



Vaccination Planning Guidance for Partners

In times of scarcity and
uncertainty

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Context- overall

- Phase 1A near over
- Phase 1B open to 65+ (1.5 million in LAC)
 - Vaccinate enrolled patients / eligible public
 - Goal to reach majority by end of February
- Phase 1B next sectors by early March
 - Education, food and agriculture, emergency services
 - Mixed plan with clinics, pods, and special partnerships
 - FQHC/CHCs to identify patients in these sectors
 - DPH will clarify eligibility documentation



Federal/State context

- Federal move towards performance-based allocations stated
- State goals
 - 96-hour 100% utilization
- State reviews and can hold orders, reduce allocations
 - If too much inventory on hand
 - Need high burn rate
 - If doses unaccounted for
 - Need accurate data reporting



Shift in goals

- High burn rate
 - Week to week emphasis without accumulating reserves
 - Need to consistently aim to use >90% of inventory each week while completing 2nd doses (State goal 100%)
 - Excess inventory on hand signals lack of capacity and could trigger reduced allocations to the County
- Predictability
 - For partners, knowing doses allows planning, first and second dose scheduling without shortfalls
 - For LAC DPH, knowing doses per partners simplifies accounting and allocations

State guidance (2-17-21)

- To promote efficient utilization of inventory and series completion, providers are advised to:
 - Subtract the number of second doses needed in the next 7 days from your vaccine doses received to calculate how many first dose appointments you can schedule. (Supplies in some weeks may only permit second dose appointments.)
 - Schedule appointments for the second dose during first dose visits to help with forecasting and budgeting.
 - Prioritize series completion over additional first doses when supplies are low.
 - If second doses are delayed as a consequence of limited supply, complete patients' series as supply is replenished. There is no need to give an extra dose after delays.

1. <https://eziz.org/covid/communications/>

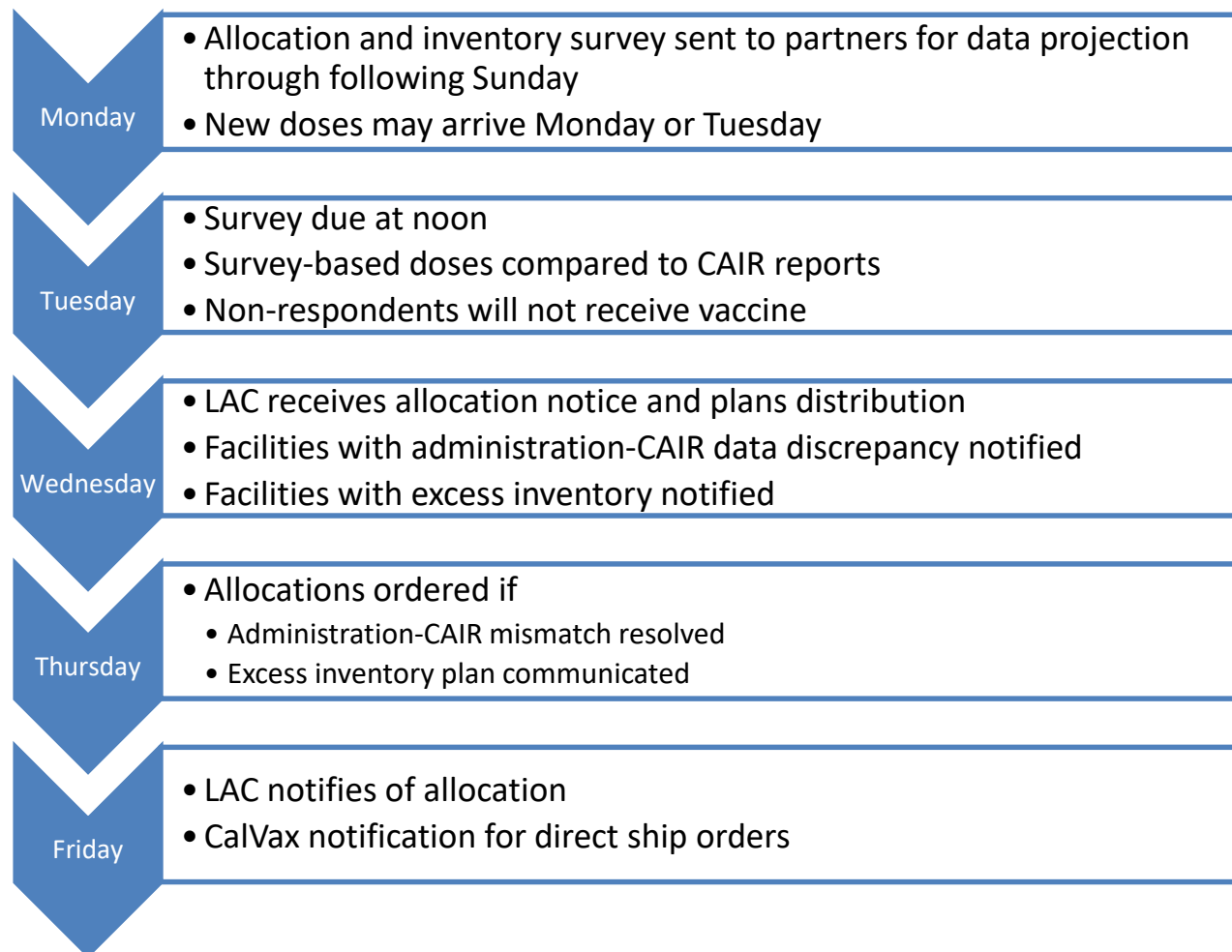


Context - doses

- Allocations stagnant for last 4 weeks
 - Week to week uncertainty, sometimes allocations decrease (2/15, 8K decrease from prior week)
 - LAC not a direct recipient unlike NYC for example
 - State uses eligible population formula, not total population between counties
- Pfizer and Moderna ratios have varied
- Minimum shipment sizes constraint (100 Moderna, 975 Pfizer)
- DPH has engaged in extensive redistribution to improve
- MCEs (multi county entities): KP, Dignity, Providence, UCs, AHMC, Adventist
 - 30% of total doses direct from the State
 - Most agree to align LAC sites with LAC criteria; Can use State criteria



Weekly timeline





LAC commitment to access

County	Sites*	Population	Delivery sites per 100,000
Alameda	16	1,656,754	1.0
Contra Costa	12	1,142,251	1.1
Los Angeles	305	10,081,570	3.0
Orange	48	3,168,044	1.5
Riverside	33	2,411,439	1.4
San Bernadino	37	2,149,031	1.7
San Diego	46	3,316,073	1.4
San Francisco	11	874,961	1.3
Santa Clara	7	1,927,470	0.4
*Sites with administered vaccine, CDPH Dashboard 2/9			

Example

week	total received			total onhand	1st dose		2nd dose
1	100	Moderna		100	90		
2	100			110	90		
3	100			120	90		
4	100			130	40		90
5	100			100	10		90
6	100			100	10		90
7	100			100	60		40
8	100			100	90		10
9	100			100	90		10
10	100			100	40		60



Thank you

Questions?