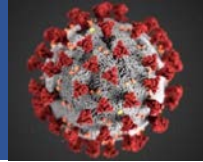# COVID-19 VACCINATION PLAN

Health Services Agency
Public Health Division
Santa Cruz County
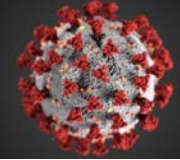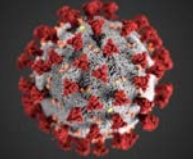
December 1, 2020

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COVID-19 Vaccine Implementation for CA Health Jurisdictions

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. Slides from webinars and other important documents are posted at [http://izcoordinators.org/covid-19-vaccination-planning/](#) (Username: covidPlanningGroup and Password: covid2020!).

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 Santa Cruz County Public Health Division has established a COVID-19 Steering Committee to assist with the planning and implementation of COVID-19 vaccination. In addition, this planning initiative has been named as a key objective on the Santa Cruz County SAVE Lives Action Plan. The COVID-19 Vaccine Steering Committee for Santa Cruz County includes representatives from Santa Cruz County's Health Services Agency (HSA) Departmental Operations Center (DOC) Leadership, Disease Control Branch, Medical Health Preparedness Branch, Public Information Officer (PIO), Crisis Emergency Risk Communications (CERC) team, Logistics Branch, and others. The representation in this committee ranges from public health prevention and education, epidemiology, primary care clinics, emergency medical services and includes but is not limited to local health jurisdiction leadership. Work Groups shall be established to perform work as outlined by the County's Health Officers, Steering Committee, and the Vaccine Work Plan. The work groups will cover topics that include but are not limited to provider enrollment, outreach and communication efforts, vaccine allocation, logistical components of vaccine rollout such as cold chain supply and vaccine storage, inventory management, and approaching vaccine allocation with an equity lens.
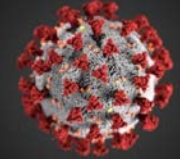
B. Revisiting institutional memory and after-action reports, what are the major lessons learned from H1N1 in your jurisdiction and how are they being considered for COVID-19 vaccine implementation?

The Emergency Preparedness Unit/Preparedness Branch in collaboration with Communicable Disease and Epidemiology Units/Disease Control Branch have begun review of the Hep A outbreak, Medical Countermeasures (MCM), Pandemic Influenza, H1N1 Plans and After-Action Reports (AAR).   The MCM will be used as the broad framework for the COVID-19 Vaccination Plan with edits, additions and revisions as needed to be tailored to the current pandemic and vaccines approved for distribution.

Receipt, Staging and Storage (RSS) systems and protocols are expected to vary due the state and federal government's logistical decisions.

Santa Cruz County's Public Health Division Emergency Preparedness program prepared an AAR/Improvement Plan (IP) for the 2009 H1N1 Response. Improvement items and corresponding COVID-19 Vaccine response items are displayed below:

2009 H1N1 Improvement Item: Public Information provided prior to vaccination and in multiple languages (translation services). Increase awareness on webpage for where/when/how to receive the vaccine.

- **COVID-19 Vaccine Action Item:** The HSA DOC PIO is highly engaged in the COVID-19 response to provide accurate, timely, and equitable resources to the community. As materials are released from CDPH and CDC, the PIO will coordinate with Public Health Leadership, the Vaccine Steering Committee and Vaccination Division to ensure appropriate and transparent messaging, including culturally and linguistically appropriate messaging and broad usage of social media and media platforms.

2009 H1N1 Improvement Item: Ensure appropriate levels of Personal Protective Equipment (PPE) for distribution of vaccine.

- **COVID-19 Vaccine Action Item:** The Medical Health Operational Area Coordinator (MHOAC) and Public Health DOC Logistics Section have provided ample support to medical facilities by deploying PPE and medical supplies. Resource requests will be made to the MHOAC and Logistics unit based on the need of resources to provide safety and protection for vaccination staff.

2009 H1N1 Improvement Item: Engagement of first responders to administer vaccine.

- **COVID-19 Vaccine Action Item:** Through coordination with the State Emergency Medical Services Authority (EMSA) Medical Director and local Emergency Medical Services (EMS) Medical Director, agreements have been reached to expand scope of first responders to administer the vaccine. First responders all fall into Tier 1A to receive the vaccine to ensure safety while responding.
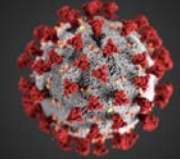
2009 H1N1 Improvement Item: Engagement of the MHOAC program as needed for robust resources.

- **COVID-19 Vaccine Action Item:** The MHOAC and Public Health DOC Logistics Sections have made robust improvements to the resource request procedures of PPE and supplies throughout the COVID-19 Pandemic, including new databases to ensure efficiency. Coordination of MHOAC and Logistics resources is improved and will continue to be a focus for streamlined deployment.

