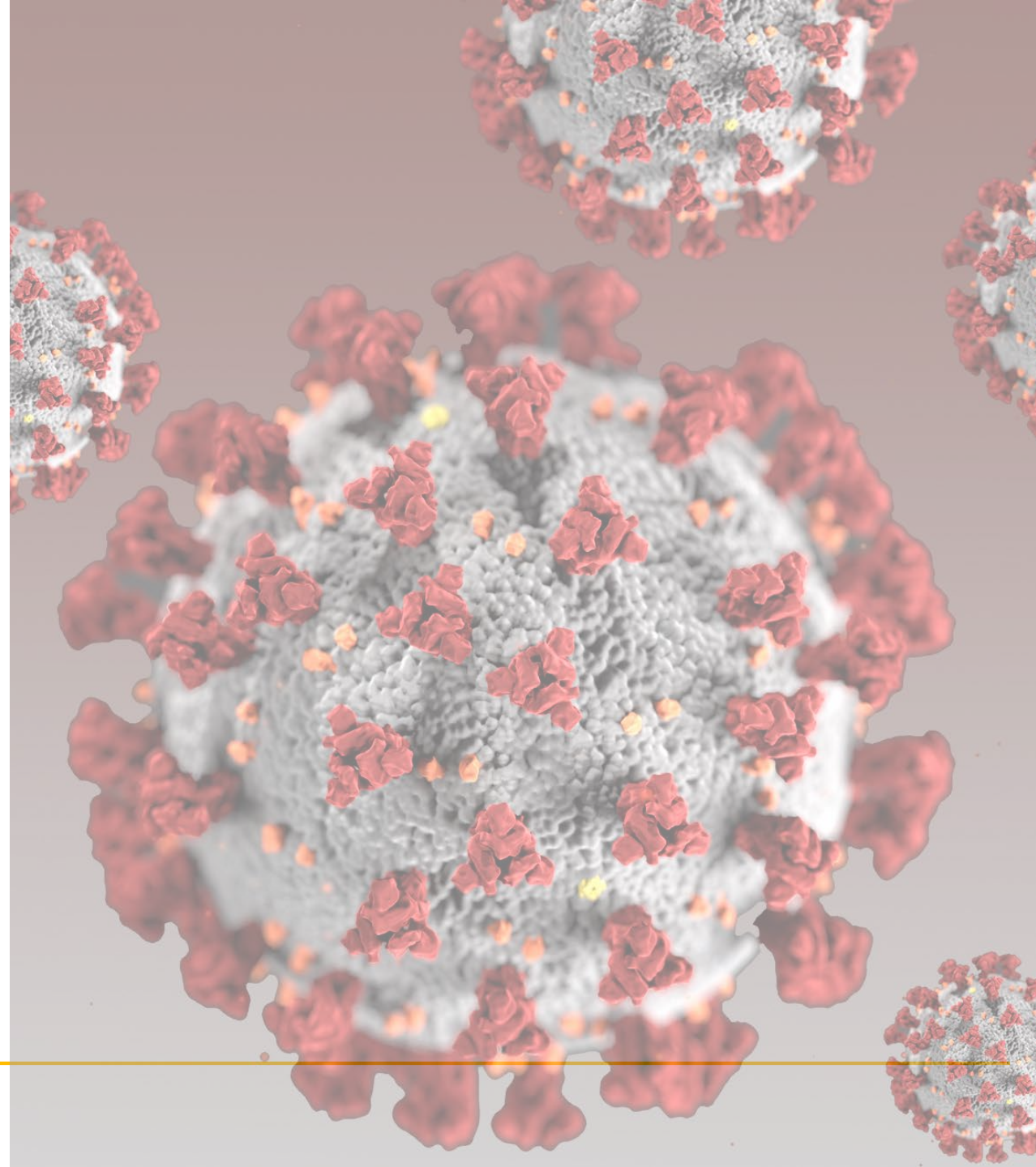
Alameda County COVID-19 Vaccine Community Advisory Group

COVAX@acgov.org

Meeting 1

December 21, 2020



Agenda & Housekeeping

1. Welcome & Intros
2. Group Structure & Discussion
3. Vaccine 101
4. Alameda County Vaccine Planning
5. Chat Q&A

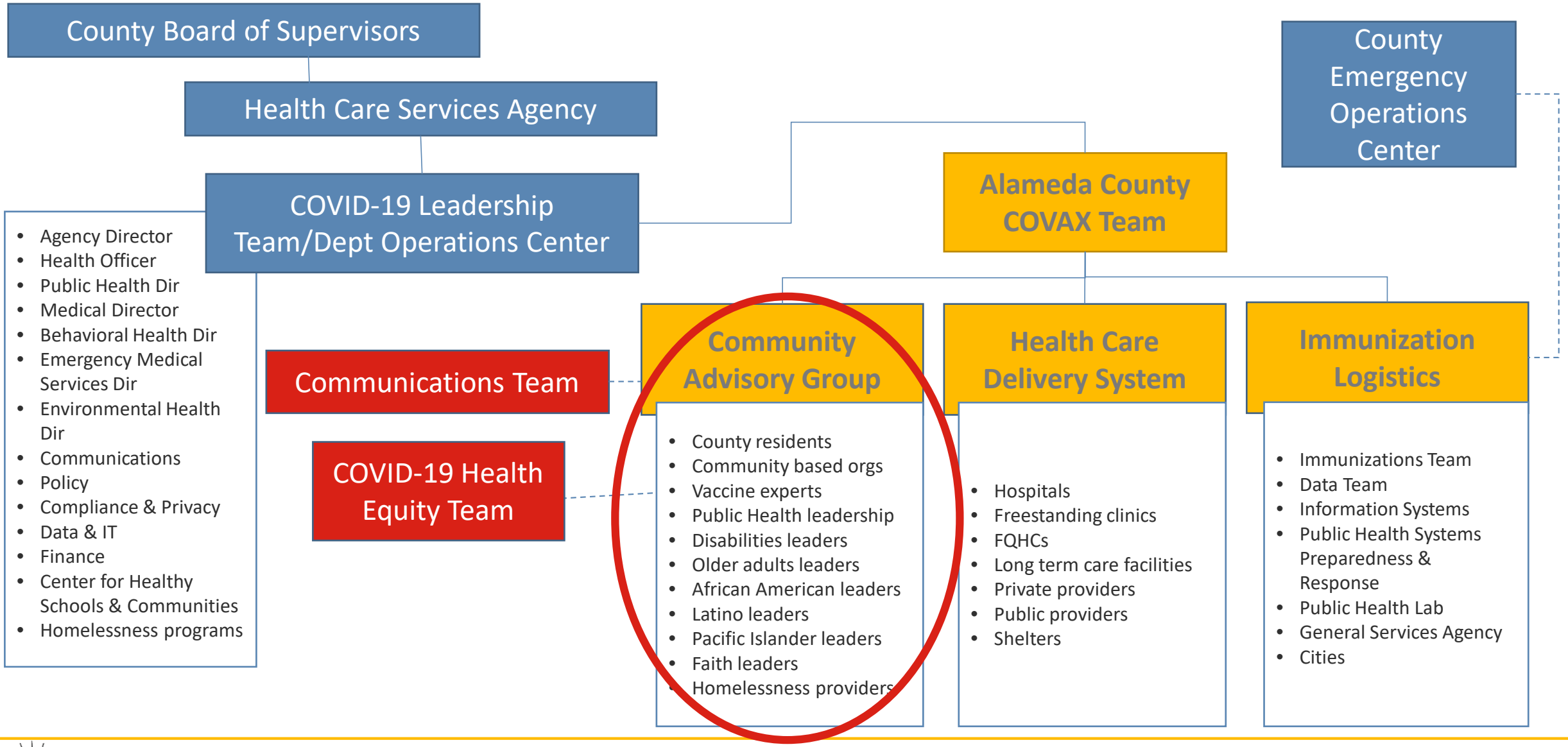
Panelists:
Please keep your microphone on mute while not speaking

