California Health and Human Services Agency (CHHS)
California Department of Public Health (CDPH)

COMMUNITY VACCINE ADVISORY COMMITTEE
MEETING #1
November 25, 2020
10:00 AM – 1:00 PM
WELCOME TO THE COMMUNITY VACCINE ADVISORY COMMITTEE

Erica Pan, MD, MPH,
Acting State Health Officer, Co-Chair

Nadine Burke Harris, MD, MPH, Surgeon General,
Co-Chair
Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Use hand raise icon when you are ready to make comments/ask questions
- Consistent attendance by members; no delegates or substitutes
- Website - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
- Public in listen-in mode via telephone at each meeting
- Public comment via written comments; will be summarized and discussed with Committee at subsequent meetings
- Technical issues with Zoom – put questions in chat
Community Vaccine Advisory Committee Overview

- Role, Timeline and Expectations of Community Vaccine Advisory Committee
- Relationship to Scientific Safety Review Workgroup/Drafting Guidelines Workgroup
- Challenges Ahead
Role, Timeline, and Expectations

1. Urgency of Timeline and Meetings
2. Role of Community Vaccine Advisory Committee beyond initial vaccine allocation period
3. Diversity of Membership
4. Connection between Workgroups and Community Vaccine Advisory Committee
5. Advisory Role of Community Vaccine Advisory Committee
6. Trusted Messengers & Trusted Listeners – A Reciprocal “Two-Way” Street
7. Challenges Ahead
8. Discussion with members
Vaccine Planning Overview

- History of CDPH’s Work on Vaccine Planning and Prioritization
Vaccine Planning Overview

- California COVID-19 Governor’s Vaccine Task Force
Community Vaccine Advisory Committee

• Advises the Vaccine Task Force on the direction of Task Force workgroups
• Committee Members Will Be Key Resources and Communicators to Your Organization’s Membership
• Over 70 members representing diverse organizations from across California
• For transparency, all meetings are public
Scientific Safety Review Workgroup

- Eleven member workgroup of vaccine experts
- Charge: review vaccine clinical trial data to put California “seal of approval” on vaccine safety and effectiveness
- Workgroup has met twice
- Workgroup is on call ready to immediately review data
Drafting Guidelines Workgroup

- Charge is to develop allocation guidance for local health departments to determine who will receive vaccine when there is limited supply
- Sixteen-member workgroup has met three times and for nine hours
- Presently working on allocation for Phase 1a
- Next meeting: November 27, 2020
Vaccine Task Force Infrastructure

- Communications
- Information Management
- Logistics
- Administration, Budgets, Legal
Vaccine Planning Overview

• Scientific Safety Review Workgroup Update
Vision

• Most of ~40M Californians will have equitably received safe and effective COVID-19 vaccines

• Severe COVID-19 illness minimized
  – Transmission of SARS CoV-2 reduced?

• Pandemic blunted, perhaps controlled
  – Contributes to normalization
California’s Immunization Infrastructure

• ~19 Million influenza vaccine doses given in 2019-2020 season
  – Most of these given in ~3 months
• Tens of millions of other routine vaccine doses given per year
  – High immunization rates for children, lower for adults
• Most doses administered in clinical settings
  – >90% of doses given in clinics, hospitals, pharmacies, etc.
• Local health departments (LHDs) are a key safety net
  – Surge capacity during pandemics, outbreaks, other urgencies
    • Double the routine doses in the 2009-10 H1N1 pandemic
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.

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Vaccine Development and Deployment

FDA Review Cycle

Investigational New Drug (IND) Application
- Pre-Clinical Studies
- Phase I, II, or III (or combination phase) trials

Authorization Options after FDA Review
- Licensure
- Emergency Use Authorization (EUA)
- (Expanded Use Access IND [Men B vaccine, NJ outbreak])

Continued Oversight After Authorization
The Vaccine Life Cycle
safety at every phase

GUIDE
ACIP
ACADEMY COMMITTEE ON IMMUNIZATION PRACTICES
BLA
BILOGICAL LICENSE APPLICATION
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
FDA
FOOD AND DRUG ADMINISTRATION
IND
INDICATIONAL (NEW DRUG APPLICATION)

VACCINE
DEVELOPMENT

PHASE 1
safety
PHASE 2
effectiveness
PHASE 3
safety + effectiveness
PHASE 4
safety monitoring for serious, unexpected adverse events

safety continues with CDC + FDA safety monitoring

Basic Research
Discovery
Pre-Clinical Studies
Clinical Studies / Trials
FDA Review
ACIP Review
ACIP e-Consent

