CALIFORNIA COVID-19 VACCINATION UPDATE

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Agenda

- Current Epidemiology
- Vaccine Safety & Considerations
- Vaccine Roll Out
- Vaccine Distribution Approach

Tracking COVID-19 in CA

Updated January 26, 2021 at 11:00 AM with data from January 25, 2021

CASES

3,153,186 total

17,028 today

0.5% increase from prior day total DEATHS

37,527 total

409 today

1.1% increase from prior day total

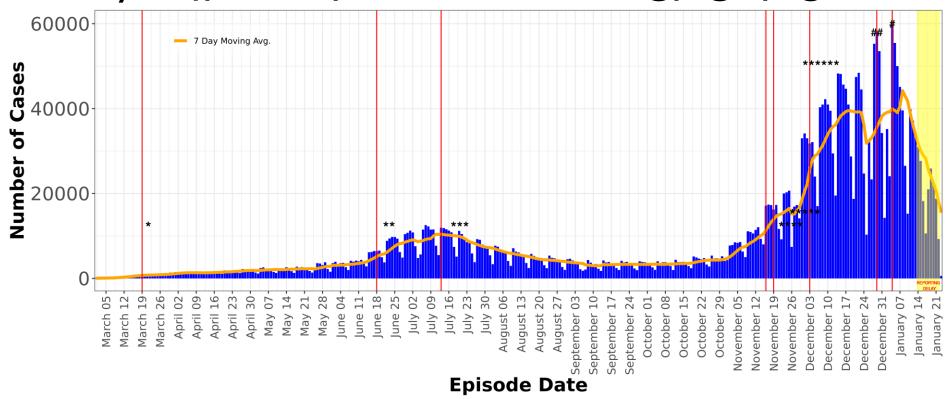
TESTS

41,010,770 total

321,862 today

0.8% increase from prior day total

Cases of COVID-19 by Estimated Date of Illness Onset from March 01, 2020, as of January 24, 2021, California (n=3,136,158)



*3/19: Statewide Stay-At-Home Order **6/18: Statewide Mask Order ***7/13: Statewide Re-Closure of Bars *****11/16: Emergency Brake *****11/19: Limited SAHO # peak1: 60,192 cases (2021-01-04); ## peak2: 58,095 cases (2020-12-29); ****** 12/3 regional stay at home order

COVID-19 Vaccines

Current vaccines with FDA emergency use authorization (EUA) recommended for prevention of COVID-19:

- Pfizer-BioNTech (BNT162b2) COVID-19 vaccine
- Moderna (mRNA-1273) COVID-19 vaccine

Vaccines in Phase 3 clinical trials in USA:

- AstraZeneca COVID-19 vaccine
- Janssen COVID-19 vaccine
- Novavax COVID-19 vaccine

Vaccine Safety

- California has its own Scientific Safety Review Workgroup comprised of immunization, public health, academic and other experts who are vetting vaccine safety.
- The Scientific Safety Review Workgroup has confirmed that the Pfizer-BioNTech and Moderna vaccines have met high standards for safety and efficacy.
- Sometimes vaccination can cause a sore arm, aches, fatigue or fever for a few days after getting the vaccine, but these are not harmful.

Vaccination Considerations

- The Pfizer-BioNTech vaccine is approved for those 16 years and older, consists of two doses given 21 days apart, and is 95 percent effective against COVID-19.
- The Moderna vaccine is approved for those 18 years and older, consists of two doses given 28 days apart, and is 94 percent effective against COVID-19.
- Vaccinated individuals should keep wearing masks, washing hands and watching their distance until the vaccine has been widely distributed.

Vaccination Guiding Principles

California's plan for the distribution and administration of a COVID-19 vaccine is guided by the following overarching principles:

- Ensuring transparency by bringing in community stakeholders from the outset
- Ensuring the COVID-19 vaccine meets safety requirements
- Ensuring the vaccine is safe, distributed and administered equitably, at first to those with the highest risk of becoming infected and spreading COVID-19

Key Goals

- Evaluate the efficacy and safety of the vaccine
- Establish a Community Vaccine Advisory Committee
- Develop a Prioritization Framework Allocation Plan Engaging Stakeholders and Public
- Be ready to distribute and vaccinate once vaccines are available to the State of California
- Ensure equitable allocation of vaccine across California
- Employ an effective communication campaign to ensure public trust and appropriate messages

Distribution will adjust as volume of vaccine doses increases

Limited Doses Available

Max

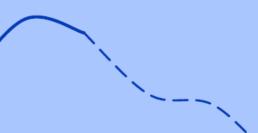
Volume doses available (per month)