Attendees:
Feel free to include questions in the Chat

1. Welcome & Intros

2. Group Structure

Alameda County Vaccine (COVAX) Leadership Structure



COVAX Community Advisory Group

Who: Representatives from a diverse cross-section of residents, community-serving organizations, health experts, and highly impacted communities. Meetings open to the public.

Purpose:

- Share evolving **information** and plans with community
- Provide input on **equitable vaccine distribution** and prioritization
- Build collective **trust** and strategies to help people make **informed decisions**
- Coordinate on **messaging** and managing misinformation

Process:

- Regular (biweekly or monthly) meetings through Spring 2021
- Integrate across COVID-19 response, existing community tables, and outreach/education

What other Groups Do We Want to Reach?

We must acknowledge the historical mistrust of health care and government systems and bring accurate, understandable information and resources to all of our residents.

Groups of Residents

- Age (Youth, Older Adults)
- Race/Ethnicity (Latino/x, African-American/Black, Pacific Islander, Native/Indigenous)
- Faith-Based Organizations
- County Partnerships (County Health Outreach, CI/CT, Care Kit, and Testing organizations)

Additional Tables for Presentation

- Community Groups (e.g. Tenants Organizations)
- Cities
- Elected officials
- City-led taskforces
- Town Halls
- Schools/ACOE
- Disability community
- Business community
- Cross-sector collaborations (e.g. All-In, Oakland Thrives Council)

Food for Thought: Goals of the Group

Think of these questions as we go through our meeting/presentation, to be discussed as a group at the end.

- What are priority topics we should make sure to cover during these meetings?
- How can we make these meetings the best use of your time?
- How do we ensure connection to community and other groups you participate in?

3. Vaccine 101

VACCINES WORK

These bubbles are sized according to the annual number of disease cases in the US during the 1900s versus 2010. We've come so far. It's a reminder that while disease rates are low, most diseases haven't disappeared. This is why we continue to vaccinate.

