



Orange County COVID-19 Vaccine Taskforce Second Meeting

Planning for a COVID-19 Vaccine

Orange County Health Care Agency



Introductions & Opening Remarks

Dr. Clayton Chau
HCA Director

Agenda

1. Introductions

- Welcome & Opening Remarks
- Members
- Review of “The Task of the Taskforce”

2. Updates & Communication

- Survey update (and request for help/guidance)
- Vaccine update

3. Task Discussion & Guidance

- Overview: National Academy of Medicine (NAM) prioritization framework and high-risk groups
- Discussion: reaching high risk populations
- Discussion: preparing for Phase 1a and 1b

4. Next steps

Taskforce Members

<p>Ellen Ahn, JD, MSW Executive Director, KCS OC Asian Pacific Islander COVID 19 Task Force</p>	<p>Candi Kern President Fourth District PTA</p>	<p>Philip Robinson, MD, FIDSA Medical Director of Infection Prevention and Hospital Epidemiology Hoag Hospital</p>
<p>Lisa Armony President OC interfaith Network Director Community Relations Jewish Federation OC</p>	<p>Aaron Kheriaty, MD UCI School of Medicine</p>	<p>Jasjit Singh, MD CHOC Children’s Hospital</p>
<p>Isabel Becerra Chief Executive Officer OC Coalition of Community Clinics</p>	<p>Cevadne Lee, MPH Director, Office of Community Outreach and Engagement University of California, Irvine</p>	<p>Michelle Steele Chairwoman OC Board of Supervisors</p>
<p>Bernadette Boden-Albala M.P.H., Dr.Ph Director and Founding Dean of the Program in Public Health University of California, Irvine</p>	<p>Ann Light, MD Medical Director Orange County Social Services Agency</p>	<p>Lisa Wright Jenkins President & CEO Council on Aging – Southern California</p>
<p>Margaret Bredehoft, Ph.D. Deputy Agency Director, Public Health Services Orange County Health Care Agency</p>	<p>Adam Loeser Fire Chief City of Brea</p>	<p>Rebecca Yee Ensign Services</p>
<p>Clayton Chau, M.D., Ph.D Director Orange County Health Care Agency</p>		<p>Union Representative United Domestic Workers America Orange County</p>
<p>Dan Cooper, MD Associate Vice Chancellor for Clinical and Translational Research University of California, Irvine</p>	<p>Al Mijares, Ph.D. County Superintendent of Schools OC Board of Education</p>	<p>Union Representative United Food and Commercial Workers</p>
<p>Jason Cord, M.D. President & Board of Directors, Orange County Medical Association Chief of Radiology, Kaiser Permanente Orange County SCPMG Government Relations Lead, Orange County</p>	<p>Mario A. Ortega Abrazar, Inc</p>	<p>Matt Zahn, MD Medical Director of the Division of Communicable Disease Control Orange County Health Care Agency</p>
<p>Joy Anne Fumera, RN, MSN President GLBOC-AACN</p>	<p>Jeff Pagano UCI, OC Veterans & Military Families Collaborative</p>	<p>OCHCA Staff Support:</p> <ul style="list-style-type: none"> • Deb Diaz De Leon, Manager, Office of Project Management and Quality Improvement • Casey Dorman, Special Projects, Director’s Office • Jessica Good, Public Information Manager • Gagandeep Grewal MD, Associate EMS Medical Director • Karin Kalk, Director of Office Project Management and Quality Improvement • Jenny Qian, Deputy Agency Director, Special Projects and Strategy & Public Guardian • Chi Rajalingam, Chief Compliance Officer
<p>Laura Gomez Teacher Santa Ana Unified School District</p>	<p>Karen Pavic-Zabinski, PhD RN, MSN, MBA, MA, MS Regional Director Of Ethics Providence St. Joseph Health Southern California</p>	
<p>Stu Greenberg Tustin Police Chief Representing Orange County Chiefs of Police and Sheriff’s Assoc.</p>	<p>David Ramirez, M.D. Chief Medical Officer CalOptima</p>	

The Tasks of the Taskforce

- 1. Be a source of input from the community on attitudes and questions about the COVID-19 vaccination program**
- 2. Understand the vaccine allocation system and provide recommendations on how ensure early vaccination of high-risk groups through communication strategies and addressing barriers to vaccination**
- 3. Help understand community-wide attitudes toward vaccination and develop and implement strategies for encouraging people to be vaccinated**
- 4. Explain vaccine program decisions to the community**



Updates and Sharing

Taskforce Role: Be a source of input from the community on attitudes and questions about the COVID vaccination program

Distributions (so far, that we know of.....)

Kaiser
Physicians

OCMA
Physicians

Critical Care
Nurses

OC
Restaurants

API CBOS
(COVID
Response)