Trials only

Constrained supply

• Highly targeted administration required to achieve coverage in priority populations

Large Number of Doses Available



- · Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required, including surge capacity

Continued Vaccination, Shift to Routine Strategy

- Likely excess supply
- Broad administration network for increased access

Example populations



HCPs First responders **Example populations**





People with high-risk conditions Older adults, including those living in long-term care facilities

Example populations









workers People in congregate settings All other older adults **Example populations**





Young adults Children Other critical workers Example population



All others in the US who did not have access in previous phases

CA's Phased COVID-19 Vaccination Plan

Phase 1A

- Healthcare workers
- Long-term care residents
- About 3 million people

Next Priorities

- Individuals 65 and older
- Based on available supply, prioritize and target outreach efforts as follows:
 - Age, > 75 years or older
 - Occupational Risk Exposure
 - Residence in vulnerable communities, as determined by the California Healthy Places Index or local health department knowledge
- Health departments and providers may offer doses promptly to people in lower priority groups when:
 - Demand subsides in the current groups or
 - Doses are about to expire according to labeling instructions or
 - Doses that have been thawed and would otherwise go to waste.



COVID-19: Vaccine Dashboard

Total Doses Administered

2,587,736

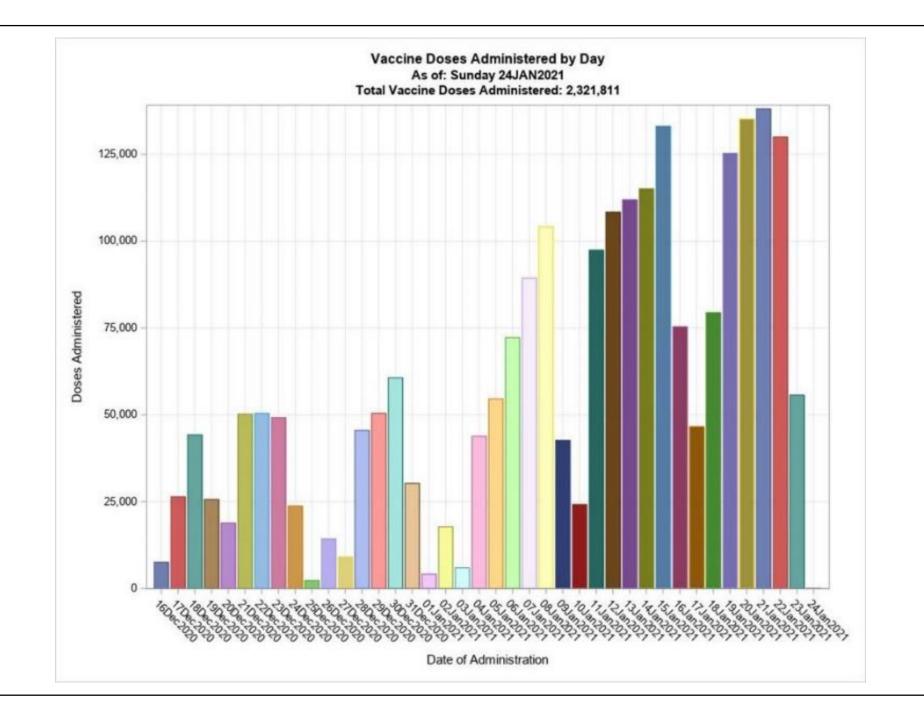
Doses Ordered and Shipped	Doses Ordered	Doses Shipped
Local Health Departments	3,493,325	3,319,000
Health System Multi-County Entities	1,293,625	1,281,225
State Agency Multi-County Entities	95,500	95,400
Total	4,882,450	4,695,625

^{*} Doses shipped and doses ordered do not include doses that were distributed as part of the CDC Long Term Care Facility program to vaccinate residents at California's Skilled Nursing Facilities and other congregate living facilities.

Data Last Updated on 1/25/2021 11:59pm

Vaccine Distribution

- The health care and public health systems have worked to administer
 2.5M vaccine doses in 7 weeks
- During 10 Day Challenge counties and providers rose to challenge to increase pace of vaccinations
- We have tripled our pace of administering the vaccine
- Currently vaccinating 125,000 Californians each weekday



Vaccine Distribution

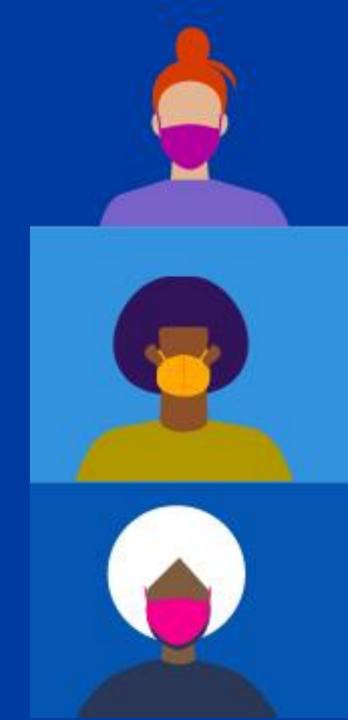
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Vaccine Distribution – Lessons Learned