SMALLPOX
THEN 29,005
NOW 0

DIPHTHERIA
THEN 21,053
NOW 0

PERTUSSIS
THEN 200,752
NOW 21,291

TETANUS
THEN 580
NOW 8

POLIO
THEN 16,316
NOW 0

MEASLES
THEN 530,217
NOW 61

MUMPS
THEN 162,344
NOW 2,528

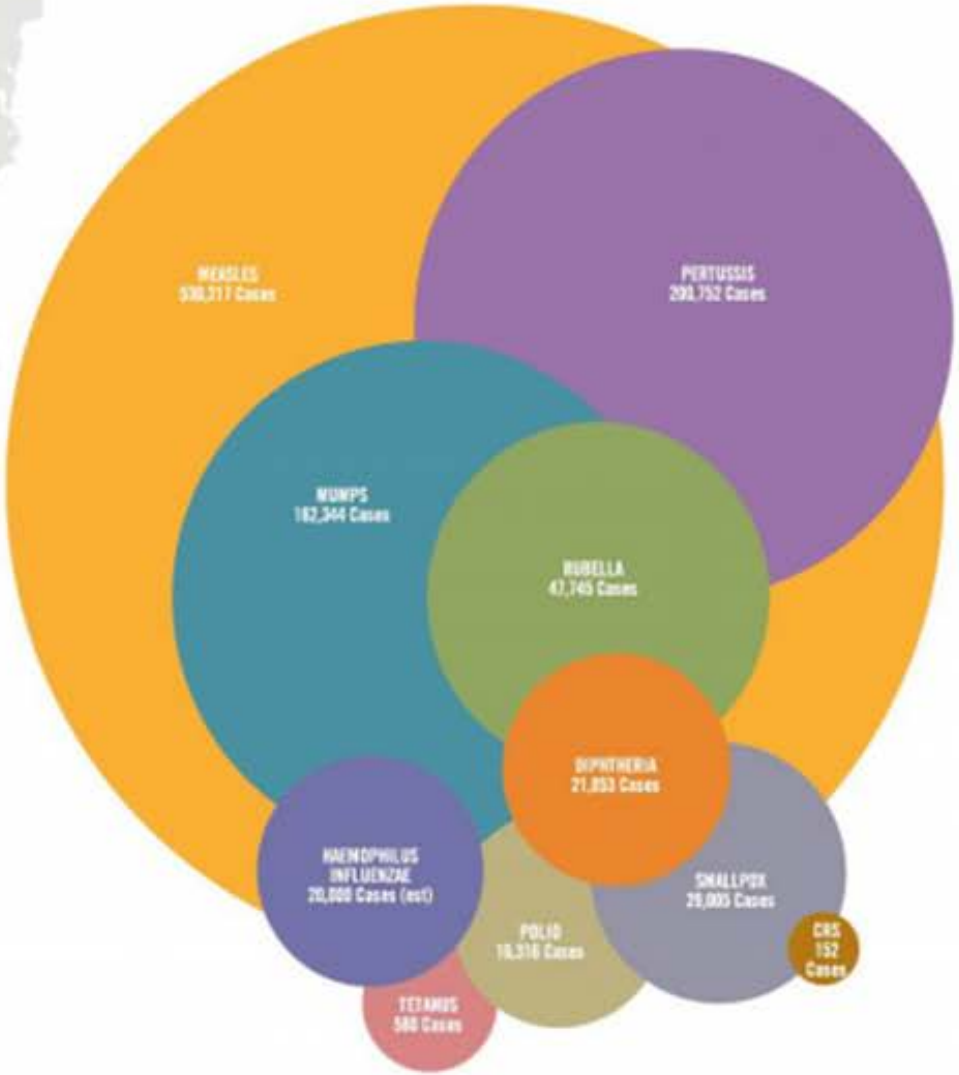
RUBELLA
THEN 47,745
NOW 6

CRS
THEN 152
NOW 0

HAEMOPHILUS INFLUENZAE
THEN 20,000
NOW 270

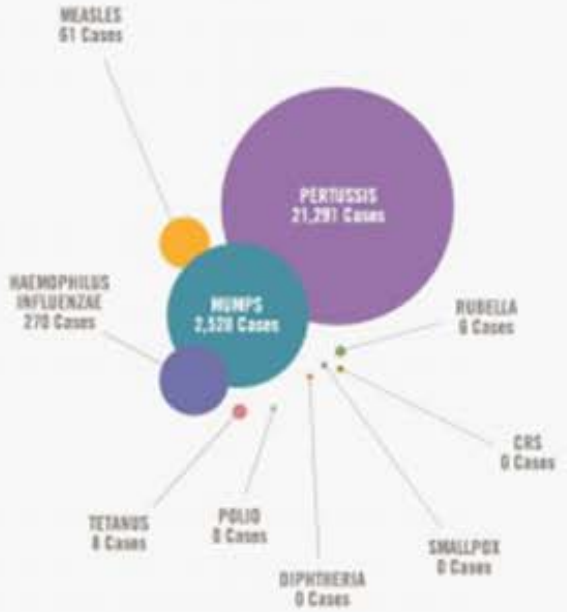
THEN

Annual US disease cases in the 1900s



NOW

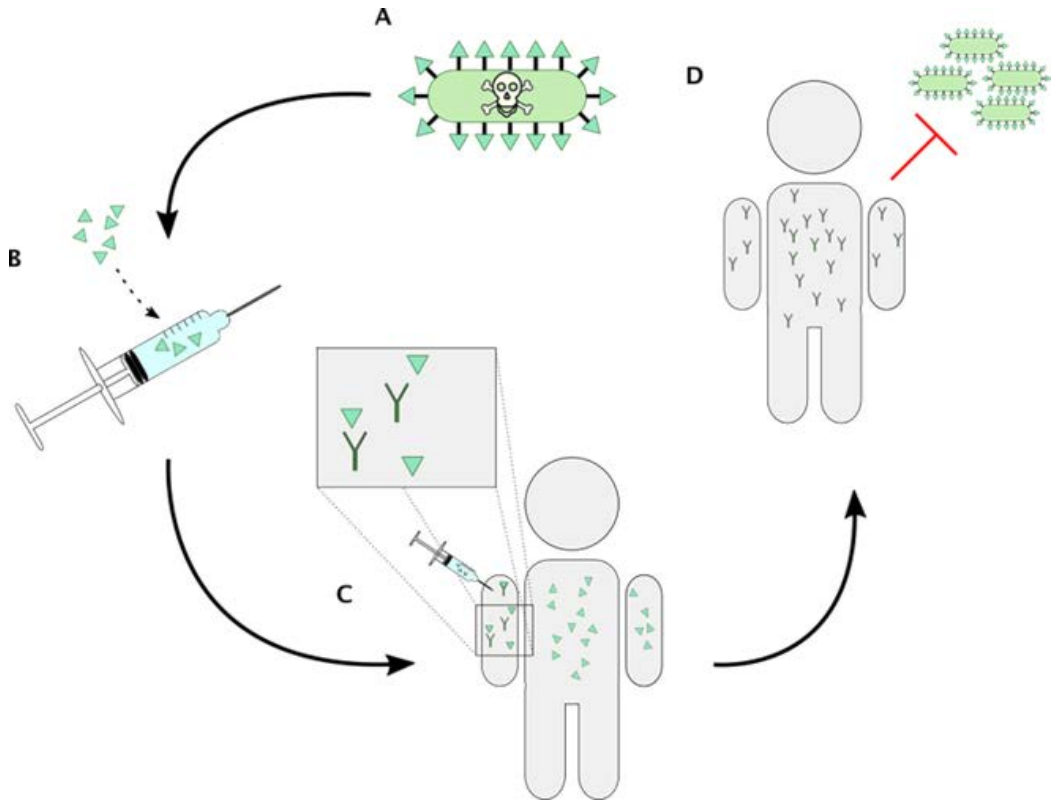
US disease cases in 2010



[9] Centers for Disease Control and Prevention (CDC). Parents Guide to Childhood Immunizations. http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm. Accessed August 15, 2011.
[10] CDC. Impact of Vaccines in the 20th & 21st Centuries. http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/impact-of-vaccines.pdf. Updated January 2011. Accessed August 15, 2011.

How do vaccines work?

