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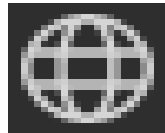
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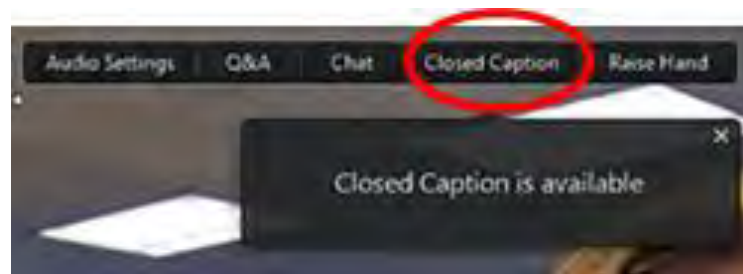
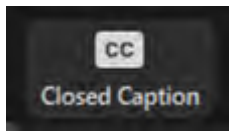
For PC and Android



For iPhone and Mac

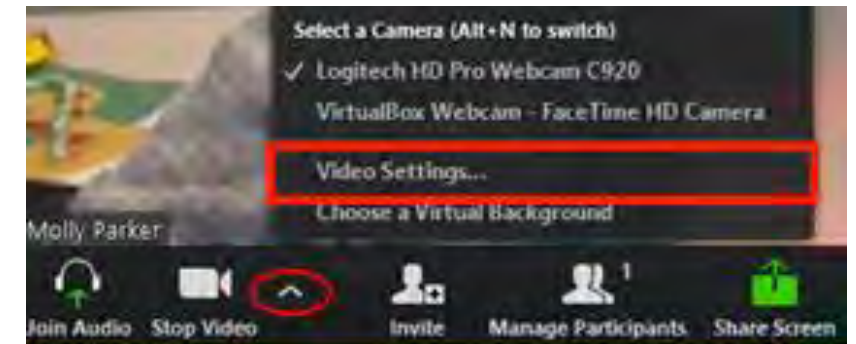
Using Closed Captioning

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Alameda County COVID-19 Vaccine Community Advisory Group

COVAX@acgov.org

Meeting 13
July 13, 2021



Alameda County
Health Care Services Agency



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

Agenda

1. Housekeeping & Welcome
2. Partner Updates
3. County Updates
 1. Data
 2. Youth vaccination progress
 3. Ongoing COVID response
4. Panelist Comment/Q&A

Panelists:

Please keep your microphone on mute
while not speaking

Attendees:

Feel free to include questions in the Chat



2. Partner Updates

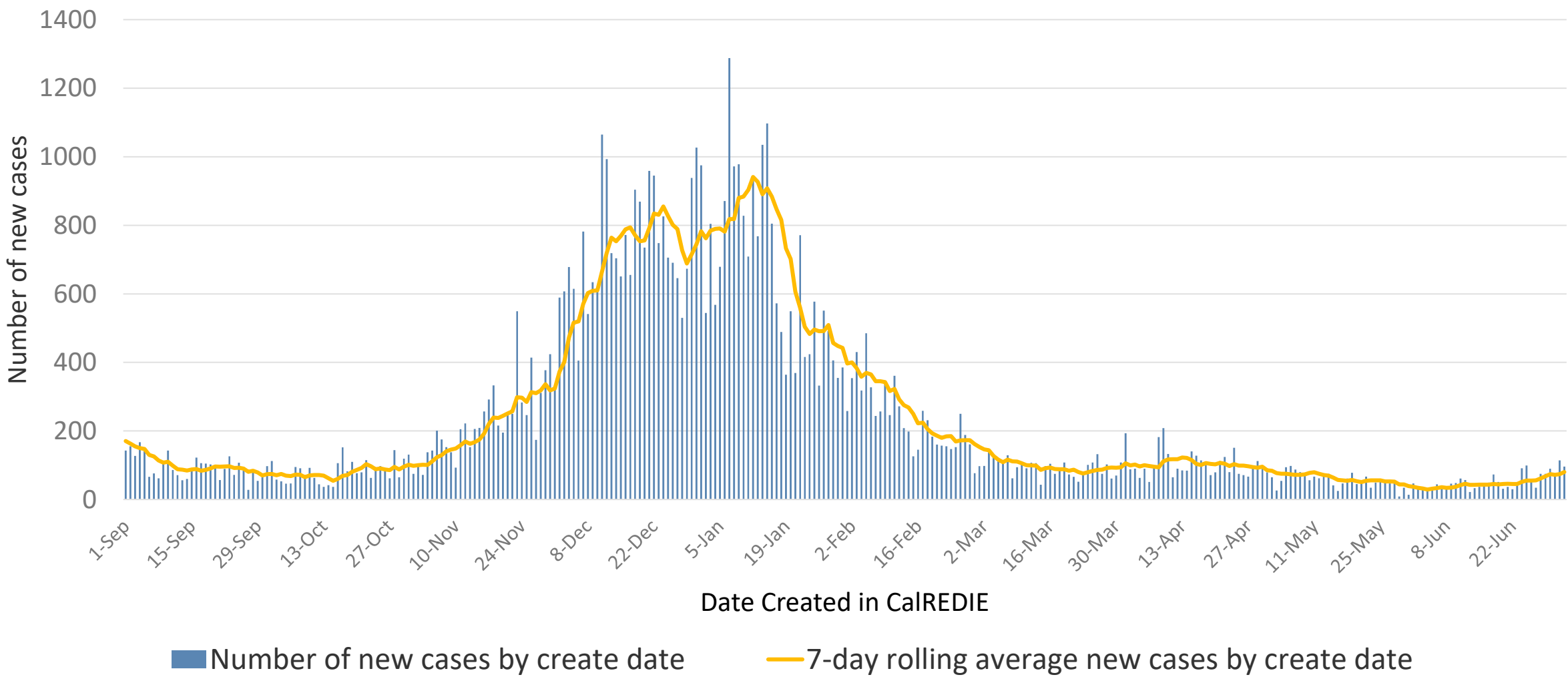
3. Data Updates

Epidemic Data Key Points

- **Cases and hospitalizations rising across our county and state**
 - Likely due to reopening, Delta variant, and uneven vaccination rates
 - **Highest local rates: East Oakland, West Oakland, Ashland/Cherryland**
- Daily case rate is 5.4 per 100,000 and rising
 - Averaging over 90 cases reported daily – 183 cases on 7/9
- Test positivity is 1.9%
 - HPI first quartile: 3.4%
- Hospitalized COVID cases 64; ICU 21
- Testing 4,500 to 5,000 per day



New Alameda County COVID-19 Cases by date created



Includes City of Berkeley
Source: CalREDIE Data Distribution Portal download July 8, 2021

