



COVID-19 VACCINE TASK FORCE

Meeting #16
October 27, 2021
10:30 – 11:30am

www.slopublichealth.org

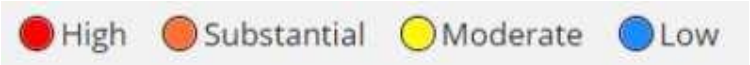
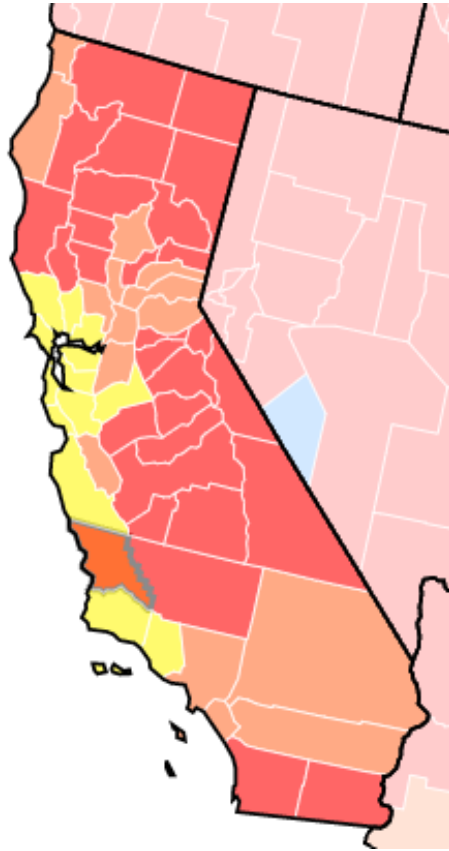
COVID-19 Status in SLO County

		Since September Report
Total cases	28,982	↑ 1,691
Recovered	28,060	
New cases (2 weeks)	625	
Hospitalizations	12	↓ 15
ICU	4	
Deaths	339	↑ 31
Pending	7	

Data comparison 9/20/21 and 10/26/21



Community Transmission – SLO County



7-day Metrics | [7-day Percent Change](#)

Community Transmission

● Substantial

Everyone in **San Luis Obispo County, California** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

October 27, 2021

Cases	176
Case Rate per 100k	62.17
% Positivity	3.49%
Deaths	<10
% Eligible Population Fully Vaccinated	60%
New Hospital Admissions	15

10.27.21 https://covid.cdc.gov/covid-data-tracker/#county-view|California|6079|Risk|community_transmission_level



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SLO County Outbreak Data

	<u>9/20/21</u>	<u>10/25/21</u>
Congregate Settings:	11	9
K-12 Schools:	43	33
Preschool/Child Care:	7	5



SLO County Vaccine Status of COVID-19 Cases

Since June 15, 2021, SLO County residents who are not fully vaccinated have made up:



78.1%

of cases



83.7%

of hospitalizations



76.0%

of deaths

Data from 10/22/21 <https://www.emergencyslo.org/en/positive-case-details.aspx>



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Vaccination Rates

	Statewide	SLO County
Partially vaccinated	7.8%	6.7%
Fully vaccinated	72.5%	65.9%
Total	80.3%	72.6%

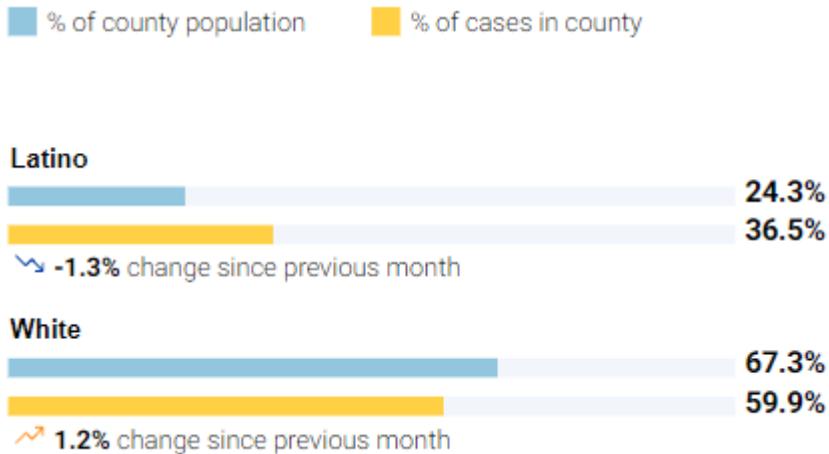
CDPH data released 10.25.21. Total refers to the percent of people partially and fully vaccinated out of the total estimated 12 and older population using federal DoF population data.