- Vaccines teach your body how to fight a specific disease by creating a mild infection
- Your body's immune system fights that infection by creating antibodies
- Antibodies protect you from that illness if you are exposed in the future
- Some vaccines require multiple doses or boosters for a strong immune response
- Traditional vaccines use a modified version of the virus or bacteria that causes illness
- mRNA vaccines make harmless protein that last in the body for less than a day



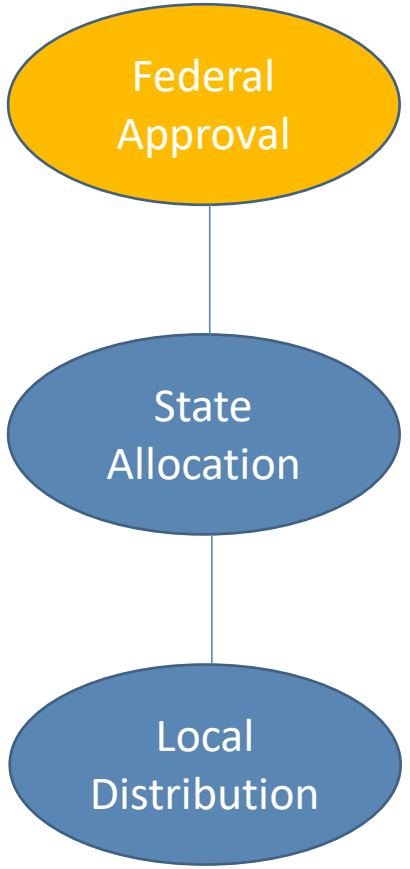
More about messenger RNA (mRNA) vaccines

- mRNA carries genetic instructions that teach our cells how to make a harmless piece of “spike protein” found on the **outside** of the SARS-CoV-2 virus
- Body’s cells destroy the mRNA once copies of the spike protein are made, within a day
- Cells display this piece of spike protein on their surface, and an immune response is triggered inside our bodies to make antibodies against the virus
- mRNA does not enter the cell nucleus or affect our DNA
- mRNA vaccines cannot give someone COVID-19
- Technology is new but not unknown: mRNA vaccines have been studied for influenza, Zika, rabies, etc.

Sources: College of Physicians of Philadelphia. What is an mRNA vaccine? https://historyofvaccines.blog/2020/07/29/what-is-an-mrna-vaccine/
JAMA. COVID-19 and mRNA Vaccines—First Large Test for a New Approach. https://jamanetwork.com/journals/jama/fullarticle/2770485

How did the vaccines get created so quickly?

- Researchers used existing clinical trial networks to jumpstart COVID-19 vaccine trials.
- Manufacturing started while the clinical trials were still under way.
- mRNA vaccines are faster to produce than traditional vaccines.
- FDA and CDC prioritized review, authorization, and recommendation for COVID-19 vaccines.



For more, visit the COVID-19 Prevention Network:
www.coronaviruspreventionnetwork.org/about-covpn

COVID-19 vaccine trials by the numbers (As of November 30, 2020)

❖ Both require two doses and are not interchangeable

Pfizer/BioNTech

- **43,931** enrolled
- **150** clinical sites
  - 39 U.S. states
- Racial/ethnic distribution
  - **70% -** White
  - **13% -** Hispanic/Latino (>5.5k)
  - **10% -** African American (>4k)
  - **6% -** Asian
  - **1% -** Native American
- **45%** ages 56-85

Moderna

- **30,000** enrolled
- **89** clinical sites
  - 32 U.S. states
- Racial/ethnic distribution
  - **63% -** White
  - **20% -** Hispanic/Latino (6k)
  - **10% -** African American/Black (3k)
  - **4% -** Asian
  - **3% -** All others
- **64%** ages 45 and older
  - 39% ages 45-64
  - 25% ages 65+

Sources: https://www.pfizer.com/science/coronavirus/vaccine; https://www.modernatx.com/cove-study
For more information, visit www.clinicaltrials.gov

Vaccine Clinical Trial Findings

- 95% efficacy
- Expected to produce some side effects after vaccination, especially after the 2nd dose:
  - Fever
  - Headache
  - Muscle aches
- No significant safety concerns identified in the clinical trials
  - **People with a history of anaphylactic shock to vaccines or injectables should not get the vaccine**
- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination. Clinical trials will continue for 2 years.

Source: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html
https://www.fda.gov/media/144414/download

How will vaccine(s) change the pandemic?

The vaccines could:

- Reduce the number of people with COVID-19
- Reduce the severity of disease
- Reduce hospitalizations
- Reduce deaths
- Increase herd immunity
- Shorten the length of the pandemic

There is still more to learn about:

- Impact on transmission
- How long immunity lasts from COVID-19 or from the vaccines

Beyond safety and efficacy, vaccines work best with broad participation

- We're only at the beginning
- Masks, physical distancing, and other measures will be needed until we have sufficient coverage