Learn More
FDA Vaccine Development + Approval Process
http://go.usa.gov/xvVNd
CDC Vaccine Safety Monitoring + Research
http://go.usa.gov/xvVNe

Community Vaccine Advisory Committee 11/25/2020
Vaccine Candidates & Clinical Trials

261 COVID-19 vaccine candidates worldwide
58 undergoing clinical trials

https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape/
## Candidates in Phase III trials

<table>
<thead>
<tr>
<th>Vaccine Platform</th>
<th>Vaccine</th>
<th># of doses</th>
<th>Trial Locations</th>
<th>Warp Speed Funding?</th>
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</thead>
<tbody>
<tr>
<td>mRNA</td>
<td>Moderna mRNA-1273</td>
<td>2</td>
<td>USA</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Pfizer/BioNTech BNT162</td>
<td>2</td>
<td>USA, Argentina, Brazil, Turkey</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-replicating adenovirus vector</td>
<td>Oxford ChAdOx1-S</td>
<td>1 or 2</td>
<td>UK, Brazil, South Africa, US</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Cansino Ad5-nCoV</td>
<td>1</td>
<td>Pakistan</td>
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</tr>
<tr>
<td></td>
<td>Gamaleya Gam-COVID-Vac</td>
<td>2</td>
<td>Russia - &quot;Sputnik V&quot;</td>
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<td>Janssen Ad26COVS1</td>
<td>1</td>
<td>USA, Brazil, Chile, others</td>
<td>Yes</td>
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<tr>
<td>Spike protein (nanoparticle)</td>
<td>Novavax NVX-CoV2373</td>
<td>2</td>
<td>UK</td>
<td>Yes</td>
</tr>
<tr>
<td>Inactivated</td>
<td>Wuhan IBP vaccine</td>
<td>2</td>
<td>UAE, Bahrain</td>
<td></td>
</tr>
<tr>
<td>(1st candidates from China)</td>
<td>BIBP/Sinopharm BBIBP-CorV</td>
<td>2</td>
<td>UAE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sinovac CoronaVac</td>
<td>2</td>
<td>Brazil, Indonesia</td>
<td></td>
</tr>
</tbody>
</table>
Advanced Candidates — mRNA vaccines in US Phase III trials

**Moderna (mRNA-1273)**
- **Dosage**: 100 mcg
- **Administration**: 2 doses IM, 28 days apart
- **Doses per vial**: 10
- **Preservative**: None
- **Diluent**: None
- **Storage**:
  - Shipped, stored: –20°C (–4°F) for up to 6 months.
  - May refrigerate at 2-8°C (36-46°F) for up to 7 days.
  - Once the vial has been punctured, discard any doses unused after 6 hours.

**Pfizer/BioNTech (BNT162b2)**
- **Dosage**: 30 mcg
- **Administration**: 2 doses IM, 21 days apart
- **Doses per vial**: 5
  - Minimum 195 vials (975 doses) per shipment
- **Preservative**: None
- **Diluent**: Yes
- **Storage**:
  - Shipped, stored: –70°C (–94°F) for up to 6 months
  - If storing in special shipping container
    - Up to 10 days, if unopened.
    - Up to 6 months, if dry ice is replenished upon receipt and every 5 days, and if container openings are limited per instructions.
  - May refrigerate at 2-8°C (36-46°F) for up to 24 hours
  - May store at room temperature for up to 2 hours after thawing.
  - After mixing with diluent, use within 6 hours.
# Updates - Press Releases

**Moderna:**

- **VE 94.5%**
- **COVID-19 cases:** 90 in placebo group, 5 in vaccine group
- **65+ years:** 15 cases
- **Severe Disease:** 11 in placebo group, 0 in vaccine group
- **DSMB:** No serious safety concerns
- **EUA submittal:** “Coming weeks”
- **Storage (FDA review):** 2-8 degrees C for up to 30 days

**Pfizer**

- **VE 95%**
- **COVID-19 cases:** 162 in placebo group, 8 in vaccine group
- **65+ years:** VE 94%
- **Severe Disease:** 9 in placebo group, 1 in vaccine group
- **DSMB:** No serious safety concerns
- **EUA submittal:** “Within days” (11/20?)
- **Storage (FDA review):** (No changes)

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Will We Know…?

Will we know from initial Phase III trial data whether immunization reduces…?