Variant and Post-vaccination Infections Update

- Delta now 42.9% of CA sequences and rising
 - Delta+ detected in small numbers in CA
 - Gamma and Alpha also circulating
 - Local patterns, US data consistent with state findings
 - State holding course with policy for now
- Most new cases in Alameda County and region are in unvaccinated residents
 - Post-vaccination cases are being detected and to be expected
 - Statewide, 0.05% of vaccinated people have been infected to date
 - Severe disease appears rare among these cases so far



Key Messages for County Residents

- **Get tested if you have symptoms, and then stay home if sick**
- **Wear a mask indoors if not vaccinated or if asked**
 - Bring a mask with you to public places, regardless of vaccination status
- **Get vaccinated when you're ready**
 - Vaccine is available in Alameda County for everyone ages 12 and up!
- **Crowded indoor settings are the highest risk**



As the masking requirement for fully vaccinated people has been removed, please remember to be kind, people may:

- * have cancer
- * have autoimmune diseases
- * have unvaccinated children at home
- * have high-risk loved ones they are protecting
- * have asthma and now realize their symptoms are alleviated by a mask outdoors
- * be unvaccinated





Alameda County COVID-19 Vaccination Dashboard

% of population >=12 Years

% >=12 Years with at Least One Dose

82.1%

See Counts

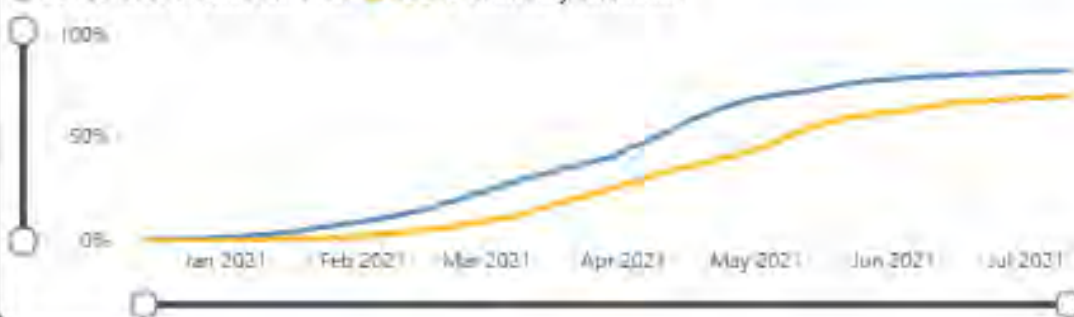
% >=12 Years Fully Vaccinated

69.7%

See Percentages

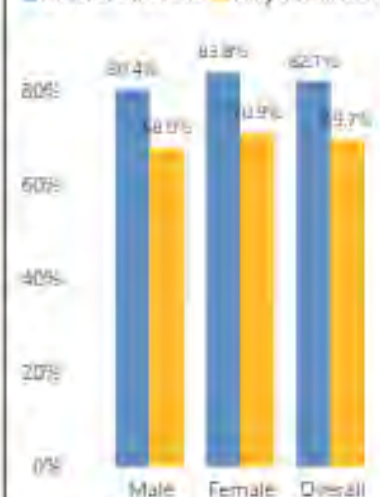
Alameda County Cumulative Percentage of Vaccine Doses

● % >=12 Years At Least One Dose ● % >=12 Years Fully Vaccinated



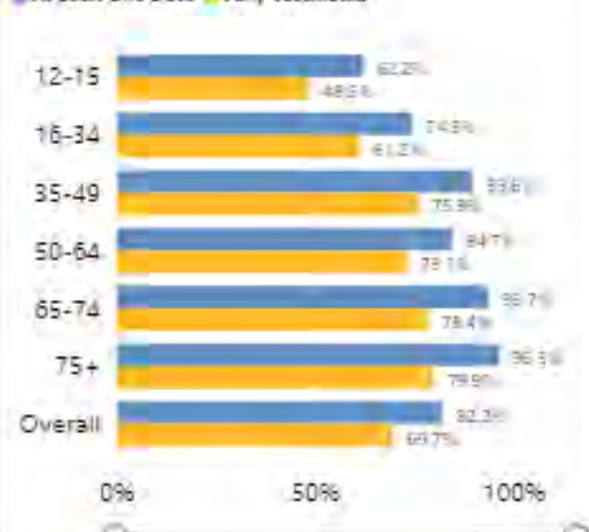
Doses by Gender (% of population >=12 years)

● At Least One Dose ● Fully Vaccinated



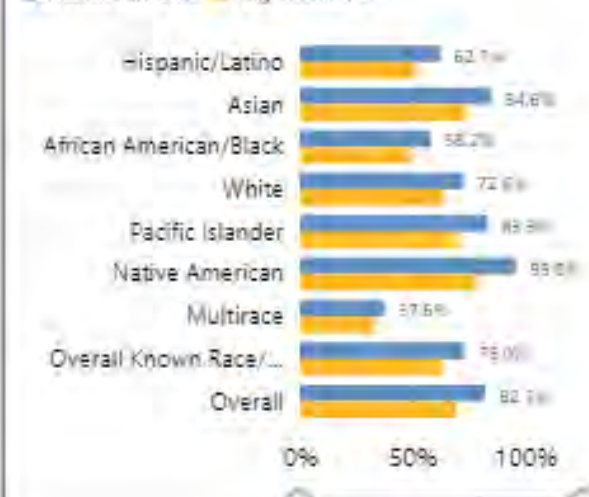
Doses by Age Group (% of population)

● At Least One Dose ● Fully Vaccinated



Doses by Race/Ethnicity (% of population >=12 Years)