4. Alameda County Vaccine Planning

As of 12/20/20

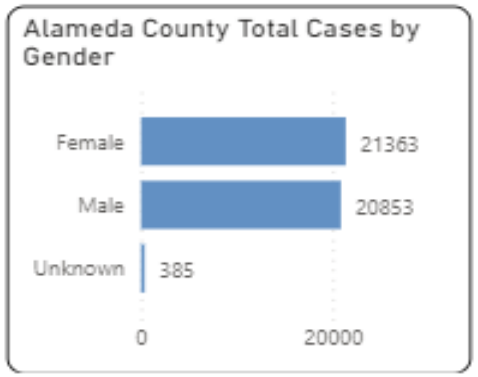
Alameda County COVID-19 Dashboard

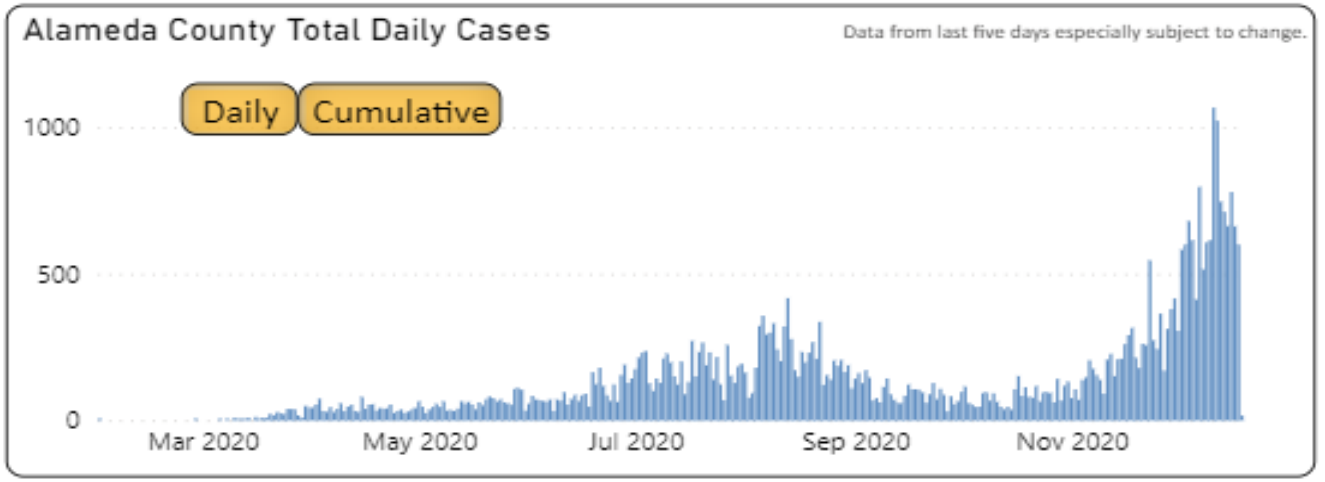
Alameda County Total Cases	Alameda County Total Deaths
42655	587

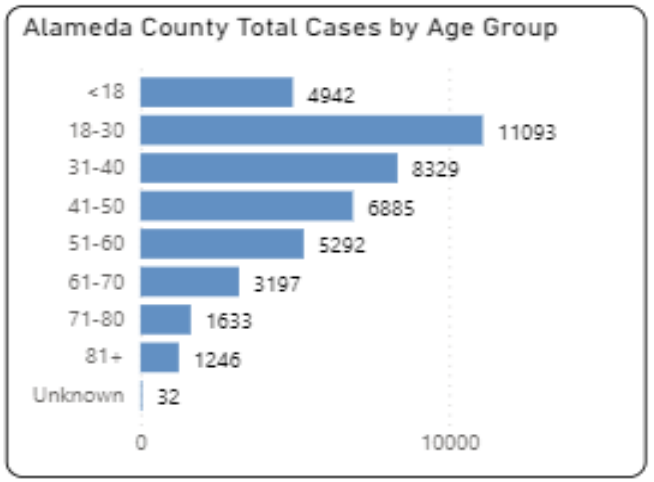
Cases | Case Rates | Deaths | Death Rates | Cases Over 14 Days

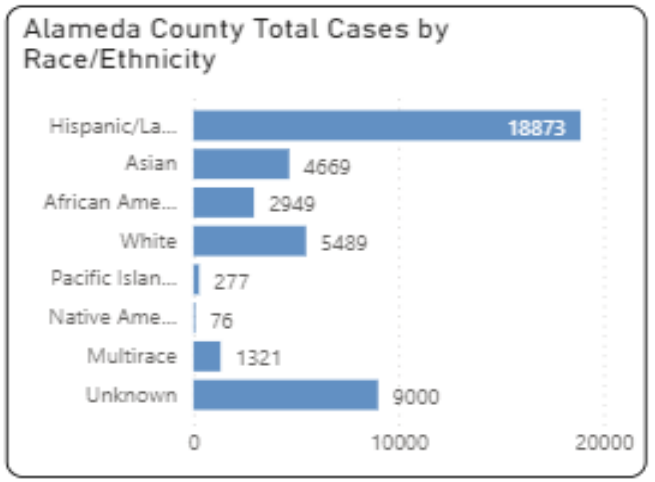
Berkeley LHJ Cases	Berkeley LHJ Deaths
1633	9

Alameda County LHJ Cases	Alameda County LHJ Deaths
41022	578









Jurisdiction	Cases
Alameda County	42,655
Berkeley LHJ	1,633
Alameda County LHJ	41,022

Various Populations	Cases
Under Investigation	250
Homeless	202
Address Unknown	369

Cities	Cases
Alameda	946
Albany	135
Dublin	835
Emeryville	227
Fremont	3,576
Hayward	6,545
Livermore	2,146
Newark	1,244
Oakland	14,320
Piedmont	90
Pleasanton	1,125
San Leandro	2,523
Union City	1,839

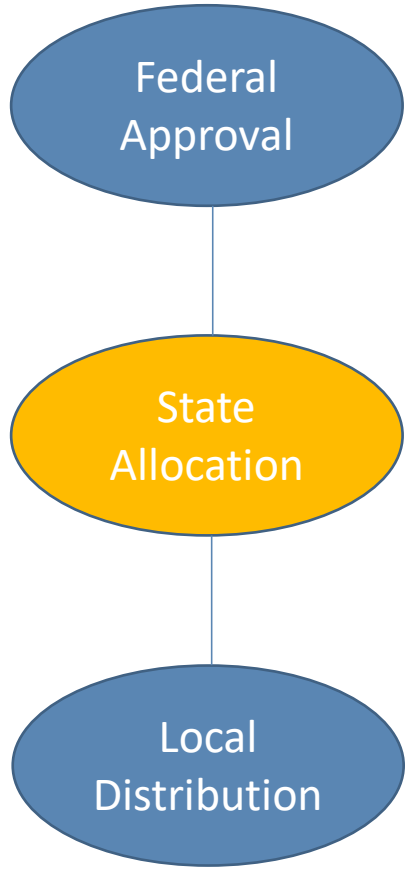
Unincorporated Areas	Cases
Eden Area MAC (Ashland, Cherryland, Hayward Acres, San Lorenzo)	2,786
Castro Valley MAC	1,249
Fairview MAC	305
Sunol	21
Remainder of County	78

Notes and disclaimers: The City of Berkeley and Alameda County (minus Berkeley) are separate local health jurisdictions (LHJs). We are showing data for each separately and together. The numbers for the Alameda County LHJ and the Berkeley LHJ come from the state's communicable disease tracking database, CalREDIE. These data are updated daily, with cases sometimes reassigned to other LHJs and sometimes changed from a suspected to a confirmed case, so counts for a particular date in the past may change as information is updated in CalREDIE. Case dates reflect the date created in CalREDIE. The time lag between the date of death and the date of entry into CalREDIE has sometimes been one week; the date of death is what is reflected here, and so death counts

How is California making vaccine decisions?

