

COVID-19 VACCINATION PLAN

Alameda County

December 1, 2020

Alameda County Health Care Services Agency
Public Health Department

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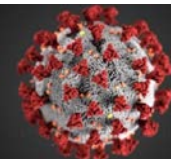
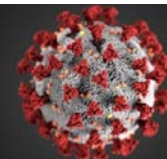


Table of Contents

Introduction/Explanation.....	2
Section 1: COVID-19 Vaccination Preparedness Planning.....	3
Section 2: COVID-19 Organizational Structure and Partner Involvement	5
Section 3: Phased Approach to COVID-19 Vaccination	7
Section 4: Critical Populations	8
Section 5: COVID-19 Provider Recruitment and Enrollment	10
Section 6: Vaccine Administration Capacity	12
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management	14
Section 8: COVID-19 Vaccine Storage and Handling	15
Section 9: COVID-19 Vaccine Administration Documentation and Reporting	16
Section 10: Vaccination Second Dose Reminders	17
Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems	19
Section 12: COVID-19 Vaccine Program Communication.....	20
Section 13: Regulatory Considerations for COVID-19 Vaccination.....	22
Section 14: COVID-19 Vaccine Safety Monitoring.....	23
Section 15: COVID-19 Vaccination Program Monitoring.....	24

COVID-19 Vaccine Implementation for CA Health Jurisdictions



Introduction/Explanation

As is stated in the [CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#), immunization with a safe and effective COVID-19 vaccine is a critical component of the strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal of the U.S. government is to have enough COVID-19 vaccine for all people in the United States who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine, and vaccination efforts may focus on those critical to the response, providing direct care, and maintaining societal function, as well as those at highest risk for developing severe illness from COVID-19. [California's COVID-19 Vaccination Plan](#), as well as a [summary of CA's efforts to plan for COVID-19 vaccine](#), are both posted at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx>.

This CDPH document is modeled after the CDC playbook and follows the recommendations for local health jurisdictions that have been presented in weekly webinars with Immunization Coordinators, Emergency Preparedness Planners, Local Health Officers and Health Department Executives. Slides from webinars and other important documents are posted at <http://izcoordinators.org/covid-19-vaccination-planning/> (Username: covidPlanningGroup and Password: covid2020!).

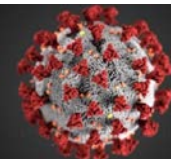
The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about COVID-19 vaccine. Completion of this template, however, will help to ensure that the foundational planning components for your COVID-19 vaccine response are in place. This is a high-level planning tool that only requires concise responses. This completed template is **due to CDPH by:**

5:00 pm December 1, 2020

Please email completed templates to CDPH.LHDCOVIDVAC@cdph.ca.gov

Box size roughly indicates how much we'd like to hear about your plan for the different sections. Boxes will expand if you need to add more text.

Thank you. We look forward to learning about your strategies and plans as we embark on this new and critical vaccine journey.



Section 1: COVID-19 Vaccination Preparedness Planning

- A. Describe the multi-agency Task Force/Entity that has been put together in your jurisdiction to plan for COVID-19 vaccine implementation.

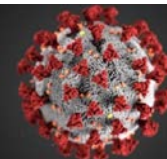
Alameda County's core vaccine planning efforts are led by the Alameda County Health Care Services Agency which includes Public Health, Behavioral Health, Environmental Health, Emergency Medical Services, and critical focus programs including the Center for Healthy Schools and Communities and the Office of Homeless Care and Coordination. The logistical planning is being led by our Immunizations Branch and our Public Health Systems Preparedness and Response program. County partners include the Alameda County General Services Agency and the Alameda County COVID-19 Emergency Operations Center.

We are using our community points of dispensing (PODs) for flu vaccine to prepare for and refine our approach to COVID vaccine PODs. Partners in this endeavor include community based organizations, COVID-19 testing sites, local elected officials, cities, and community clinics. We are leveraging our countywide provider network of hospitals and clinics that we convene for COVID-19 surge planning to plan for vaccine distribution; and in the next few weeks, we will add a community advisory body that will meet regularly.

- B. Revisiting institutional memory and after-action reports, what are the major lessons learned from H1N1 in your jurisdiction and how are they being considered for COVID-19 vaccine implementation?