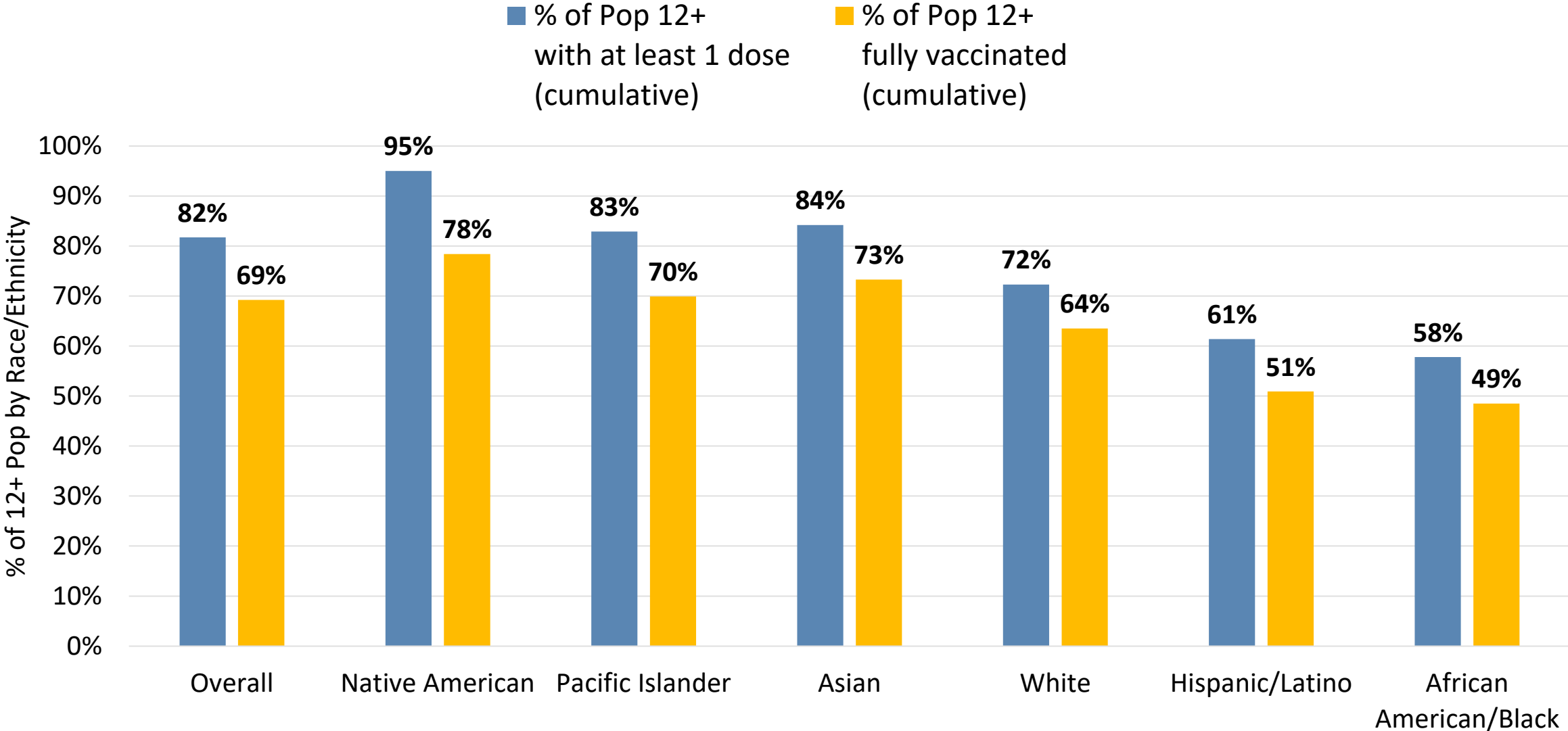
● At Least One Dose ● Fully Vaccinated



Place	At Least One Dose	Fully Vaccinated
Alameda	88.1%	75.7%
Albany	96.2%	80.6%
Ashland	69.7%	56.9%
Berkeley	80.4%	68.2%
Castro Valley	86.5%	72.2%
Cherryland	72.8%	59.5%
Dublin	84.4%	71.1%
Emeryville	85.2%	69.3%
Fairview	79.3%	67.2%
Fremont	89.9%	76.1%
Hayward	81.2%	67.6%
Hayward Acres	67.1%	54.2%
Livermore	75.1%	63.6%
Newark	84.0%	70.6%
Oakland	80.5%	66.2%
Piedmont	95.0%	84.7%
Pleasanton	89.1%	74.1%
Remainder of County	69.4%	55.1%
San Leandro	84.7%	69.1%
San Lorenzo	81.6%	67.6%
Sunol	86.6%	70.7%
Union City	87.2%	71.0%

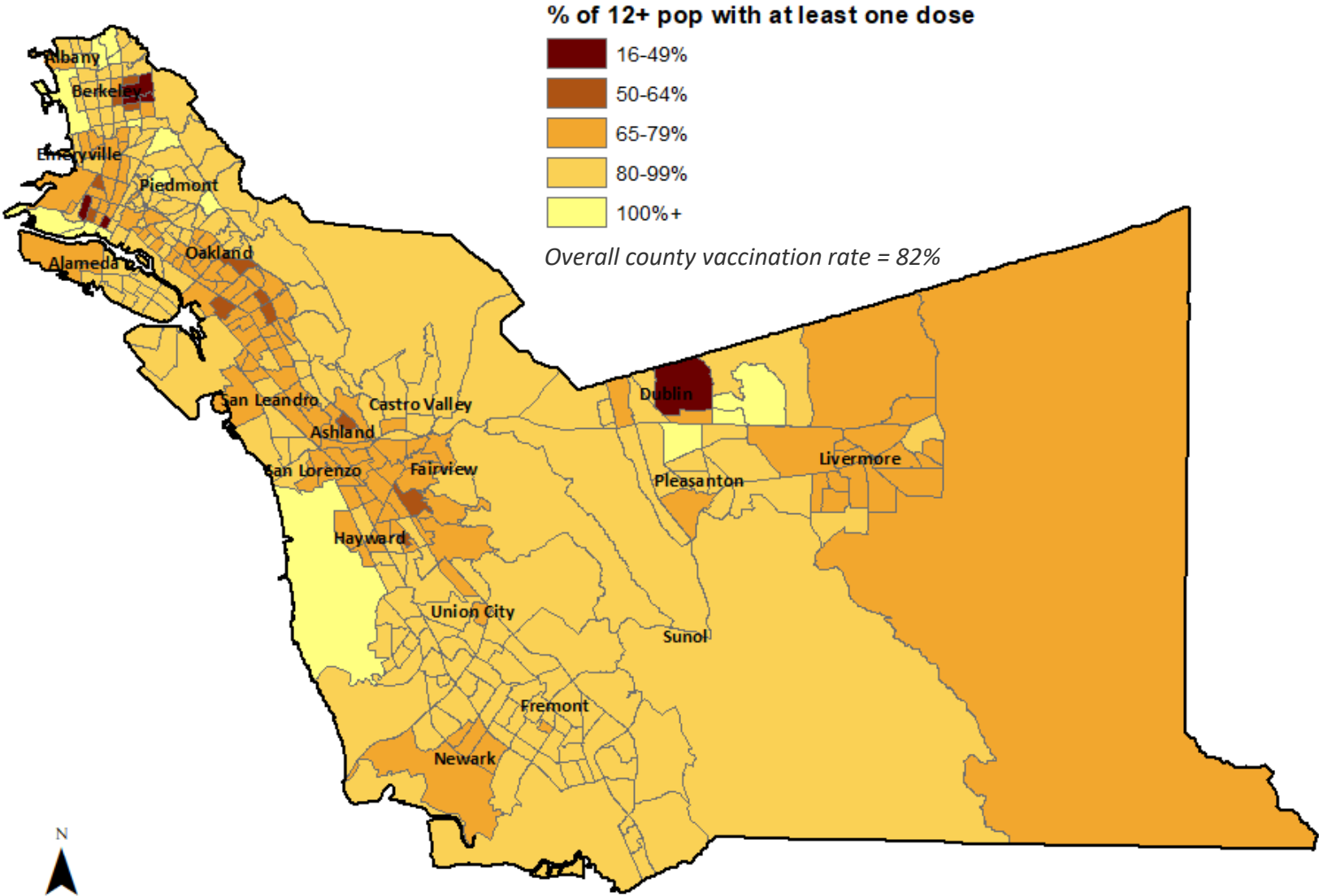


Vaccination Rates: Overall and by Race/Ethnicity



*Note: Rates by race/ethnicity only reflect vaccinated residents with known RE.
Does not reflect residents with unknown RE who got at least 1 dose (13%) or were fully vaccinated (11%).*