Statewide COVID-19 Vaccine Task Force

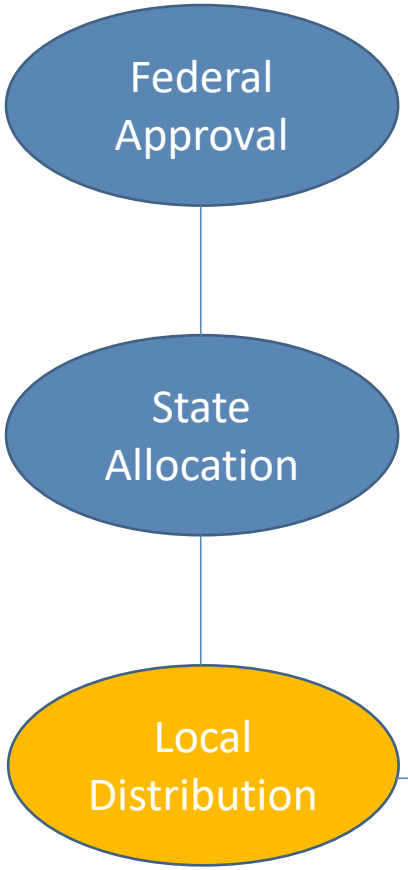
- Multiple State agencies and workgroups
- Scientific Safety Review Workgroup: vaccine experts to provide CA "seal of approval" on vaccine efficacy and safety
- Drafting Guidelines Workgroup: develop allocation guidance for who will receive vaccine when supply is limited
- Community Vaccine Advisory Committee: advises State's Task Force on direction of task force workgroups



CDPH in regular communication with local health departments

- Weekly calls, webinars, technical assistance
- Surveys and data collection to inform state and local decisions
- **Priorities change week to week & day to day**

Local Plan: How is Alameda County preparing for the vaccine?



Multidisciplinary COVAX Team has 3 focus areas:

1. Community Advisory Group

- Equity lens
- Engage and inform residents and community partners
- Seeking input on vaccine prioritization, trust building, messaging

2. Health Care Delivery System

- Coordinating clinical providers (hospitals, community clinics, private practice) to ensure broad access
- Collaborative process to support equity strategies

3. Immunization Logistics

- Liaison to State's Immunization team
- Monitoring cold chain and capacity
- Community-based Points of Distribution (PODs)
- Ongoing data and progress monitoring

- *Communications, Data, & Health Equity teams in close partnership with COVAX team*
- *Coordination with cities in all three focus areas*

Alameda County COVAX Values & Principles

- Provide transparent and accurate information to help people make vaccine decisions
- Lead with equity and data
  - Race/Ethnicity
  - Geography
  - Socioeconomic factors
  - Critical populations
- Ensure safe and equitable distribution
- Leverage all venues & partners for broad distribution
    - Hospitals
    - Clinics
    - Private practice
    - Pharmacies
    - Community based Points of Distribution (PODs)

Vaccine Prioritization Framework

- Subject to change per pending Federal and State recommendations
- Depend on vaccine supply and demand
- **Local health depts. have *some* discretion within phases**

Phase 1

- 1a: **Health care workers & long term care facility** residents and staff
- 1b: **Essential workers & people 75+ years old**
- 1c:
  - **Older adults** in congregate living settings
  - **People at significantly higher risk** due to underlying health

Phase 2

- **Older adults** not in Phase 1
- **Incarcerated and detained persons** and jail/detention staff
- Staff and residents of: **homeless shelters, and group homes** for people with disabilities or serious mental illness
- **People at moderate risk** due to underlying health

