

COVID-19 Vaccine (COVax) Planning



How will vaccine(s) change the pandemic?

Vaccine could potentially:

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

Beyond safety and efficacy, vaccines work best with broad uptake

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

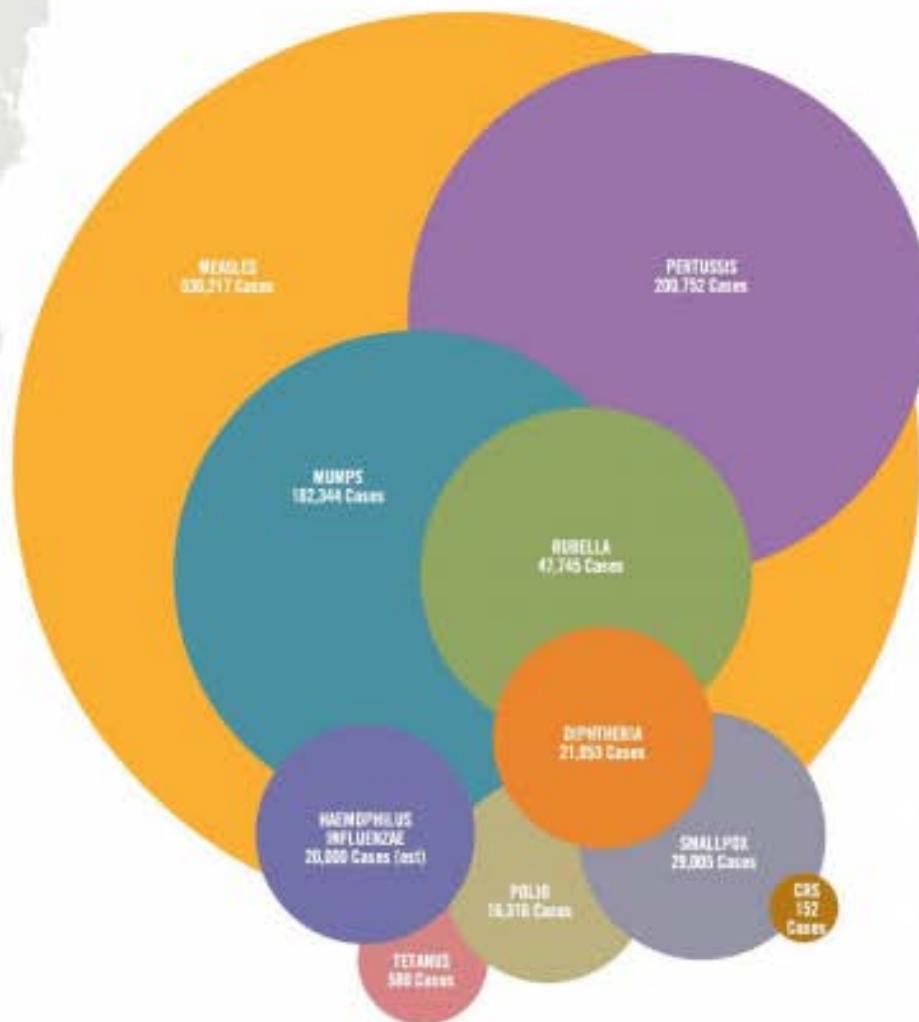
VACCINES WORK

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	MEASLES
THEN 29,005	THEN 530,217
NOW 0	NOW 61
DIPHTHERIA	MUMPS
THEN 21,053	THEN 162,344
NOW 0	NOW 2,528
PERTUSSIS	RUBELLA
THEN 200,752	THEN 47,745
NOW 21,291	NOW 6
TETANUS	CRS
THEN 580	THEN 152
NOW 8	NOW 0
POLIO	HAEMOPHILUS INFLUENZAE
THEN 16,316	THEN 20,000
NOW 0	NOW 270

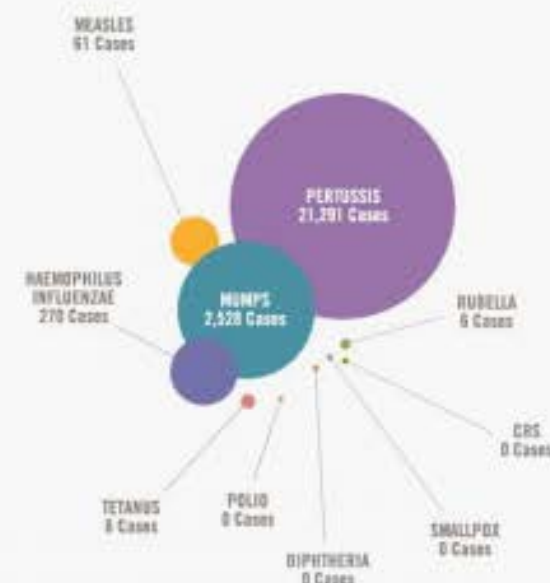
THEN

Annual US disease cases in the 1900s



NOW

US disease cases in 2010



* 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.