1. Milder COVID-19 disease? Yes
2. Severe COVID-19 disease
   - Hospitalization? Maybe
   - Death? Less likely
3. Transmission of disease? Less likely
Sequence for a successful candidate...

- **Phase III Trial Data submitted** to US Health and Human Services
  - Review by FDA, CDC and its Advisory Committees over weeks

  - FDA VRBPAC meets: Recommend authorization?
  - FDA review completed: Authorize use?
  - ACIP meets: Recommend use?
  - CA NV OR WA Committee reviews: [Endorses or other term?]?

- CDC standing by to allocate available doses nationwide
Safety Evaluation – Pfizer candidate

A Participants 18–55 Yr of Age

BNT162b1, Dose 1

<table>
<thead>
<tr>
<th>Condition</th>
<th>10 µg</th>
<th>20 µg</th>
<th>30 µg</th>
<th>Placebo</th>
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<tbody>
<tr>
<td>Fever</td>
<td>33%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>67%</td>
<td>50%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Chills</td>
<td>50%</td>
<td>25%</td>
<td>58%</td>
<td>0%</td>
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BNT162b2, Dose 1

<table>
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<th>Condition</th>
<th>10 µg</th>
<th>20 µg</th>
<th>30 µg</th>
<th>Placebo</th>
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<tbody>
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<td>22%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>50%</td>
<td>25%</td>
<td>58%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Systemic events:
- **Mild**: 38.0°C–38.4°C
- **Moderate**: >38.4°C–38.9°C
- **Severe**: >38.9°C–40.0°C
Safety Evaluation – Moderna candidate

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Dose Group</th>
<th>Vaccination 1</th>
<th>Vaccination 2</th>
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<tr>
<td>Any systemic symptom</td>
<td>25 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>250 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthralgia</td>
<td>25 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>250 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>25 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>250 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>25 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 µg</td>
<td></td>
<td></td>
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<td>250 µg</td>
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<tr>
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<td>100 µg</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>250 µg</td>
<td></td>
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</table>
FDA Surveillance of COVID-19 Vaccines

DRAFT Working List of Possible Adverse Event Outcomes

***Subject to Change***

- Guillane-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/
  meningoencephalitis/meningitis/
  encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease

- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint point
- Kawasaki disease
- Multisystem Inflammatory Syndrome in
  Children
- Vaccine enhanced disease
Vaccine Planning Overview

- Vaccine Storage and Handling
- Pfizer & Moderna Vaccines
Pfizer Vaccine

- Pfizer-BioNTech
- 2 doses, 21 days apart
- Requires ultra-low temperature (ULT) storage (-80°C)
- Shipped from Pfizer to administration/storage sites
- May be the first vaccine distributed (~December)
Pfizer Vaccine Packaging

• Packaged in Pfizer’s Ultra-Low Temperature Thermal Shipper
• Up to five trays (pizza boxes) per shipper
• Tray and vial quantities:
  – One vial = 5 doses
  – One tray = 195 vials
  – 975 doses per tray: the minimum order
  – Five trays = 4,875 doses: the maximum per shipper
Storage Options

• Store in the shipper
  – Dry ice distribution may become very complex
  – Dry ice distribution may prove to be expensive over the months

• ULT Freezers

• Refrigerate immediately and use in 5 days
Storing in the Shipper

- Dry ice PPE
  - Dry ice gloves and eye protection
- Use a metal scoop
Overcoming Pfizer Vaccine Challenges

- CDPH ordered 16 ULT storage freezers distributed across the state.
- Dry ice master contract.
- Initial shipment will come with first dry ice re-supply.
- Survey of local health departments and hospitals.
- Cross jurisdictional partnerships (mutual aid).
Moderna Vaccine

• Two doses, 28 days apart
• Requires frozen storage (-20° C)
  – The range (-25° to -15° C) is narrower than other frozen vaccines
• Shipped to administration/storage sites from McKesson
• Ancillary supplies shipped by USG
• Expected to be released closely behind Pfizer
Moderna Shipping/Storage/Use

• Shipping and storage temperature: -20°C
• Refrigerated Storage: (2°C - 8°C) for 7 days
• Multidose vials (10 per/vial)
• 100 dose minimum order
• Thaw times
  – 2 hours in the refrigerator, then 15 minutes at room temperature
  – 1 hour at room temperature
Vaccine Planning Overview