Hoag
Physicians &
Allied Health

Hoag Staff

City of
Fountain
Valley

Latino Health
Access Community
Members

UCI Frontline
Staff

OC Animal
Care

211 CAL
Fresh

County Staff

Community
Clinics

City of Los
Alamitos

Clients of CID
/ EDD

OC
Superintendents

UCI Veterans
Collaborative

211 Help Line

HIP

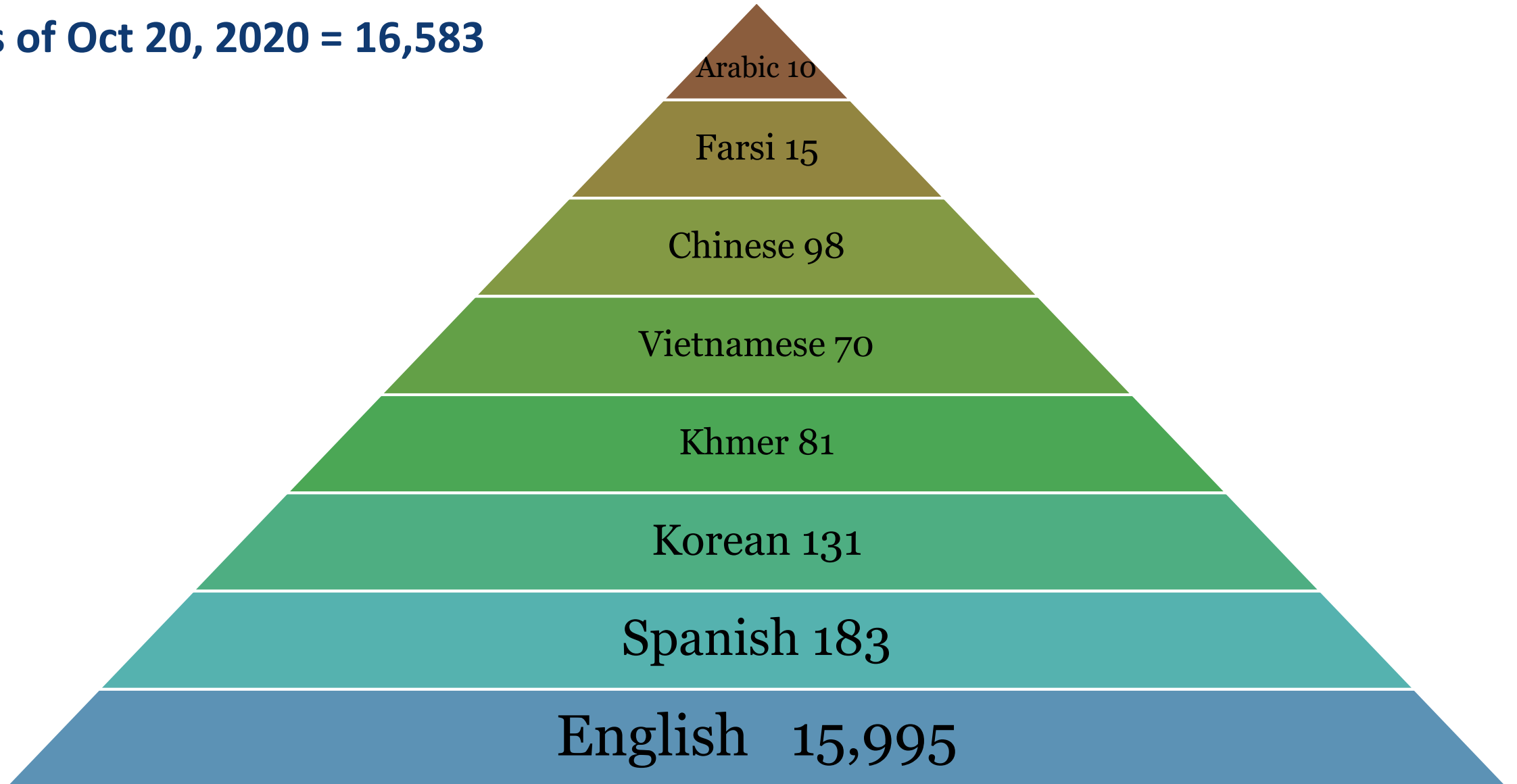
OC Sherriff

OCDE Newsletter
& Social Media

PTAs around
the County

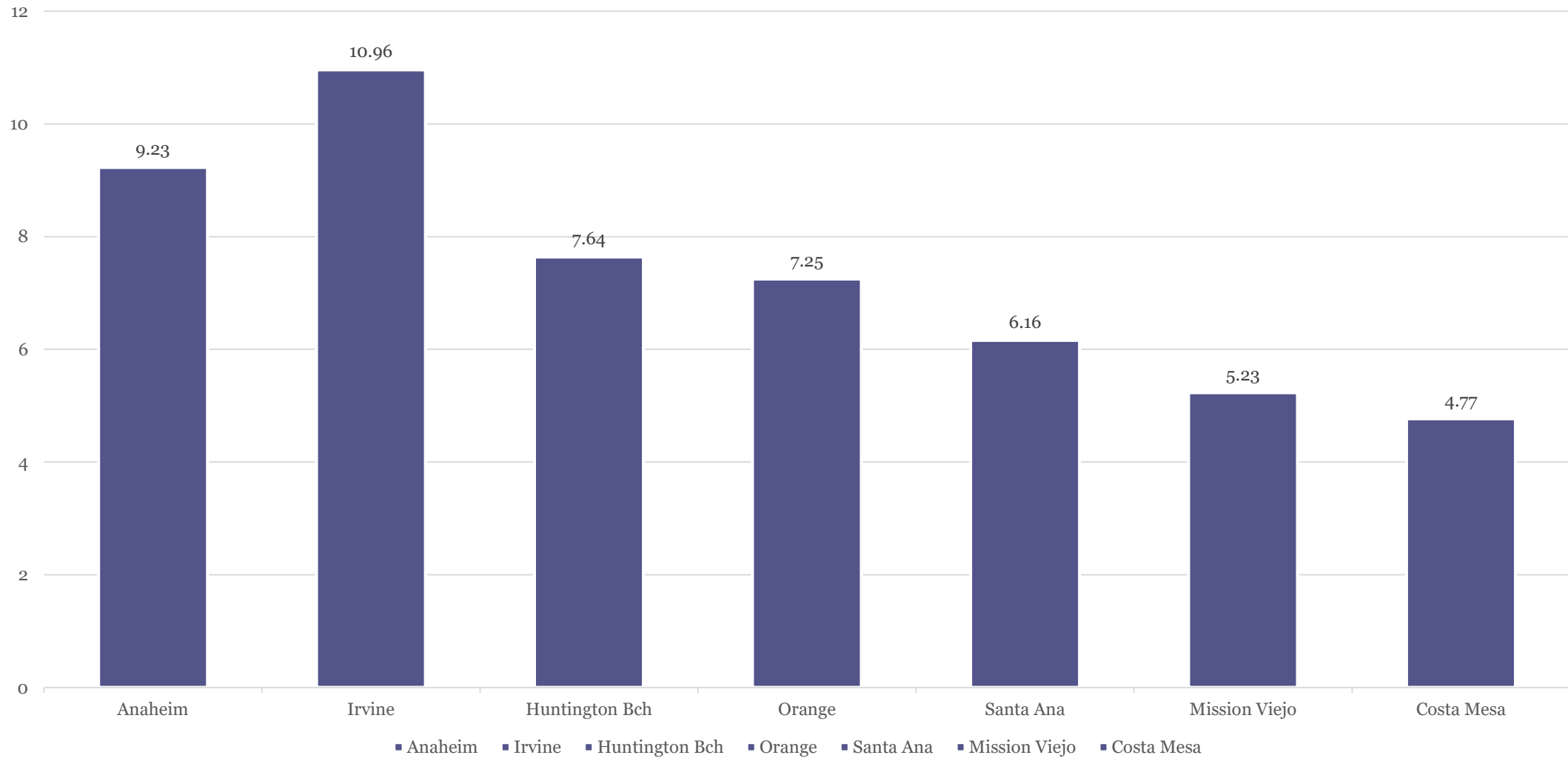
Current Volume on Survey Results

As of Oct 20, 2020 = 16,583



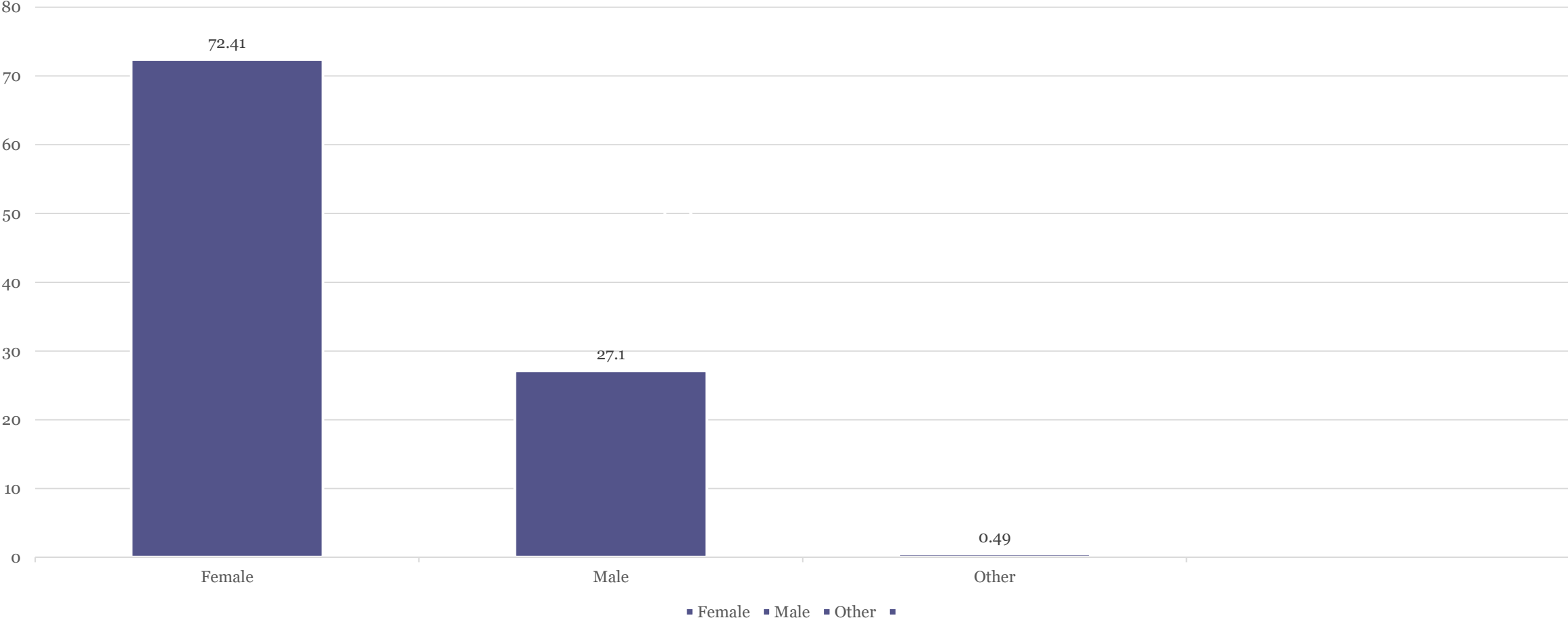
Responses by City (English-version survey responses only)