Vaccination rate by census tract among 12+ (at least one dose)



Priority Census Tracts for Reaching Unvaccinated AA/Black Residents

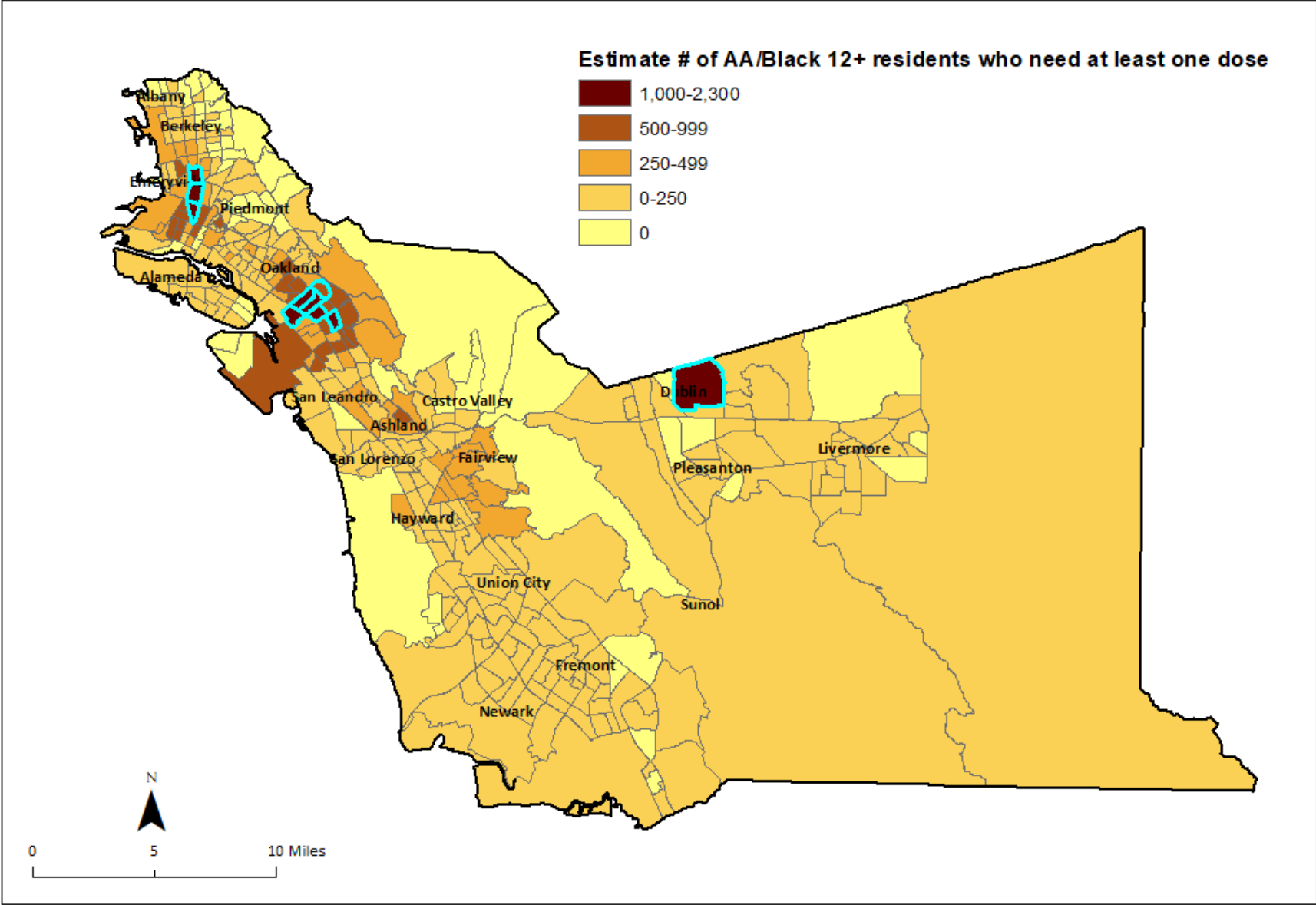
Top 10 census tracts with low AA/Black vaccination rates

(<50% of AA/Black 12+ pop with at least one dose)

and

Greatest number of AA/Black 12+ residents who need at least one dose

(>900 AA/Black residents unvaccinated in each census tract)



Source: Internal Vaccination Dashboard with data from CAIR (thru 7.1.21) and pop estimates by CT

Priority Census Tracts for Reaching Unvaccinated Latino/a/x Residents

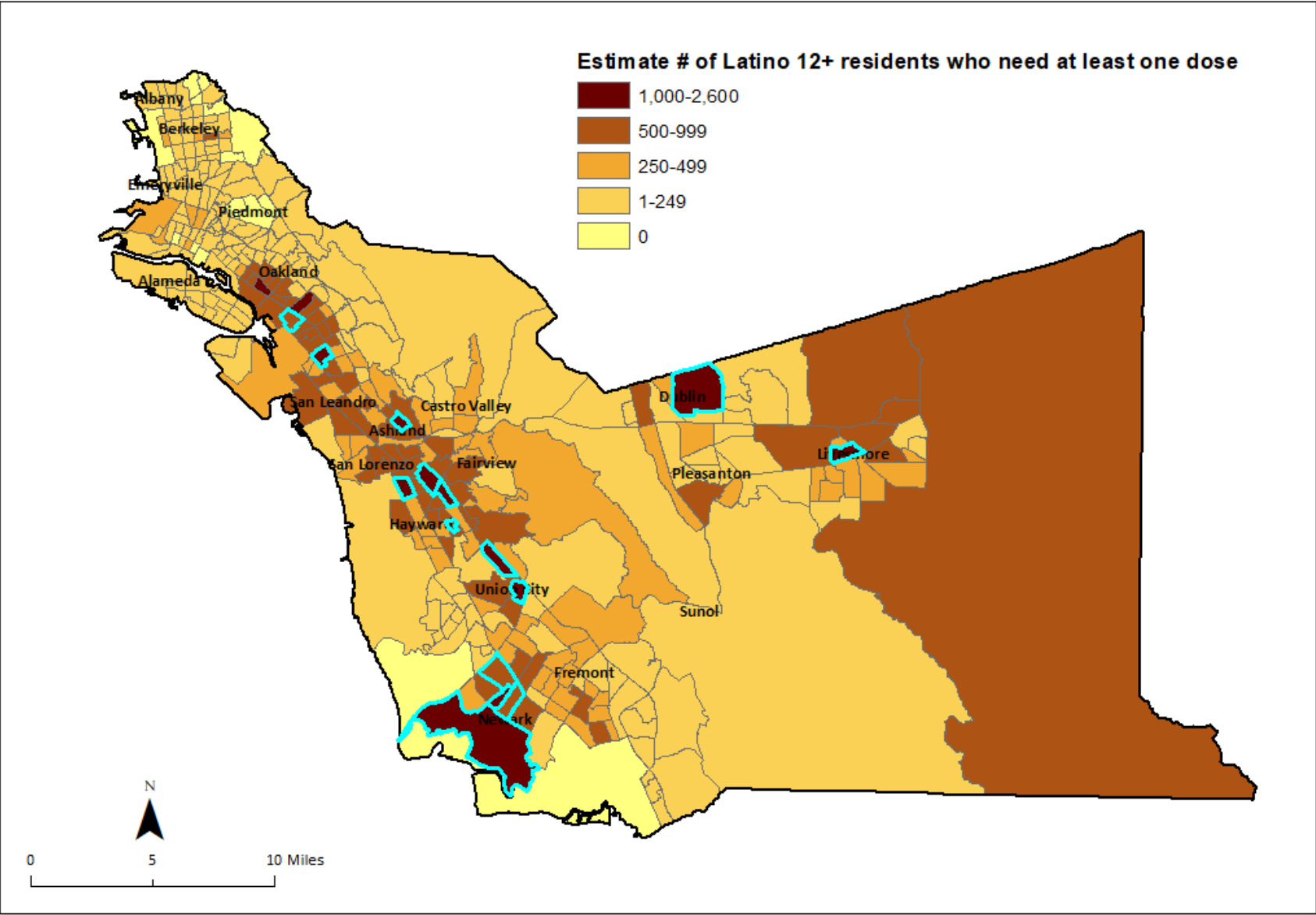
Top 15 census tracts with low Latino vaccination rates

