AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

February 18, 2021
1:30 P.M.

Join Zoom Meeting
From PC, Mac, Linux, iOS or Android: https://cccounty-us.zoom.us/j/84230929232
Meeting ID: 842 3092 9232

Or Telephone, dial:
USA 214-765-0478
USA 888-278-0254 (US Toll Free)
Conference code: 845965

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Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Agenda Items:	Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

3. RECEIVE status report on the County's COVID-19 status, the County's vaccination allocation framework, and school re-openings. *(Thomas Warne, M.D., Deputy County Health Officer; Lynn Mackey,County Superintendent of Schools)*

4. RECEIVE and APPROVE the Record of Action for the January 21, 2021 meeting. *(Julie Enea, County Administrator's Office)*

5. The next meeting is currently scheduled for March 18, 2021.

6. Adjourn

The Ad Hoc Committee on Covid-19 Economic Impact and Recovery will provide reasonable accommodations for persons with disabilities planning to attend Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Ad Hoc Committee on Covid-19

Economic Impact and Recovery less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours. Staff reports related to items on the agenda are also accessible on line at www.contracosta.ca.gov.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

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Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

3.

Meeting Date:	02/18/2021
Subject:	COVID 19 UPDATES
Submitted For:	Candace Andersen, District II Supervisor
Department:	Board of Supervisors District II
Referral No.:	
Referral Name:	
Presenter:	Dr. Thomas Warne, Deputy County Health Officer

Contact: Julie DiMaggio Enea (925) 655-2056

Referral History:

Although the Board of Supervisors has authority over County issues, under State law, when an emergency of this nature is declared and there is a pandemic of this magnitude, the Health Officer of each county has the legal authority to impose whatever orders she or he deem necessary to protect the public.

On Tuesday, April 21, the Board of Supervisors formed this ad hoc committee to advise the Health Department on COVID19 impacts. The goal of the committee is to work toward having a sustainable COVID-19 mitigation and recovery plan. The committee will be working with the community and industry on issues of concern, advising the Board of Supervisors and the Health Officer on possible ways to interpret and apply Health Orders so they will continue to keep the community safe, but allow more businesses to re-open and provide common-sense applications to outdoor activities.

The Committee has so far conducted 20 public meetings on May 7, 14, 21 and 28; June 4, 11, 18, and 25; July 2, 9, 16, 23 and 30; August 13; September 3 and 17; October 15; November 19; December 17, 2020, and January 21, 2021 covering recreation and lifestyle services, in-home and other personal services, small businesses, religious gatherings, schools, and dining; a plan to move to fully to Stage 2 and, regrettably, the second surge that required postponement of many planned Phase 2 re-openings. A record of all prior Committee meetings is posted on the County website at this link. The committee has moved to a monthly meeting schedule unless changing circumstances dictate otherwise, taking up new developments in the pandemic and discussing a roadmap to recovery.

The State subsequently moved to a four-tier reopening plan, which has been the Committee's primary reference point since late August. Under the State's new Blueprint for a Safer Economy, every county is assigned to a tier by the State based on its test positivity and adjusted case rate (see Tier chart at the end of this section). The State reviews data weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for two consecutive weeks. On September 29, Contra Costa County progressed from the Purple (most restrictive) Tier to the Red Tier, and on October 27, progressed again to the Orange Tier. Following a resurgence of new cases and increase in hospitalizations, the County, on November 16, was moved back to the Purple Tier where it has remained. Additionally, Governor Newsom implemented a Regional Stay-at-Home Order between December 3, 2020 and January 25, 2021 in response to concerns about shrinking ICU capacity. Click to learn more about tier assignments and metric details.

County risk level	New cases	Positive tests
WIDESPREAD Many non-essential indoor business operations are closed	More than 7 daily new cases (per 100k)	More than 8% Positive tests
SUBSTANTIAL Some non-essential indoor business operations are closed	4 - 7 daily new cases (per 100k)	5 - 8% Positive tests
MODERATE Some indoor business operations are open with modifications	1 - 3.9 daily new cases (per 100k)	2 - 4.9% Positive tests
MINIMAL Most indoor business operations are open with modifications	Less than 1 daily new cases (per 100k)	Less than 2% Positive tests

Late December 2020 brought the availability of two vaccines, one from Pfizer and one from Moderna. Both available vaccines require two injections a few weeks apart. The first injection starts building protection. A second injection a few weeks later is needed to get the most protection the vaccine has to offer. In response to guidelines from the State, Contra Costa Health Services (CCHS) and other healthcare providers in the County are now offering the vaccine at no cost to all residents who are 65 or older. **Click here to request an appointment from CCHS.**

In Contra Costa and across the nation, historically marginalized communities are experiencing the most pronounced impacts of the COVID-19 pandemic. Local community leaders continue to call upon the public to take COVID-19 seriously, and take steps to keep healthy and safe:

- Stay home from work or school if you feel sick
- Wash your hands often
- Wear face masks whenever you are near someone outside your immediate household
- Observe physical distancing outside the home and do not make unnecessary trips or visits
- Get tested and follow the health instructions if you test positive or were exposed to someone who tested positive

All Bay Area residents are also encouraged to get tested for COVID-19, and to do so immediately if they have symptoms. Check with your local health department for more information about testing and about efforts in your community to fight the COVID-19 pandemic. For more information, please visit cchealth.org/coronavirus to read the latest health order and its appendices, and for local information about Contra Costa's response to the COVID-19 pandemic. Here is a link to the updated FAQs (Frequently Asked Questions): FAQs

Referral Update:

Deputy County Health Officer Dr. Thomas Warne will provide a COVID-19 update at today's meeting. Following Dr. Warne's remarks, the Committee will allow for Public Comment and will address questions specific to Dr. Warne's comments, the current Health Order, the vaccination allocation framework, and other guidance documents, attached. County Superintendent of Schools Lynn Mackey may be available to provide an update on local school openings and respond to questions.

The most significant development since our last meeting on January 21, 2021 is the lifting of the Regional Stay at Home Order and the return of the County to the Purple Tier, under which:

- Restaurants may offer outdoor dining, following the state health guidelines.
- Hair salons, barber shops and personal services such as nail salons may reopen following state health guidelines.
- Outdoor social gatherings involving 25 or fewer people, from three or fewer different households, are permitted.
- Low contact youth sports are permitted outdoors following the state health guidelines.
- Indoor worship and cultural ceremonies are permitted at 25% capacity, following the state health guidelines.

Also, Contra Costa County kicked off a countywide drive to provide 1 million doses of COVID-19 vaccine by July 4. Vaccine eligibility is rapidly expanding in California, and Contra Costa is coordinating with the State and building capacity to fill thousands of new requests. Vaccine appointments are ***not*** first come, first served. Contra Costa established a vaccine allocation framework that follows **State and Federal guidelines** for prioritizing immunization. That means someone in a higher-risk group, especially someone who is 75 or older, might receive an earlier appointment than a younger person, even if they requested their appointment later. See the Distribution Phases illustration below.

It is important to know that even though any County resident who is 65 or older is eligible for vaccine, appointments may be weeks away for some people. CCHS is working hard with many partners, including other health providers in the County, to increase capacity so everyone can be vaccinated more quickly. Contra Costa Health Services will promptly respond to requests with an email that contains more information.