** 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.

Federal, State & Local Roles

Federal agencies:

- Which vaccines are approved for use in United States (FDA)
- How much vaccine will be allocated to each state (CDC)
- Overall framework for who gets vaccine at each phase of the rollout (CDC)
- Ongoing research, monitoring, and oversight (NIH, FDA, CDC)

California Department of Public Health (CDPH):

- Which vaccine(s) will be used in CA
- How much vaccine will be allocated to each local health jurisdiction/county
- State-specific framework for who get vaccine when (per federal guidelines)
- Which data systems will be used across the state to monitor vaccine distribution and uptake
- Ongoing data collection, monitoring and oversight

Alameda County Health Care Services Agency:

- Coordinate local infrastructure for vaccine storage, distribution, & administration
- Promote equitable distribution across local communities
- County-specific framework for who gets vaccine when (per state guidelines)
- Ongoing data reporting and monitoring

Public education & misinformation management central at each level

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
- Local health depts must submit vaccine plan by Dec. 1

Prioritization: Who will get the vaccine?

Vaccine will NOT be mandatory.

A. Populations for Phase 1a : December- early 2021

COVID-19 vaccine should be offered to the following persons in California:

- Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings, including:
 - Persons at direct risk of exposure in their non-clinical roles, such as environmental services, patient transport or interpretation, etc.
- ***As of 12/2--federal Advisory Committee on Immunization Practices (ACIP) added for inclusion in Phase 1a, residents of skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals.***



B1. Type of Facility or Role (Tier 1 of 3)

Tier 1

- Acute care, psychiatric and correctional facility hospitals
- Skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals
 - Include residents in these settings as recommended by ACIP
- Paramedics, EMTs and others providing emergency medical services
- Dialysis centers

B1. Type of Facility or Role (Tier 2 of 3)

Tier 2

- Intermediate care, for persons who need non-continuous nursing supervision and supportive care.
- Home health care and in-home supportive services
- Community health workers, including promotoras
- Public health field staff
- Primary care clinics including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics

B1. Type of Facility or Role (Tier 3 of 3)

Tier 3

Other settings and health care workers, including:

- Specialty clinics
- Laboratory workers
- Dental / oral health clinics
- Pharmacy staff not working in settings at higher tiers

How is Alameda County preparing?

HCSA's multidisciplinary COVax Team has 3 focus areas:

1. Community

- Equity lens
- Stakeholder process to engage and inform residents and community partners
- Seeking input on vaccine prioritization, trust building, messaging and managing misinformation