- Allocation Framework Development Update
# Sample LHD Allocation

<table>
<thead>
<tr>
<th>County</th>
<th>Provider</th>
<th>Estimated Staff/Need</th>
<th>Doses shipped to date</th>
<th>Staff - doses to date</th>
<th>Doses Assigned to Provider</th>
<th>Estimated Staff/Need</th>
<th>Doses shipped to date</th>
<th>Staff - doses to date</th>
<th>Doses Assigned to Provider</th>
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</thead>
<tbody>
<tr>
<td>ALAMEDA</td>
<td>Local Health Department</td>
<td>15,000</td>
<td>6,000</td>
<td>9,000</td>
<td>15,000</td>
<td>6,000</td>
<td>9,000</td>
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<td>ALAMEDA</td>
<td>Hospital A</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>30</td>
<td>0</td>
<td>30</td>
<td></td>
<td></td>
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<tr>
<td>ALAMEDA</td>
<td>Clinic</td>
<td>100</td>
<td>30</td>
<td>70</td>
<td>500</td>
<td>300</td>
<td>200</td>
<td></td>
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<tr>
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<td>Hospital B</td>
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<td>Long Term Care</td>
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<td>Dialysis Center</td>
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<td>Prison Clinic</td>
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<tr>
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<td>30</td>
<td>100</td>
<td>100</td>
<td>0</td>
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</tr>
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</table>
Develop Guidance Given Limited Supply

• Important to review existing recommendations

• Need to ensure equity by carefully defining the groups of individuals who will be eligible for vaccine as additional supply arrives

• Because vaccine supply will be limited at first and increase over time, we must make determinations about allocation

• Some of these determinations will be based on risk factors, but should we take into account other considerations such as vaccine characteristics?
Vaccine Allocation Equity Principles

**Foundational**
- Benefiting people and limiting harm
- Prioritizing equity
- Equal concern

**Procedural**
- Transparency
  (Evidence-based)
National Academy of Science (NASEM)

- **Goal:** “Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2.”
- **Allocation criteria:** risk-based
  - Groups are prioritized by risk of members’
    - acquiring infection
    - severe sickness and death
    - negative societal impact
    - spreading disease
FIGURE S-2 A phased approach to vaccine allocation for COVID-19.

Phase 1
- Phase 1a "Jumpstart Phase"
  - High-risk health workers
  - First responders
- Phase 1b
  - People of all ages with comorbid and underlying conditions that put them at significantly higher risk
  - Older adults living in congregate or overcrowded settings

Phase 2
- K-12 teachers and school staff and child care workers
- Critical workers in high risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

Phase 3
- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

Phase 4
- Everyone residing in the United States who did not have access to the vaccine in previous phases

Equity is a crosscutting consideration: In each population group, vaccine access should be prioritized for geographic areas identified through CDC’s Social Vulnerability Index or another more specific index.
Definition of Healthcare Worker

“Health professionals who are involved in direct patient care, as well as those working in transport, environmental services, or other health care facility services—who risk exposure to bodily fluids or aerosols.”

- National Academy of Science
Definition of Phase 1a Medical First Responder

• Advisory Committee on Immunization Practices (ACIP) separated first responders into health care workers such as EMTs and paramedics and other essential workers including fire (those who are not EMTs or paramedics) and law enforcement
• EMTs, Paramedics are medical first responders.
Vaccine Planning Overview

• Questions and Answers
Break
Introduction of Data Related to Phase 1a and Review of Phase 1a Recommendations by Drafting Guidelines Workgroup
Potential Criteria to Subprioritize, Phase 1a

• Type of Facility

• Location of Facility

• Attributes of Individual Healthcare Workers
Type of Healthcare Facility

- When vaccine is initially limited in Phase 1a, which facilities should first receive vaccine to vaccinate health care workers?
- Possible tiered approach
  - First tier might include hospitals, congregate care settings and EMS personnel.
  - Second tier might include primary care clinics, home health, community health workers, and public health staff.
  - Third tier might include other facilities.
Healthcare Workers by Facility Type

Healthcare Total Number Working by Facility Type
Healthcare Total Number Working: 2,415,302

- General Acute Care Hospital: 1,032,348 (42.7%)
- Skilled Nursing Facility: 144,609 (6.0%)
- Other: 933,560 (38.7%)
- Dss Residential Care Elderly: 188,294 (7.6%)
- Acute Psychiatric Hospital: 116,551 (4.8%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation
## Examples