Responses by City: 51% of Responses



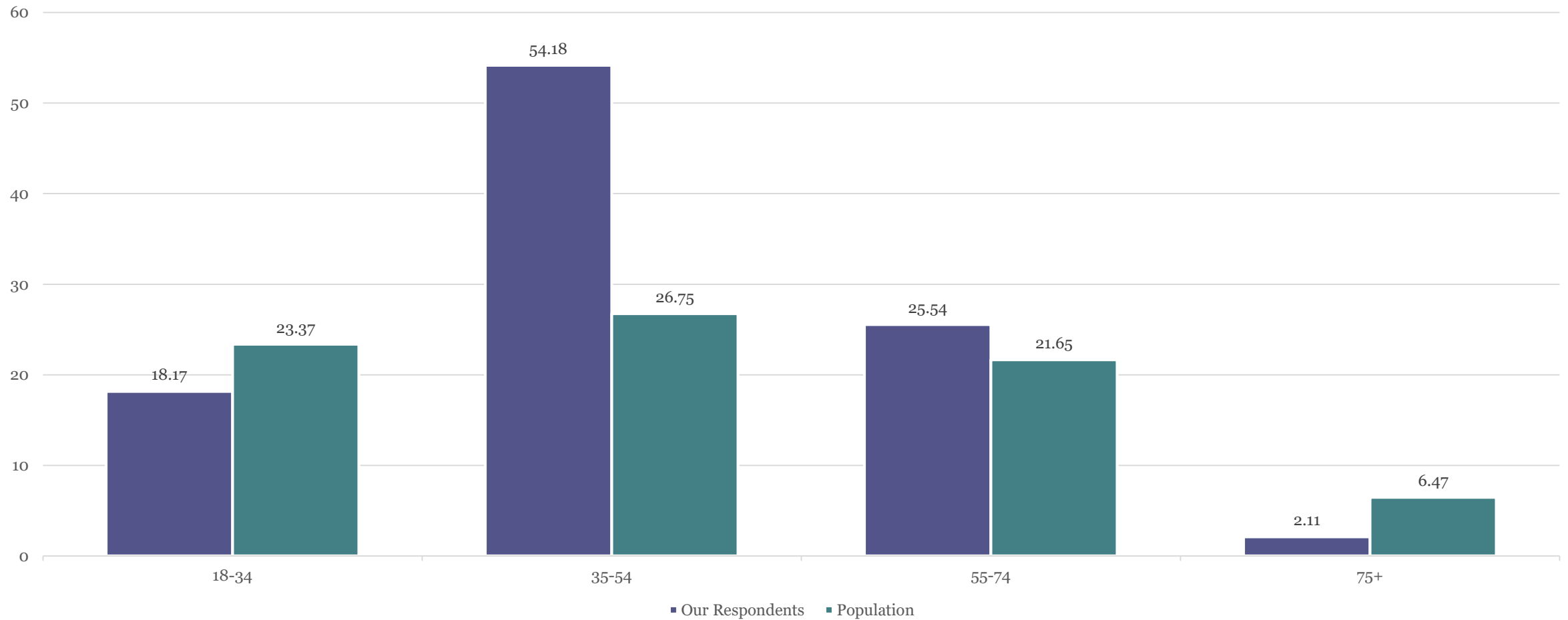
Responses by Gender (English-version survey responses only)

Responses by Gender



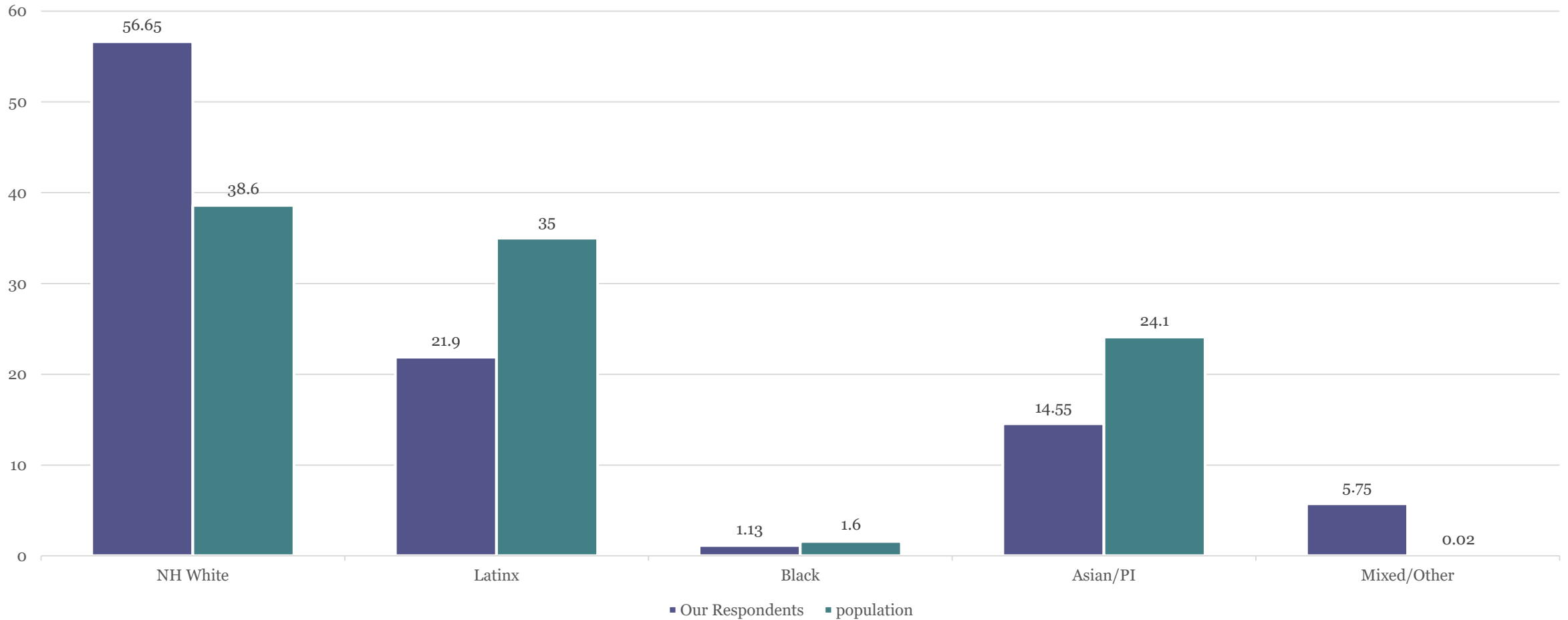
Responses by Age Group (English-version survey responses only)