2. Health Care Delivery System

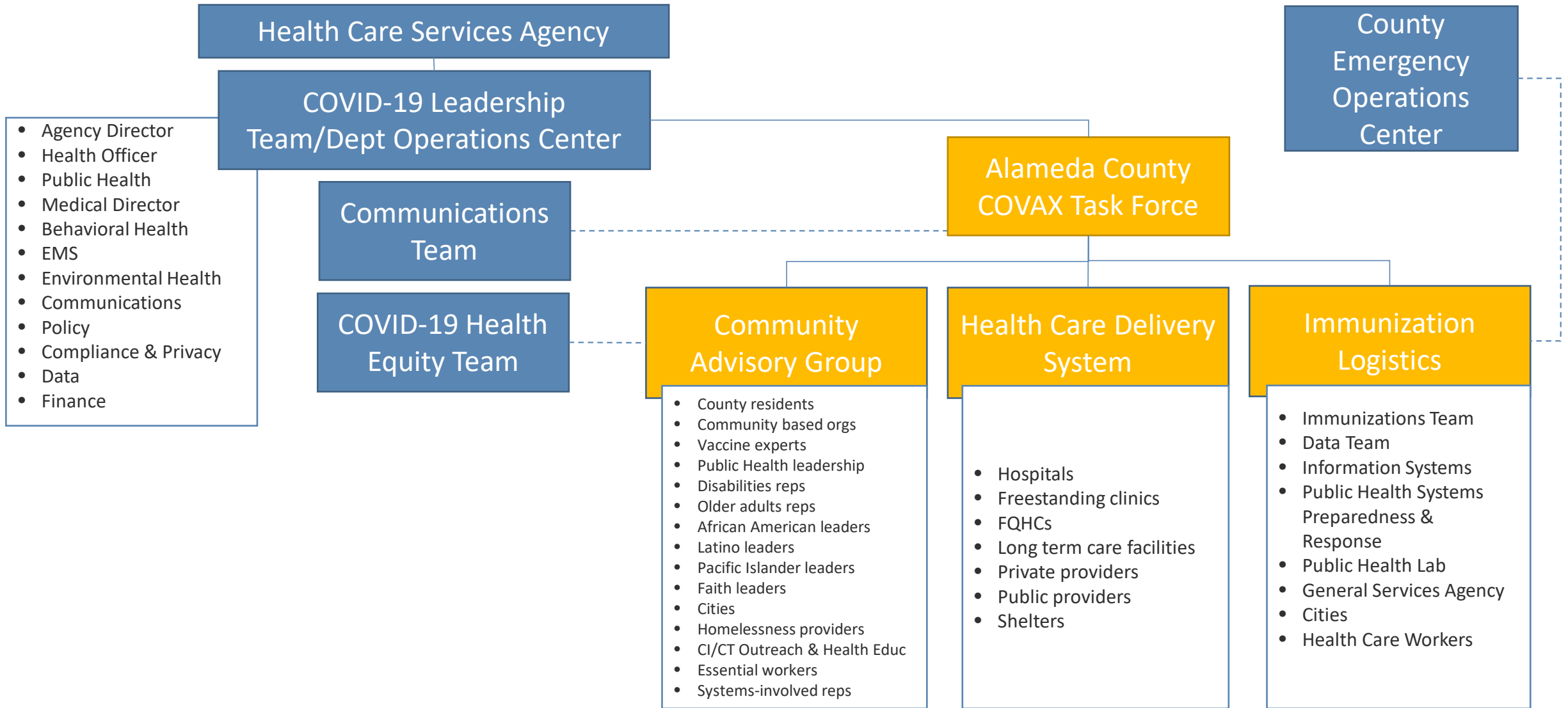
- Coordinating clinical providers (hospitals, community clinics, private practice) to ensure broad access
- Collaborative process to support countywide prioritization and equity strategies

3. Immunization Logistics

- Liaison to State's Immunization team
- Monitoring cold chain and capacity
- Planning community-based Points of Dispensation (PODs) during mass vaccination phase
- 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 COVID Vaccine Planning Structure



Alameda County COVID-19 Vaccination Plan

- Submitted to State December 1st
- Posted on vaccine page of PHD's COVID-19 website
- Includes plans for:
 - Existing and anticipated partnerships
 - Identification of critical populations
 - Logistics (vaccine storage, handling, administration, second dose reminders)
 - Provider recruitment and enrollment
 - Communications
 - Data collection and use
 - Progress and program monitoring
- May be edited and updated as required

Alameda County COVax Values & Principles

- Provide transparent and accurate information to help Alameda County residents 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)