We completed 2 After Action Reports for H1N1. The major lessons learned are:

- Develop clear objectives and re-evaluate frequently during the vaccine implementation phases;
- Include a wide and diverse range of stakeholders in the vaccination planning process including community serving organization and community members;
- Expand access to vaccination touch points through strategies like using pharmacies to provide COVID vaccinations;
- Partner with trusted messengers such as community serving organizations, faith leaders, schools, disability leaders, regional centers, EMS, fire departments, etc, to assist with building trust and expanding outreach and education for the community;
- Plan for cold chain management and vaccine monitoring;
- Deploy video-based Just-in-Time Training to standardize training, which is especially useful given current social distancing requirements; and
- Include nursing schools, our Medical Reserve Corps, Community Emergency Response Teams and other volunteer organizations for both medical and nonmedical positions.

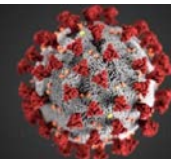


C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

Lessons learned thus far and reflected in our preparation for COVID-19 vaccinations include adaptation of our long established Points of Dispensing (POD) site [training](#), vaccination training, vaccine management training, and cold chain management training for our 2020 Flu Vaccination Clinics. In each training, we evaluated our preparedness for social distancing, infection control measures and cold chain management. Prior to any POD, we evaluate potential locations with a Site Assessment Tool that allows us to determine adequate space to incorporate a socially distanced walk-through or drive-through POD and adequate parking, electricity, and separate entrance and exit pathways. We have also adapted our four stage Vaccination Clinical Design to keep all points of contact 6-8 feet apart in the POD, from initial symptom check/registration to registration review to vaccination dispensing to the final observation area. We clean all public surfaces in between each participant visit at each station. We have conducted 5 flu pods thus far and have managed to maintain a throughput of 6 people per minute. We also enhanced our cold chain management by conducting periodic temperature checks throughout the POD clinic every thirty minutes.

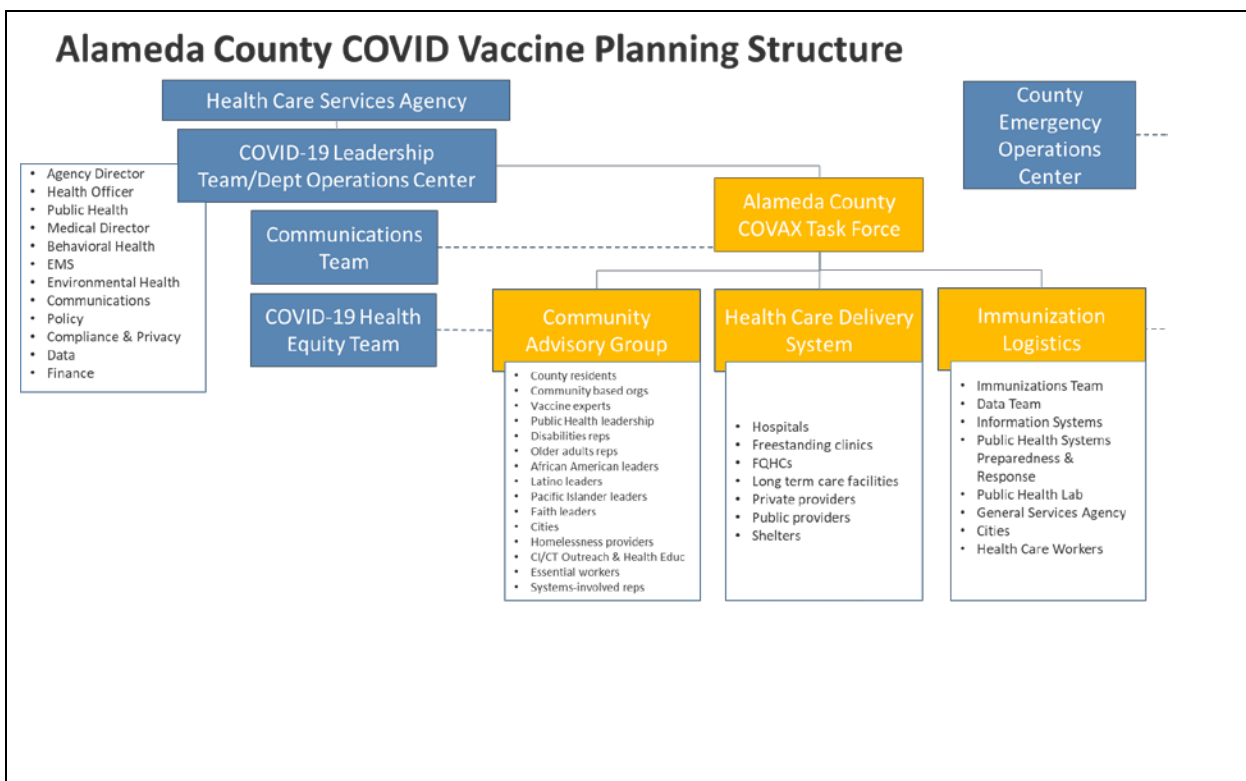
Other lessons learned include:

- Increase communication with stakeholders that can assist in vaccine management and cold chain maintenance including hospital and private labs, hospital and large pharmacies, and potential contractors who may be able to assist with these activities on short notice.
- Establish multiple emergency contracts and open purchase orders with nursing agencies, translations providers, and printing companies to support vaccination PODs.
- Ensure internal capacity to manage purchases, contracts and logistics support with a plan for scaling up and down as needed.



Section 2: COVID-19 Organizational Structure and Partner Involvement

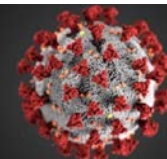
A. Please share your local organizational (org) chart that is guiding COVID-19 vaccine planning by pasting it into the space below or add it as an Appendix at the end of this document.



B. How are you engaging external partners in your planning process? Who are your primary external (outside of your local health department) planning partners?

We are coordinating regionally with the Association of Bay Area Health Officers and leveraging relationships at the state, regional and local level through our longstanding All Hazards Emergency Preparedness and Response Planning efforts. We have close connections with our long term care facilities and the Ombudsman and conduct weekly coordinated conference call webinars to share information, engage facility administrators in planning activities and solicit feedback about current issues.

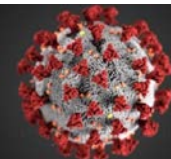
We also work closely with the Hospital Council and directly with our hospital partners for critical decision making around scarce resource allocation and policies. We have bi-weekly health care coalition calls and weekly Health Care Facilities calls. Our Public Health Laboratory Director has close connections to other county and regional lab directors to coordinate resources. We work closely with our Alameda County Voluntary Agencies Active in Disasters



(VOAD), Elected Officials and Faith-Based Organizations for messaging and are using this as an engagement platform for vaccination planning.

Primary external partnerships include:

- Countywide Health Care Coalition which includes hospitals, clinics, long-term care facilities, surgery centers, dialysis and other specialty care units
- Community Health Clinic Network, which includes 9 federally qualified health centers
- Hospital Council of Northern and Central California
- Alameda County General Services Agency
- Alameda County Office of Emergency Services and Emergency Operations Center
- Association of Bay Area Health Officers
- Cities, and their Fire, Emergency Management, and Economic Development staff
- Community clinics (non-FQHC)
- Network of COVID-19 testing site partners (faith based organizations, cities, community based organizations)
- Network of COVID-19 contracted providers who augment our case investigation/contact tracing efforts, distribute isolation/quarantine care kits, and provide community-based outreach and health education
- Network of community based partners to help us ensure cultural competency with African American, Latino, Asian, and Pacific Islander communities
- Community coalitions in Unincorporated areas of Alameda County
- City of Berkeley Local Health Jurisdiction



Section 3: Phased Approach to COVID-19 Vaccination

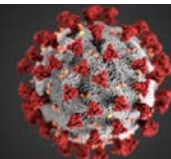
- A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? yes no
- B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

We plan to pursue agreements with all of the freestanding acute hospitals in our County: Alameda Health System's three acute campuses, St Rose Hospital, and Washington Hospital. We will continue to monitor and discuss storage, vaccination implementation and other logistics with all HCEs through our weekly calls. We will also update our existing agreements with long term care facilities. CDPH will be directly working with large health systems that are multi-county entities, and we will not require POD agreements with them for Phase 1a. We will rely on data collected in COVIDReadi to ensure that these entities administer vaccine via the prioritization set by CDPH.