Local COVID-19 Impact by Race, Ethnicity

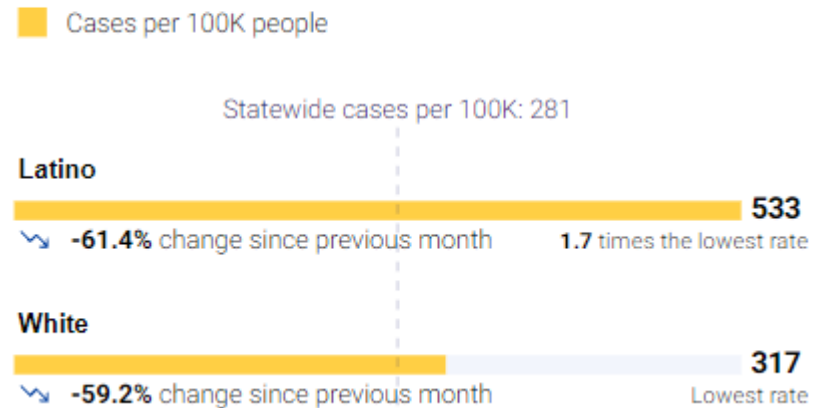
Cases

Cases by race and ethnicity relative to percentage of **SLO County's** population



Case Rate

Compare cases adjusted by population size across race and ethnicity in **SLO County**



Data is not shown for groups with fewer than 20,000 people. https://covid19.ca.gov/equity/#location-san_luis%20obispo



Neighborhood Level Outreach

408 miles walked | **7,363** households | **19,738** materials



**154 Mobile
Vaccine Clinics**

In Prioritized
Neighborhoods

As of 10.25.21



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Vaccine Communication Plans

- Tara Kennon, Public Information Officer



“We want to reach all people, and what happens at this point in the process is **each person we try to reach becomes a little harder to reach.** It’s not as easy as putting up a mass vaccination site and saying if you build it, they will come.”

Dr. Kirsten Bibbins-Domingo, epidemiology and biostatistics chair, UCSF
[AP, April 28, 2021](#)



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Principles

Research consistently shows:

- Misinformation flourishes in a vacuum.
- We need repetition of consistent core ideas to cut through information overload.
- The messenger is just as important as the message.



COVID Collaborative

KFF



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Goals



Increase vaccinations in SLO County



Connect vulnerable and vaccine hesitant groups with vaccine appointments



Promote health and economic benefits of the vaccine



What We Did: April – October

Mass communications: Build confidence, set the stage, ensure valid 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

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



What We've Learned

- Vaccine misinformation is relentless; it's worldwide and it's local.
- The instinctive “don't tell me what to do” reflex is real.
- Barriers still exist, tangible and less tangible.
- Early on, vaccination was a selfie moment; now, privacy is increasingly important.
- We can provide a productive venue for people to reach out for one-on-one conversations or reassurance.



Updated Principles / National Highlights

- What works for one group can backfire for another.
- Health care providers are still effective messengers and among the few who can avoid backlash.
- Focus on safety is no longer helpful and can inadvertently trigger a sense of risk.
- Many individuals approach vaccines as consumers looking for value.



Update: Shift in Tone

Mass communications:

- From “hooray!” to “this is a routine good thing”
- From “take this action” to “here’s a valuable tool”

Specific audiences:

- Custom based on research and small local message tests
- For example: focus on personal benefits, practical/financial aspects, privacy options, risk of Delta variant, etc.



Update: Three-Part Strategy

Mass communications: Continue broad messaging with tone focused setting general positive associations (for example, gratitude around the holidays); continue to ensure valid information is within reach, prevent vacuum that would foster spread of misinformation

Audience-specific campaigns: Customize messages based on national research (test locally when possible), work with partners, use digital tools to target ads, host forums and education sessions

Relationship-based outreach: Collaborate with health equity team and outreach partners; provide materials (posters, buttons) to health care providers, answer one-on-one inquiries



Priority Audiences: Mass communications

- Broad reach, with angle toward demographics identified by vaccine planning team
- Currently includes priority on age 30-49 and 18-24; men and families; North County; and both English and Spanish
- Check in regularly and adjust as the need changes



Priority Audiences: Focused Campaigns

- Pregnant and recently-pregnant people (CDC)
- People who don't have health insurance or regular care (KFF)
- Rural and farm working communities
- Older people (65+) for booster or first/second doses
- Parents of age 5-11

