



COVID-19 VACCINE TASK FORCE

Meeting #2
January 13, 2021
10:30am - 12:00pm

www.slopublichealth.org

Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Raise hand icon when ready to make comments/ask questions
- Consistent attendance by members; no delegates or subs
- Website: <https://www.emergencyslo.org/en/vaccines.aspx>
- Public comment via written comments; will be summarized and discussed with Task Force at subsequent meetings



Task Force Members

- Please write your name and your organization or sector you are representing in the chat.



COVID-19 Vaccine Task Force Overview

- Seek input and feedback on planning efforts
- Ensure vaccine is distributed and allocated equitably
- Consider barriers for vaccine distribution, especially for vulnerable members of the community

Guiding Principles: Safety. Equity. Transparency



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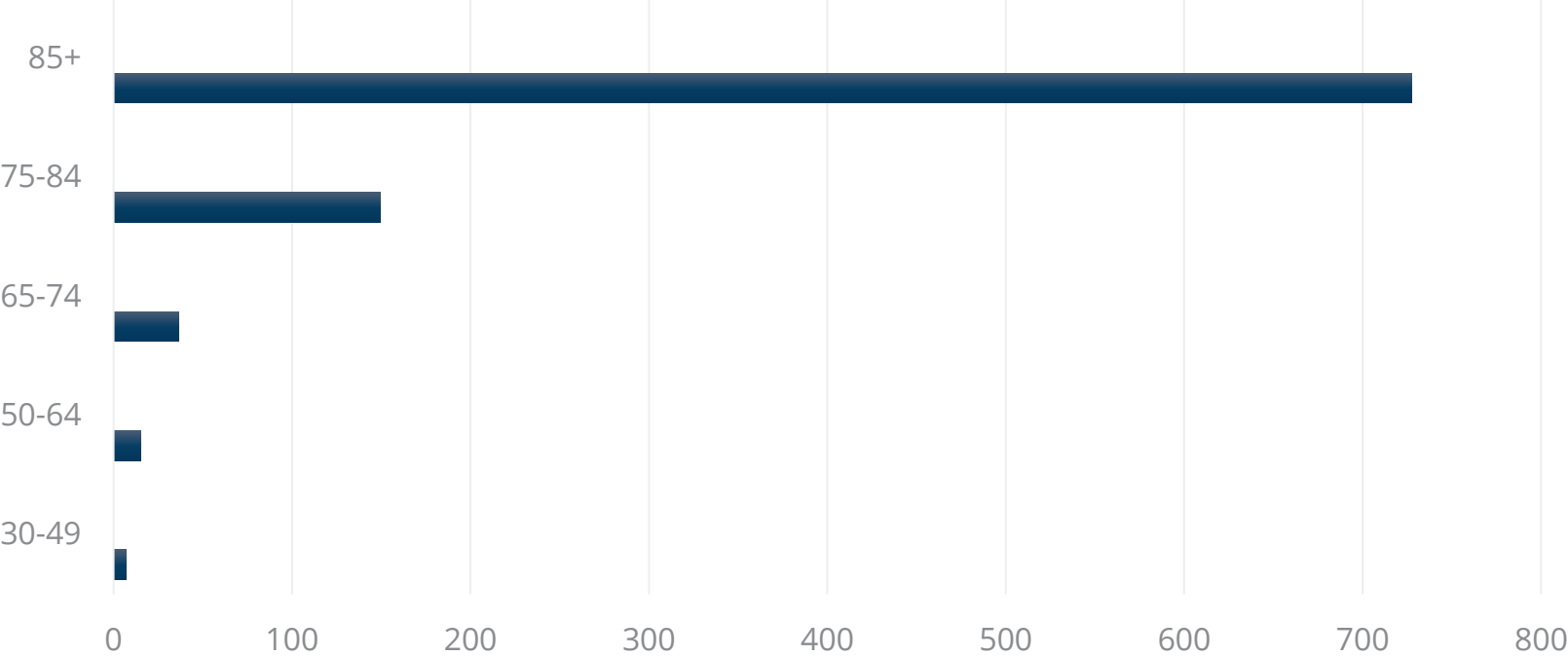
COVID-19 Status in SLO County

Total cases	13,735
Recovered	10,403
New cases (72 hrs)	851
New cases (2 wks)	4,228
Hospitalizations	45
General	34
Intensive Care	11
Deaths	111
Pending	24