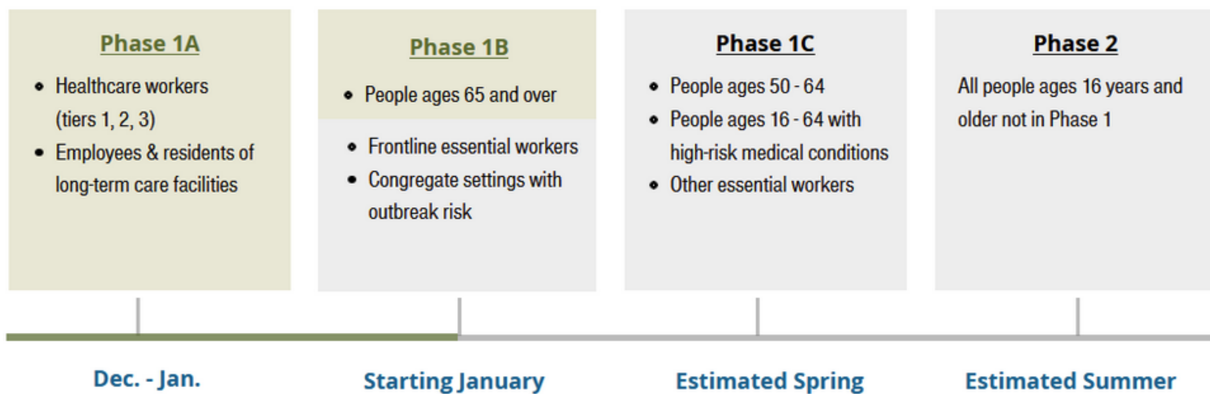
Contra Costa County has opened 20 vaccination sites and is opening more every day across the county at health centers and other large facilities to vaccinate eligible individuals. CCHS has also begun shifting staffing from COVID testing sites to vaccination efforts to increase capacity. We also have activated our volunteer Medical Reserve Corps to give vaccine, and the health department is working with fire agencies to use paramedics to administer vaccine.

County health departments aren't the only ones who are stepping up. Private health systems such as Kaiser, Sutter and John Muir Health — who are the primary healthcare providers for the vast majority of Contra Costa residents — are all scaling up their efforts to vaccinate their own members and let them know when it's their turn. Pharmacies are also coming online to provide vaccinations as more people become eligible. CVS and Walgreens are already vaccinating those living in long-term care facilities and their staff.

About 900,000 Contra Costa residents will be eligible for vaccine once the County reaches Phase 2 of the distribution plan. To reach community-immunity levels, 75% of those eligible (725,000 people) would need to be vaccinated in the county. In order to immunize 725,000 people over the next six months (104 business days), roughly 7,000 people will need to be vaccinated every business day on average. That will require a significant boost in vaccinations from current levels. During the first few weeks since a vaccine became available in mid-December, 30,245 shots have been given – about 1,200 a day.

Click here for the latest about COVI**D-19 vaccination in Contra Costa.** The chart below outlines the order in which people will become eligible to get vaccinated based on criteria developed by the Centers for Disease Control & Prevention (CDC) and the California Department of Public Health (CDPH).

Vaccine doses purchased with U.S. taxpayer dollars will be given at no cost to individuals. Vaccination providers may charge an administration fee, usually billed to an individual's insurance.



Purple Tier Assignment: As of December 8, Contra Costa County remains in the Purple or most restrictive COVID Tier due to case rate and the equity metric. The State will move our county to the next tier once the following three criteria have been met for two consecutive weeks:

- **Cases Rate**: Less than 7 new cases per 100,000 residents
- **Positivity Rate**: Less than 8% of tests countywide are positive
- **Equity Metric**: Less than 8% of tests for residents of the lowest quartile of the Healthy Places Index census tracts are positive

Schools: The state health department has released new school guidance. There is a state hub of local school information providing more transparency on the status of school reopenings. See this letter for more information. The State, on January 14, 2021, also updated its COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California, 2020-2021 School Year .

Updated County Quarantine Order: The December 10 Quarantine Order superseded the October 8, 2020 Order No. HO-COVID19-32, directing close contacts of persons diagnosed with COVID-19 to quarantine themselves, with an exception for certain essential workers in critical infrastructure sectors. Based on updated guidance from the Centers for Disease Control and Prevention, this Order shortened the quarantine period for most individuals from 14 to 10 days. This Order also prohibits employees of detention facilities and long-term care facilities from returning to work for four days after completion of the

10-day quarantine requirement.

Recommendation(s)/Next Step(s):

RECEIVE status report on the County's COVID-19 status, the County's vaccination allocation framework, and school re-openings.

Attachments

County Vaccination Allocation Framework_1-26-21
Openings at a Glance 1-25-21
Updated Quarantine Health Order_12-10-2020
County COVID-19 Vaccination Plan_12-1-2020
State Tiers

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Contra Costa County Ethical Framework for Vaccine Allocation

Phase 1A & Phase 1B, Tier 1

1/26/2021

RECOMMENDATIONS

Based on recommendations from the California Department of Public Health and current vaccine supply, the Committee supports expanding vaccine access to all populations in Phase 1A and Phase 1B, Tier 1. Eligible groups are outlined in the sections below.

Vaccine administration within this population is intended to mitigate occupational exposure for those working in the human health care infrastructure, and to protect those at highest risk of COVID-19 related death or serious illness. At this time, Contra Costa is no longer including veterinarians and veterinarian staff in Phase 1A.

Vaccine Allocation within Phase 1A

Tier 1

- Acute care, psychiatric and correctional facility hospital staff
- Staff and residents of skilled nursing facilities, residential care facilities for the elderly, and similar settings for older or medically vulnerable individuals
- Paramedics, EMTs and others providing emergency medical services
- Dialysis center staff

Tier 2

- Intermediate care facilities for persons who need non-continuous nursing supervision and supportive care
- Home health care and in-home supportive services staff
- Community health workers, i.e. Promotoras, African American Health Conductors, CORE Team, SPIRIT workers, homeless outreach workers, etc.
- Public health field staff
- Primary Care clinic staff, including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics

Tier 3

Other settings and health care workers, including:

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

Vaccine Allocation within Phase 1B, Tier 1

- Individuals age 65 and older, prioritizing those 75 years or older due to increased risk of death and serious illness
- When further prioritization is needed within age groups, vaccine should preferentially be offered to individuals based on:
    1. Place of residence in relation to the California Health Places Index (HPI), prioritizing communities that have been disproportionally impacted by the pandemic
    2. Occupational risk of exposure
    3. Underlying medical condition or disability

Other eligible populations:

- Detention inmates and staff working inside county detention facilities who are unable mitigate their risk of exposure
- Individuals working within the Contra Costa County Emergency Operations Center and Contra Costa Health Services Department Operations Centers

Doses may be promptly offered to people in lower priority groups when:

- Demand subsides in the current groups
- Doses are about to expire according to labeling instructions
- Doses that have been thawed and would otherwise go to waste

BACKGROUND

Committee Overview

As Contra Costa County prepared to receive initial supplies of COVID-19 vaccine, Contra Costa Health Services convened an Ethical and Equitable Allocations Committee to ensure a fair, transparent, and evidence-based approach to access during the early stages of availability. Committee participants were chosen to include stakeholders from across the county system with various backgrounds and interest, and to represent those groups that have been most impacted by the pandemic. The Committee understands the need for flexibility as evidence emerges and medical realities change throughout the phased distribution of COVID-19 vaccine. The recommendations from this Committee are based on the best available and most up to date scientific information along with data trends specific for our unique community. As our county moves through the phases of vaccine allocation, the Committee make-up will change to match the interests and voices of those within each group.

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Ethical Framework

Contra Costa County maintains that all persons are worthy of receiving the COVID-19 vaccine, regardless of a persons' payer status, socioeconomic status, age, race, gender, ethnicity, national origin, sexual orientation, religious affiliation, or disability

The Committee endorses the guidelines outlined by the Center for Disease Control and Prevention (CDC), Advisory Committee on Immunization practices (ACIP) and California Department of Public Health (CDPH). The ethical framework which has guided these recommendations are grounded in the fundamental commitment that the response to the current pandemic will protect and promote the public's health and its socioeconomic well-being in the short and long term. To honor this commitment, the vaccine allocation response must promote the common good by balancing three main ethical objectives.

1. To protect the population's health by maximizing benefit in the form of reducing mortality and serious morbidity

2. Respect individuals and groups at highest risk of health disparities

3. Protect against systemic inequality by promoting equity in access

The Committee is committed to ensuring that the most impacted areas of our community receive vaccine, while working within the state and federal framework.

Conclusion

Despite vaccines being distributed, the Committee asks our community to continue to adhere to hand washing, social distancing, masking, and other safe practices to decrease disease transmission. Contra Costa County is committed to the health and well-being of all persons and the hope is that this allocation model will honor that commitment.