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Health Care Total Number Working</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Acute Care Hospital</td>
<td>1,032,348</td>
</tr>
<tr>
<td>Dss Residential Care Elderly</td>
<td>188,234</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>144,609</td>
</tr>
<tr>
<td>Acute Psychiatric Hospital</td>
<td>116,551</td>
</tr>
<tr>
<td>Dental Office</td>
<td>95,481</td>
</tr>
<tr>
<td>Dds Other In-Home Services</td>
<td>89,507</td>
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<tr>
<td>Dss Adult Residential</td>
<td>85,035</td>
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<td>Ca Emergency Medical Services Auth</td>
<td>63,335</td>
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<tr>
<td>Dds Supported Living Services (Sls)</td>
<td>46,295</td>
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<td>Local Health Department</td>
<td>42,854</td>
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<tr>
<td>Dss Adult Day Program</td>
<td>39,477</td>
</tr>
<tr>
<td>Vageneral Medical And Surgical Hospitals</td>
<td>36,415</td>
</tr>
<tr>
<td>Dss Home Care</td>
<td>35,904</td>
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<tr>
<td>Dss Rcef-Continuing Care Retirement Communit</td>
<td>33,949</td>
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<tr>
<td>Dss Short Term Residential Therapeutic Progr</td>
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<td>Home Health Agency</td>
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<td>Dr Offices From Medical Board</td>
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<tr>
<td>Veterinary Office</td>
<td>22,570</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Health Care Total Number Working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate Care Facility-Dd/H/N/Cn/Iid</td>
<td>9,899</td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>9,240</td>
</tr>
<tr>
<td>Dss Adult Residential Facility For Persons W</td>
<td>9,180</td>
</tr>
<tr>
<td>Intermediate Care Facility</td>
<td>8,030</td>
</tr>
<tr>
<td>Chemical Dependency Recovery Hospital</td>
<td>7,161</td>
</tr>
<tr>
<td>Surgical Clinic</td>
<td>5,864</td>
</tr>
<tr>
<td>Tribal Health Clinics</td>
<td>5,076</td>
</tr>
<tr>
<td>Vaother Outpatient Care Centers</td>
<td>4,200</td>
</tr>
<tr>
<td>Dss Temp Shelter Care Facility</td>
<td>3,605</td>
</tr>
<tr>
<td>Dds Family Home Agency</td>
<td>3,417</td>
</tr>
<tr>
<td>Dds Regional Resource Center</td>
<td>3,366</td>
</tr>
<tr>
<td>Dss Enhanced Behavioral Supports Home - Arf</td>
<td>3,100</td>
</tr>
<tr>
<td>Narcotic Treatment Programs (Ntp)</td>
<td>2,655</td>
</tr>
<tr>
<td>Congregate Living Health Facility</td>
<td>2,098</td>
</tr>
<tr>
<td>Other</td>
<td>1,484</td>
</tr>
<tr>
<td>Mental Health Rehabilitation Center (Mhrc)</td>
<td>1,413</td>
</tr>
<tr>
<td>Department Of Social Services</td>
<td>1,064</td>
</tr>
<tr>
<td>Rehabilitation Clinic</td>
<td>991</td>
</tr>
</tbody>
</table>
Location of Healthcare Facility

• In Phase 1a when vaccine is initially limited, does the location of the facility matter as a prioritization factor?
• Use California Healthy Places Index in counties or similar information on vulnerability
Dataset 2

Healthcare Workforce by Healthcare Facility
Dataset 2

Healthcare Workforce by Healthcare Facility

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation
Community Vulnerability Index

• California Healthy Places Index (HPI)
• HPI - PH Alliance of So. CA
  – 25 variables, 8 themes:
    – Economic, Education
    – Housing, Health care access
    – Neighborhood, Clean environment
    – Transportation, Social factors
• Currently used in *Blueprint for a Safer Economy* and COVID-19 health equity playbook
Our Most Vulnerable Communities

- Healthy Places Index Map
- Most Vulnerable Communities are in Blue
Attributes of Individual Healthcare Workers

• What personal characteristics of a healthcare worker might make them more of a priority for vaccination when vaccine is limited? Occupation, Age, Sex, Race/Ethnicity, Co-morbid conditions

• What information will vaccinator have access to?
  – Committee reviewing approaches, including encouragement and supporting immunization of workers who are at highest risk based upon their individual attributes.
Dataset 1

Healthcare Workers by License

[Pie chart showing the distribution of healthcare workers by license type, with the following details:
- Registered Nurse: 237,531 (19.0%)
- Physicians: 154,442 (12.4%)
- Certified Nursing Assistant: 121,214 (9.7%)
- EMT/Paramedic: 86,035 (6.9%)
- Pharmacy Technician: 66,360 (5.3%)
- Radiology/XRAY Technologists: 52,956 (4.2%)
- Other: 528,772 (42.4%)

Source: Dataset 1: California Healthcare Workers License Data]
Dataset 1

Healthcare Workers by License

[Bar chart showing distribution of healthcare workers by license categories.]