Data from 1/11/21 11am



SLO County Rate of Death by Age



■ Rate of deaths adjusted for % of SLO County population

Data from 1.11.21 11am <https://www.emergencyslo.org/en/positive-case-details.aspx>



Vaccine Allocation and Administration SLO County

Vaccine Allocation

- Public Health - received 10,275 vaccine doses
 - redistributed 1040 doses to hospitals
- Hospitals - Tenet – 1500; Dignity – 1000 (est.)
- State facilities - CMC, ASH – 2000 (est.)
- Skilled Nursing Facilities/CVS - 1000 staff and residents

Vaccine Administration

- Public Health + Other (hosps., SNFs, CMC) ~10k (58%)
- Currently vaccinating Phase 1a (healthcare) 5 days/week
- Current rate: ~ 650 vaccines/day
- Planned rate: ~ 3,000 vaccines/day

Data from 1/11/21



Vaccine Planning

- How will we get vaccine into the community?
- How will eligible people be notified?
- How will we know when to move into next phase or tier?
- How are we using equity to prioritize who gets the vaccine?



Phases and Tiers (CA)

Phase 1A

About 3 million people

- Healthcare workers
- Long-term care residents

See [CDPH Allocation Guidelines for Phase 1a](#).

<https://covid19.ca.gov/>

Current as of 1.10.21

Phase 1B

1B Tier One:

- Individuals 75 and older
- Those at risk of exposure at work in the following sectors:
education, childcare, emergency services, and food and agriculture

1B Tier Two:

- Individuals 65 -74 years of age
- Those at risk of exposure at work in the following sectors:
transportation and logistics;
industrial, commercial, residential, and sheltering facilities and services; critical manufacturing
- Congregate settings with outbreak risk: incarcerated and homeless

Phase 1C

- Individuals 50 -64 years of age
- People 16-49 years of age and have an underlying health condition or disability which increases their risk of severe COVID-19
- Those at risk of exposure at work in the following sectors: water and wastewater; defense; energy; chemical and hazardous materials; communications and IT; financial services; government operations / community-based essential functions



Proposed Phase 1b (CA)

Tier 1

- **People aged 75+**
- **Those at risk of exposure at work in the following sectors:**
 - Education and Childcare
 - Emergency Services
 - Food and Agriculture

<https://covid19.ca.gov/vaccines/>



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Proposed Phase 1b (CA)

Tier 2

- **People aged 65-74**
- **Those at risk of exposure at work in the following sectors:**
 - Transportation and logistics
 - Industrial, commercial, residential and sheltering facilities
 - Critical manufacturing
- **Congregate settings with outbreak risk:**
 - Incarcerated
 - Individuals experiencing homelessness

<https://covid19.ca.gov/vaccines/>



Proposed Phase 1c (CA)

- People aged 50-64
- People aged 16-64 with underlying health condition or disability which increases risk of severe COVID-19
- Those at risk of exposure at work in the following sectors:
 - Water and wastewater
 - Defense energy
 - Chemical and hazardous materials
 - Communications and IT
 - Financial services
 - Government operations/community-based essential functions

<https://covid19.ca.gov/vaccines/>



Ethical Principles

- **Maximize benefits and minimize harms** – use best available data to promote public health and minimize death and severe illness
- **Mitigate health inequities** – reduce health disparities in the burden of COVID-19 disease and death
- **Promote justice** – treat affected groups, populations and communities fairly
- **Promote transparency** – make clear understandable decisions and open for review and public participation



Consideration for Subprioritization

- Level of occupational exposure
- Risk of disease or death within occupation
 - Advanced age or underlying medical conditions
- Live or work in disadvantaged community disproportionately affected by the pandemic
- Likelihood of spreading disease to coworkers and the public
- Others?



Considerations for Subprioritization

Societal Impact of Job

- Necessary for survival/daily living basics/safety
- Scarcity of workers
- Parents losing jobs because no school/limited childcare (disproportionately affects women)
- Stability of safe functioning of communities
- Education of next generation
- Caring for people who cannot care for themselves

Impact on Economy

- Scarcity of workers
- Wage and price stability
- Indirect support of economy (schools, childcare, families)

Equity

- Economic necessity
- Disproportional impact on already disadvantaged communities
- Increased pressure on racial and ethnic communities
- Deepening health and educational disparities

Occupational Exposure

- Those unable to work from home
- Interaction with the public
- Impact on other essential workers
- Risk of severe disease/death
- Likelihood to spread due to having to work
- Shared congregate workplace housing