Contra Costa County Openings at a Glance

RESPONSE
Coronavirus (COVID-19)
CONTRA COSTA HEALTH SERVICES

In all cases, social distancing & face coverings are required.
For sector specific guidelines, visit covid19.ca.gov.

Open ✓ Closed ✕

Sector	Status
Athletic Fields	✓
Automobile & Bicycle Repair	✓
Bars, Brewpubs, Breweries, Pubs & Craft Distilleries (alcohol may only be served with dine-in meals, outdoors only)	✓
Campgrounds, RV Parks & Outdoor Recreation Facilities	✓
Car Washes	✓
Cardrooms, Satellite Wagering Sites & Racetracks (outdoors only)	✓
Childcare Facilities & Activities	✓
Construction	✓
Dental Care	✓
Drive-in Movie Theaters	✓
Family Entertainment Centers (outdoors only with modifications for activities like kart racing, mini golf, batting cages & ice skating rinks)	✓
Financial Institutions	✓
Funeral Homes, Mortuaries & Cemeteries	✓
Gas Stations	✓
Golf Courses	✓
Government Services	✓
Grocery & Other Food Stores (max 50% capacity indoors)	✓
Gyms & Fitness Centers (outdoors only)	✓
Hair Salons & Barbershops	✓
Healthcare, Pharmacies & Medical Supply	✓
Higher Education (distance learning only)	✓
Hotels & Short-Term Rentals	✓
Laundromats	✓
Libraries (curbside pickup)	✓
Live-Audience Sports	✕
Live Performances (outdoors only, 25 people / 3 households)	✓
Live Performances at Restaurants, Bars & Wineries	✓
Logging & Mining	✓
Logistics & Warehousing Facilities	✓
Manufacturing	✓
Indoor Movie Theaters	✕
Museums & Exhibit Spaces (outdoors only)	✓
Music, Television & Film Production	✓

Sector	Status
Nail Salons	✓
Office Workspaces (telework only)	✓
Outdoor Businesses	✓
Parks (including picnic & BBQ areas & playgrounds)	✓
Personal Care Services (massage, facials, waxing, electrology, tattooing, permanent makeup & piercing etc.)	✓
Places of Worship & Cultural Ceremonies (max 25% capacity indoors)	✓
Indoor Playgrounds (including bounce centers, ball pits & laser tag)	✕
Outdoor Playgrounds	✓
Pickleball Courts (singles only)	✓
Public & Private Transportation Services	✓
Public Events & Gatherings (nightclubs, convention centers, concerts, etc.)	✕
Real Estate	✓
Recreational Sports (some outdoor low-contact sports allowed. Competition between a max of 2 teams for select non-contact sports allowed.)	✓
Residential & Commercial Maintenance Services	✓
Restaurants (outdoor dining, take-out & delivery only)	✓
Retailers (max 25% capacity indoors)	✓
K-12 Schools (distance learning only except for schools that have already re-opened)	✓
Saunas & Steam Rooms	✕
Shooting & Archery Ranges	✓
Shopping Malls (max 25% capacity indoors & food courts & common areas closed)	✓
Skate Parks	✓
Small Group Gatherings (outdoors only, max 25 people / 3 households)	✓
Spas / hot tubs (outdoors only)	✓
Swimming Pools (outdoors only)	✓
Tennis Courts	✓
Theme Parks & Amusement Parks	✕
Utilities	✓
Veterinary Care, Groomers & Dog Parks	✓
Wineries & Tasting Rooms (outdoors only)	✓

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ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA

UPDATED MASS QUARANTINE ORDER

NO. HO-COVID19-38

DATE OF ORDER: December 10, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Saf. Code, § 120295.)

SUMMARY OF THE ORDER

California is in a State of Emergency because of the Coronavirus Disease 2019 (COVID-19) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of Contra Costa ("County"). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County place it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there is no vaccine available to protect against COVID-19 and no standard treatment.

To help slow COVID-19's spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of Contra Costa to require the quarantine of persons exposed to a person diagnosed with COVID-19. Quarantine separates individuals who were exposed to COVID-19 from others, until it is determined that they are not at risk for spreading the disease.

This Order supersedes the October 8, 2020, Order of the Health Officer of the County of Contra Costa, No. HO-COVID19-32, directing close contacts of persons diagnosed with COVID-19 to quarantine themselves, with an exception for certain essential workers in critical infrastructure sectors. Based on updated guidance from the Centers for Disease Control and Prevention, this Order shortens the quarantine period for most individuals from 14 to 10 days. This Order also prohibits employees of detention facilities and long-term care facilities from returning to work for four days after completion of the 10-day quarantine requirement.

UNDER THE AUTHORITY OF SECTIONS 101040 AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA ("HEALTH OFFICER") ORDERS:

1. Health Officer Order No. HO-COVID19-32 is hereby superseded.

2. All persons who have had close contact with a person with COVID-19 ("Case), as described below in Section 3, must quarantine themselves. These persons are required to follow all instructions in this Order and the Public Health guidance documents referenced in this Order.

3. For the purposes of this Order, a person is considered to have had close contact with a Case if, during the Case's infectious period, the person was within six feet of the Case for 15 minutes or longer in any setting. Examples may include, but are not limited to, persons who:

   a. Live in, have visited, or have stayed overnight at the Case's residence; or

   b. Are intimate sexual partners of the Case; or

   c. Provide or provided care to the Case without wearing a mask, a face shield or goggles, gown, and gloves; or

   d. Worked with the Case; or

   e. Attended a social gathering with the Case; or

   f. Have been identified as close contacts by the Contra Costa County Health Services Department; or

   g. Have been released from a California Department of Corrections and Rehabilitation Facility where a Case was reported among staff or detainees within 30 days before the person's release.

For purposes of this Order, a Case is infectious from 48 hours before his or her symptoms began (or, in the absence of symptoms, from 48 hours before the date of administration of a positive test for the presence of SARS-CoV-2, the virus that causes COVID-19) and until he or she is released from isolation.

4. Instructions. All persons who have had close contact with a Case shall comply with the following requirements:

a. Stay in their home or another residence through 10 days from the last date that they were in contact with the person infected or likely to be infected with the COVID-19 virus. Persons are required to quarantine themselves for the entirety of this 10-day period because they are at high risk for developing and spreading COVID-19. Because there is a small risk of virus transmission after the 10-day period, to lessen the risk of outbreaks, persons who live in long-term care facilities or detention facilities and who have had close contact with a Case must remain in quarantine for an additional four days, for a total of 14 days.

b. Quarantined persons may not leave their place of quarantine or enter any other public or private place except to receive necessary medical care or be tested for SARS-CoV-2, or during an emergency that requires evacuation to protect the health and safety of the person.

c. Carefully review and closely follow all requirements listed in the "Home Quarantine Instructions For Close Contacts," posted at https://www.coronavirus.cchealth.org/for-covid-19-patients.

d. Between day 7 and day 10 of the quarantine period, consider being tested for the SARS-CoV-2 virus. A negative test does not negate the quarantine requirement.

e. If a quarantined person becomes sick with fever, cough, or shortness of breath (even if symptoms are very mild), he or she shall isolate themselves at home and away from other people and follow the "Self-Isolation Instructions for Confirmed Cases Instructions," posted at https://www.coronavirus.cchealth.org/for-covid-19-patients. This is because the person is likely to have COVID-19 and if so, can spread the virus to vulnerable individuals. If a medical professional examines a quarantined person and determines that his or her symptoms are not due to COVID-19, the person may discontinue home isolation but shall continue to follow the home quarantine order and instructions.

5. Work Restriction. To lessen the risk of outbreaks, persons who work in detention facilities or long-term care facilities and are subject to the quarantine requirement shall not return to work in those facilities for 14 days, beginning with the first day of the required quarantine period.

6. Exception. Notwithstanding the foregoing, close contacts of a Case who are employed in any of the critical infrastructure sectors designated by the State of California Public Health Officer (see https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf) and have been determined by their respective employers to be part of the essential workforce are not subject to this Order under the following circumstances:

a. The worker informs his or her employer about the worker's close contact to a lab-confirmed Case;

b. The worker is asymptomatic, and the worker's employer determines, based on staffing needs, that the worker needs to report to work; AND

c. The worker returns to work.