Additional references include:

[Graphic on page 11 of CDC COVID-19 Vaccination Program Interim Playbook](#) and

[A phased approach to Vaccine Allocation for COVID-19 from National Academies of Sciences Engineering Medicine](#)



Section 4: Critical Populations

- A. Describe your efforts to identify the health care workforce, critical infrastructure workforce and vulnerable populations in your jurisdiction including reviewing the data from CDPH.

We will be collaborating and working with our acute health care entities (HCEs) in assuring that they are vaccinating their Phase 1A high risk and high risk frontline workforce. The data collected by CDPH will be available to us to ensure that these entities administered via the prioritization set by CDPH.

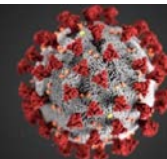
From our local COVID-19 trends, we know that Latino, African American, and Asian Pacific Islander communities have been the hardest hit by the pandemic. In addition to bearing a disproportionate number of cases and deaths, low-income residents in these communities also face substantial barriers to COVID prevention. We will further refine our county-specific prioritization using the Healthy Places Index (HPI) data and measures set by our COVID-19 Health Equity Team to help determine equitable distribution of vaccine POD locations.

We will also include considerations for residents and employees in high-risk settings such as skilled nursing facilities, residential care facilities for the elderly, correctional facilities, homeless shelters and encampments, and community clinics. Within the prioritization framework developed by CDPH, we will refine local priority populations with input from the COVax Community Advisory Group, our Health Equity Team and several population-specific resident groups and clinical and community providers.

- B. Describe your plan for communicating with acute care facilities about their readiness to vaccinate during Phase 1a. (Are they ready to hit the ground running?)

Since the start of the pandemic we have convened a weekly call with health care facilities to plan for surges, provide high level updates, and engage in bidirectional communication including responding to concerns from our county's HCEs. Over the past month, we have incorporated vaccine readiness into these calls. These meeting are led by our Health Officer, Agency Medical Director, and EMS Director.

We also use ReddiNet, CAHAN, AC Alert (our local emergency alerts), and Provider Health Alerts and Advisories to communicate with our provider networks. We are surveying our acute care facilities to determine readiness to vaccinate and determine cold storage capabilities. There is a general readiness for Phase 1A, and we anticipate supporting acute care facilities with vaccination staff as there may be surges in COVID and seasonal flu patients in their facilities.



- C. With an eye on equitable distribution, how do you plan on reaching other populations that will need vaccinations in subsequent phases?

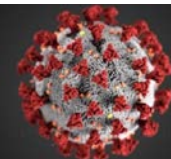
Our COVID-19 response structure includes a Health Equity Team that focuses on infusing equity principles across the response, from data collection to case/contact investigations to isolation/quarantine supports to outreach and community engagement. We plan to hold regular town halls, employ digital and other media strategies, partner on vaccine education with elected partners and community organizations, and convene a community focused task force that is intended to foster bidirectional communication, build trust with communities, receive feedback on and foster transparency in the process.

We also have a network of community based organizations that we are contracting with to provide case/contact investigations, outreach and health education, and isolation care kits in communities with the highest COVID-19 case rates. Our priority neighborhoods have a high level of overlap with Quartile 1 of the Healthy Places Index (HPI) and we will leverage the work with our CBO partners to understand what communities need to make informed decisions about the vaccine. We have preliminary vaccine receptivity data from community testing events, are conducting surveys at our 2020 community flu clinics, and will also survey the broader community and trusted messengers.

Logistically, we will leverage our relationship with provider networks and experience with annual distribution of flu vaccine to support broad distribution of COVID vaccine.

Priority populations include communities of color, essential and frontline workers, people with disabilities, older adults, and people experiencing homelessness.

[Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook](#)



Section 5: COVID-19 Provider Recruitment and Enrollment

CDPH is identifying large health systems and other multi-county entities (MCEs) that will receive vaccine allocation directly from CDPH. Some MCE criteria are that the entity has facilities in three or more counties; is able to set policy for its facilities, can plan centrally and support implementation of a COVID vaccination program at all of its facilities in California; and that the entity can order, store and administer vaccine to its employees or arrange with an outside provider (other than the local health department) to do so. It is not necessary for local health departments (LHDs) to invite these entities to enroll as COVID vaccine providers. LHDs should review the list of MCEs for their jurisdiction and be familiar with the MCEs' vaccination plans.