Source: Dataset 1: California Healthcare Workers License Data
Underlying Conditions

**Strongest and most consistent evidence**

- Cancer
- Chronic kidney disease
- COPD
- Heart Disease

- Obesity & Severe Obesity
- Pregnancy
- Sickle cell disease
- Smoking
- Solid organ transplantation
- Type 2 DM
COVID-19 by Race/Ethnicity

**COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY**

**FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK**

- **Enclosed Space**
  - American Indian or Alaska Native, Non-Hispanic persons: 2.8x higher
  - Asian, Non-Hispanic persons: 1.1x higher
  - Black or African American, Non-Hispanic persons: 2.6x higher
  - Hispanic or Latino persons: 2.8x higher

- **Duration of Exposure**
  - American Indian or Alaska Native, Non-Hispanic persons: 5.3x higher
  - Asian, Non-Hispanic persons: 1.3x higher
  - Black or African American, Non-Hispanic persons: 4.7x higher
  - Hispanic or Latino persons: 4.6x higher

- **Close/Physical Contact**
  - American Indian or Alaska Native, Non-Hispanic persons: 1.4x higher
  - Asian, Non-Hispanic persons: No Increase
  - Black or African American, Non-Hispanic persons: 2.1x higher
  - Hispanic or Latino persons: 1.1x higher

- **Crowded Situations**
  - American Indian or Alaska Native, Non-Hispanic persons: 2.8x higher
  - Asian, Non-Hispanic persons: 1.1x higher
  - Black or African American, Non-Hispanic persons: 2.6x higher
  - Hispanic or Latino persons: 2.8x higher

**Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).**

**Actions to Reduce Risk of COVID-19**

- Wearing a mask
- Social distancing (6 ft goal)
- Hand hygiene
- Cleaning and disinfection

Data sources:
1. COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.
2. COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.
3. COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.
4. COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)
COVID-19 by Age

COVID-19 Hospitalization and Death by Age

Factors that increase community spread and individual risk:
- Crowded situations
- Close/physical contact
- Enclosed space
- Duration of exposure

Rate ratios compared to 18-29 year olds:
- 0-4 years: 4x lower
- 5-17 years: 9x lower
- Comparison Group
- 18-29 years: 2x higher
- 30-39 years: 3x higher
- 40-49 years: 4x higher
- 50-64 years: 5x higher
- 65-74 years: 8x higher
- 75-84 years: 13x higher
- 85+ years

Actions to reduce risk of COVID-19:
- Wearing a mask
- Social distancing (6 ft goal)
- Hand hygiene
- Cleaning and disinfection

Data source:
REGISTERED NURSES

As of August 2017, the California Board of Registered Nurses reported 435,162 active Registered Nurses (RN). The average age of RNs was 48 years old.

FACT SHEET

Source: California Department of Consumer Affairs (DCA), Board of Registered Nurses Master File, September 2017. For the purposes of this Fact Sheet, currently licensed Registered Nurses are defined as renewed and current.
Physician Assistants

As of August 2017, California’s Physician Assistant Board reported 11,634 Physician Assistants (PA). The average age of PAs was 44 years old.

Age of PAs
(11,634 Reporting)

Number of Licenses

Source: California Department of Consumer Affairs, Physician Assistant Committee of California Public Master File, September 2017. For the purposes of this Fact Sheet, currently licensed PAs are defined as ‘renewed and current.’
To Be Continued Monday, November 30

- What will make this a fair process for you and the people of California?
- Your feedback will go back to the Drafting Guidelines Workgroup on this Friday November 27, 2020.
- How your feedback influenced the workgroup will be shared on Nov 30.
Closing Comments and Q&A

• Next Meetings
  • November 30, 2020 from 3:00 – 6:00pm
  • December 9, 2020 from 3:00 – 6:00pm
  • December 16, 2020 from 3:00 – 6:00pm
  • December 21, 2020 from 3:00 – 6:00pm

• Agenda for Next Meeting

• How to Make Public Comment
Thank you