7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order violates or fails to comply with this Order.

8. This Order shall become effective at 12:01 a.m. on December 11, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

9. Copies of this Order shall promptly be: (1) made available at the Office of the Director of Contra Costa Health Services, 1220 Morello Avenue, Suite 200, Martinez, CA 94553; (2) posted on the Contra Costa Health Services website (https://www.cchealth.org); and (3) provided to any member of the public requesting a copy.

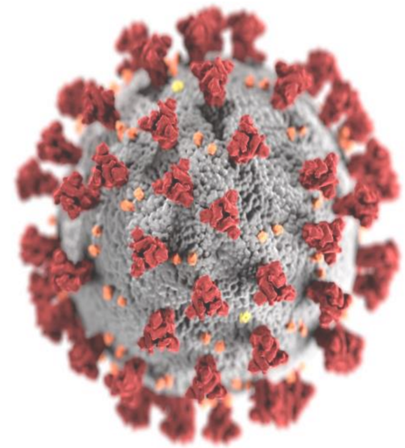
10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the reminder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

11. Questions or comments regarding this Order may be directed to Contra Costa Health Services at (844) 729-8410.

IT IS SO ORDERED:

Chris Farnitano, M.D.
Health Officer of the County of Contra Costa

Dated: December 10, 2020



COVID-19 VACCINATION PLAN

Contra Costa County

December 1, 2020

Kristin Burnett MPH, Immunization Coordinator
covid_branch_vaccine@cchealth.org

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

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COVID-19 Vaccine Implementation for CA Health Jurisdictions

CDPH

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

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.

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.

The COVID-19 Vaccine Procurement and Distribution Branch ("Vaccine Branch") of Contra Costa County's Department Operations Center (DOC) was created in August 2020. This branch originally incorporated flu vaccination in addition to COVID vaccine planning. On November 30 2020 the Vaccine Branch and the Testing Branch were merged into the "Testing and Vaccine" branch in order to rapidly scale up and maximize and leverage the operations, logistics and delivery structure already existing in the Testing Branch and expand this to COVID vaccine distribution. The Testing and Vaccine Branch is headed by the county's Chief Nursing Officer with the county's Immunization Coordinator providing technical advice. The branch also includes staff from public health emergency preparedness, data/analytics, clinic services and other programs within Contra Costa Health Services [CCHS - the organization which includes the public health department, acute care hospital (Contra Costa Regional Medical Center, CCRMC) and ambulatory care sites that are part of our immunization delivery system]. The branch contains units for planning/evaluation, operations and logistics with many subunits as indicated in the org chart in section 2A. In addition, we work closely with partners such as CDPH's Immunization Branch and Emergency Planning Office, our Med Health Coalition, Medical Reserve Corps, ABAHO and the Bay Area Mass Prophylaxis Working Group (BAMPWG). Finally, Contra Costa is in the process of establishing an ethical and equitable allocations committee which will involve internal and external stakeholders, including community stakeholders, in order to guide the allocations process.

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?

In the aftermath of the 2009 H1N1 Pandemic, health officers and agency directors cited the invaluable contributions made by ABAHO in facilitating regional coordination during the pandemic. Contra Costa Health Services participates in all regional planning for COVID-19 response. Key areas of improvement for regional work included consistent messaging and consistent priority allocation groups. ABAHO will review and ensure priority allocation groups are accepted regionally and provide consistent messaging.

In addition to regional collaboration, CCHS had several specific lessons learned from H1N1 Point of Dispensing (POD) planning, as outlined in after action reports:

- To increase speed of vaccination teams, provide a floater vaccinator to reconstitute and fill the vaccine syringes for the injector;
- Develop messaging for two separate vaccines and importance of second dosage matches first dose received;
- Arrange for programs within CCHS that have nurses to commit personnel to the PODs/clinics

process;
- Bring in Critical Incident Stress Debriefing team for those who worked POD activation;
- Complete POD set ups one day in advance; and
- Test new tracking and inventory management systems prior to use.

These lessons learned are integral to our planning for the receipt and distribution of COVID-19 vaccine in Contra Costa County.

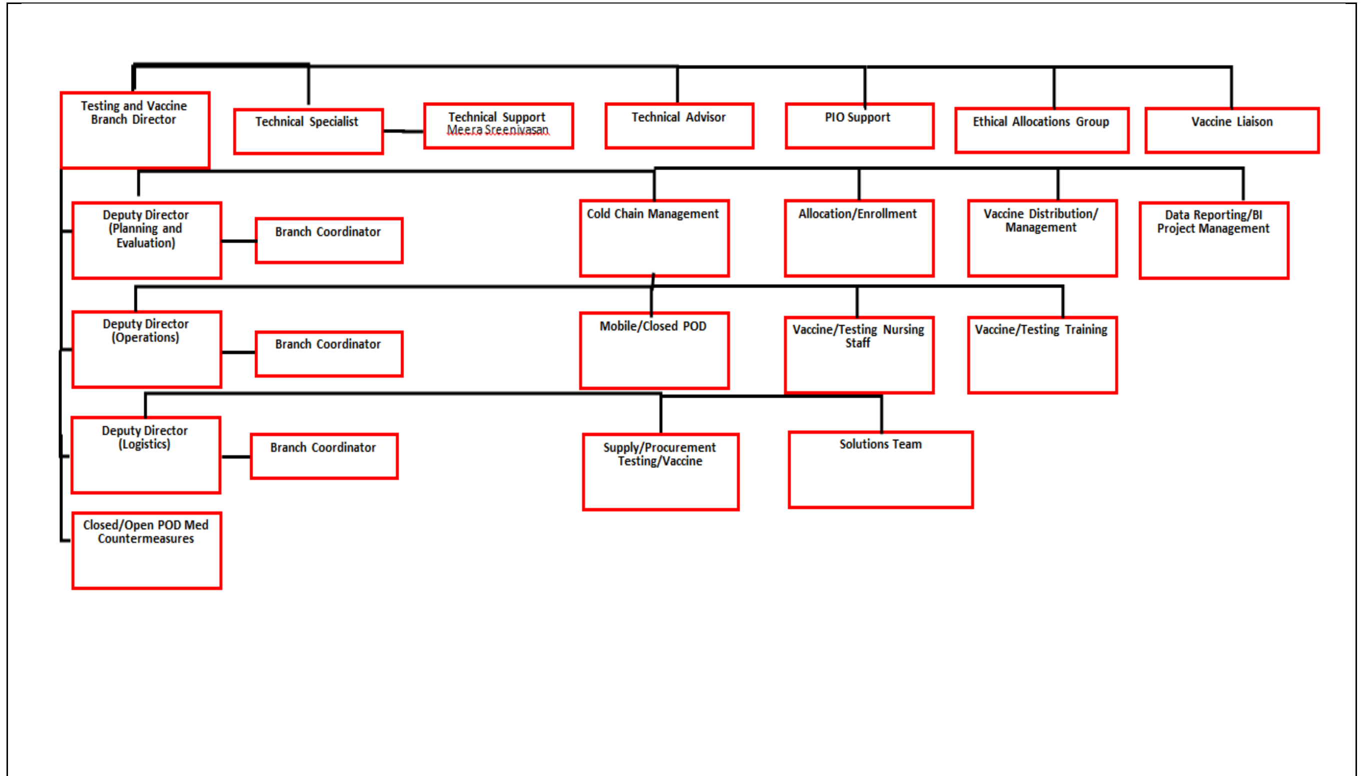
C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

This flu season has been a great test run for distribution of COVID-19 vaccine as Enhanced Flu funding from CDPH and the creation of the Vaccine Branch in our DOC allowed us scale up flu vaccine distribution in our county considerably, and to practice doing so with similar social distancing requirements as may be in place as COVID-19 vaccine rolls out. Through these activities, we strengthened partnerships with Community Based Organizations (CBOs), congregate care facilities, and workplaces, including sites we can repurpose for COVID vaccine distribution as open or closed PODs. We also fine-tuned our strategies for efficiently vaccinating large groups of people in a short amount of time. Key lessons learned include:
- Our weekend clinics and/or drive-through clinics were most successful in attracting large amounts of people;
- Distribution of flu vaccine at established testing sites via model of offering flu vaccine with COVID test. This allowed for daily distribution options of flu vaccine to our population.
- Creating a workflow at our COVID testing sites which allowed for multiple vaccine types to be distributed. The workflows allowed staff to triage and assess for proper distribution. This included development of protocols, safety checks and other documents.
- Having an ample amount of interpreters was important for reaching our non-English speaking population as well as to increase clinic throughput;
- Planning for the possibilities of smoke, heat, and other inclement weather are important as we plan clinics throughout the seasons; and
- Having a strong Public Information Office partnership to promote and message around vaccination is crucial to ensuring a high turnout and preparing patients for what to expect at the PODs.