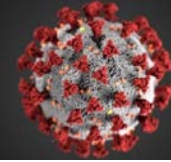
- A. What are you doing to identify non-MCE providers to invite to participate in Phase 1a? (*e.g. acute care hospital providers not affiliated with an MCE, staff of long-term care facilities, ambulatory care settings providers*).

We received the CDPH California COVID-19 Vaccine Hospital System Needs Assessment and Capacity Survey results and notifications. This information helped us to see which HCEs in our County answered the survey and which needed additional reminders and support. We are working with our EMS colleagues to encourage all HCEs to respond and will rely on the COVIDReadi responses queried through the enrollment process to detect storage capacity, cold chain and risk of high risk and frontline staff. With that information, we will know who we can approach for vaccination partnerships and storage. Our weekly call with providers includes hospitals, clinics, and affiliated partners, and we are continuing to assess vaccine readiness by leading this group through the questions asked by CDPH to identify potential partners for vaccination storage, and dispensing.

To encourage LTCFs to participate in the CDC's pharmacy partnership, we shared the information with all long term care facilities multiple times. Staff from our internal LTCF Task Force, which works to prevent and mitigate outbreaks at LTCFs, are working closely with their assigned facilities to promote and prepare for vaccination.

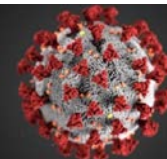
- B. How will you continue to recruit new providers to register and vaccinate during subsequent phases when there is more vaccine?

We will outreach and leverage our public and private provider networks, and will make our experts available to answer questions and provide up-to-date information throughout all the vaccination phases. We have good relationships with our community and freestanding clinics, the regional medical association, and private physician groups.



- C. Who will be reviewing your local provider enrollment data to ensure that pharmacies and providers are enrolled?

Our Mass Prophylaxis group lead and COVID Vaccination Task Force will review, monitor and evaluate the data that providers are submitting through Calvax. We will review COVIDReadi data to see if any pharmacies are able to participate in Phase 1a vaccinations. CDPH has mentioned CDC will be working with a number of chain pharmacies to provide vaccine in Phase 2 and beyond.



Section 6: Vaccine Administration Capacity

- A. Looking at your previous dispensing and vaccination clinic activities, what elements have resulted in greater throughput results?

We have developed and evaluated staffing models for walk-through and drive-through vaccination sites. We can increase walk-through vaccination sites by increasing vaccination stations and can increase drive-through sites by increasing the number of lanes. To increase the number of vaccinators, we plan to boost capacity through increased staffing and leveraging the recently expanded paramedic roles for vaccinations. We are also actively working with nursing schools and recruiting for our medical reserve corps, and recruiting nonmedical volunteers in partnership with cities.

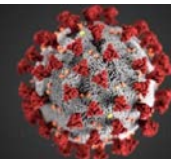
- B. What mapping information do you have access to that will help your recruitment efforts and POD plans? (e.g. disease hot spots, vulnerable communities, testing sites, POD sites etc.)

Our COVID-19 data team has created various maps, including case and test positivity rates by zip code, overlap of HPI Quartile 1 with our highly impacted zip codes, flu POD sites in relationship to high priority areas, as well as food distribution sites and testing sites. Additionally, as a City Readiness County, we have identified 40 POD sites thus far, which can be overlaid with disease trend maps to focus on hot spots and high-risk communities.

- C. How will data be entered into CAIR/SDIR/RIDE from your POD sites?

- a. PrepMod
- b. Mass Vax module
- c. Other – Our Data team will directly input into CAIR Registry & utilize Mass Vax Module for upload to CAIR and PrepMod_____

- D. Please describe the staffing strategies you are planning for mass vaccination PODs. (e.g. mass vaccinator contract, Medical Reserve Corps, volunteers etc.) Also, in this section, please add any anticipated support you think you will need from the State for the different phases.