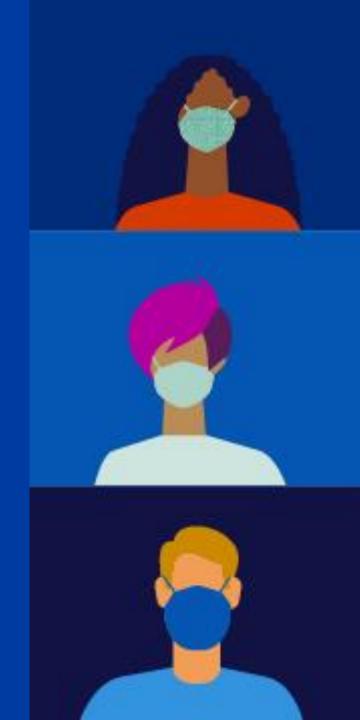
During this process we identified strengths and areas in need of improvement:

- > Simplifying vaccine eligibility framework
- Standardizing vaccine information and data
- Addressing Supply, by administering what we have and seeking additional supply



COVID-19 Vaccination Network

- We are building a statewide vaccine administration network and tapping the expertise and experience of third-party administrators to make vaccine distribution - more efficiency/greater visibility
- Network will include public health systems, pharmacies, health systems, public hospitals, community health clinics, pop-up and mobile sites -- with an immediate focus on allocating to those who are vaccinating quickly and safely to accelerate our progress.
- > As supply grows, expanded fixed and mobile sites
- > Local public health systems will continue to play a key role
- Continued focus on equity vaccines allocated to reach lowincome neighborhoods and providers compensated in part based on how well they reach underserved communities



Technology Tools

- A new statewide tool that makes it easier for providers to maintain records and report the administration of doses quickly
- Californians can visit MyTurn.ca.gov and enter info to learn if it's their turn. If not their turn, can get notification when it is
- If it is their turn, can schedule in some counties (LA and San Diego). Other counties expected to join in coming weeks
- Due to limited vaccine supply, there are not enough appointments yet for all who are eligible
- MyTurn will become more robust and valuable for more people, notifying Californians and enabling them to make an appointment



Overarching Approach

- Nothing should slow the administration of vaccine doses other than the pace with which they arrive in the state
- Balance safety, speed and equity while scaling up to meet the level of vaccine administration needed



QUESTION AND ANSWER

Thank You!

COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds

0-4 years

5-17 years

18-29 years

30-39 years

40-49 years

50-64 years

65-74 years

75-84 years

85+ years

HOSPITALIZATION



9x lower

Comparison Group 2x higher 3x higher 4x higher

5x higher 8x higher 13x higher

DEATH?



16x lower Comparison Group 4x higher

10x higher 30x higher 90x higher 220x higher 630x higher

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



- Data source: COVID-NET (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html, accessed 08/06/20). Numbers are unadjusted rate ratios.
- Data source: NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS3193WB-A 09/10/2020

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

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons

American Indian or Alaska Native. Non-Hispanic persons

Asian, Non-Hispanic persons

Black or African American. Non-Hispanic persons

Hispanic or Latino persons

CASES1

HOSPITALIZATION²

DEATH3

2.8x higher

5.3x higher

1.4x higher

1.1xhigher

1.3xhigher

No Increase

2.6x higher

4.7x higher

2.1x higher

2.8x higher

4.6x higher

1.1xhigher

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

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING



HAND HYGIENE



CLEANING AND DISINFECTION

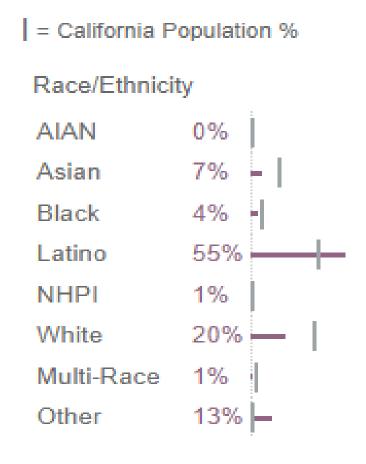


- 1 Data source: COVID-19 case level data reported by state and territorial jurisdictions. Case level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.
- * Data source: COVID-NET 0ttps://www.obc.gon/coronavinus/2019-ncon/covid-data/covid-iew/index.html, accessed 08/06/201. Numbers are ratios of age-adjusted rates.
- *Data source: NCHS Provisional Death Counts \$ttps://www.cdc.gov/nchs/nvss/vsn/COVID19/index.htm, accessed 08/06/20s. Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