Age of Respondents



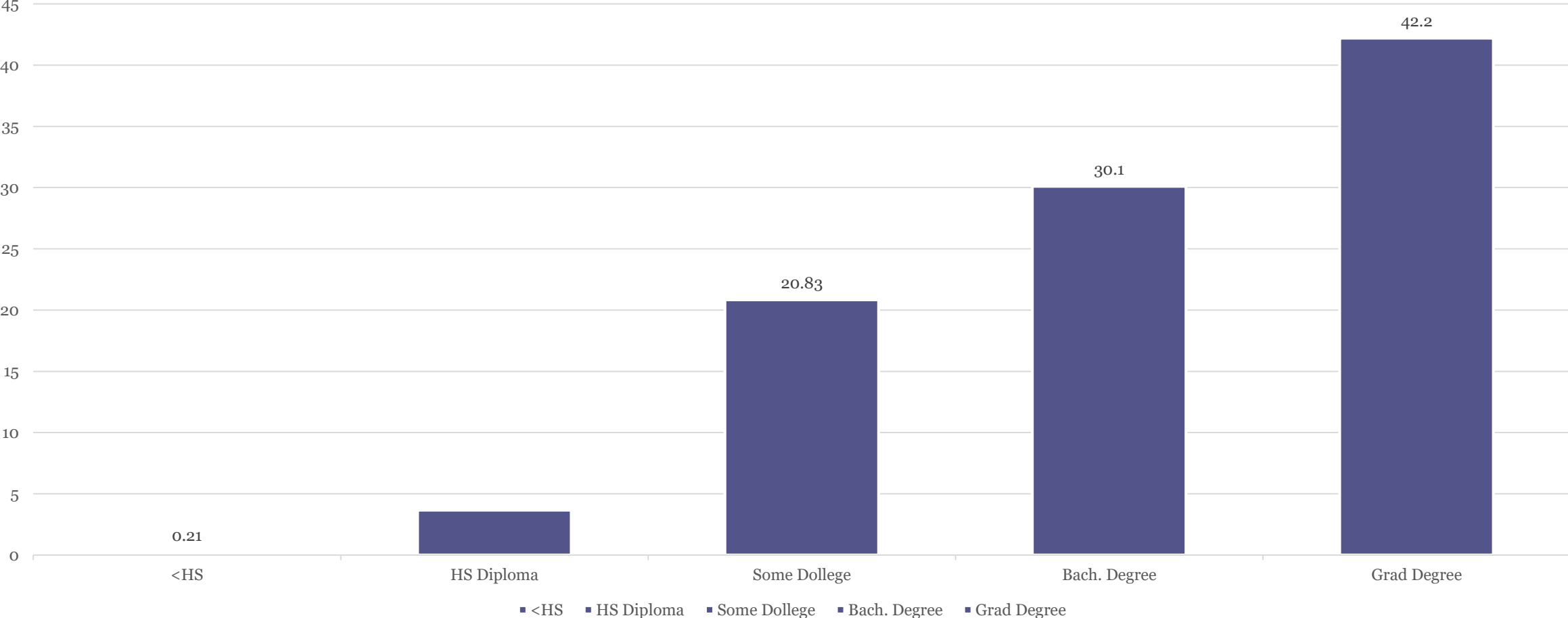
Responses by Ethnicity (English-version survey responses only)

Ethnicity of Respondents



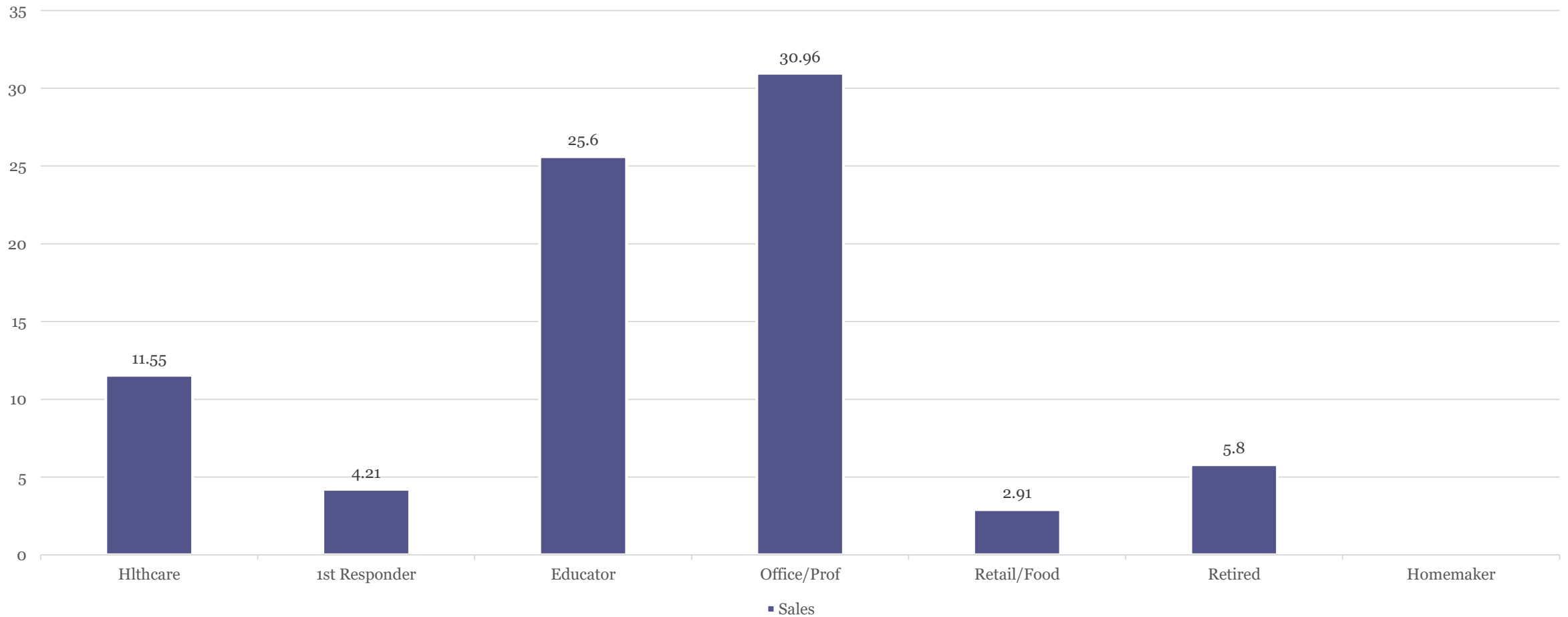
Responses by Educational Level (English-version survey responses only)

