Agenda

• COVID-19 Vaccination Information & Efforts
  • California Department of Public Health
• COVID-19 Federal Relief Update
Final COVID-19 Update Call

December 3 @ 2 PM

Registration:
Allocation of COVID-19 Vaccine During Scarcity
FIGURE S-2 A phased approach to vaccine allocation for COVID-19.
Definition of HCW - NASEM

“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”
Potential Criteria for Ranked Subprioritization Using An Equity Lens

- Type of Institution
- Attributes of Individual Staff
- Location of Institution
- Others...?
COVID-19 Vaccine Allocation Data Team
<table>
<thead>
<tr>
<th>Dataset</th>
<th>Contains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dataset 1: Healthcare Workforce by Individual License</td>
<td>Provides summed counts of Healthcare Licensees by Census Region, County, Agency, and License Type for licensed healthcare workers.</td>
</tr>
<tr>
<td>Dataset 2: Healthcare Workforce by Healthcare Facility</td>
<td>Estimated healthcare workforce from available sources by facility.</td>
</tr>
<tr>
<td>Dataset 2A: General Acute Care Hospital Staffing and Capacity from Oct 2020 Capacity Survey</td>
<td>Staffing and capacity reported by facility from October 2020 capacity survey. Only for General Acute Care Hospitals.</td>
</tr>
<tr>
<td>Dataset 3: Total peace officers</td>
<td>Total peace officer staff including dispatchers. CHP numbers provided by CHP HR. Department of Corrections data provided by CDCR HR. All other peace officers pulled from Commission on Peace Officer Standards and Training.</td>
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<tr>
<td>Dataset 4: Critical Infrastructure Industries by County</td>
<td>Uses first quarter 2020 data from the Quarterly Census of Employment and Wages (QCEW), gathered statewide from all employers eligible for unemployment insurance.</td>
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<tr>
<td>Dataset 5: Critical Infrastructure Occupations by County</td>
<td>Uses Occupational Employment and Statistics and Wages (OES) data, a semiannual survey of workplaces.</td>
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<tr>
<td>Dataset 6: Vulnerability Index</td>
<td>Vulnerability indices combine community characteristics into a single score, or index, to identify communities in need of support.</td>
</tr>
<tr>
<td>Dataset 7: California Incarcerated Populations</td>
<td>Includes local jail, state prison, US Prison, and ICE detention incarcerated populations</td>
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<tr>
<td>Dataset 8: Vulnerable Populations</td>
<td>Contains vulnerable population numbers by County</td>
</tr>
<tr>
<td>Dataset 9: LTC Occupants</td>
<td>Includes CDPH CHCQ and DSS licensed facilities</td>
</tr>
</tbody>
</table>
Estimating Healthcare Workforce in California

**Dataset 1: By Individual License**
- Provides summed counts of Healthcare Licensees by Census Region, County, Agency, and License Type for licensed healthcare workers.
- Does not include any secondary or support staff such as janitorial or food services staff.
- County information is from the License application of the Licensee and may not represent the county where the individual works, but rather the county they reside.
- Only active licenses to individuals were included.
- SOURCES:
  - Department of Consumer Affairs license data
  - LHD Survey of Staff
  - CDPH License Data
  - DSS Staff
  - DDS Staff

**Dataset 2: By Healthcare Facility**
- By Census Region, County, Healthcare Facility and estimate of healthcare workforce.
- Estimated healthcare workforce from available sources by facility.
- SOURCES:
  - CDPH CHCQ L&C Facility Data
  - DSS Facility Data
  - DDS Facility Data
  - HAI Influenza Data
Dataset 2: Healthcare Workforce by Healthcare Facility
Dataset 2: Licensed Healthcare Workforce by Facility

Healthcare Total Number Working by Facility Type

- General Acute Care Hospital: 1,032,346 (42.7%)
- Skilled Nursing Facility: 144,809 (6.0%)
- Acute Psychiatric Hospital: 116,551 (4.8%)
- Drg Residential Care Elderly: 108,724 (4.5%)
- Other: 933,560 (38.7%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation

Healthcare Total Number Working by County

- Los Angeles: 688,206 (27.2%)
- Other: 799,772 (33.1%)
- Orange: 199,210 (7.9%)
- San Diego: 211,372 (8.6%)
- Santa Clara: 100,129 (5.4%)
- San Bernardino: 116,004 (4.6%)
- Sacramento: 108,041 (4.3%)
- Riverside: 106,433 (4.4%)
- Alameda: 96,564 (4.0%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation
Primary Care Clinic Healthcare Workers by County
Total Workers 22,594

- LOS ANGELES: 5,196 (23.0%)
- SAN DIEGO: 2,854 (12.7%)
- ALAMEDA: 1,419 (6.3%)
- Other: 13,535 (59.8%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation

Clinic Healthcare Workers by Facility Type
Total Workers 64,340

- Primary Care Clinic: 22,168 (34.5%)
- Surgical Clinic: 9,093 (14.1%)
- Orthopedic Offices: 7,723 (12.0%)
- Dr Office from Medical Board: 25,363 (39.2%)

Source: Dataset 2: Licensed Healthcare Workforce by Facility Estimation
Estimating Critical Infrastructure Workforce

Dataset 4: Critical Infrastructure Industries by County

- Uses first quarter 2020 data from the Quarterly Census of Employment and Wages (QCEW), gathered statewide from all employers eligible for unemployment insurance.
- Industries are coded using the North American Industry Classification System (NAICS).
- Provides counts of total facilities and total employment by NAICS code and by county for industries identified as critical infrastructure by the state [https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf](https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf).

Dataset 5: Critical Infrastructure Occupations by County

- Uses Occupational Employment and Statistics and Wages (OES) data, a semiannual survey of workplaces.
- Occupations are coded using the Standard Occupational Classification system (SOC).
- Provides counts of employment by SOC code and by county for all occupations, and includes a variable for selecting occupations identified as critical infrastructure by the Cybersecurity and Infrastructure Security Agency (CISA) and the State.
Dataset 4: Critical Infrastructure Industries by County
Dataset 4: Public Administration Sector

**Frequency of Critical Infrastructure Employees by Public Administration Sector**

- Administration of Conservation Programs: 3,004
- Administration of Education Programs: 8,403
- Administration of General Economic Programs: 1,685
- Administration of Housing Programs: 20,599
- Administration of Public Health Programs: 3,904
- Administration of Veterans' Affairs: 2,704
- Agricultural Commodities Market Regulation: 12,080
- Air, Water, and Waste Programs Administration: 2,019
- Correction Institutions: 8,228
- Courts: 12,098
- Fire Protection: 3,238
- International Affairs: 3,150
- Licensing/Regulating Commercial Sectors: 21,162
- National Security: 54,006
- Other Human Resource Programs Administration: 581
- Other Justice and Safety Activities: 25,584
- Parole Offices and Probation Offices: 1,747
- Police Protection: 40,874
- Space Research and Technology: 1,272
- Transportation Program Administration: 1,419
- Urban and Rural Development Administration: 81,752
- Utility Regulation and Administration: Total: 385,278

Source: Dataset 4: Critical Infrastructure Industries by County

**Critical Infrastructure Employees by Sector: Public Administration:**

- Transportation Program Administration: 40,874 (10.6%)
- Administration of Conservation Programs: 25,584 (6.7%)
- Correctional Institutions: 12,080 (11.6%)
- Police Protection: 11,500 (6.2%)
- Other Human Resource Programs Administration: 21,162 (5.5%)
- Administration of Public Health Programs: 20,599 (5.3%)
- National Security: 81,752 (14.0%)
- Other Justice and Safety Activities: 81,752 (21.2%)

Source: Dataset 4: Critical Infrastructure Industries by County
Dataset 6: Vulnerability Indices

**COVID-19 Community Vulnerability Index:**
- Developed by the Surgo Foundation
- 34 variables across 6 themes:
  - SES
  - Household composition and disability
  - Minority status and language
  - Housing type and transportation
  - Epidemiological factors; and
  - Healthcare system factors.
- Higher scores indicate greater vulnerability
- Offered as another resource to identify vulnerable communities

**CA Healthy Places Index (HPI):**
- Developed by the Public Health Alliance of Southern California
- 25 variables across 8 themes:
  - Economic
  - Education
  - Housing
  - Health care access
  - Neighborhood
  - Clean environment
  - Transportation; and
  - Social factors
- Lower scores indicate greater vulnerability
- The HPI is suggested for local use to identify vulnerable communities via census tracts in the bottom quartile
  - Currently already being used in the Blueprint for a Safer Economy
Example of a Vulnerability Index
Lightest blue = most vulnerable
Dataset 7: California Incarcerated Populations