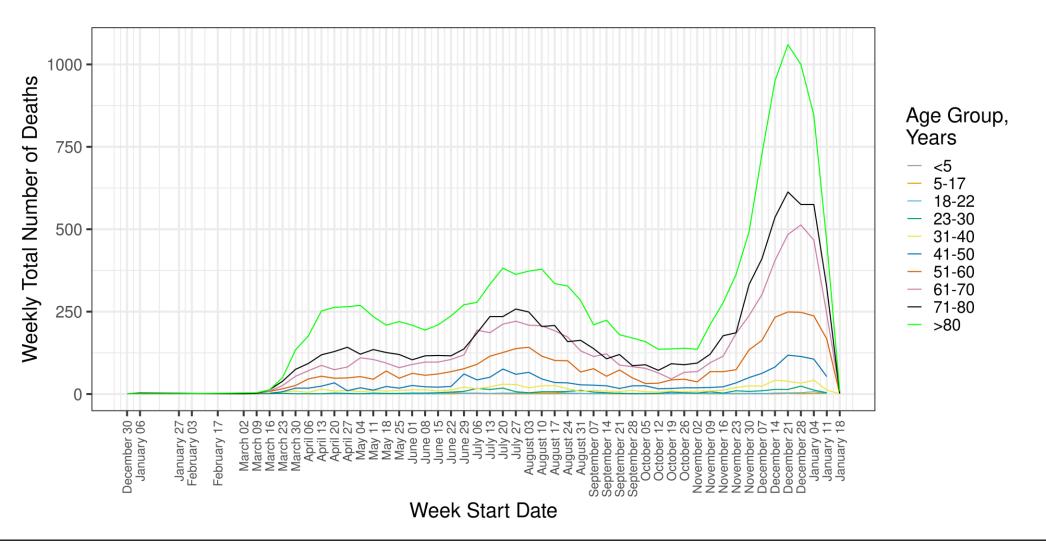
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Covid-19 Cases By Race/Ethnicity and Age

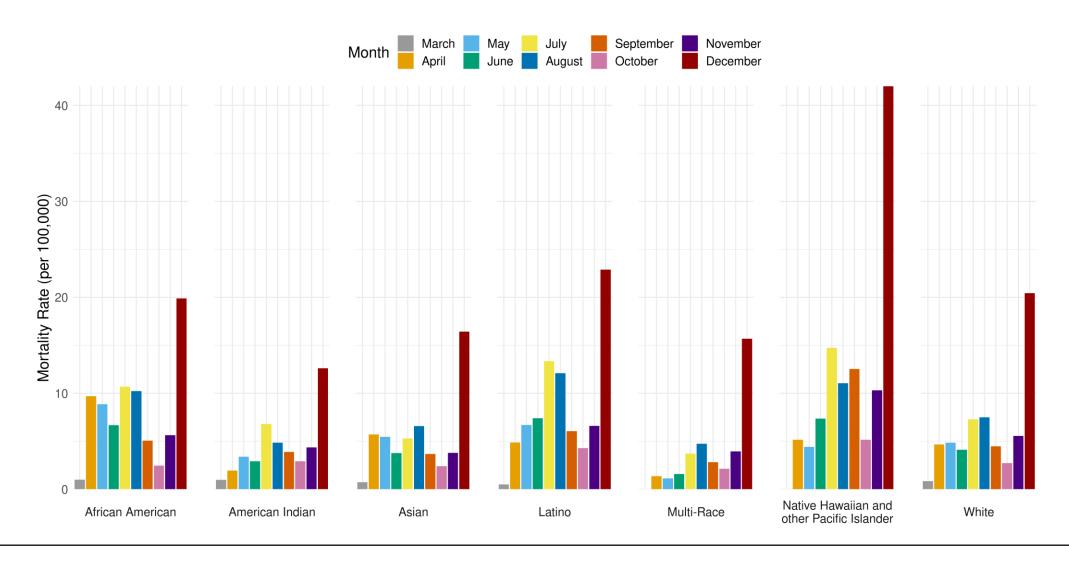




Weekly COVID-19 Deaths by Date of Death and Age Group, as of January 19, 2021



COVID-19 Mortality Rate by Race and Ethnicity and Month, March through December



Covid-19 Deaths By Race/Ethnicity and Age