(*<60% of Latino/Hispanic 12+ pop with at least one dose*)

and

Greatest number of Latino 12+ residents who need at least one dose

(*>900 Latino/Hispanic residents unvaccinated in each census tract*)



Source: Internal Vaccination Dashboard with data from CAIR (thru 7.1.21) and pop estimates by CT



Reaching Unvaccinated Residents

- Partnering and coordinating with organizations serving the most highly impacted communities
- Door-to-Door outreach in highly impacted neighborhoods
 - OHE Network and Community Navigator partners have maps of streets to canvas
 - Sharing info with BOS district staff + city and county communications staff
- Convenient pop-up neighborhood vaccination events
- Hyperlocal media/social media messages
- Developing youth-created content and relying on trusted messengers
- Partnering with school districts, especially in places with lower rates
- Supporting independent physicians to distribute vaccine
- Partnering with CDPH and PHI to reach additional community and work settings



3.2 Youth Vaccination

Updated CDPH Schools Guidance – Key Points

- Prioritizes in-person education
- Continues to require masks indoors for everyone in K-12 settings
 - Masks make instruction safer without minimum distance requirements
- Offers modified quarantine options to reduce classroom disruption
- Includes updated testing options
- HCSA and ACPHD aligning with CDPH
 - HCSA Safe Learning Team available to help
 - Continuing to partner with Alameda County Office of Education