- Provides counts of incarcerated people in institutional facilities in California from
  - U.S. Immigration and Customs Enforcement (ICE) facilities
  - [California Department of Corrections and Rehabilitation (CDCR)](https://www.cdc.ca.gov)
  - California County Jails
  - [Federal Bureau of Prisons](https://www.federal-bureau-of-prisons.gov)
Dataset 7: California Incarcerated Populations
Graph 1. Count of Vulnerable Populations by Group

- Adults with COPD: 1,700,699
- Adults with Chronic Condition: 10,957,374
- Adults with Chronic Kidney Disease: 692,992
- Adults with Diabetes: 3,344,346
- Adults with Heart Disease: 1,735,813
- Adults with Obesity: 8,016,199
- American Indian Alaska Native Population: 601,076
- Asian Population: 6,063,600
- Black Population: 2,223,274
- County Jail: 71,200
- Crowded Households with Adults Over 65: 622,312
- DDS Family Home Agency (FHA): 1,643
- DDS Independent Living Services (ILS): 17,736
- DDS Other In-Home Care: 179,013
- DDS Supported Living Services (SLS): 9,259
- Federal Prison: 11,117
- Hispanic Population: 150,774
- Homeless Population: 5,056
- ICE Detention Facility: 819,479
- Institutionalized Group Quarters: 417,659
- LTC Population: 24,452,924
- Minority Population: 199,872
- Native Hawaiian or Pacific Islander Population: 3,597,443
- Population Not Proficient in English: 5,315,457
- Population Over 65: 3,337,356
- Population with 2+ Comorbid Conditions: 127,005

Dataset 8 – CA’s Vulnerable Populations
Dataset 9: Long-Term Care (LTC) Resident Populations

Estimate of Long Term Care (LTC) Resident Population by County
Total LTC Population: 447,859
Source: Dataset 9: LTC Population Estimate
Dataset 9: LTC Resident Populations

**LTC Populations by Facility Type**

- Total: 417,659
- Skilled Nursing Facility: 108,179 (24.7%)
- DSS Adult Residential: 37,564 (8.8%)
- DSS Adult Day Program: 65,027 (15.6%)
- Other: 24,123 (5.8%)
- DSS Residential Care Elderly: 160,756 (38.1%)

Source: Dataset 9: LTC Population

**LTC Populations by County**

- Total: 417,659
- Los Angeles: 102,606 (24.6%)
- Orange: 35,971 (8.5%)
- Riverside: 16,758 (4.0%)
- Sacramento: 18,627 (4.4%)
- Santa Clara: 16,597 (4.0%)
- San Bernardino: 17,281 (4.1%)
- Alameda: 17,981 (4.3%)
- Other: 167,221 (39.6%)

Source: Dataset 9: LTC Population
Storage & Handling
Pfizer & Moderna Vaccines
Pfizer Vaccine

- Pfizer-BioNTech
- 9 November press release: 90% effective
- mRNA vaccine/2 doses, 21 days apart
- Requires ultra-low temperature storage (-80°C)
- Shipped from Pfizer to administration/storage sites
- Ancillary supplies shipped separately
- 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
• One tray = 195 vials & one vial = 5 doses
• 975 doses per tray: the minimum order
• Five pizza boxes = 4,875 doses; the maximum order
• Container + dry ice = 80 lbs./ (ℓ 16” x w 16” x h 22”)
• Pizza Boxes are 9”x 9” x 2”
Pfizer Vaccine Packaging

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>1</td>
<td>DRY ICE POD</td>
</tr>
<tr>
<td>2</td>
<td>PAYLOAD (VIAL TRAYS)</td>
</tr>
<tr>
<td>3</td>
<td>INNER LID</td>
</tr>
<tr>
<td>4</td>
<td>PAYLOAD SLEEVE</td>
</tr>
<tr>
<td>5</td>
<td>OUTER CARTON</td>
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</tbody>
</table>
Pfizer Vaccine Receipt