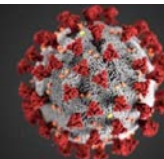
We have approximately 90 Public Health Nurses on staff, all of whom are eligible to vaccinate, and we have established contracts with two nursing registries to meet pandemic demands. Our Medical Reserve Corps has 50 vaccinators, and we are identifying additional support through Disaster Service workers, CERT teams and Search and Rescue Teams for nonmedical POD positions. We also plan to maximize and support health care providers and pharmacies to vaccinate their clients.

- E. Describe your plan for identifying where PODs will be conducted in the community and for which populations.

Our emergency preparedness and planning response team has identified 40 potential POD sites in Alameda County that are being evaluated for suitability as COVID-19 vaccine POD sites. We are working with cities to confirm sites that can accommodate social distancing and support multiple modes of transit, including public transportation. For seasonal flu PODs we are using a site assessment tool and a team that will conduct this work for COVID vaccine PODs. Our plan is to continue to be flexible in site selection as needed and work with community, government and transit partners to ensure equitable access to PODs.

- F. How will you assess provider throughput for LHDs PODs and for the broader provider community? *(Consider your current experience running socially distanced flu clinics to help answer this question.)*

We are training our flu POD staff to assess throughput using mass prophylaxis test metrics and drills developed by the RAND Corporation for the Strategic National Stockpile. We have many years of corresponding data to use as a basis of comparison. We are currently comparing the older data to recent flu POD data to assess staffing, throughput, social distancing and other translations needs.



Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

- A. Who will be responsible for submitting allocations to State for conversion to orders? (*title/role of individual(s)*)

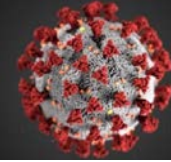
Acting Immunization Coordinator, Crystal Scott RN, PHN

- B. How will you use storage capacity information in the registration system to allocate doses?

We will utilize data reported from the State's new online provider enrollment system (COVID-19 Provider Enrollment and Ordering Management System). We will review this information alongside providers who have been flagged by CDPH in making decisions to approve or deny provider enrollment based on CDPH guidance for appropriate storage capacity. Our goal would be to optimize vaccine by matching the number of people to be vaccinated at the HCE vs. their storage capacity.

- C. Describe your process to follow up with providers who may not be meeting ordering, storage, inventory or IIS requirements.

We will pull data from the new online provider enrollment system (COVID-19 Provider Enrollment and Ordering Management System) and we will call for further assessment of providers who have unacceptable storage capacity per CDPH standards. Per the assessment, we will educate providers on the appropriate CDPH Storage and Vaccine Handling guidance for their site. We will also consult with other teams in the response for potential troubleshooting ideas. In anticipation of not all providers having the required cold chain storage capacity, we have recently purchased 2 freezers to support community need.



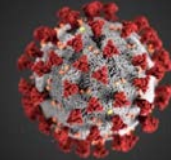
Section 8: COVID-19 Vaccine Storage and Handling

- A. Describe your plan to assess cold storage capacity for LHDs and providers (including ultra-cold storage capacity)

We are encouraging all providers within our county to enroll in the COVID-19 Provider Enrollment and Ordering Management System which will give us, the LHD, access to their cold storage capacities. We, the LHD, will also enroll in the new Provider Enrollment System, so the state has access to our cold storage capacity. We have a state of the art Public Health Lab and we are augmenting our ultra-cold storage capacity through additional freezer purchases.

- B. Describe your plan to ensure that you have access to dry ice if needed.

We are working with the Alameda County General Services agency to plan for ongoing dry ice procurement and delivery.



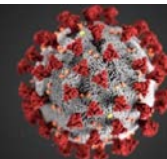
Section 9: COVID-19 Vaccine Administration Documentation and Reporting

- A. How will you handle questions from local providers about vaccine administration reporting and have you identified the staff responsible?

We will direct local providers to the Alameda County Immunization phone number: (510) 267-3230 and email Immunize@acgov.org. We will have Luis Loza, Jonathan Campos, Charline Davout and Crystal Scott answering specific questions about reporting and administration. The Immunization team has also established workflows for forwarding calls and emails to the vaccine management team.