Educational Level



Responses by Occupation (English-version survey responses only)

Occupation



Overview of the Survey and its Goals

What Survey Measures

- Likelihood of being vaccinated for COVID-19
- Attitudes Toward Vaccination
 - Confidence: trust in the effectiveness and safety of vaccines, trust in healthcare system
 - Complacency: vaccination is not deemed a necessary preventive action
 - Constraints: physical availability, affordability, geographical accessibility, language barriers
 - Calculation: engagement in extensive information searching
 - Collective responsibility: the willingness to protect others by one's own vaccination
- Demographics
 - Age
 - Occupation
 - Ethnicity
 - Education
 - Primary language
 - City and Zip code

Uses of the survey findings:

- Measure vaccine hesitancy
- Determine factors that contribute to vaccine hesitancy for different groups
- Tailor vaccine acceptance messages to each group's concerns

The survey as an activation tool:

- Focus attention on intention to be vaccinated
- Provoke information search related to COVID-19 vaccination in respondents



What else can we do to gain survey responses from high risk groups?

Please type your ideas into Chat.

Update: The Vaccines

Multiple types of vaccines.

- The two vaccines closest to Emergency Use Authorization* (EUA) are both based on a mRNA model and are in stage 3 of testing which involves administration to 30,000 people.
- These are being developed by Moderna and Pfizer and one or the other may be submitted for EUA by the end of November.
- EUA process can take up to several weeks.
- The next two vaccines have currently put their stage 3 trials on hold or pause.

Please share additional knowledge you have about the vaccines! (include your source)

The distribution processes:

- First round will go to critical healthcare workers and first responders.
- It's not known how much we be available or if those groups will be completely covered.
- The rest of the distribution will be in phases with increasing amounts of vaccine available as time goes on. CDPH has sent an allocation plan to CDC.
- CDC's final plan will follow EUA of a vaccine.

Is this kind of information useful to your group? If not, what would be?

The administration process:

- Both vaccines require two shots about a month apart.
- Storage and administration requirements will limit who can provide the vaccine and depend on which vaccine is first available.

*<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>



Allocation Framework and High-Risk Groups

Overview & Discussion

Prioritizing Who Gets Vaccinated

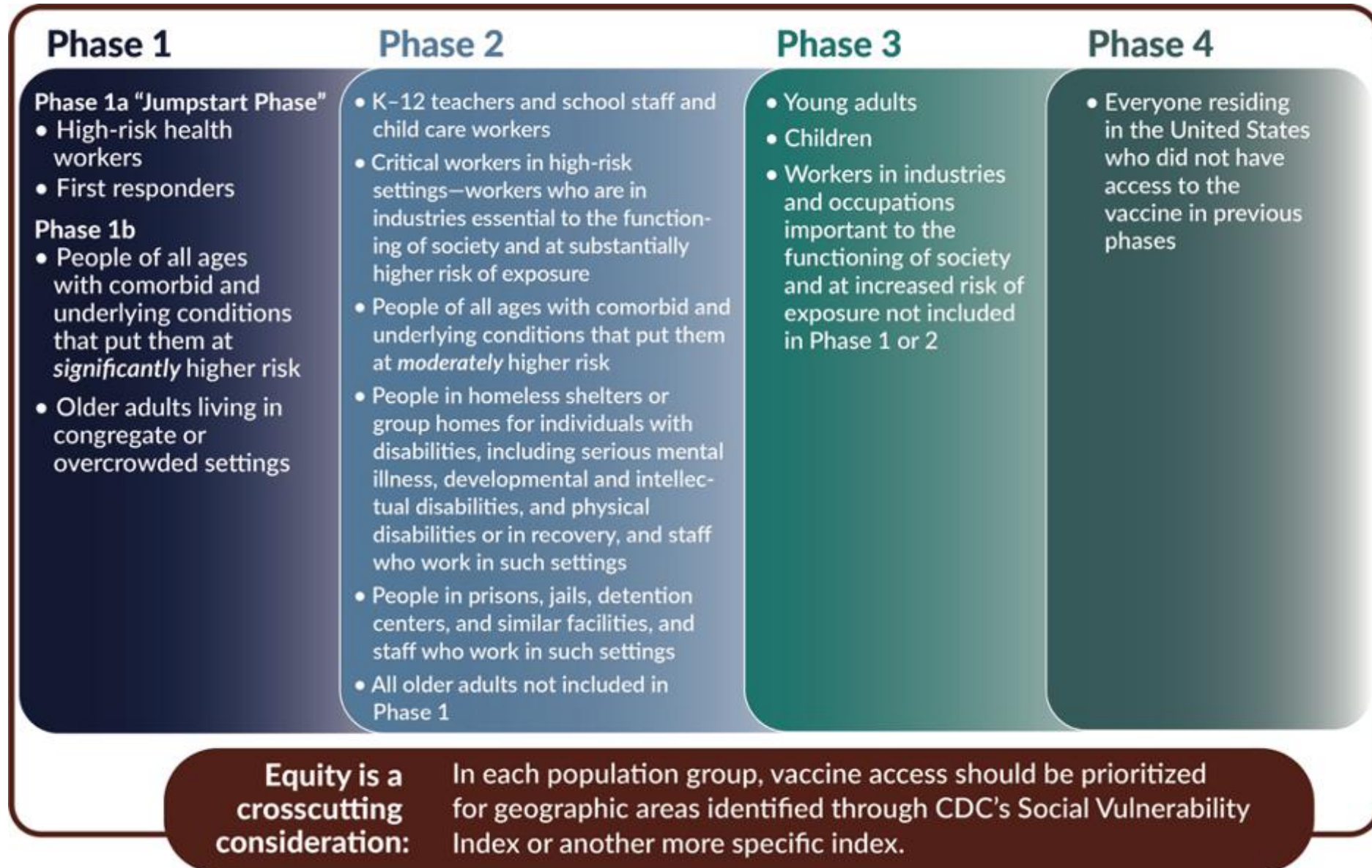
The vaccine will be distributed in successive phases