Public Comment Summary



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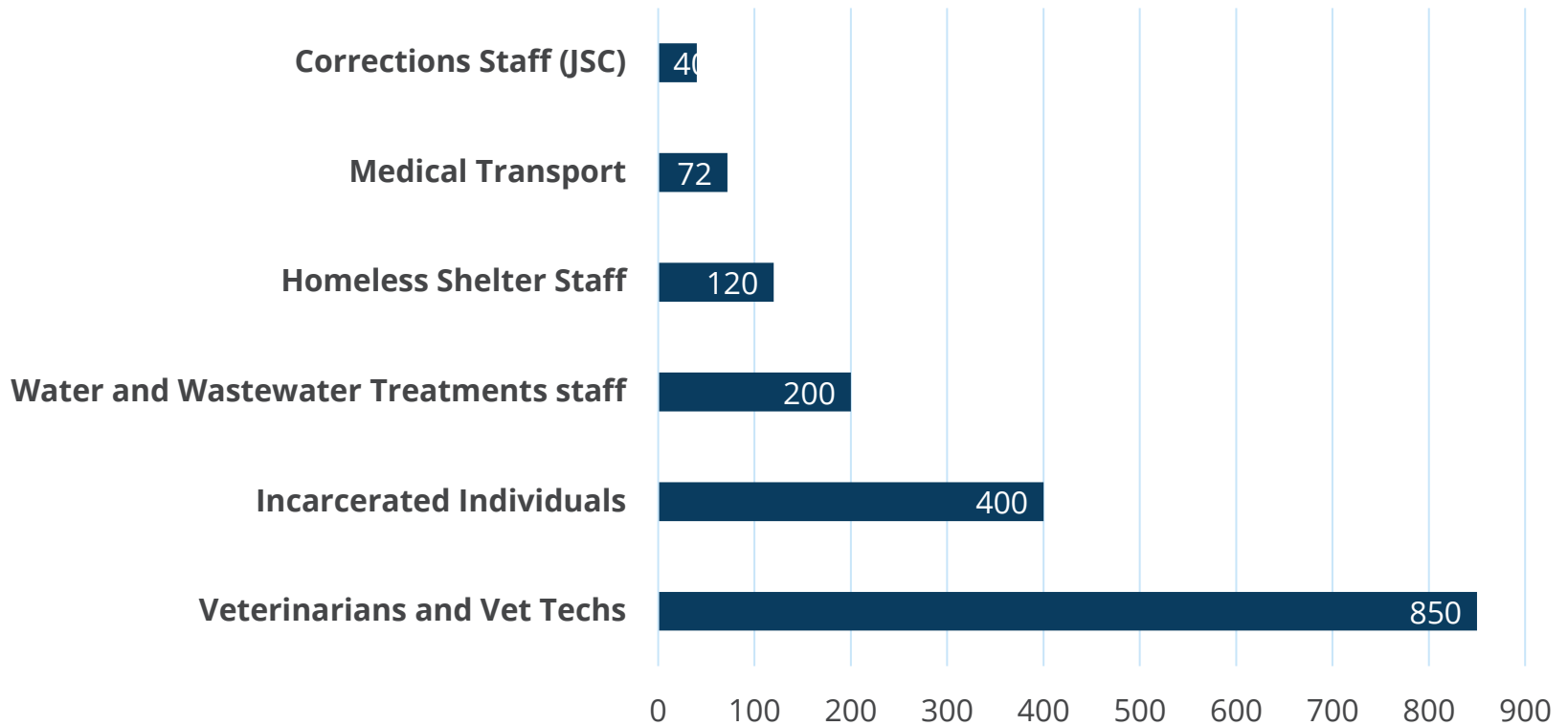
Local Considerations

- Homeless shelter staff (~50)
- Water and Wastewater treatment operators (~200)
- Corrections staff (180 jail, ~40 JSC), incarcerated (400)
- Veterinarians, vet techs (350-400)