Phase 3

- **Young adults**
- **Children**
- **Workers not covered in Phases 1 or 2**

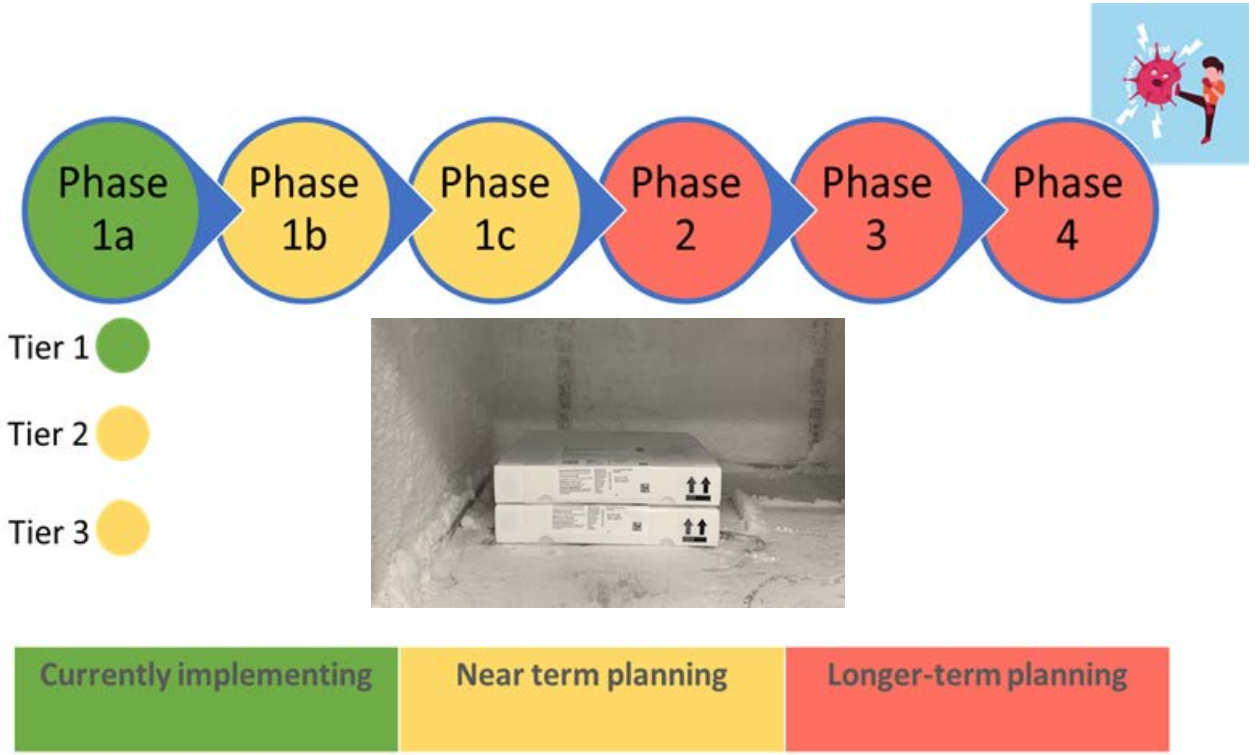
Phase 4

- Anyone who **did not access vaccine in Phases 1, 2, or 3**

Equity is cross-cutting issue

Alameda County Current Status: Phase 1a, Tier 1

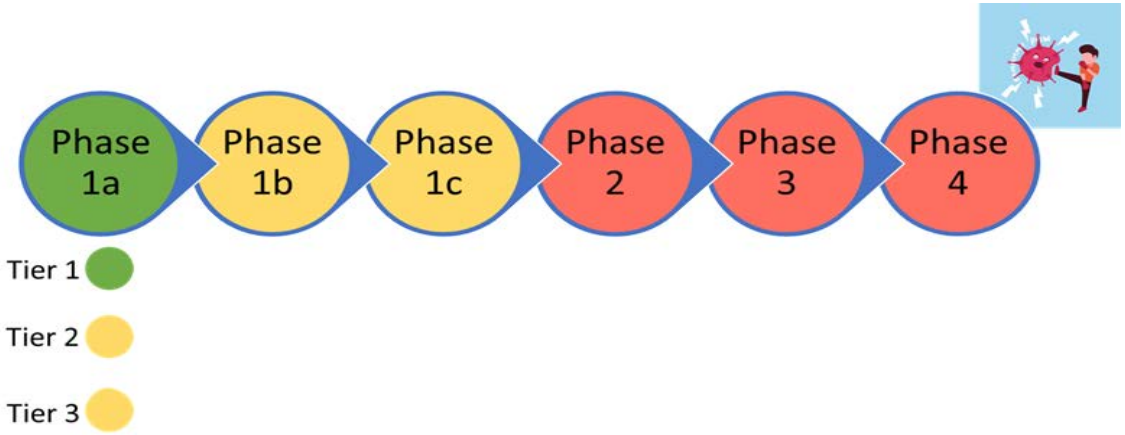
- 12,675 doses delivered 12/17/20
- All acute hospitals in county received vaccine
  - Coverage for # of staff reported by hospitals as being *at highest risk* for COVID exposure
  - Separate Berkeley allocation
  - Kaiser, Sutter, Children's etc. will have separate allocations going forward
- 911 first responders (paramedics, critical care responders)
- Long term care facilities covered by federal partnership with Walgreens



Alameda County Planning for: Phase 1a, Tiers 2 & 3

Tier 2:

- Intermediate Care Facility staff & residents
- Home Health Care/In-Home Supportive Services
- Community Health Workers/Promotoras
- Public Health Field Staff
  - Testing site staff
- Primary Care Clinics
  - Federally Qualified Health Centers
  - Rural Health Centers
  - Correctional Facility Clinics
  - Urgent Care Clinics



Tier 3:

- Specialty Clinics
- Laboratory Workers
- Dental/Oral Health Clinics
- Pharmacy Staff (non-Hospital)

Alameda County Planning For: Phase 1a, Tier 2 & 3

- **Priorities for phases are set by the State, but we can do some sub-prioritization to meet local needs:**
- State recommendation: If there are not enough doses for all who choose to receive them, health departments should subprioritize doses using the following ranked categories for persons exposed though work in health care or long-term care settings, by:

    1. Type of facility or role
    2. Location of facility
    3. Attributes of individuals

As we evaluate data and vaccine distribution methods available to us, what factors are important in sub-prioritizing? Example: 23k In-Home Supportive Services workers (Race, age, zip code/Healthy Places Index, population served)

What is the Health Places Index (HPI)?