- B. On a high level, what kind of data analysis are you planning to do regarding COVID-19 vaccine administration for your jurisdiction? [For reference, see pages 45 and 46 of California's COVID-19 Vaccination Plan.](#)

We plan to track which vaccines were dispensed to whom and by whom, with an equity lens. We will conduct aggregate analysis of provider ordering and dispensing volumes to monitor overall uptake in the county; analysis of dispensing and uptake at our mass vaccination clinics to refine delivery approach; as well as aggregate analysis of vaccine uptake by race/ethnicity, occupation, socioeconomic status and local geography to inform outreach and engagement to the public. With access to the CAIR and PrepMod we look forward to having close to real time analysis capability. All personally identifiable information will be protected per standard reporting and privacy guidelines.



Section 10: Vaccination Second Dose Reminders

- A. How will you inform vaccinees at your PODs of second doses of COVID-19 vaccine and remind them when to come back?

We will use CDC/CDPH provider vaccination kits that include reminder vaccination cards that will instruct vaccinees at PODs when to return for a second dose. We will also use CAIR/PrepMod 2nd dose functionality in those applications, and provide contact information (phone & email) for the Immunization Program.

We will regularly query CAIR/PrepMod to pull data about households that have received the first dose and use this data to notify them to return for a second dose. For people who prefer to be contacted via phone, we will contract with a company to do “robo-calls” or text messages to notify people where to return to and when for their subsequent dose. For people who prefer email or mail, we will use email communications and postcards with the information for where and when to return for a second dose.

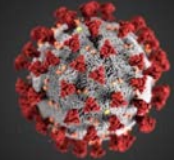
We are also exploring whether we can use texting systems usually employed for local emergency and community notifications communications by cities and the County.

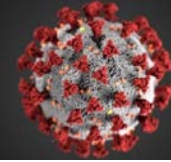
- B. How will you ensure that patients coming for their second doses receive the appropriate product?

For all PODS, client information, including who they are and which vaccine they previously received, will be verified at registration, and confirmed again before administration of the second dose. We are also exploring options like QR codes, color coding by vaccine type, or limiting vaccine type by POD site (i.e. only one type of vaccine per pod).

- C. How will you communicate with/monitor other providers about second doses for their patients?

Using data from CAIR/PrepMod that providers share with us and also data from CDPH, we will assist providers in sharing CDPH tools in how they can remind clients of second doses.

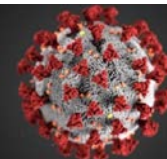




Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

- A. What are your strategies for directing providers to the CDPH Provider Enrollment and Management page/system for all phases?

We will work with our LHD's Health Care Entities (HCE), Pharmacy, LTCF's, and our 48 community clinic flu vaccination partners to ensure that they are informed about CDPH's step by step COVIDReadi Provider Enrollment action steps and instructions for providers. We communicate information regarding the COVIDReadi website and electronic enrollment, procurement of vaccines and ancillary supplies, how they can follow the progress of their application, specifics that may apply to multiple-location entities, and requirements for designated vaccine coordinators and back-up coordinators. Throughout all phases of the COVID-19 vaccine, we will serve as the conduit and support CDPH's outreach campaign through the various Immunization Information Systems (IIS), and direct questions to the appropriate state or local resources.



Section 12: COVID-19 Vaccine Program Communication

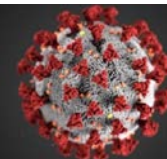
- A. On a high level, what is your COVID-19 vaccine communication plan? Please consider the following:
- Communicating with external providers
 - Communicating with transparency to the general public
 - Using multiple communication channels to ensure information is accessible to all populations
 - Ensuring updated information on your website
 - Establishing methods to hear (or learn about) and respond to public concerns and address potential vaccine hesitancy

We will deploy a multi-pronged communication and engagement strategy, including:

- Dedicated vaccine webpage on our COVID-19 website to share updated local and state information and materials in multiple languages
- Dedicated email for general public to ask vaccine specific questions (covax@acgov.org)
- Vaccine education and training for our Inquiries team, which answers phone calls and emails from public about COVID-19
- Incorporation of vaccine education and information about the County's plans into all regular channels of communication: invited meetings with community partners and faith based organizations, town halls and meetings with cities, Board of Supervisors meetings, social media, weekly newsletter with broad distribution, town halls, etc
- Two formal stakeholder engagement processes: one with clinical providers and one with community representatives and community serving organizations; these processes will be integrated with one another, as well as with several population-specific community-only tables to engage directly with residents
- Co-development of multi-lingual, population-specific messaging and outreach in collaboration with 11 community based organizations contracted to provide COVID-19 education and outreach across the 5 hardest hit areas in the county, which geographically overlap with HPI Quartile 1

- B. Describe how you will identify and work with trusted messengers to communicate with vulnerable and diverse communities.