In addition to the above, the systems in which we receive and distribute state general fund (SGF), federal 317, and Vaccines for Children (VFC) flu vaccine throughout Contra Costa County has many parallels with the plans for future distribution of COVID-19 vaccine. Because staff in the Vaccine Branch has experienced flu vaccine distribution together, we feel we are well-prepared for distribution of COVID-19 vaccine when it arrives, as we have many systems and relationships in place that are transferrable.

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?

Our primary planning partners are CDPH Immunization Branch, Emergency Planning Office, ABAHO, BAMPWG, our Med Health Coalition, as well as the numerous community partners we work with during our public health emergency planning processes, such as law enforcement, fire agencies, school districts, and large essential businesses. As mentioned above, we are also establishing an ethical and equitable allocations committee which will involve internal and external stakeholders (including representatives from other health systems and community stakeholders) to help guide the allocations process.

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.

CCHS will use several POD modalities including but not limited to: 1) open/closed POD sites using existing systems in place (e.g. COVID testing sites), 2) closed POD agreements with agencies that are able to vaccinate their own personnel, 3) closed POD sites that will need vaccinators, 4) strike teams for populations unable to travel to POD locations, and 5) open POD mass vaccination events. POD agreements will be continually updated to match the ACIP priority populations and our local vaccine allocations.

Phase 1a:

- Hospitals will receive direct shipment of vaccine to their facilities via establishing provider accounts in COVIDReadi, and are responsible for vaccinating their phase 1a high-risk healthcare workers. If a hospital is unable to receive direct shipment from the state, CCHS will facilitate redistribution of vaccine for the facility to vaccinate its phase 1a high-risk healthcare workers. Sites receiving direct shipments of COVID-19 vaccine in our jurisdiction include:
  - Kaiser Richmond
  - Kaiser Walnut Creek
  - Kaiser Antioch
  - John Muir Concord
  - John Muir Walnut Creek
  - Sutter Delta Antioch
  - San Ramon Regional Medical Center (Tenet Health)

- Contra Costa Regional Medical Center (CCRMC) is an acute care hospital within Contra Costa Health Services; therefore vaccine will be supplied via CCHS' provider account and administered via CCHS staff, along with other CCHS's staff identified as priority Phase 1a populations.

- Congregate Care Settings: CCHS has encouraged congregate care and living centers such as Skilled Nursing Facilities, Long Term Care Facilities, Board and Cares, Residential Care Facilities, and group homes to enroll in the CDC Long Term Care Facility (LCTF)-Pharmacy Partnership Program to receive vaccine. To date 215 facilities in Contra Costa, including 30 SNFs, have enrolled in the LTCF-Pharmacy partnership. Any facilities that did not meet the requirement will require CCHS for assistance in vaccine allocation and administration via

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strike team or closed POD planning. We plan to elicit the agencies that need our assistance through use of our Med Health Coalition and internal contact lists.

- Federal Entities within LHD: Military Ocean Terminal of Concord (MOTCO) and the Veterans Affairs (VA) have a unique Memorandum of Agreement with CCHS to provide vaccinator assistance. VA will receive direct allocation of their vaccine, but MOTCO will not. VA will assist in vaccinating MOTCO personnel with CCHS-allocated doses once priority phase is identified.

- First Responders – Law and Fire: CCHS will work with EMS and Fire Agencies to develop MOAs for their agencies to vaccinate their own personnel under the LEMSA agreement for paramedics to vaccinate. Fire will assist in vaccinating their local law enforcement agencies. The following fire districts have MOAs in place:
    - Contra Costa County Fire Protection District (ConFire)
    - Rodeo Hercules Fire Protection District

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.

Using the data provided from CDPH, CCHS reviewed categories of health care workers, critical infrastructure workers, and vulnerable populations, and created a categorization of risk system taking into consideration type of worker, location of work, and personal risk factors for the individual worker. These efforts were done in preparation for final guidance on priority populations. Census tracts in the county that fall into the lowest quartile have been mapped, and flu mass vaccination sites were held to target the most vulnerable populations. Once general population vaccination begins, a similar approach will be used for COVID-19 vaccine. Our ethical and equitable allocations committee will review data sources and recommendations for gaps and assist in efforts to reach critical populations. We plan to send surveys to facilities in our jurisdiction for input as necessary to collect more information to guide this process.

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?)

Contra Costa Regional Medical Center (CCRMC) is part of Contra Costa Health Services, therefore the county's COVID-19 response efforts will include vaccination of that acute care hospital's phase 1a workforce, as well as other phase 1a populations (e.g. first responders) identified that work for the county. Other acute care facilities have enrolled, or are in the process of enrolling, in COVIDReadi and will be assessed for readiness via that system. CCHS is in regular communication with these facilities and CDPH about the progress of their enrollment. We will reach out via email and/or survey to those who have not successfully enrolled in COVIDReadi or the LCTF-pharmacy partnership to assess the reason. If gaps are identified the county will assist these facilities by setting up closed pods or providing vaccine for the facility from our supply via redistribution agreements.

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

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In collaboration with our PIO, we will develop a vaccination communications plan. We will use various methods for outreach (e.g. email, phone trees, distribution of door hangers, social media) to partners that serve these populations, such as residential facilities, food banks, schools, and other CBOs in order to promote vaccination and provide resources for obtaining vaccination. We will schedule closed and open PODs as appropriate for the site, and advertise these via a public information campaign using our Public Information Office, which will include press releases, interviews, website/social media presence, and flyers. Throughout this process we will engage our ethical and equitable allocations committee, our trusted community partners, and the county's Community Engagement and Outreach program, which has established workgroups for Historically Marginalized Communities, Latinos, older adults and others.

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 will check enrollment in COVIDReadi and the LTCF-Pharmacy partnership and reach out to those who have not enrolled using CDPH-provided datasets, our contact lists, subject matter experts (such as our congregate care team, which worked with these facilities in other phases of COVID response to provide mobile testing and flu vaccine), and our Med Health Coalition to identify potential facilities who have been missed. Facilities will be sent a survey via email to assess readiness and current needs, and the LHD will follow up to provide PODs or strike teams to these sites.

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

We will implement our Vaccine Communications Plan. We will send targeted emails and letters, using CDPH-provided template language, to providers with information about how to sign up to be a provider via COVIDReadi or forthcoming enrollment sites. We will also provide links and instructions on our website, https://www.coronavirus.cchealth.org/, where the COVID-19 vaccine section (currently under development) will reside.

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

Our Hospital Preparedness Program and Med Health Coalition partners are assisting in this process by reviewing CDPH-supplied data on enrollment in the LTCF-Pharmacy partnership and providing the Vaccine Branch with contacts for outreach. Vaccine Branch staff and subject matter experts, such as members of our ethical and equitable allocations committee, will

review additional provider datasets for potential enrollees, and we will reach out accordingly to provide assistance as appropriate for that facility's barriers, whether that be technical assistance with the enrollment process, arranging a closed POD at that facility, providing vaccine via redistribution agreements with CCHS, or directing staff and/or patients to a county-run POD.