Each phase will reach a wider section of the population until everyone is vaccinated

The National Academy of Medicine (NAM), the Advisory Committee on Immunization Practices, and five states, including California, make recommendations to the CDC regarding an allocation plan that prioritizes who gets vaccinated early.

1. The CDC formed the Advisory Committee on Immunization Practices
2. The Advisory Committee requested that NAM create a methodology for prioritization
3. On behalf of CDC, the Advisory Committee will make final decisions for prioritization once one or more vaccines have been approved by the FDA

National Academy of Medicine Phased Approach to Vaccine Distribution



Defining High-Risk Groups

BOX 3-3

Risk-Based Criteria

- **Risk of acquiring infection:** Individuals have higher priority to the extent that they have a greater probability of being in settings where SARS-CoV-2 is circulating and of being exposed to a sufficient dose of the virus.
- **Risk of severe morbidity and mortality:** Individuals have higher priority to the extent that they have a greater probability of severe disease or death if they acquire infection.
- **Risk of negative societal impact:** Individuals have higher priority to the extent that societal function and other individuals' lives and livelihood depend on them directly and would be imperiled if they fell ill.
- **Risk of transmitting infection to others:** Individuals have higher priority to the extent that there is a higher probability of their transmitting the infection to others.

These risks factors were evaluated to determine prioritization of each group. The higher the risk, the higher priority. See next slides for groups considered.

Phase 1

TABLE 3-2 Applying the Allocation Criteria to Specific Population Groups

Phases	Population Group	Criterion 1: Risk of Acquiring Infection	Criterion 2: Risk of Severe Morbidity and Mortality	Criterion 3: Risk of Negative Societal Impact	Criterion 4: Risk of Transmitting Infection to Others	Mitigating Factors for Consideration
1a	High-risk health workers	H	M	H	H	Adequate access to personal protective equipment. Workplace management of exposure.
1a	First responders	H	M	H	H	Adequate access to personal protective equipment. Workplace management of exposure.
1b	People with significant comorbid conditions (defined as having two or more)	M	H	M	M	Ability to maintain social distance and isolate.
1b	Older adults in congregate or overcrowded settings	H	H	L	M	Effective institutional management of exposure.

Phase 2

2	K-12 teachers and school staff and child care workers	H	M	H	H	Online schooling, especially for lower grades, recognizing educational and social impacts.
2	Critical workers in high-risk settings	H	M	H	M	Adequate access to personal protective equipment. Workplace management of exposure.
2	People with moderate comorbid conditions	M	M	M	M	Ability to maintain social distance and isolate.
2	People in homeless shelters or group homes and staff	H	H	L	H	Adequate access to personal protective equipment. Effective institutional/workplace management of exposure.
2	Incarcerated/detained people and staff	H	M	L	H	Adequate access to personal protective equipment. Effective
						institutional/workplace management of exposure.
2	All older adults	M	H	L	L	Ability to maintain social distance and isolate.

Phase 3

3	Young adults	H	L	M	H	Ability to maintain social distance and isolate. Closure of congregate settings (e.g., bars).
3	Children	M	L	M	H	Ability to participate in online schooling.
3	Workers in industries important to the functioning of society	M	M	M	M	Adequate access to personal protective equipment. Effective institutional/workplace management of exposure.

Preparing for Phase 1

For each subgroup in Phase 1:

- 1. Clarify and plan for who will administer the vaccine (CDC, CDPH, HCA role)**
- 2. Clarify how individuals in each group will be identified**
- 3. *Prepare and deploy communications to promote their readiness (in collaboration with Taskforce Partners)***

Phase 1

Phase 1a "Jumpstart Phase"