Youth Vaccination Data: Ages 12-17

Total Population: 121,673

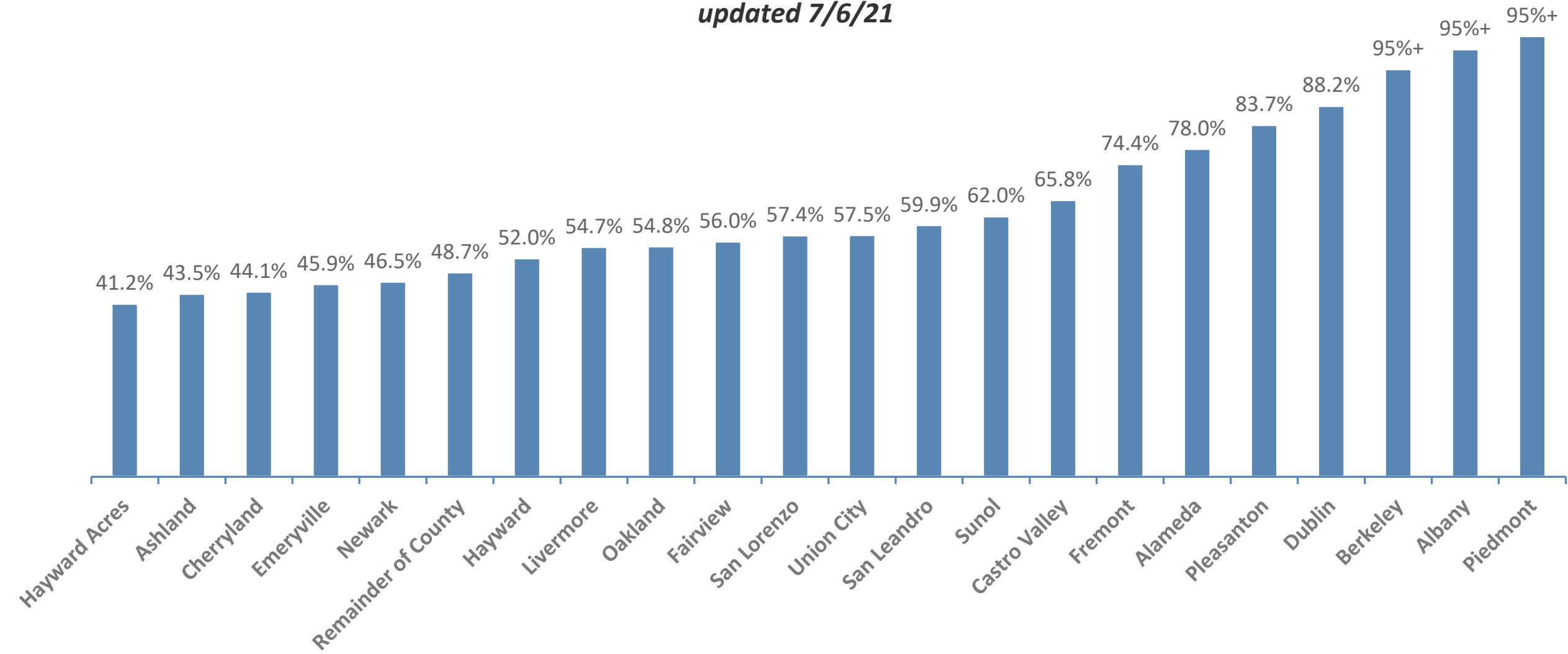
as of 7/6/21

	Count	Percentage
At Least One Dose	77,097	63.4%
Fully Vaccinated	60,697	49.9%



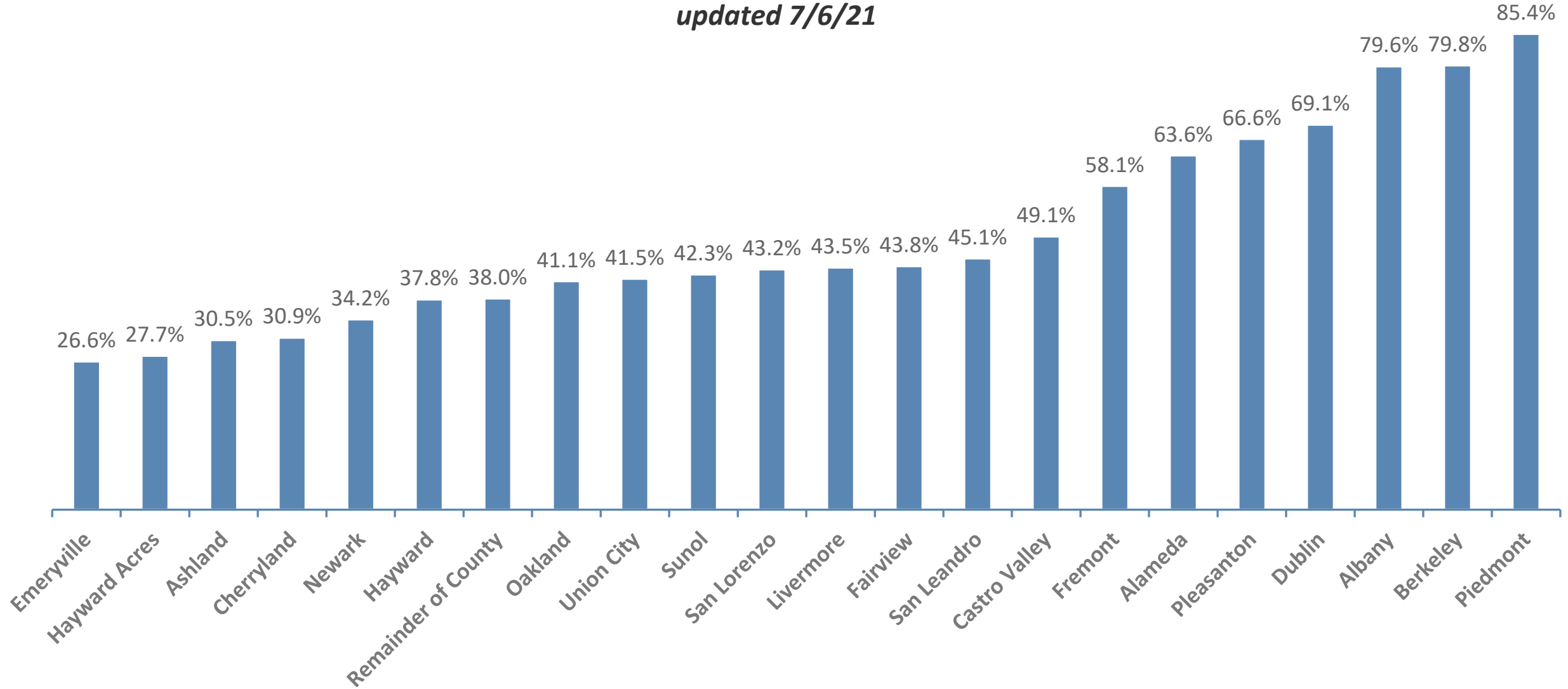
Age 12-17 At Least One Dose by City/Place