Alameda County Community Engagement

Goals for ongoing community engagement

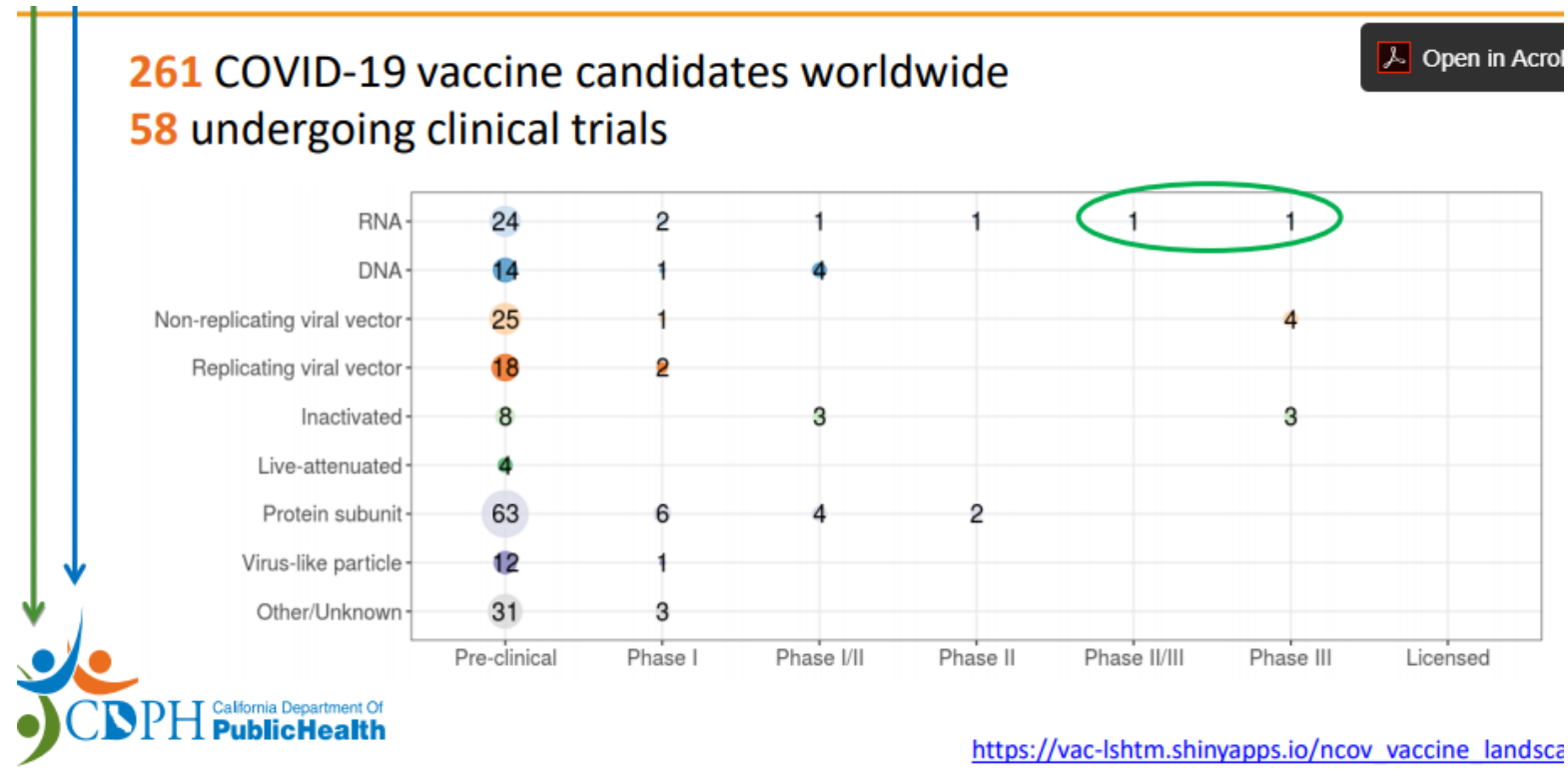
- Share evolving information and plans with community
- Receive input on equitable vaccine distribution and prioritization
- Build collective trust and strategies to promote uptake
- Coordinate on messaging and managing misinformation

COVax Community Advisory Group

- Anticipated launch in mid-December, with regular meetings thereafter
- Seeking representation from residents, community serving orgs, vaccine experts, providers, cities, and highly impacted communities
- Integrated across COVID-19 response, existing community tables, and outreach/education contracts

What we know so far: Vaccine Development and Availability

- 261 vaccines under development worldwide, 56 in clinical trials
- 2 may be available in U.S. as early as mid December
 - Pfizer (must be stored @ -70 deg C)
 - Moderna (can be stored in regular freezer)
 - Both are RNA vaccines
 - Both require 2 doses, 21 days apart for Pfizer and 28 days apart for Moderna



COVax Approval Process

- 11/20 Pfizer submitted to FDA for Emergency Use Authorization
 - 11/27 Moderna also submitted
- 12/10 FDA Vaccine Advisory Committee will meet to review Pfizer's data
- 12/10-12 California Scientific Safety Review Workgroup secondary review
 - They have committed to a same day review of the recommendation from FDA
- State has been told by Operation Warp Speed (OWS) that CA will receive boxes of vaccine in the first tranche between 12/15 and 12/18