Section 6: Vaccine Administration Capacity

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

Good advertising and support from our Public Information Office via social media, our website, and media interviews helped ensure higher turnout. Drive through models also yielded higher throughput as many family members visited in the same car and our local Community Emergency Response Team (CERT) assisted with traffic control to ensure organized flow. In both drive-though and walk-through models we streamlined our processes and stations to ensure bottlenecks were addressed. At our COVID testing sites, we were able to develop traffic workflows and separate lanes to facilitate the distribution of the vaccines while ensuring that there was appropriate social distancing and room for traffic flow of vehicles. The COVID testing sites also leveraged our appointment systems to aid in high throughput of patients via appointments to the various COVID Testing which distributed flu vaccine. The Vaccine team also will be able to use data from adminstration of flu vaccine to calculate how many doses can be given in a day by a nurse and the time it takes to administer. This ratio will be use to scale up to increase throughput at the vaccination clinics.

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.)

This flu season we mapped our mass flu vaccine distribution sites overlaid with the Healthy Places Index bottom quartile in order to ensure we were accessible to the most vulnerable communities in our county (map: https://arcg.is/1KzezS0). For COVID vaccine, we plan to use disease hot spots and Healthy Places index to plan POD sites, in addition to reusing POD sites we established during flu season, as well as continue to distribute vaccine (as we did with flu) via our established COVID testing sites throughout the county.

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

a. ☒ PrepMod (primary method for phase 1a)
b. ☒ Mass Vax module (backup method for all phases)
c. ☒ Other – CCRMC, CCHS ambulatory sites and other POD sites using electronic health records (EHR) with functional bidirectional exchange with CAIR may enter doses directly

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into the EHR. We anticipate this being the primary modality for these sites during phases 2 and beyond of vaccine distribution.

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.

For open PODs we will use county-employed vaccinators, paramedics, Medical Reserve Corps, and state mass vaccinator contracts as needed. For closed PODs we will use any/all of the above if the facility does not have their own vaccinators. If the facility has vaccinators of their own, we will verify they have received the appropriate training to be a COVID vaccinator in advance.

Support needed from state is reliable vaccinators via mass vaccinator contracts (i.e. Maxim or similar) for individual vaccinators in all phases.

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

Initially we will create closed PODs based on phase 1a priority populations for vaccine. This will be determined by analyzing datasets to identify where these priority populations live or work, in close collaboration with our ethical and equitable allocations committee and Community Engagement and Outreach program partners. In most cases Phase 1a PODs will be held at the facility where the priority population works or lives. As more vaccine becomes available and we move into phase 1b and beyond, we will use sites that have already MOAs with us as closed POD sites, reuse open POD sites that we used for mass flu vaccination clinics, repurpose existing county COVID testing sites as PODs, as well as partner with agencies to enroll new open/closed POD sites for all phases as appropriate for the priority population in question and our local allocations. As we did during H1N1, we also plan to hold large mass vaccination event/open PODs at outdoor venues (e.g. Sleep Train Pavilion, Hilltop Mall) once COVID-19 vaccine is available to the general public, in order to efficiently administer large quantities of doses as well as provide a vaccination option to those without a medical provider.

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.)*

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We will review AARs from H1N1 vaccine PODs for lessons learned as well as use our efforts this season distributing flu vaccine to estimate throughput while incorporating other key variables (the 15 minute monitoring period post-vaccine, traffic and flow considerations, and social distancing requirements). In addition we plan to train vaccinators in COVID vaccine administration requirements and use this core group of vaccinators as much as possible in order to increase efficiency and reduce the need for retraining, which can slow down throughput.

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))*

Kristin Burnett (Immunization Coordinator, CCHS COVID Vaccine Coordinator) and/or Melissa Hermerding-Lim (Vaccine Distribution Manager, CCHS COVID Vaccine Backup Coordinator) or other staff as assigned.

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

We will evaluate storage capacity information provided to determine appropriate vaccine product that can be stored in the unit, as well as the amount that can safely be stored based on cubic footage of the unit, referencing guidance provided by CDC, CDPH, and vaccine manufacturers.

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

Similar to our processes for state general fund and Vaccines for Children, we will email and call providers as necessary to offer technical assistance. We will distribute job aids and refer providers to training as appropriate. If providers continue to have issues after multiple attempts to assist we will seek guidance from CDPH.

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)

Similar to our current VFC and state general fund vaccine processes, we will check the make and model numbers of the storage units to ensure they meet criteria for storage and handling, collecting photos as necessary. We will also ask for 72 hour digital data logger temperature readings as proof of stable temperatures.

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

Because we have 30 cubic feet of ULT storage we do not anticipate needing dry ice. If we do, we will obtain through the federal government's distribution, and we have a back-up plan for obtaining dry ice from a research organization in our jurisdiction, Diablo Clinical Research, which has agreed to supply us dry ice and additional ULT storage if needed.

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?

Our COVID-19 response's Vaccine Branch includes a technical advisor who is a doctor familiar with vaccine reporting, as well as a deputy director overseeing provider enrollment and guidance. In addition, we will post a comprehensive "Frequently Asked Questions" document specific to COVID vaccines on our website, https://www.coronavirus.cchealth.org/, which will provide answers to common provider questions. This document will be updated as needed by our Public Information Office staff in consultation with medical and subject matter experts on the Vaccine Branch team and/or within CCHS. In addition, our established CCHS Immunization Task Force will provide guidance to CCHS providers during monthly meetings, via Tip Sheets, and nursing education modalities.

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 45and 46 of California's COVID-19 Vaccination Plan.

CCHS will take a multi-pronged approach to data tracking and analysis. Dashboards or reports will be created to track 1) general administration of vaccine and completeness of data elements required for entry into CAIR, as compared to CDC Required Data Elements 2) discrepancies between vaccine allocation and uptake, 3) populations at risk and uptake among them, and 4) rates of COVID-19 vaccinations in comparison to populations receiving vaccine.

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 inform vaccinees in several ways: 1) scheduling of next appointment at the time of the 1st dose. 2) reminder cards which come as part of the vaccine ancillary supply kit will be handed to vaccinees at time of receipt of first dose, 3) reminder emails generated by EHR, CAIR, PrepMod, 4) second dose reports generated by CAIR will be used to text/email/call patients due for second doses, and 5) we will co-opt other reminder systems in use by our testing team, Contra Costa Health Plan, or other CCHS programs as deemed useful.

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

We will verify patient records in CAIR or PrepMod (and in later stages, electronic health records) to match the product they received for their first dose.

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

We will use CAIR to generate reports on who is due/overdue for second doses, and reach out to administering providers as needed to provide technical assistance if they have not had success bringing patients in for second doses in a timely manner. Depending on the situation and abilities of the provider, we may employ county disease investigation staff to follow up and ensure that high risk patients receive a second dose of the vaccine.

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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 plan to send emails to providers identified via our data sets, our allocations committee and Med Health coalition to invite them to enroll. We will also provide enrollment information on https://www.coronavirus.cchealth.org/ once our vaccine page is developed. In addition, we will train call center staff on how to provide this information. As the provider enrollment system shifts from COVIDReadi to forthcoming enrollment systems, we will keep all of the above updated on any changes to the process.

Section 12: COVID-19 Vaccine Program Communication

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

Our broad messaging framework will be:

- Describing the role of Contra Costa Health Services in the distribution and management of COVID-19 vaccines
- Educating providers and the public about when the vaccine will be available to different populations during a phased rollout
- Amplifying our state and federal partners' messaging about vaccine safety and efficacy
- Working with the PIO to implement our Vaccine Communications Plan

We will continue to use many of the same methods and channels we've been using since the start of the pandemic: Direct outreach to providers and stakeholders, our COVID website (which gets about 300K page views each month), press releases, social media and possibly our COVID-19 call center. We will also continue to answer questions from the news media, the public and local elected officials. Community partners such as 211 may also play a role in addressing questions about vaccine resources.

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

Our Community Engagement Outreach Program will work with representatives of historically marginalized communities to ascertain and address issues of concern in those communities. We will use email outreach to partners that serve these populations, such as residential facilities, food banks, schools, and other CBOs in order to promote vaccination and provide resources for obtaining vaccination. We will translate collateral materials into multiple languages.

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

For employers, we will push out relevant information to contact lists developed by our Environmental Health Division and Contact Tracing Branch, as well as through other public-facing channels such as social media and our COVID website. We will work with our elected representatives, Public Information Office and Community Engagement team to deliver information to CBOs, faith-based organizations and other stakeholders.