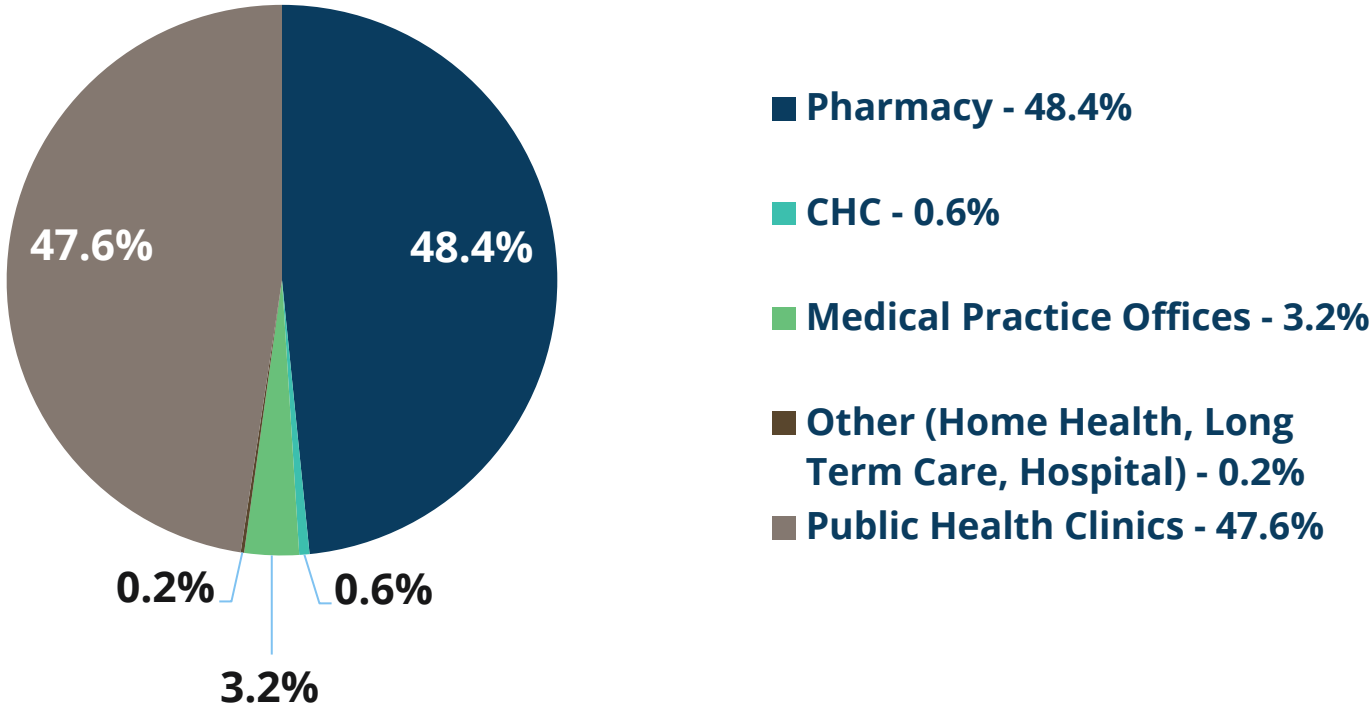


Holiday Campaign

- Launch PSAs focused on gratitude and warm associations with family and giving
- Gift card incentives tied to holiday shopping or giving