updated 7/6/21

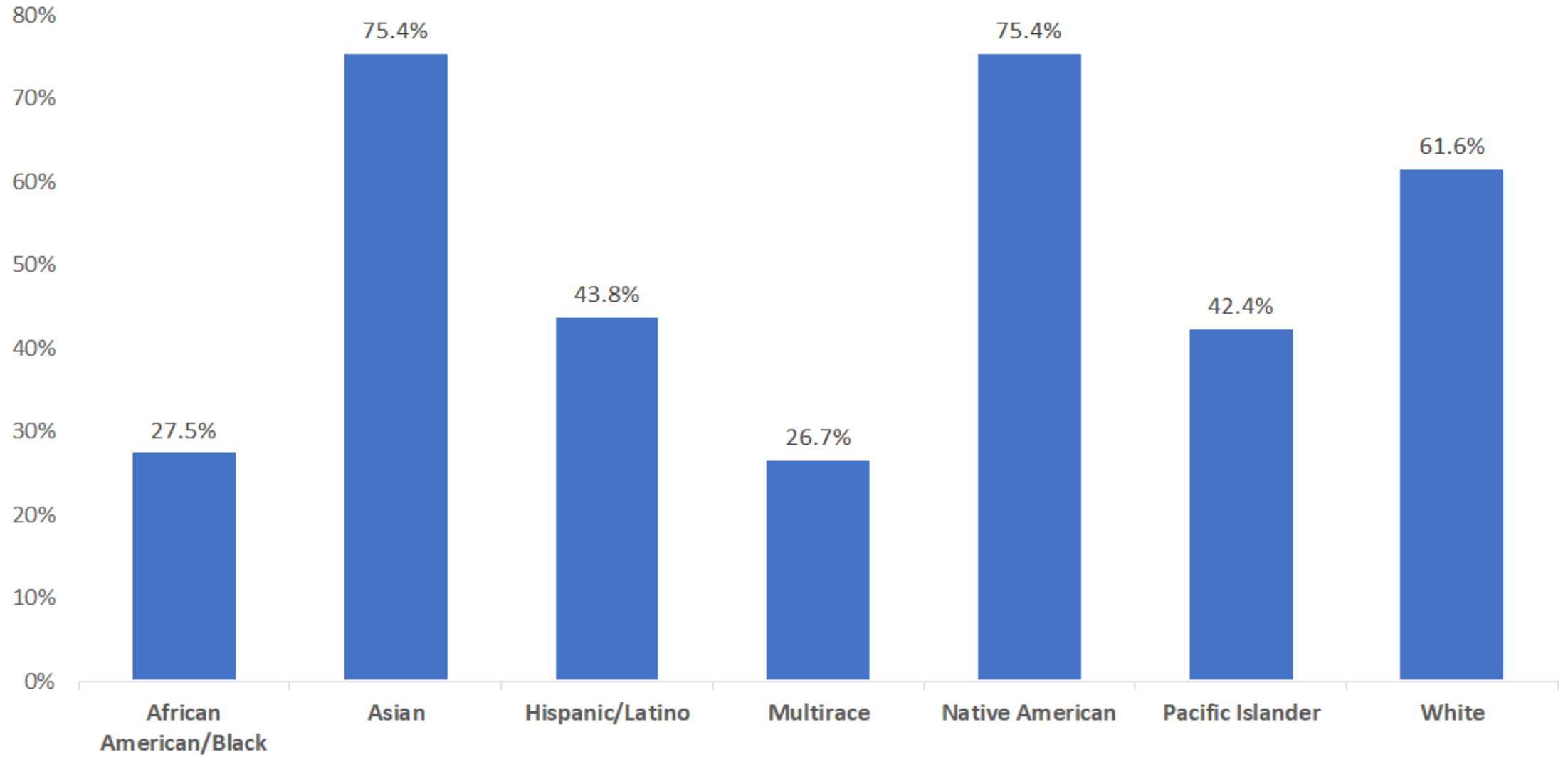


Age 12-17 Fully Vaccinated by City/Place

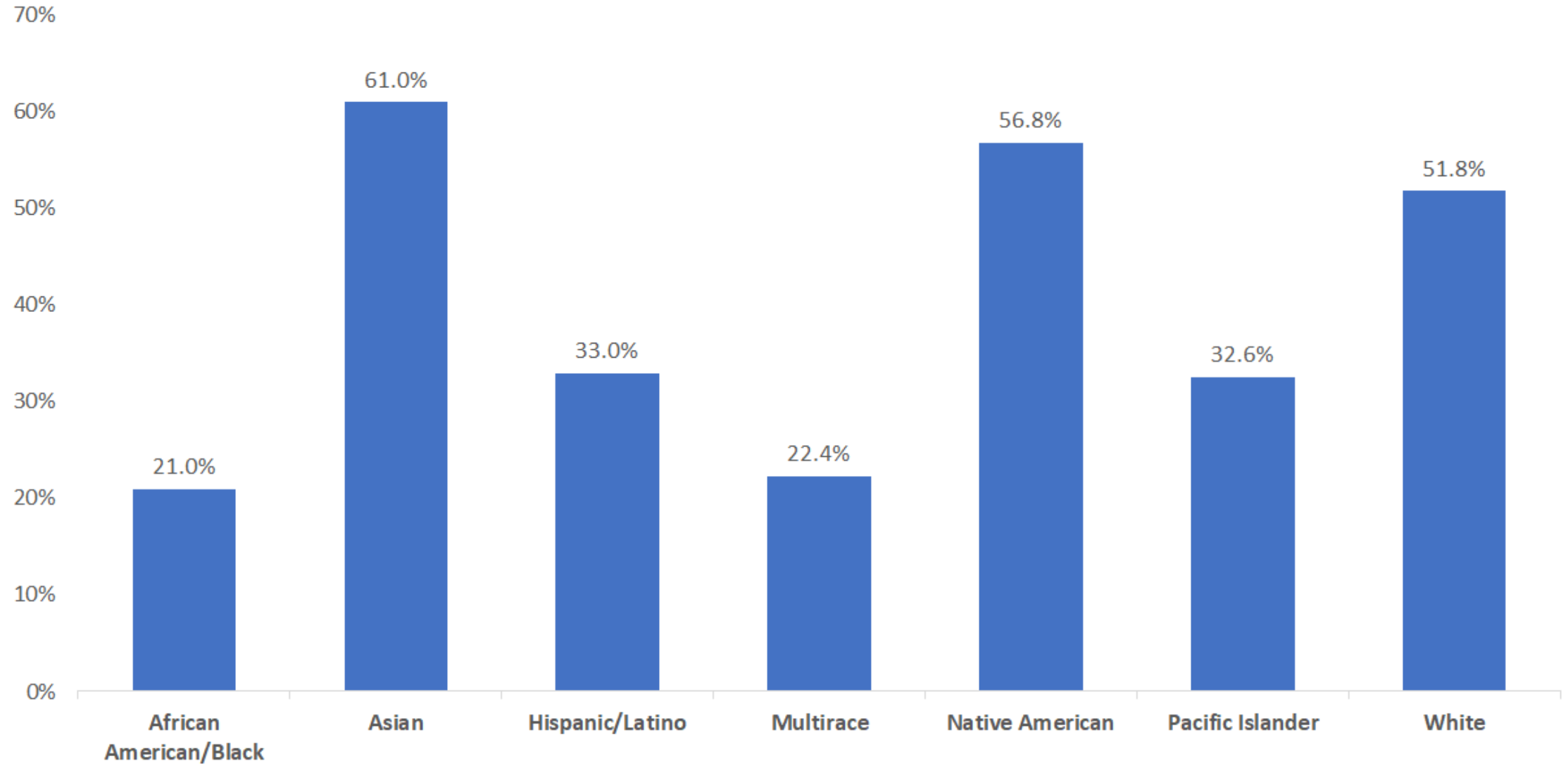
updated 7/6/21



Age 12-17 At Least One Dose by Race/Ethnicity *updated 7/6/21*



Age 12-17 Fully Vaccinated by Race/Ethnicity *updated 7/6/21*



COVAX Youth Workgroup Process

Group Members:

- Health (school nurses, pediatricians, administrators), Early Care and K-12 Education, Youth Development organizations, Faith-based community, and Youth leaders

Three Meetings:

- Reviewing youth vaccine data
- Learning from each other, sharing what seeing and hearing from youth
- Developing and prioritizing youth vaccine strategies and outcomes (workplan)