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 will post this information on https://www.coronavirus.cchealth.org/. The information will be on our vaccination page, which is under development.

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?

In addition to posting to our website, https://www.coronavirus.cchealth.org/, we will educate COVID call center staff on how to direct callers with questions to the fact sheets. Similar to Vaccine Information Statements (VIS), we will have copies of the fact sheets in multiple languages at all our POD sites in order to distribute these to vaccinees. If there is the ability to add these to PrepMod, we will include fact sheets in that system so patients can view when registering for an appointment. As much as is feasible, we will link to the original source website (CDC/FDA) to ensure any updates to documents carry over.

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 post this information on https://www.coronavirus.cchealth.org/ under "information for providers." We will also post this information on our COVID-19 vaccination page, which is under development. In addition we will educate COVID call center and Communicable Disease program staff who might receive questions about how to guide providers to the proper reporting procedures.

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

Below is a preliminary list of metrics that CCHS will monitor to support oversight of logistics, equity and improvement efforts. These metrics will be continually refined by a team of Data Scientists and Epidemiologists based on evolving operational needs.

Provider/Staff Recruitment and Enrollment

- % of eligible providers in the county that have registered
- Adequacy and availability of provider administration sites at zip code level compared to County population

Vaccine Administration

- % of eligible population per phase that have been vaccinated stratified by age, HCP, LTCF resident/staff, Jail resident/staff, homeless, etc.
- Equity:
    - Vaccination rate by race, ethnicity, language, city, etc. compared to corresponding % of County population
    - Vaccination rates in census tracts with higher cases per 100K compared to County average
- Cycle times:
    - Average days from receipt of dose to administration
    - Average number of minutes from patient registration to appointment completion (Phase 2 onwards)
- Third Next Available appointment for vaccination (Phase 2 onwards)

Vaccine Logistics

- Daily Inventory turnover rate: Vaccine administered vs available inventory
- Days to depletion: Number of days before depletion of inventory based on previous 7-day average of doses administered
- Daily Fill rate:
    - Total number of doses delivered to provider sites vs number of doses requested
    - Total number of doses received by CCHS vs number of doses requested
- Cycle Time: Number of days to receive doses compared to requested date
- Inventory Stock: Comparison of physical inventory vs data systems
- Number of unused

Vaccine Communication

- Number of public awareness campaigns
- Number of automated reminder/recall messages sent
- Efficacy of communication campaigns

Vaccine Safety

- % of patients with adverse events compared to State and National averages

Vaccine Program monitoring

- % of patients with completed race, ethnicity, language and city reported to CAIR
- Incidents of new infection by sub-population to ascertain the impact of vaccine

B. How will you monitor the above metrics?

CCHS has a robust centralized team of Data Scientists, Epidemiologist, Business Intelligence Developers and Data Warehousing experts. This team will be responsible for building automated solution to aggregate data from various sources, including CAIR, PrepMod, CalREDIE, electronic health records, pharmacies and other partners in its data warehouse. Automated reports, dashboards and alerts will be developed like the ones CCHS has developed as part of the COVID response. The management team will be reviewing these metrics individually ad in its meetings to provide oversight, make plans, improvement and be responding to automated alerts. The team of Data Scientist and Epidemiologist will be running advanced analysis, risk stratification and use machine learning techniques to draw and share additional insights.

County risk level	New cases	Positive tests
WIDESPREAD Many non-essential indoor business operations are closed	**More than 7** daily new cases (per 100k)	**More than 8%** Positive tests
SUBSTANTIAL Some non-essential indoor business operations are closed	**4 - 7** daily new cases (per 100k)	**5 - 8%** Positive tests
MODERATE Some indoor business operations are open with modifications	**1 - 3.9** daily new cases (per 100k)	**2 - 4.9%** Positive tests
MINIMAL Most indoor business operations are open with modifications	**Less than 1** daily new cases (per 100k)	**Less than 2%** Positive tests

Contra Costa County
Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

4.

Meeting Date:	02/18/2021
Subject:	RECORD OF ACTION FOR JANUARY 21, 2021 MEETING
Submitted For:	Monica Nino, County Administrator
Department:	County Administrator
Referral No.:	
Referral Name:	
Presenter:	Julie DiMaggio Enea

Contact: Julie DiMaggio Enea
(925) 655-2056

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting.

Referral Update:

Please see the attached list of attendees and draft Record of Action for the January 21, 2021 meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the Record of Action for the January 21, 2021 meeting.

Fiscal Impact (if any):

No fiscal impact.

Attachments

Meeting Attendees 1-21-21

DRAFT Record of Action for the January 21, 2021 Meeting

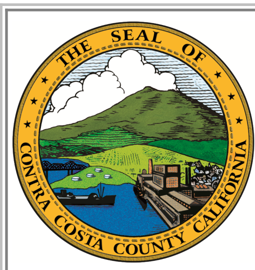
COVID-19 AD HOC COMMITTEE
MEETING ATTENDEES
JANUARY 21, 2021

Caller 1
Caller 2
Caller 3
Caller 4
Caller 5
Caller 6
Caller 7
Caller 8
Caller 9
Caller 10
Caller 11
17 (What?)
8LHr30
Ahmed
Aimee Moss
Aldo's iPhone
Alicia Campos
AM (Amanda Graves)
Amanda S
Amrita Kaur (Amrita Kaur (WDB Staff))
Ann
Anne O
Anouschka
Anouschka Wardy’s iPhone
Arwin
Barbara
Barbara Maco
Beyond Tired
Bob
Bob’s iPad
Brooke Heskett
Call_in_user_1
Cameron C.
cameron perry
Cathy Kathan
charissa
Charissa
Chris Wikler
Chrissy N
Christine
Christine’s iPhone
Colleen Awad
Collette Hanna
Dana Eder
Daryn Nabeta
David Knight
Denise Bjerke
Denise Starkey
Diane Deshler
Douglas Schlieter
Elaine Schroth
Gailene
Garret Deal
GAYLE ISRAEL
Greer
Hannah Robbins
health services (Christopher Farnitano)
Heather Davis
Heather Schiffman# Contra Costa AOR CAD
iPad (9)
iPad GMS 2
iPhone
iPhone Ann Huch
Irina Kolomey
Janell Largent
jason
Jen Jones
Jennifer Mucha
Jennifer Williams
Jenny Goodspeed
JessicaRomeo
jgoodspeed
Jill Ray
Jill Taylor
Jillian Cary
Jim's iPhone
Jocko Rodriguez
John Angell
Jordan
Judith Snider
JULIE ENEA
Juliet
Karen Mitchoff
Karl Fischer
Kellie Jonas Ikenberry
Kim McCarl
Kristen Burkhardt
Kristi-Lynn Gibson
LARA DELANEY
laura b
Laura Magu
Laurie's iPhone
Lia Bristol
Linda Olvera
Lindsay Brown
Lindsey Bruno
Lisa Chow
Liz Robbins
Lynn Mackey
Madelyn Cottam
Maura (Maura Matthews)
Maureen McFadden
Melissa Guzman
mendy gonzales
Michael Conran
Michelle Anaya
Michelle Brobak
Michelle Hansen
Mike McDermott
MikeyV
mitch
Monica Santiago
monica z
MSB

MW
N (Noel Fruchtenicht)
Nicole Bartholow
Octavius Caesar
Pastor Jared Thomsen (Jared Thomsen)
Patience Ofodu
Patience Ofodu
Patricia Lavis
Paul Sullivan
Pauline H
Randy Sawyer CCHS
robin schmitt
Robin Wood
Ryan

S HOw (Stephen Howarter - EDC)
Sandra Corsetti
Sarah Chodakewitz
Sarah Hansell
Sekai
Shannon Quinn
Shayda Nour
Shelly's iPhone 8 Plus
Shirley H.
So and so
stephanie
Supervisor Candace Andersen
Suzanne Adams
Tiff

Tiffany (Jack Schroeder)
Tom Lawson Plumbers & Steamfitters UA 159
Tom Warne
TWebb
Ultimate Fieldhouse
Verónica Medina
wharper
WILLIAM WALKER
Wyatt McKim
Yl
Yolanda Bennett



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR JANUARY 21, 2021

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

Attendees: Lynn Mackey, County Superintendent of Schools

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1. Introductions

Chair Andersen called the meeting to order at 1:30 p.m., introduced the Committee, Deputy County Health Officer Dr. Thomas Warne, and County Superintendent of Schools Lynn Mackey. She explained the format of the meeting.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

All public comment was taken under Agenda Item #3.