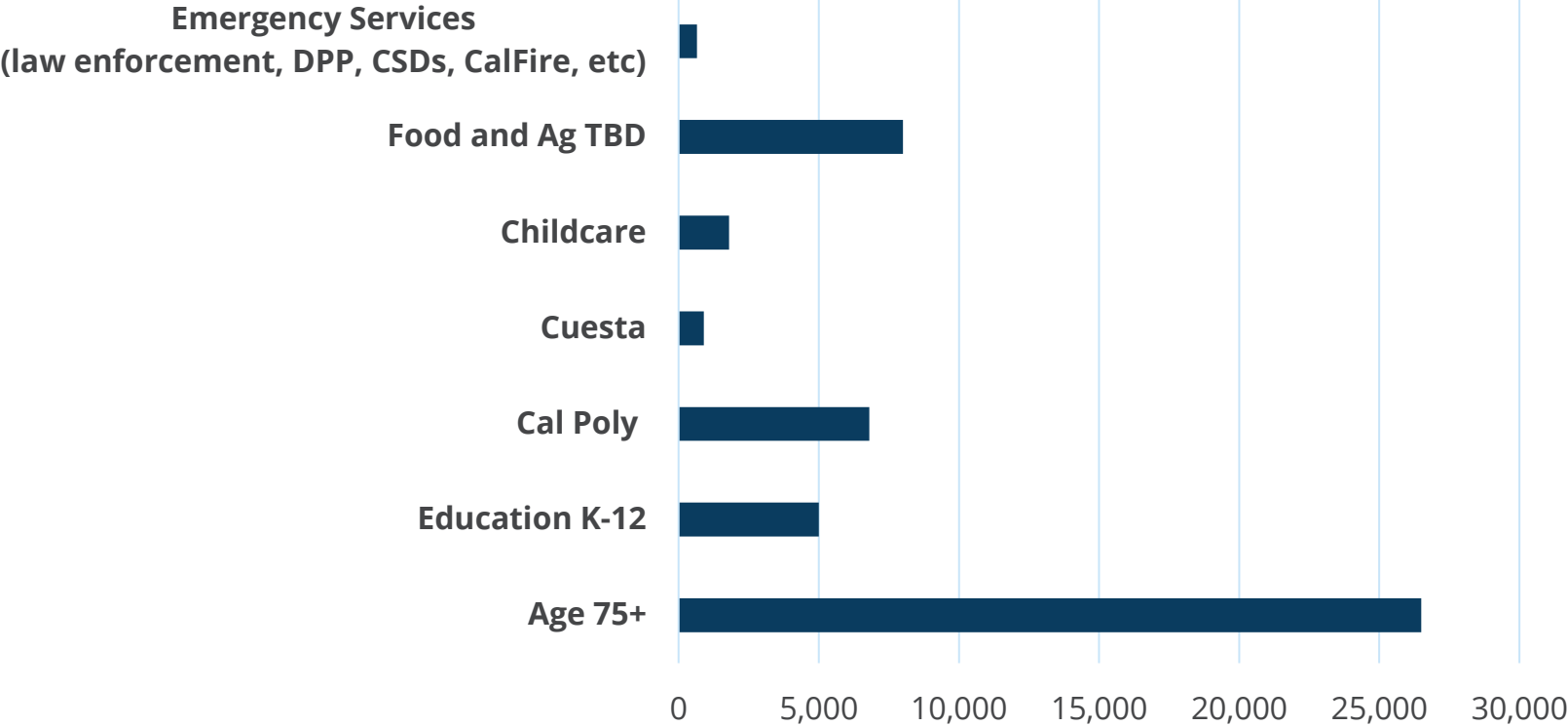
- Age ≥ 75 (26,500)
- Emergency Services (not covered in Phase 1a - ??)
- Education TK-12 (~5k), Child Care (~1,800), Higher Ed. (~7.5k)
- Food and Agriculture – (surveying growers now)



Local Considerations (rough estimates)



Phase 1b forecasting (rough estimates)



Discussion



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Task Force Communications

Goal: Community engagement, equity and vaccine acceptability

- Overview of Vaccine Communications Plan
- Two-way information flow, rumor control, questions



Vaccine Communications: Tactics

Daily:

- Update info for website and phone assistance center

Weekly:

- Share announcements via news release, website, social media posts, news briefings, health care provider advisories, radio show interviews
- Share updated FAQs and messages with community partners, spokespeople, elected officials, and vaccine site team

One time:

- Postcard for all SLO County households

Ongoing:

- PSAs for TV and radio



Vaccine Communications: Task Force Role

Two-way communication:

- Sharing information with your community (we'll provide talking points and sample messages)
- Letting us know about questions and rumors



Closing Comments

- Next meetings
 - January 20, 2021 from 10:30am – 12:00pm
 - January 27, 2021 from 10:30am – 12:00pm
 - February 3, 2021 from 10:30am – 12:00pm
 - Future meetings TBD
- Meeting notes, slides and public comment form available at <https://www.recoverslo.org/en/slo-county-vaccine-taskforce.aspx>



Thank you!



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