Pediatric Vaccine Doses Administered by Provider



CDPH: doses for people age 12-18, administered as of 10.18.21

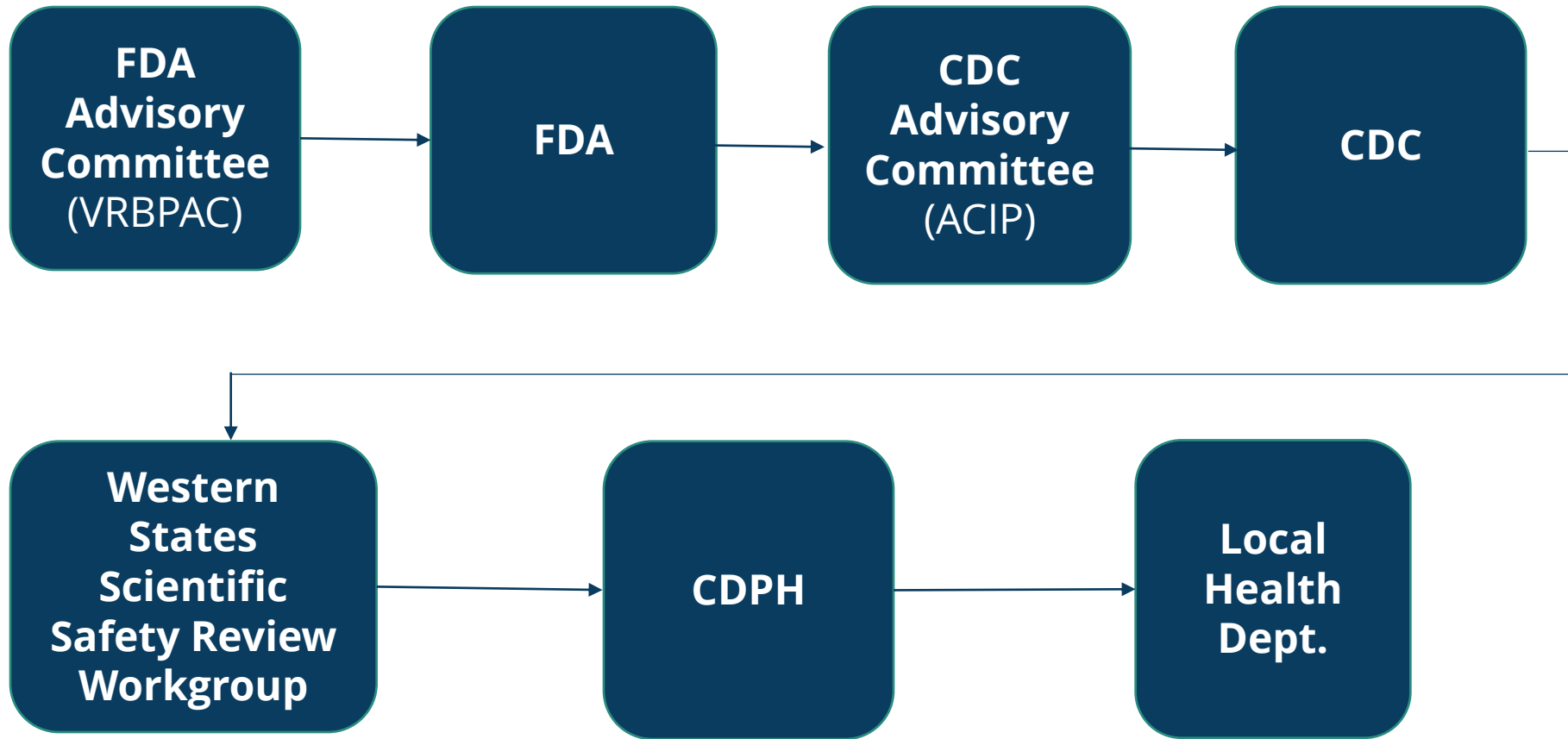


Healthcare Providers Updates

- CHC – Dr. Clarke
- CenCal – Terri Howell
- Long Term Care – Karen Jones
- Public Health and Private Medical Offices – Dr. Penny Borenstein



Vaccine Advisory Process



Boosters for Moderna and J&J

FDA, CDC and Western States Scientific Safety Review Workgroup have approved boosters for all vaccine brands as well as “mix-and-match” (heterologous) booster shots.

Western States Scientific Safety Review Workgroup statement:

- Individuals eligible for a booster may receive either the same or different COVID-19 vaccine as a booster dose, depending on **advice from a health care provider, individual preference, availability or convenience.**
- Concern for global supply of COVID-19 vaccines which could hamper pandemic control in low resource countries, thereby increasing risk of emergency of new SARS-CoV-2 variants.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Statement-on-Moderna-JohnsonandJohnson-Booster.aspx>



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Booster Eligibility

Moderna + Pfizer:

- Eligible 6 months or more after receiving their 2-dose series:
 - 65 years and older
 - Age 18+ living in long-term care settings
 - Age 18+ have underlying medical conditions
 - Age 18+ work or live in high-risk settings
 - Age 18+ who are at an increased risk of social inequities

J&J vaccine (age 18+):

- Eligible 2 months or more after receiving the initial dose

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>



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Pediatric Vaccines for Age 5-11

- Estimated date for Pfizer eligibility: early November 2021



Closing Comments

- Next meeting – 4th Wednesdays of the month
 - THANKSGIVING WEEK
 - **Proposed change to Dec 8th, 10:30am – 11:30am**
- Future meetings TBD
- Meeting notes, slides available at
<https://www.recover slo.org/en/slo-county-vaccine-taskforce.aspx>



Thank you!



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