3. RECEIVE status report on the County's COVID-19 status, the County's vaccination plan, and school re-openings. *(Thomas Warne, M.D., Deputy County Health Officer)*

Dr. Warne spoke to recent coronavirus trends, stating that we are in the midst of a surge that is just beginning to flatten. The big story is the rollout of the vaccine. In the last month, we have scaled up the delivery system and are just getting in the first stage of vaccinating our older adults.

The dashboard statistics indicate that this is a dangerous time: case rate: 57.3 down slightly from a peak of 62 and three times higher than our July peak; positivity rate: 10.6%, highest so far. To reach the Red Tier would need to be under 7 and 8% or less. Overall cases in County are 53,000 and 7-day average is 630. Hot spots are San Pablo, Bay Point, Pittsburg, Byron, El Sobrante, Antioch, Oakley and Richmond. Highest impacted areas are almost 10 times higher than lowest impacted areas. Testing capacity is high at 7,500-10,000 tests per day with quick turnaround times.

Deaths in the County have been rising; 460 to date, correlating with case numbers. ICU beds available (percent of staffed beds) in our county is 1.7% and Bay Area ICU

bed availability is 3.4%. Our hospitals are strained but not overwhelmed.

65,151 vaccine doses have been administered: 54,355 first doses and 10,796 second doses. The vaccine delivery system is scaled up and robust, leveraging local hospitals and pharmacy partners. All that is limiting the process is the availability of vaccines. Vaccines are now being offered to those aged 65 and up, with priority given to those 75 and older.

He reviewed the vaccine distribution phases. We are currently in Phase 1B: People aged 65 and over, frontline essential workers, and congregate settings with outbreak risk. There are about 100,000 people in that category, so it will take time to obtain enough vaccine to serve that population. We are currently receiving about 15,000 doses of vaccine per week. There is an online registration system and a toll-free vaccination phone line 833-VAX-COCO. He reviewed the online vaccine registration form as well as the current phase criteria.

Nursing homes: partnered with John Muir and Kaiser to deliver vaccines to the 77 care facilities with 30 or more residents. Vaccinations at the 600 smaller facilities will follow.

Regarding reports of allergic reactions to the Moderna vaccine, Dr. Warne said the FDA concluded that the current lot of vaccines is safe.

He responded to several questions that were received in advance of the meeting:

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- *Is it normal to be asked to provide one's Social Security Number and Birthdate when registering for vaccination? Dr. Warne explained that this is standard and needed for insurance purposes.While insurance is not required, insurance may be charged to recoup costs.This information is also needed to link the vaccination to one's health record.*
- *When will youth sports activities be allowed? Dr. Warne answered that the County follows the State's orders, both the Stay at Home orders and the State's Blueprint.Conditioning, practice, skills building may be done outdoors with social distancing but not group activities.He described what activities would be allowed when the County eventually reaches the red tier.*
- *What is the State's model to project 15% ICU capacity? Dr. Warne does not have access to the model, but they use a system based on the number of staffed ICU beds less neonatal and other specialized beds.The 15% ICU threshold is deemed to signify a two-week lead time before ICUs may become overwhelmed.*
- *Comment about SF Gate Article alleging that shutting outdoor dining contributing to the COVID surge? Dr. Warne said it is reasonable to consider that hypothesis, but it is not supported by data.*

Lynn Mackey provided an update on changes in County schools opening status and what could be realistically expected as to the timeline to get children back to school. She highlighted the Governor's December Safe Schools for All initiative and then on January 4 the state launched its Safe Schools for All online hub to provide one authoritative source on State schools guidance. She said there haven't been many changes in the guidance, but the new hub will improve consistency. She highlighted changes in social distancing in school and a greater emphasis on ventilation. She said

the public remains very split on the desire to reopen schools or not. Schools will be required to post their safety plans. As of Jan 25, all schools will have to report on their opening status to improve transparency. She discussed cohort guidance.

She addressed some questions that had been received prior to the meeting.

- Will the new State guidelines make it easier or harder to open schools? She said it would depend on where each school was at in the reopening process.Unless a school is very small, they still will need to operate under several restrictions.
- Once a teacher is vaccinated, will they be required to return to the classroom? She said not necessarily, as there are several other guidelines that must be met before a school can reopen.She also said the district must still negotiate with its labor partners and there is no State directive saying that once one gets the vaccine, they become a disaster services worker.
- When you open some classrooms can you open the entire school? If a school was in process of reopening, they can continue under the current order.
- Sports conditioning is still allowed in high schools.

The following individuals spoke during the Public Comment period:

- Mike McDermott requested consideration for adding local pastors to the early vaccination list because they frequently interact with the sick and elderly, and with youth through education.He also commented that the ICU denominator continues to change, and so the ICU availability can be manipulated by changing the denominator. Dr. Warne said the County is not yet at the point where …He said the State has developed specific ways to calculate ICU availability.He said that the denominator can flex up and down for a variety of reasons.
- Anouschka asked about a WHO statement about PCR tests and asked if the County will lower the spin cycle at the laboratories. Dr. Warne said there is likely to be scientific debate on PCR tests and false positives, but it is a very sensitive test.She asked where we can find information on the effect of the lack of school and sports on children's mental health.
- Mendy Gonzales asked about scientific data that refutes CDC guidance that says its safer for schools to be open and how a current campus cohort differs from a school cohort in a hybrid school model.She said there is no data to support that schools currently open are safer than schools that could open now.Lynn Mackey agrees with the caller but acknowledges fear held by many people.
- Stephanie Singer of Rossmoor was vaccinated at Contra Costa College and expressed gratitude to County Health for a smooth and efficient process and concern about people who are not adept as using online registration system.
- 415-555-5555 asked if the health officers spent Christmas with extended family in violation of the health order, to which the Committee members responded that they observed the health order during the holidays. The caller said that LA County has lifted the ban on gatherings, but Contra Costa has not.
- 17 asked if the Supervisors received the vaccine. Supervisor Mitchoff said she received the vaccine through the normal protocols. Supervisor Andersen had not yet received the vaccine as her age doesn't currently make her eligible.
- Laura Magu, a Lafayette restaurant owner, asked at what point County doctors consider the health of all citizens in terms of loss of jobs and livelihoods, effects

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on children and families.She said no one seems to care about the impact on the larger population.

- ***Tiffany asked for clarification of the 25 per 1,000 goal for schools to reopen. Are we looking at a rolling average or a daily count? Dr. Warne said that for case rates, the county uses a 7-day average, but was not certain about a 25 per 1,000 (likely 100,000) goal for school opening.***

Chair Andersen asked if there was a response to the controversy over the letter sent by John Muir doctors about the efficacy of testing. Vice Chair Mitchoff said the letter had been refuted. Chair Andersen said that suicide and suicide attempts are being tracked and being taken very seriously. She said there has been strong advocacy for small business relief and support.

Chair Andersen asked about a vaccine strategy that rolled out first doses for everyone and delay the second dose based on availability. Dr. Warne said he thinks it is an unlikely strategy here, but it remains to be seen. He said there is overlap between doses and phases here. He said they are trying to pace the rollout to provide a certain allotment of second doses. There is not a firm deadline by which the second dose must be given.

Vice Chair Mitchoff commented about recent federal direction that gave her optimism about the future availability of vaccine.

4. RECEIVE and APPROVE the Record of Action for the December 17, 2020 meeting.

The Committee approved the Record of Action for the December 17, 2020 meeting as presented.

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AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff

Passed

5. The next meeting is currently scheduled for February 18, 2021.

Chair Andersen confirmed the next meeting date of February 18, 2021.

6. Adjourn

Chair Andersen adjourned the meeting at 3:11 p.m.

For Additional Information Contact:

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