• Inspect the Thermal Shipper
• Open shipper and check the digital data logger (DDL)
• Turn off DDL/CDC is working on providing a
• Inspect pizza boxes for damage and leakage
• Recharge shipper with dry ice pellets, ~ 22 lbs. (1/2” to 3/4 “)
• Five days of ULT storage if you only open the container twice per day. Return shipper to Pfizer within 20 days.
Pfizer Vaccine Fun Facts

- Vaccine requires diluent, normal saline
- No preservatives added
- Vaccine shelf-life at ULT: ~ 6 months
- Vaccine shelf-life at refrigerated temperature, not reconstituted: 120 hours/5 days
- Reconstituted vaccine can be left out for 6 hours
Dry Ice

- “Add ~22 lbs. of pelletized dry ice.”
- PPE: dry ice gloves and eye protection
- Metal scoop
Dry Ice Alternatives

- 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
- Limit the number of sites receiving the vaccine
Ordering Limitations

• Pfizer may be the only option & 975 doses is the smallest order
• Pfizer is developing a 125-dose tray, March 2021
• Possibility of refrigerated transport and storage
  – 120 hours or 5 days
Moderna Vaccine

- mRNA vaccine
- 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 separately
- Two to three weeks behind Pfizer (?)
Moderna Shipping/Storage/Use

• Shipped and stored (-20°C)
• Can be stored refrigerated (2°C - 8°C) for 7 days
• Multidose vials (10 per/vial)/100 dose minimum order
• Thaw times
  – 2 hours refrigerated
  – 15 minutes at room temperature
Modernina Vaccine Shipping/Storage/Use

• Use:
  – 12 hours to administration at room temperature
  – Vial must be used within 6 hours after first entry

• Two doses, 28 days apart
COVID-19 Vaccination Program
California Provider Registration and Enrollment Process Overview
The COVID-19 Vaccination Program will require a phased approach.

**Phase 1:** Potentially Limited Doses Available
- Projected short period of time for when doses may be limited
- Supply may be constrained
- Tightly focus vaccine administration
- Administer vaccine in closed settings best suited for reaching initial critical populations (workplaces, other vaccination sites) specific to Phase 1-A populations

**Phase 2:** Large Number of Doses Available
- Likely sufficient supply to meet demand
- Expand beyond initial populations
- Use a broad provider network and settings including:
  - Healthcare settings (doctors' offices, clinics)
  - Commercial sector settings (retail pharmacies)
  - Public health venues (public health clinics, mobile clinics, FQHs, community settings)

**Phase 3:** Continued Vaccination, Shift to Routine Strategy
- Likely sufficient supply
- Open access to vaccination
- Administer through additional private partner sites
- Maintain public health sites where required

**Populations of Focus**

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td>Phase 1-A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.</td>
<td>Remainder of Phase 1 populations</td>
<td>Remainder of Phase 1 populations</td>
</tr>
<tr>
<td>Phase 1-B: Other essential workers</td>
<td>Critical populations**</td>
<td>Critical populations**</td>
</tr>
<tr>
<td><strong>People at higher risk of severe COVID-19 illness, including people 65 years of age and older</strong></td>
<td>General population</td>
<td>General population</td>
</tr>
</tbody>
</table>

*Planning should consider that there may be initial age restrictions for vaccine products.*

**See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.*
Enrollment Timeline for Phase 1 Providers

• During phase 1, we are limiting registration to LHDs (and limited vaccine prepositioning sites) at this time
  • Working with each LHDs on identification & outreach to potential providers
  • Week of 11/3-Soft launched CA's Provider Registration portal
    – Conduct testing of CA’s Enrollment Portal
    – Collecting feedback from LHDs on any issues and questions regarding the registration process
  • Week of 11/16: Limited invitations to providers for Phase 1a
Identifying Likely Immunizers for Early Shipments of COVID-19 Vaccine

Action Steps & Guidance for Local Health Departments

Identify potential providers as follows:

1. With the assistance of staffing datasets provided by CDPH, identify all healthcare workplaces in your jurisdiction with personnel at risk of ongoing or future exposures to COVID-19, as they are likely to be eligible for early doses of COVID-19 vaccine. (New SharePoint site for CDPH datasets to be announced shortly.)

