



## COVID-19 VACCINE TASK FORCE

### COVID-19 Vaccine Task Force Meeting #11

May 26, 2021

10:30AM – 12:00PM

Meeting Minutes

---

### Task Force Committee Members Attendees

#### **Emergency Services**

Vince Pierucci, EMS - *Absent*

Chief Jonathan Stornetta, Fire - *Absent*

Sheriff Ian Parkinson, Law Enforcement- *Absent*

#### **Bioethicist**

Luis Ochoa, MD - *Absent*

#### **Community Health Centers**

Stephen Clarke, MD - *Absent*

Jose Guzman

#### **Pharmacies**

Maronee Hollister, PharmD - *Absent*

#### **Long Term Care**

Karen Jones, Ombudsman, SLO County

#### **Business Community**

Kristen Yetter, Promega Biosciences

#### **Occupational Health**

Brian Roberts, MD, MedStop - *Absent*

#### **Hospitals**

Mark Lisa, Tenet - *Absent*

#### **Health Insurers**

Paul Jaconette, CenCal – *Absent*

Citlaly Santos

#### **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 - *Absent*

Rabbi Janice Mehring - *Absent*

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 - *Absent*

Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash - *Absent*

**Agriculture**

Brent Burchett, Farm Bureau

**Transportation**

Geoff Straw, SLORTA

(Tania Arnold, SLORTA)

**COVID-19 Status in SLO County as of 4/26/21**

Dr. Borenstein reported that the County will likely stay in the Orange Tier until the State moves *Beyond the Blueprint* on June 15. Case counts and hospitalizations remain low. The number and type of variants found in SLO County are increasing. The B.1.1.7 (UK) variant now makes up more than 60% of cases and the P.1 (Japan/Brazil) and B.1.351 (South African) variants are all increasing in SLO County. The B.1.617 (Indian) variant has been detected in 14 counties in CA, but not yet in SLO County. It appears that the India variant is more transmissible and the disease symptoms more severe. The vaccine is still effective against this variant. For every unvaccinated person that becomes sick, there is more opportunity for mutation and transmission of disease that can result in more severe illness.

Demand for vaccines is slowing. The County's last week of mass vaccination clinics will be next week due to lower demand. The model has shifted from mass throughput toward smaller community vaccine events to reach people where they are.

Vaccination rates by age, race/ethnicity, and overall vaccination rates in the County and in the State of CA can be found on the interactive maps on the CDPH website: <https://covid19.ca.gov/vaccination-progress-data>

**Vaccination Rates by Age in SLO County**

The numbers below indicate the percent of people fully or partially vaccinated

75+: 75%

65-74: 76%

50-64: 64%

30-49: 44%

18-29: 46%

16-17: 34%

12-15: 14%

Total SLO County Vaccination Rate (fully + partially vaccinated) = 58.9% compared to CA at 63.1%. To reach herd immunity, the percent of people fully vaccinated should reach 80%

More than 253,000 doses have been administered in SLO County. Nearly 2/3 of those doses were administered by the Public Health Department.

### **Seroprevalence**

The latest 4-week average for seroprevalence in the state: 67.2% of the population has antibodies from either vaccine or prior infection. This data comes from blood bank data and reported antibody testing from clinicians. In San Luis Obispo County, 61.5% of the community is protected by virtue of the vaccine or previous infection.

### **Vaccinations for 12 – 17 Year-Olds**

CDPH is working with partners and Blue Shield (TPA) to expand availability to more youth-serving clinics, schools and pharmacies. The TPA is trying to make it easier for pediatric providers working with school systems to provide school-based clinics. In SLO County, the Public Health Department is working with local high schools and middle schools to provide mobile clinics. Family and staff are also encouraged to participate in school vaccination events.

### **Beyond the Blueprint – What happens after June 15?**

CDPH released an update earlier this month on the [Beyond the Blueprint Framework](#) for the state's June 15 reopening. Beginning on June 15, all industry and business sectors listed in the current [Blueprint Activities and Business Tiers Chart](#) may return to usual operations with no capacity limits of physical distancing requirements, with limited exceptions for mega events, healthcare, schools, corrections and other high-risk congregate settings.

Employers will be subject to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#), if applicable to them, and CDPH will continue to provide updated guidance for youth, healthcare, and high-risk congregate settings. It is expected that Cal/OSHA will update this guidance on June 3.

### **Mobile Vaccine Clinics**

Mobile vaccine clinics are continuing through CHC, and the County has scaled up mobile options. Rite Aid has recently begun offering mobile clinics as well. The County has hosted 18 mobile clinics to date, with another 9 clinics in queue. Businesses, organizations and partners can request a mobile vaccine clinic here: [www.recover slo.org/MobileVaccine](http://www.recover slo.org/MobileVaccine)

### **Messaging**

The County is emphasizing three areas of strategy:

**Mass communications:** Build confidence, set the stage, ensure valid vaccine information is always within easy reach, prevent a vacuum that would foster spread of misinformation

**Vaccine champions:** Engage communities with outreach, events and focused media/social messages; closely support mobile and pop-up clinic efforts

**Hyperlocal / Relationship-based outreach:** Answer questions, address concerns and make appointments through one-on-one and small-group conversations

#### **Mass Communications:**

Current:

- Website
- News media

- PSAs (TV and Radio)
- Social media content and ads
- Public social media toolkits
- Eblast highlights
- Materials, info exhibits at clinics

Expanding:

- Marketing campaign evoking local pride and positive momentum language, visual identity, graphics, video and audio PSAs, media buys

What Task Force Members can do:

- Share content; participate in research

### **Vaccine Champions**

Current:

- Presentations to community groups
- Onboarding champions; ongoing support and resources
- Communications toolkits, materials, signs
- Ghostwriting / behind-the-scenes hosting
- Niche media outreach
- Close collaboration with Ops around Task Force and mobile vaccine
- Farm worker outreach collaboration
- Collaboration with churches
- Identifying more influencers in vaccine-hesitant communities

Expanding:

- Incentives (via partners) and appealing special events; additional staff to support champions and groups

What Task Force members can do:

- Identify opportunities and support outreach initiatives within your networks; identify and connect potential champions

### **Relationship-Based Outreach**

Current / in the works:

- Promotores outreach: one-on-one conversations and text outreach
- Phone, email and social inbox support
- Small community presentations and follow-up discussions
- Vaccine Champion pins (spark discussion)
- Forum for women's health care providers
- Invite-only discussions / trainings
- Expanding Mixteco-language outreach
- Further subject-matter training for Promotores and other peer educators

Expanding:

- Engaging health care providers as messengers to patients and the broader community; Technical assistance + focused support of provider outreach

What Task Force members can do:

- Identify opportunities for small-group discussions; provide venues for one-on-one discussions within your orgs or networks

### **Recent/Upcoming Events**

- NAACP / R.A.C.E. Matters SLO: Community Conversations
- SLO Chamber: Vaccines + Work
- KCBX: Vaccine Conversations
- De Sol A Sol Mixteco Radio Spotlight

- Department of Agriculture: Pesticide Inspector Training
- SLO Men's Potluck

### **Questions:**

#### **Will boosters be required?**

- There is not enough information available to know whether boosters will be required. Although manufacturers are working on modifications to the vaccines, adding a spike protein that more resembles some of the variants, it is unknown if they will be needed. Experts continue to monitor whether there is enough variation of the organism or if there is any waning of the immune response over time which would be analyzed through antibody testing.

#### **Why is it so important to get 80% of people vaccinated? If people don't get vaccinated, how will that impact variant spread for both people who are vaccinated and the community at large?**

- None of the variants have shown much "vaccine escape" for the vaccines that are on the market. However, it is critically important not allow the virus to spread because every time a new person gets infected with the virus is an opportunity for the virus to replicate and change its genetic structure which results in a variant. The more disease you have, the more opportunities for mutation there are, and the more opportunities there are for one of these mutations to result in a strain that evades available vaccines. Some of the current variants are more likely to have severe symptoms and be resistant to treatment. [About Variants of the Virus that Causes COVID-19 \(CDC\)](#).

#### **How common are "breakthrough" cases (people who are fully vaccinated getting COVID-19)?**

- Vaccines are *very* effective. There are very few breakthrough cases in fully vaccinated persons. CDPH looked at data from the entire immunization registry and matched with all confirmed positive cases. Of the 13.5M fully vaccinated individuals, only 3,620 post-vaccination cases (0.027%) were found. Of those 3,620 cases, less than 4% needed hospitalization and 1% died; however, it is not known whether the small number of hospitalizations and deaths were due to COVID-19 or another illness (CDPH).

#### **Will COVID-19 vaccines make women infertile?**

- No. False claims are circulating on social media that the head of Pfizer's research department revealed their COVID-19 vaccine cause sterilization in females due to its inclusion of a protein called syncytin-1. The protein is important in the creation of a woman's placenta. The actual Pfizer and BioNTech vaccine does not contain the protein, nor has the vaccine been associated with infertility. Claims around sterilization from COVID-19 vaccines have persisted since vaccine trials first began. [Researchers say these concerns have proven to be unfounded \(policifact\)](#).

#### **Will getting vaccinated while pregnant affect future children's fertility?**

- CDC and the FDA have not identified any safety concerns for pregnant people who were vaccinated or for their babies. Based on how mRNA vaccines work, experts believe they are unlikely to pose a specific risk for those who are pregnant. Learn more about [vaccination considerations for people who are pregnant or breastfeeding \(CDC\)](#).

#### **Why should the vaccine be trusted when it was developed so quickly?**

- The FDA approves a vaccine for use only if it is proven safe and effective, after clinical trials have been conducted with thousands of people, and when its benefits outweigh any risks. The COVID-19 vaccine builds on years of scientific research and an unprecedented level of scientific investment and cooperation. Every study and every phase of every trial was carefully reviewed and approved by a safety board and the FDA. No steps were missed; some happened simultaneously. The process was transparent and rigorous throughout, with continual

oversight and expert approval. EUA stands for Emergency Use Authorization, not “Experimental” Use Authorization. [Emergency Use Authorization for Vaccines Explained \(FDA\)](#).

### **Vaccine FAQs and Resources:**

- Local FAQ, RecoverSLO: <https://www.recoverslo.org/en/vaccine-faqs.aspx>
- Public Health Collaborative: <https://publichealthcollaborative.org/faq/>
- COVID-19 Vaccine Toolkit for Community Based Organizations (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html#AdolescentVaccines>

### **Beyond the Blueprint Resources:**

- CDPH Beyond the Blueprint Framework: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx>
- Beyond the Blueprint Q&A: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-QA.aspx>
- CalOSHA COVID-19 Prevention and Emergency Temporary Standards: <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>
- CDPH Guidance for Use of Face Coverings: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

### **Future of Task Force Meetings**

The group discussed whether and when to discontinue meeting. The decision was made to keep the 4<sup>th</sup> Weds of each month as a standing meeting for updates and input, with the option of cancelling meetings if determined unnecessary.

Next meetings - 4<sup>th</sup> Wednesdays of the month

June 23, 2021 10:30AM – 12:00PM

Dr. Borenstein and Jen reiterated their gratitude for the Task Force members’ continued commitment and dedication to the vaccine effort.

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

Adjourned at 11:50am.