia: I have a suggestion on this topic. Possibly a phased allocation of possible appointments for the entire essential worker population and revisit weekly.

Q: Raechelle Bowlay: I agree with Dr. Brescia's suggestion of phased allocation of appointments across the entire essential workforce. It would help us move forward across the board, even if it is slowly.

Q: Steve Clarke: Regarding our decision-making of our sectors, can we consider older people (who are people-facing) in the prioritization? I'd rather see a 60 year old college professor teaching live class get vaccinated over a 30 year old teaching K-12. Same for any essential group.

Q: Raechelle Bowlay: I would advocate that appointment slots be set aside for education/childcare, farmworkers, essential workforce instead of just allowing them to make appointments with the general population because these groups would not have the ability to log into the reservation system because they are working during those times.

Q: Elizabeth (Betsy) Whitaker, PhD: I think I'm hearing that we are moving towards thinking more about managing risks as opposed to harms. It is okay to do this before the 65+ group is covered?

Q: Samantha Caldwell: I also agree with Dr. Brescia's suggestion on a phased allocation of appointments across the entire essential workforce and possibly utilize your closed PODs to administer.

Q: Kris Yetter: Can you share what percentage of the 65+ population have we vaccinated?

A: Approximately 20-25%

Q: Brian Roberts, MD: I do not think we abandon the previous priorities, but meld them into the new sectors. So the education folks and EMS folks should be prioritizing on a scientific basis. Highest risk, in each group first.

Q: Elizabeth (Betsy) Whitaker, PhD: I agree that we need to do both; just wanted to see where the balance lies now

Q: Tim Theule: All for the lottery ASAP!

Q: Courtney Kienow, Cal Poly: Shouldn't all sectors of essential workers be included in any designated or restricted allocation (including higher ed)?

Dr. Borenstein presented 4 options:

1. Open vaccine appointments to all people in Phase 1B Tier 1 – a pool of approx. 70,000 people, to compete equally for ~4,000 appointments/week
2. Set aside appointments on a proportionate basis whereby approx. 25% of appointments are allocated to occupational sectors (teachers/childcare, emergency services and food/agriculture) and the remaining 75% of appointments are allocated to people 65+
3. Use approaches to cover the most at-risk groups within the occupational sectors, as presented by sector leads –
 - 10% for teachers/childcare workers
 - Special clinics for farm workers – “Farmworker Fridays”
 - Law Enforcement

4. Finish vaccinating people aged 65+ before opening appointments to the occupational sectors

After much discussion, the Vaccine Task Force decided to move ahead with allocating doses to sectors identified in Phase 1B, somewhere between choice 2 and 3:

- **K-12 Education and childcare:** Per state guidance, we will set aside 10% of doses (and may get additional doses from the state) for K-12 and childcare staff. The County Office of Education and the Child Care Planning Council are working on a plan with superintendents and the Child Care Resource Connection to identify their most at-risk workers. They have developed a schema for how to allocate and schedule appointments through a separate system. Teachers and childcare workers will **only** be eligible to register through this process with their employer, not directly through the public vaccine registration process.
- **Farm workers:** The task force recommended moving ahead with a pilot "Farmworker Friday" event beginning on March 19. The farm worker outreach task force and community partners will continue additional outreach and prepare logistics in the coming weeks. The Vaccine Task Force decided not to move ahead yet with other parts of the food/ag sector.
- **Emergency services:** The task force voted to move ahead with providing vaccine to approximately 200 emergency services workers (mostly law enforcement) who have not yet received it. Vaccine will likely be provided at a health clinic at the Sheriff's office in the coming weeks.
- **Higher education.** The task force voted to provide vaccine to the most high-risk higher education workers, because they are part of the education sector but not included in the 10% allocation required by the state. The County's Vaccine team will begin working out specifics with Cal Poly and Cuesta for a "closed POD" (point of distribution) in the coming weeks.

The plan is to continue with vaccine appointments for those 65+ next week, along with 10% of appointments going to the education sector. In the coming weeks, new allocations will also include the other priority sectors like law enforcement, farm workers and higher education. Following these groups, appointments will be made available to the rest of the food/agriculture sector and the remainder of the emergency services sector.

Closing and Next Steps

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

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

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

Adjourned at 12:15pm.