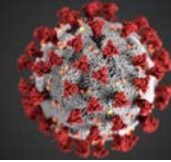
Throughout the course of the pandemic, we have built and strengthened partnerships with community serving organizations, both at the grass roots level and with well-established organizations. We are contracting with 11 community based organizations with linguistic and cultural competency to serve our diverse communities, and have relationships with faith leaders, community leaders, and trusted local clinical leaders. We also have data from previously held focus groups to understand how various populations prefer to receive messages from the Public Health Department, as well as recent data from community testing events and



our community flu clinics specific to vaccine receptivity. Diverse language access is critical in our county and we will be working with community partners to expedite translations.

- C. Describe how you will communicate with employers, community-based organizations, faith-based organizations, and other stakeholders.

Through our COVID response, we have developed robust contact lists for community based organizations, faith based groups, employers, and government partners. We plan to share updated information and materials with our partners on a regular and timely basis, through conference calls, social media, web posts and email communications. With our community serving organizations we are also working on refining communications for people who do not have digital access or may get their information from flyers and community message boards. The community stakeholder process we plan to launch in mid-December will meet at least monthly and include community members alongside representatives from local governments, community serving organizations, faith leaders, vaccine experts, and organizations serving people with disabilities, older adults and people experiencing homelessness.



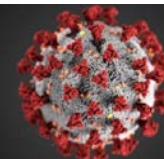
Section 13: Regulatory Considerations for COVID-19 Vaccination

- A. Have you designated where on your local website you will post the Emergency Use Authorization (EUA) Fact Sheets for COVID-19 vaccine? Please include the links to those pages.

We have created a dedicated page for vaccine on our COVID-19 website, which will be used to share local plans, including this one, public presentations, state/federal information about vaccines, and any other resources. <https://covid-19.acgov.org/vaccines>

- B. How will you communicate about EUA fact sheets to other providers and vaccinators in your jurisdiction? How will you ensure that all health department clinics use the proper EUA fact sheets?

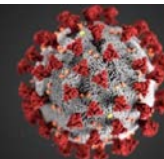
We will communicate EUAs with our clinical partners using established channels, including county wide conference calls and webinars, website updates, provider and emergency alert systems, and coalition meetings. Our LHD does not administer its own clinics.



Section 14: COVID-19 Vaccine Safety Monitoring

- A. How will you communicate with providers in your jurisdiction about reporting of potential adverse events (via [VAERS](#)) and reporting of potential vaccine errors (via [VERP](#))? Have you identified where on your local website you will post links to VAERS and VERP? If yes, please provide links to those pages below.

We will incorporate VAERS and VERP education and reporting in our communications and agreements with vaccinating partners. We will post the links for VAERS and VERP on our Immunization page (<https://acphd.org/immunization-program>) as well as our COVID vaccine page (<https://covid-19.acgov.org/vaccines>).



Section 15: COVID-19 Vaccination Program Monitoring

- A. What key metrics will you monitor regarding your overall COVID-19 vaccine plan in your jurisdiction? [For reference see page 71 of California COVID-19 Vaccination Plan](#)

Among the metrics we will plan to track are the following:

- # of providers registered in CDPH Online System
- # of doses ordered within our county, provider type & occupation setting
- # of doses distributed by provider, date, geography
- # of reminder/recall messages sent
- # of unused, wasted doses
- # of adverse events reported
- # of vaccination events, with doses administered and # of people receiving vaccine at each
- % of priority population vaccinated in each phase
- # of individuals receiving vaccine by vaccine type, # of valid doses, date of vaccination, age, race/ethnicity, geography, housing status
- # of vaccine refusals among health care workers and other populations

- B. How will you monitor the above metrics?

We will review and evaluate our data drawn from the above metrics to measure progress against our vaccination goals and will generate reports and dashboards to monitor trends over time. We will pull data from several required portal sources from the State, including CAIR, PrepMod, & CalVax systems, and will also use other systems like VEOCI data management system.