Artwork developed by Seattle-based Amplifier Community



Alameda County
Health Care Services Agency



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

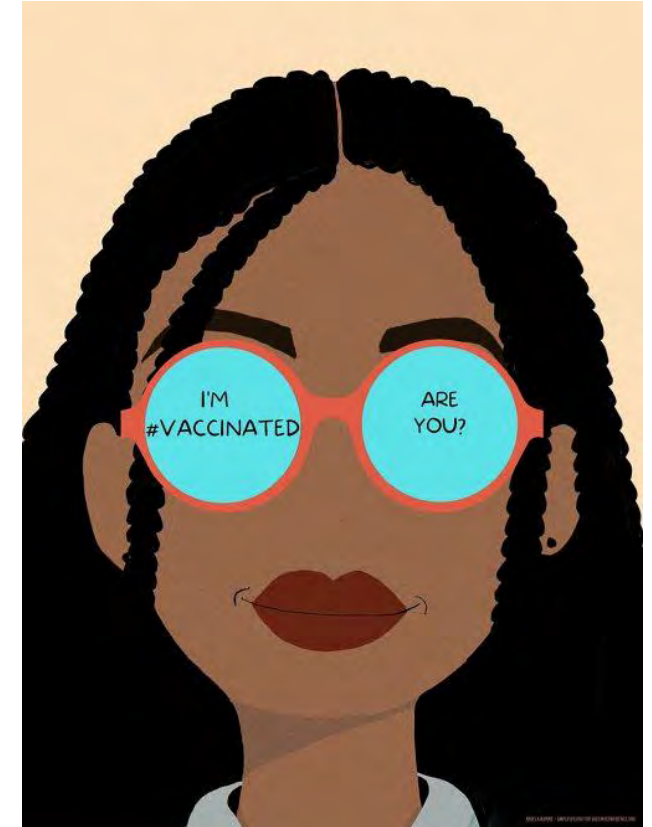
COVAX Youth Workgroup Workplan

GOAL	OUTCOMES	ACTIVITIES	STRATEGIES
Increase Youth Vaccination Rates County-wide	<ul style="list-style-type: none"> • Prioritize youth leadership and engagement in COVAX efforts 	<ul style="list-style-type: none"> • Define “youth” • Hire youth leaders to oversee efforts • Review vaccine equity data weekly • Establish vaccine attainment goals for youth 	<ul style="list-style-type: none"> • Pivot when locations/strategies not meeting targets • Focus on people of color, LGBTQ communities, and zip codes/census tracts with lower wealth distribution • Data-driven equity focus for monitoring progress among subgroups and disparities
Develop COVAX Youth Outreach Plan	<ul style="list-style-type: none"> • Increase student vaccine uptake through school-based and school-linked strategies • Increase visibility of vaccine information that meets the health literacy levels (language accessibility, simplified concepts, bigger terms defined) • Ensure youth have a deeper understanding of their rights about consent 	<ul style="list-style-type: none"> • Utilize youth-focused social media from influencers/trusted messengers to encourage vaccine confidence and combat myths • Develop and distribute youth-driven and viral educational materials • Utilize school nurses and other school health and wellness resources • Utilize youth in-reach strategies • Plan for outreach beyond schools: youth serving/youth-led organizations, social media, social networks, etc. 	<ul style="list-style-type: none"> • Include <ul style="list-style-type: none"> - youth in the foster care system - youth experiencing homelessness - youth who have been exploited - unaccompanied youth - youth on probation • Hire youth content creators and disseminators
Develop Plan for When the Youngest Kids are Eligible for Vaccine (<12)	TBD	TBD	TBD



COVAX Youth Workgroup Next Steps / Recommendations

- Present Youth CAG Workplan to the CAG
- Incorporate youth vaccine planning into the CAG
- Convene a Youth COVAX Communications Workgroup focused on peer-to-peer, youth-created content
- CAG and HCSA partner with the Youth COVAX Communications Workgroup to disseminate youth-driven content
- Youth ambassadors develop & disseminate youth messages



Artwork developed by Seattle-based Amplifier Community



3.3 Ongoing COVID Response

Key Assumptions – About the Pandemic

- Alameda County likely to resemble patterns in CA, as a whole
- COVID-19 will continue to circulate among unvaccinated persons
- COVID vaccines are proving highly effective in real world, but a booster campaign still a possibility



Key Assumptions – About Our Response

- Vaccine efforts should continue until high rates (90 - 95%) of vaccine uptake are reached in all communities, for all age groups
- COVID Vaccine public education and distribution will continue to be critical particularly for key populations that remain unvaccinated



Key Assumptions – About Our Response

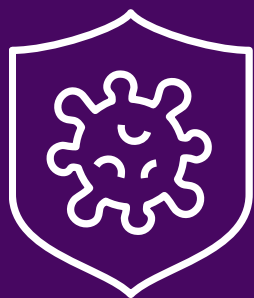
- Substantial testing need will continue at least through Winter 2021-22
- Isolation, quarantine and outbreak response needs may slow down but will continue for now
- Significant portions of our response continue to be performed by community partners through service contracts



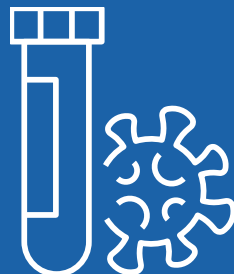
What is Alameda County’s plan for the next phase?

2-YEAR COVID-19 STRATEGY

GOALS



Prevent COVID-19 infection, transmission, and serious illness.



Test, isolate, and support care of people with COVID-19.



Redress COVID-19-related racial/ ethnic health disparities.




Strengthen, align, and evaluate public health infrastructure.

Note: This strategy highlights key components of HCSA-PHD COVID-19 response framework.

2-YEAR COVID-19 STRATEGY



GOALS	Prevent COVID-19 infection, transmission, and serious illness.	Test, isolate, and support care of people with COVID-19.	Redress COVID-19-related racial/ethnic health disparities.	Strengthen, align, and evaluate public health infrastructure.
STRATEGIES	<ul style="list-style-type: none"> ✓ Maintain and implement new measures as needed and provide guidance to individuals, organizations, and businesses on how to minimize risk exposure and transmission. ✓ Protect populations most vulnerable to exposure and transmission. ✓ Support community-informed and community-led outreach, testing, prevention, health promotion, and education initiatives. ✓ Align prevention, health promotion, and education initiatives with testing programs. ✓ Communicate effectively through multiple means to inform and educate. ✓ Supply or link people to resources that they need to protect themselves, their families, and their communities. ✓ Vaccinate Alameda County residents. 	<ul style="list-style-type: none"> ✓ Expand access to, promote, innovate, and conduct testing. ✓ Investigate cases and trace contacts. ✓ Isolate people who tested positive for COVID and quarantine their contacts. ✓ Ensure equitable and ethical access to medication and therapies. ✓ Provide housing options for residents who test positive for SARS-CoV-2 in congregate settings. 	<ul style="list-style-type: none"> ✓ Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, and age. ✓ Target COVID-19-related services to communities shouldering disproportionate disease burden. ✓ Address root causes to disparities in COVID-19 and other health conditions like overcrowded housing, no paid leave for essential workers, lack of health insurance, high-rates of unemployment, and anti-immigrant policies. ✓ Ensure that all services are acceptable, accessible, of high quality, culturally competent, and linguistically appropriate. ✓ Increase funding to community-based organizations led by and serving people shouldering disproportionate disease burden. 	<ul style="list-style-type: none"> ✓ Innovate and strengthen testing, prevention and education, and case investigation and contact tracing, and outbreak investigation. ✓ Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services. ✓ Expand program evaluation and community research capacities. ✓ Continue to use data to drive decisions. ✓ Meaningfully engage communities most impacted by COVID-19 and fund the organizations they lead. ✓ Strengthen the infrastructure, core operating and technical capacities of public health staff and community partners. ✓ Support and institutionalize the county's disaster service worker corp. ✓ Expand quality improvement and assurance initiatives within the public health department. ✓ Expand bilingual capacities across the agency.
	<p>Alameda County Health Care Services Agency</p>  <p>Alameda County Public Health Department Celebrating Healthy People in Healthy Communities</p>		<p>Updated May 2021</p>	

Core Service Areas for new COVID Division

- ✓ Testing
- ✓ Disease Containment/Vaccination
- ✓ Outbreak Investigation
- ✓ Case Investigation/Contact Tracing (CI/CT) and Community Support
- ✓ Data/Epidemiology
- ✓ Health Promotion & Communications



Proposed Changes to CAG

- Continue monthly meetings through December 2021
- Transition from vaccine specific content to overall COVID response
 - recovery & resilience
 - community coalition work
 - vaccination & disease containment
 - youth and adults
- Are we missing anyone at this table?
 - Youth CAG members



4. Panelist Comment/Q&A