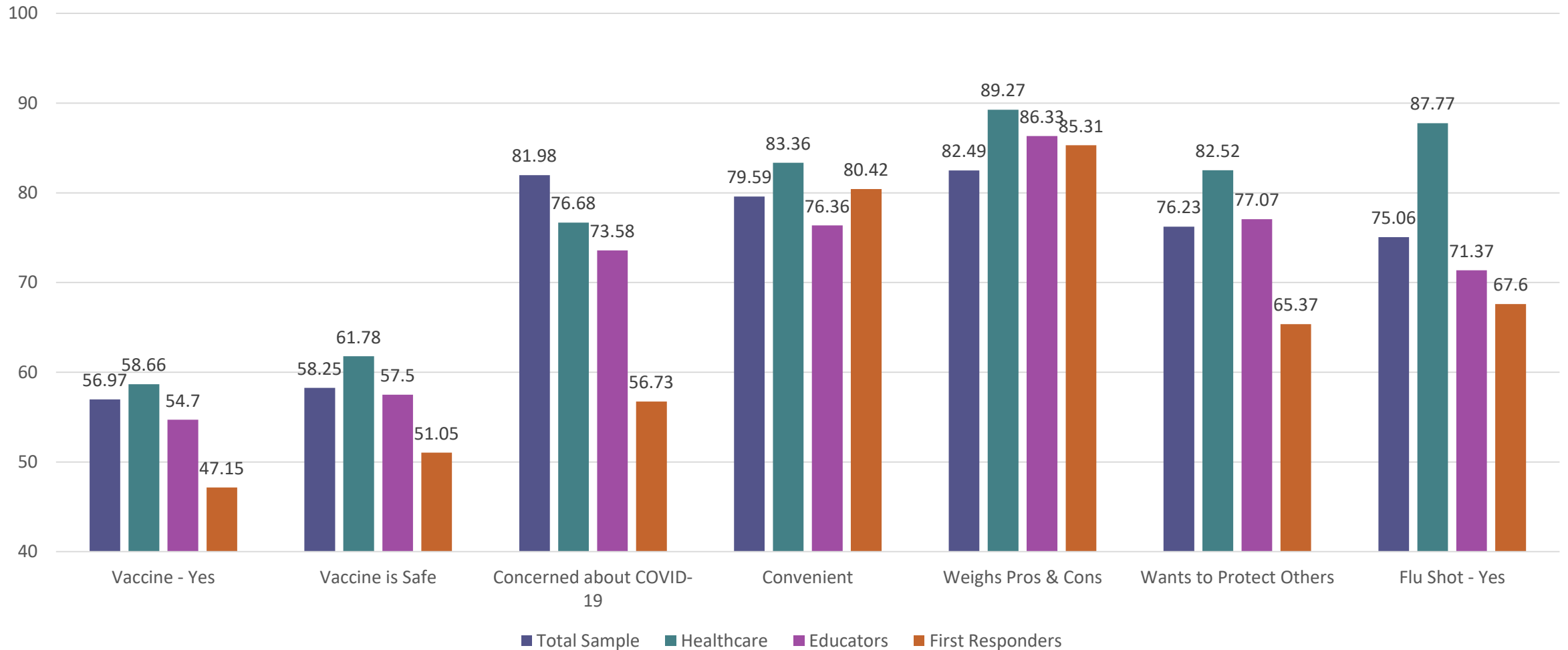
- High-risk health workers
- First responders

Phase 1b

- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
- Older adults living in congregate or overcrowded settings

Preparing for Phase Ia Outreach and Engagement: Early Learning from the Survey Results

Comparison of Occupations



Survey Questions - Rating (1 strongly disagree—7 strongly agree)

- 1. I am completely confident that vaccines are safe.**
- 2. Covid-19 is not so severe that I should get vaccinated.**
- 3. Everyday stresses prevent me from getting vaccinated.**
- 4. When I think about getting vaccinated, I weigh benefits and risks to make the best decision possible.**
- 5. I get vaccinated because I can also protect other people from getting infected.**

Preparing for Phase 1: Communication, Outreach and Engagement

Phase 1 Target Groups	Anticipated Vaccine Administrator	Estimate Readiness / Hesitancy (per survey)	Key outreach and engagement messaging	Community partner(s) for outreach
1a. High risk health workers	Hospitals (chain hospitals) ?? – independent hospitals			
1a. First responders	??			
1b. People of all ages with comorbid and underlying conditions	?? – how to identify ?? – who administers			
1b. Older adults living in congregate or overcrowded settings.	CVS/Walgreens – in congregate care settings ?? – in homes			

Discussion and Guidance to Go Forward

Task Force Role: Understand the vaccine allocation system and provide recommendations on how ensure early vaccination of high-risk groups through communication strategies and addressing barriers to vaccination

- 1. Questions and feedback on the allocation strategy**
- 2. What should we communicate to whom about this framework?**
- 3. How should we reach out to Phase I target populations?**

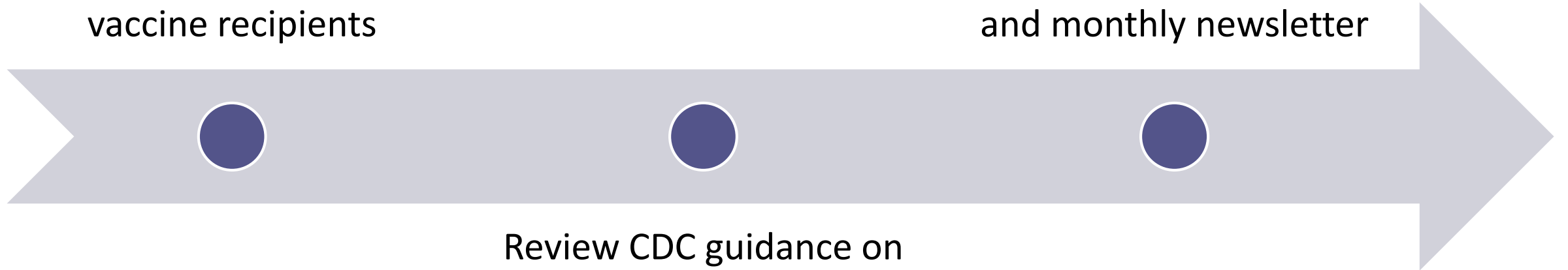
Chat in your questions, ideas, recommendations. We will have a facilitated discussion about them and record chats all for planning purposes.

Next Steps

Advance the planning for communication, outreach and engagement of Phase 1 vaccine recipients

Provide guidance on content for the HCA COVID Vaccine website and monthly newsletter

Review CDC guidance on prioritizing vulnerable populations (for Phase 1b)





Thank you!

Standing Schedule: 1st and 3rd Thursdays, 4:00-5:30