2. For these workplaces, identify providers and settings with the capacity to immunize their personnel and those which do not and so would need temporary/off-site vaccination clinics, mobile clinics, or closed POD clinics. (Don’t survey organizations included in the recent hospital survey.)

3. Prescreen provider capacity using the following criteria:

Clinical Capacity

- Have staffing levels & capacities to begin COVID-19 vaccination shortly after vaccine receipt
- Can vaccinate with high throughput following social distancing/infection control guidelines
- Can coordinate delivery of two-dose COVID-19 series with intervals of 21 or 28 days
- Capacity to deliver vaccines during peak influenza season or disease outbreaks
- Will report dose-level data within 24 hours of vaccination and doses in inventory daily to VaccineFinder.
- Will comply with federal and state (TBD) requirements for COVID-19 providers
Identifying Likely Immunizers for Early Shipments of COVID-19 Vaccine

Action Steps & Guidance for Local Health Departments

Storage Capacity and COVID-19 Vaccine Handling Requirements

✓ Can accommodate initial minimum orders of at least
  • 100 doses (minimum for Vaccine B)
  • 1000 doses (minimum for vaccine A)

✓ Can accommodate the temperature requirements of

  ultra-cold storage vaccines: more likely to be
  • large sites including public health
  • occupational health settings
  • closed Point-of-Dispensing (POD) clinics
  Must have specialized storage units, or be able to refill thermal shipping containers with pelleted dry ice
  within 24 hours of vaccine receipt and every 5 days if needed

  vaccines stored in routine freezers: above settings along with
  • healthcare clinics, public health offices
  • long-term healthcare facilities, hospital clinics
  • local pharmacies
  • critical-access hospitals, FQHCs, RHCs, community health centers
Preparing for COVID-19 Vaccination Program Enrollment

1. Identification of responsible organization officers’ agreeing to the conditions specified in the federal COVID-19 Vaccination Program Provider Agreement:

   - The organization’s Chief Medical Officer (CMO) and Chief Financial Officer (CFO) and Chief Executive Officer (CEO) agree to the conditions of participation outlined in the COVID-19 Provider Agreement and sign the Agreement on behalf of the organization.

2. Identification of the number of affiliated vaccination sites to the enrolling organization. For each location:

   - Identification of the individual location’s Medical or Pharmacy Director or Vaccine Coordinator responsible for location’s adherence to Provider Agreement terms and attest to proper vaccine storage
   - Name of provider(s) with prescription privileges licensed in the State of California who will oversee/administer vaccines
   - Provider participation IDs if your organization’s individual locations already participate in other publicly-purchased Vaccine Programs or State Immunization Information Systems.
Enrollment

Enrollment Process

In order to receive and administer COVID-19 vaccines, all California healthcare providers will enroll in the federal COVID-19 Vaccination Program electronically through CDPH’s provider registration and enrollment system:

- Sites provide key information for the organization and their respective individual clinic locations
- Agree with participation terms outlined in the federal Provider Agreement
- Completes required training elements
- Provides population information
- Acknowledges clinical and storage capacity to receive, store, and administer vaccine
Enrollment Process

- COVIDReadi is a third party application adopted by CA for the rapid enrollment of Phase 1 providers.
- Access is limited (link provided by LHDs or State) to likely immunizers of critical population identified for the phase (1 and 1b).
Each person registers for their own account. Email will need to be verified before adding information for the organization. Once the organization is established, an invitation code can be sent to others in the organization. This facilitates getting signatures of both Chief Medical Officer and Chief Financial Officer, as well as adding individual locations.

If you have received an invitation code from your organization, paste it below to join the organization. You can also create your own organization and invite other members to help you enroll.

Invitation Code

Join Organization

OR

Create a new organization
Enrollment Application Process

✓ Sites provide key information for the organization and their respective individual clinic locations
✓ Agree with participation terms outlined in the federal Provider Agreement
✓ Completes required training elements
✓ Provides population information
✓ Acknowledges clinical and storage capacity to receive, store, and administer vaccine
Enrollment Process

• Upon submission of the registration through COVIDReadi, sites will receive a confirmation email confirming the request to enroll.

• Registration information is sent to the Local Health Departments who will then be responsible for the allocation of available vaccine doses, pending supply availability.

• Information about vaccine ordering will be forthcoming.
Questions
COVID-19 Federal Relief Update