Allocation

- State will receive 335 boxes of vaccine or 326,625 doses
- Alameda County will receive 14 boxes, or 13,650 doses, one of which boxes will go to Berkeley to be allocated
- By 12/10, ACPHD needs to inform the State which hospitals should receive vaccine and how many. Vaccine will be shipped directly to the hospitals.
- Multi-County entities (Kaiser, Sutter, UC) in future allocations will work directly with the State

Development of Guidelines for Equitable Distribution

- National Academy of Sciences and others have developed guidelines
- State of California has two bodies refining federal recommendations:
 - Drafting Guidelines Working Group met 11/27/20
 - Draft guidelines go to California Community Vaccine Advisory Committee on 11/30/20
- Alameda County equity lens:
 - Local data
 - COVax Community Advisory Group
 - COVID-19 Health Equity Team

The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

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To reduce the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) and its associated impacts on health and society, COVID-19 vaccines are essential. The U.S. government is working to produce and deliver safe and effective COVID-19 vaccines for the entire U.S. population. The Advisory Committee on Immunization Practices (ACIP)* has broadly outlined its approach for developing recommendations for the use of each COVID-19 vaccine authorized or approved by the Food and Drug Administration (FDA) for Emergency Use Authorization or licensure (1). ACIP's recommendation process includes an explicit and transparent evidence-based method for assessing a vaccine's safety and efficacy as well as consideration of other factors, including implementation (2). Because the initial supply of vaccine will likely be limited, ACIP will also recommend which groups should receive the earliest allocations of vaccine. The ACIP COVID-19 Vaccines Work Group and consultants with expertise in ethics and health equity considered external expert committee reports and published literature and deliberated the ethical issues associated with COVID-19 vaccine allocation decisions. The purpose of this report is to describe the four ethical principles that will assist ACIP in formulating recommendations for the allocation of COVID-19 vaccine while supply is limited, in addition to scientific data and implementation feasibility: 1) maximize benefits and minimize

harms; 2) promote justice; 3) mitigate health inequities; and 4) promote transparency. These principles can also aid state, tribal, local, and territorial public health authorities as they develop vaccine implementation strategies within their own communities based on ACIP recommendations.

The ACIP COVID-19 Vaccines Work Group has met several times per month (approximately 25 meetings) since its establishment in April 2020. Work Group discussions included review of the epidemiology of COVID-19 and consultation with experts in ethics and health equity to inform the development of an ethically principled decision-making process. The Work Group reviewed the relevant literature, including frameworks for pandemic influenza planning and COVID-19 vaccine allocation (3–8); summarized this information; and presented it to ACIP. ACIP supported four fundamental ethical principles to guide COVID-19 vaccine allocation decisions in the setting of a constrained supply. Essential questions that derive from these principles can assist in vaccine allocation planning (Table 1).

Maximize benefits and minimize harms. Allocation of COVID-19 vaccine should maximize the benefits of vaccination to both individual recipients and the population overall. These benefits include the reduction of SARS-CoV-2 infections and COVID-19–associated morbidity and mortality, which in turn reduces the burden on strained health care capacity and facilities; preservation of services essential to the COVID-19 response; and maintenance of overall societal functioning. Identification of groups whose receipt of the vaccine would lead to the greatest benefit should be based on scientific evidence, accounting for those at highest risk for SARS-CoV-2 infection or severe COVID-19–related disease or death, and the essential role of certain workers. The ability of essential workers, including health care workers and non–health care

*The ACIP includes 15 voting members responsible for making vaccine recommendations. Fourteen of the members have expertise in vaccinology, immunology, pediatrics, internal medicine, nursing, family medicine, virology, public health, infectious diseases, and/or preventive medicine; one member is a consumer representative who provides perspectives on the social and community aspects of vaccination. In addition to the 15 voting members, ACIP includes eight ex officio members who represent other federal agencies with responsibility for immunization programs in the United States, and 30 nonvoting representatives of liaison organizations that bring related immunization expertise. <https://www.cdc.gov/vaccines/acip/members/index.html>.



Next Steps & Ongoing Planning

- Launching COVax Community Advisory Group in mid-December
- Continued planning with health care providers
- Continued coordination with State
- Regional planning with Bay Area Health Officials & Berkeley Health Dept
- Applying lessons from 2020 flu PODs in planning for COVax PODs
- Purchasing freezers and dry ice to support cold chain management
- Developing informational materials and coordinating with regional and state partners on messaging
- COVax page on website, live Dec. 1, will include plan submitted to state
- COVax email for general inquiries: covax@acgov.org