https://map.healthyplacesindex.org/

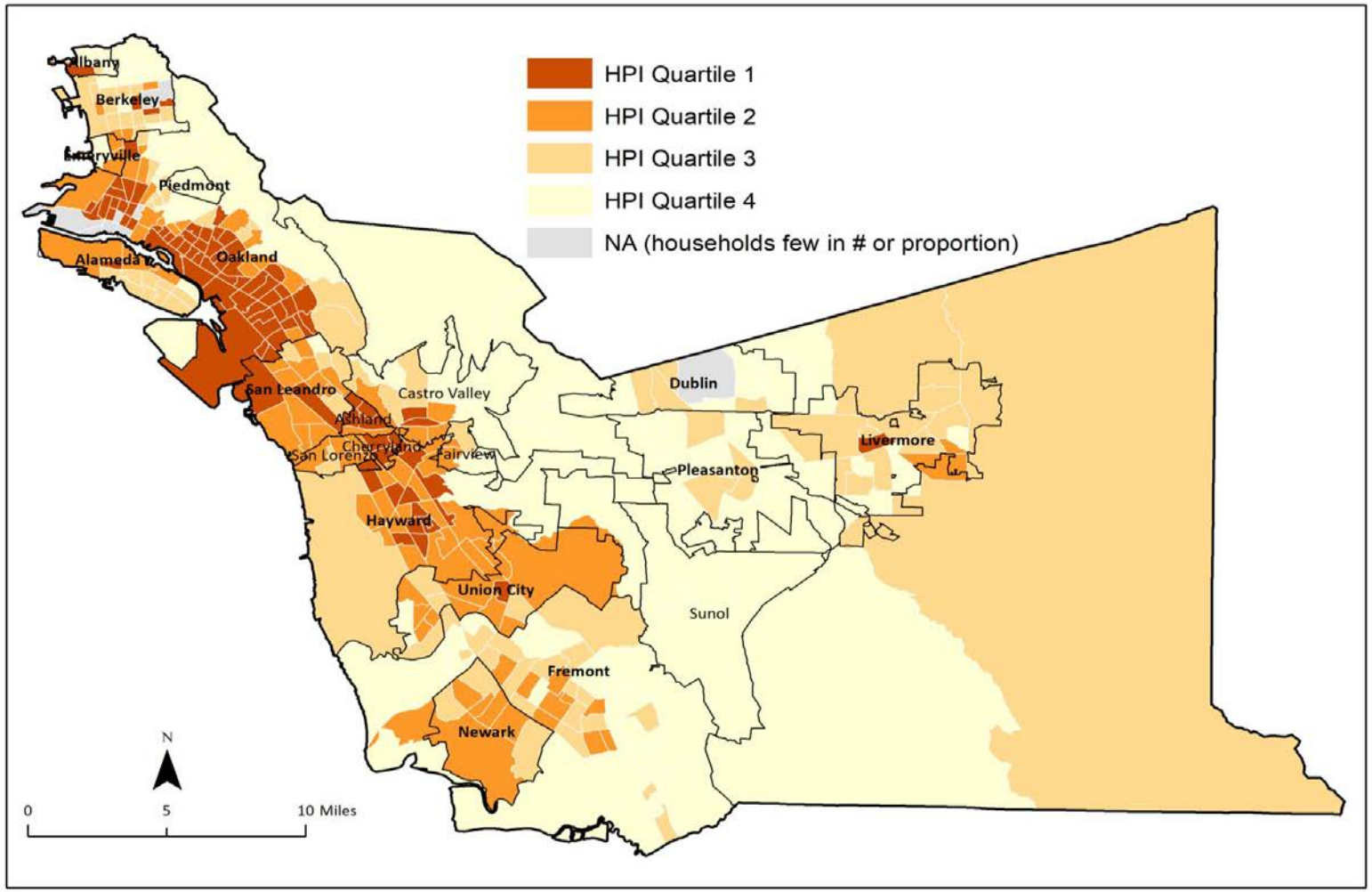
HPI is a **composite measure of the impact of socioeconomic factors on the health** of an area (e.g. housing, income, education, built environment, transportation, access to care)

Data **measured at census tract level and grouped in quartiles**

- Quartile 1 = less healthy conditions
- Quartile 4 = more healthy conditions

The State uses COVID-19 test positivity in HPI Quartile 1 (the least advantaged census tracts) as **an equity measure for each county's COVID response**

- Alameda County COVID-19 case rates are highest in HPI Q1



Source: CAPE, with data from CDPH.

Alameda County Planning for: Phase 1b & 1c

Phase 1b: Essential Workers & >75y.o*

- State Guidelines group is working to prioritize at least 6M essential workers
- Ranking by: occupational exposure, equity, societal impact, econ impact
- Current priorities:
  - Education
  - Emergency Services
  - Food/agriculture

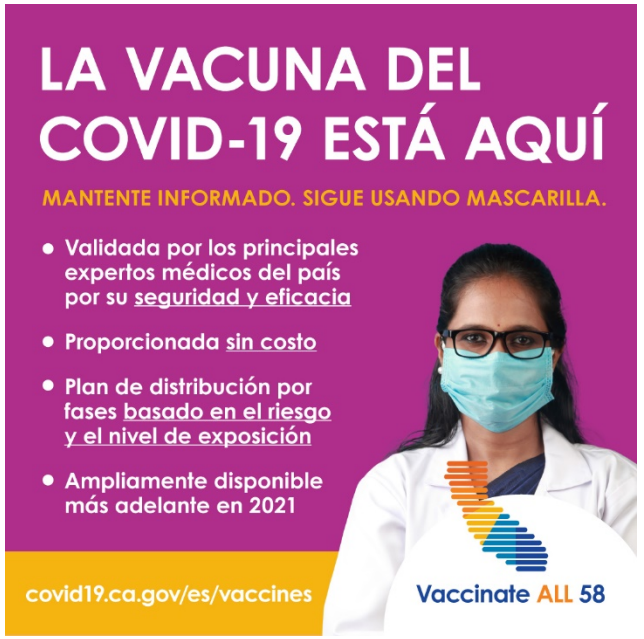
Phase 1c: People with High-Risk Conditions

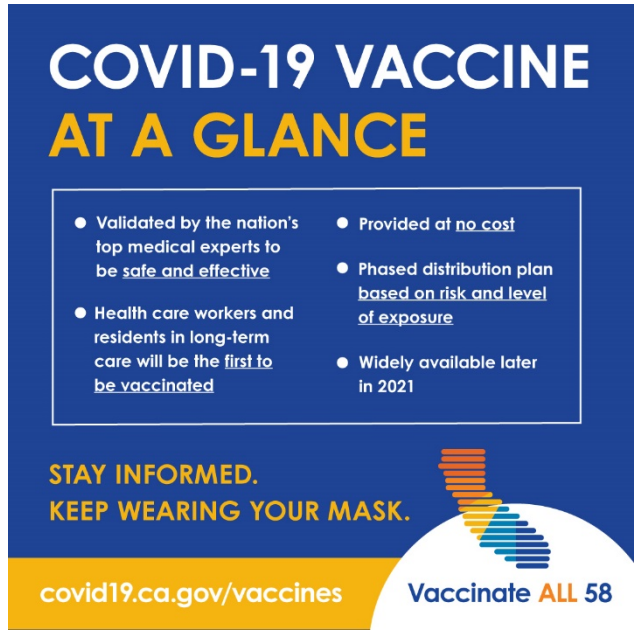
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions
- Solid organ transplant
- Obesity (BMI>40 kg/m2)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus
- Adults >50 yo, congregate/overcrowded settings

https://covid-19.acgov.org/vaccines

covax@acgov.org

5. Chat Q&A





Next steps

- What types of information would be helpful for you throughout this process?
- How often would you like to meet?
- Next meeting (1/12/21) agenda:
  - State prioritization updates
  - Local implementation updates
  - Available local data & recommendations
  - Communications & messaging considerations