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?

Increased efforts in promoting influenza vaccinations for the residents of Santa Cruz County was a priority for the 2020-2021 influenza season. Influenza vaccination success in recent years has relied heavily upon vaccination dissemination through primary care provider (PCP) offices, federally qualified health centers (FQHCs), pharmacies, and health care worker (HCW) places of employment. A similar model of utilizing existing infrastructure and resources for vaccine dissemination may be key to a mass vaccination effort to ensure all population's needs are met.

While preparing for mass vaccinations clinics in a pandemic, multiple factors had to be taken into consideration that did not present itself in previous years with influenza vaccination. Factors such as increased respiratory illness screening procedures, social distancing measures,

increased measures surrounding PPE while at the same time facing a scarcity of the same PPE has increased challenges around normal influenza planning activities.

Due to the many different planning considerations and logistics surrounding the planning for a socially distanced mass vaccination clinic it is imperative that there is a core team comprised of a COVID-19 Project Manager and a COVID-19 Vaccination Coordinator for a response of this magnitude. The COVID-19 Project Manager will be responsible for overseeing the non-medical logistical components of the vaccination planning such as ordering supplies, engaging and enrollment of providers into COVIDReadi, determine points of dispensing (POD) locations, coordinate resources needed, setup the necessary vaccination planning meetings as needed and keep track of any submissions required by the CDPH. The COVID-19 Vaccination Coordinator would the medical subject matter expert who can advise and oversee the medical components required of a mass vaccination clinic such as just in time training (JITT) for vaccinators, managing vaccine storage and handling requirements, and answer medical questions for local providers. To ensure a smooth planning and implementation process it is critical that the Incident Command System (ICS) continues to be the overarching management framework. The COVID-19 Project Manager and COVID-19 Vaccination coordinator will need to understand the different ICS sections such as Operations, Logistics, Planning, etc. for this incident and how it can be applied to a mass vaccination clinic. With this understanding they will be able to train support staff on the operations of a mass vaccination clinic. This prevents duplication of effort, increases efficiency, provides a clear chain of command, and prevents wasting resources in order to increase the throughput of vaccination dissemination.

Given the nature of the pandemic the best model for vaccine dissemination to the general population who cannot receive vaccine from their PCP or other location would be a **drive-thru vaccination POD**. This eliminates the concern for crowd control while preserving social distancing and allows for members of the same household to be vaccinated in one step. If a drive-thru POD is not possible then role of traffic control is essential to make sure those in line are maintaining social distancing, wearing masks, and practicing the proper safety precautions. This role can also hand out registration forms in advance to increase efficiency and reduce registration time. Electronic registration in advance can also help cut down wait and registration time. It is also imperative that planning for a diverse pool of personnel resources occur. During flu season and especially during a pandemic, staff designated to work may be susceptible to falling ill and there should be the ability to pull staff needed from a variety of sources, Medical Reserve Corps (MRC), contracted staff, extra-help, etc. so that both regular operations and POD operations are not impacted.

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.
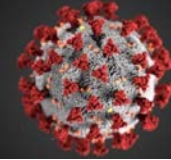
Please see Appendix A for Public Health DOC Organizational Chart.

B. How are you engaging external partners in your planning process? Who are your primary external (outside of your local health department) planning partners?

The County Healthcare Coalition (HCC) is engaged in the planning process with bi-weekly meetings and a series of four COVID-19 readiness trainings conducted by the Preparedness Branch (HCC includes Hospitals, FQHC, Skilled Nursing Facilities [SNFs], Assisted Living Facilities, County Agencies, etc.).   The HSA DOC includes representatives from Behavioral Health, County Clinics, Environmental and Administrative Divisions. Weekly Clinician Conference Calls are hosted by the Health Improvement Partnership (HIP) and bi-weekly clinical meetings are convened with the Health Officer, SNFs, and Acute Care Facility Directors. Staff are engaged in the weekly CDPH webinars and other trainings as appropriate.   We are engaging local FQHC's by discussing COVID-19 strategy in weekly meetings. Our primary external planning partners are: Salud Para La Gente, Santa Cruz Community Health Center, Planned Parenthood, Santa Cruz County Clinics, Central California Alliance for Health (CCAH).
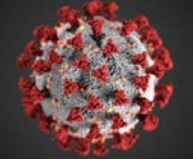
Section 3: Phased Approach to COVID-19 Vaccination

A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? ☒ yes   ☐no (See Page 16-19 of California's C19 Plan)

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.
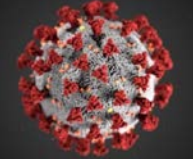
> The Medical Health Preparedness Branch has conducted outreach prior to COVID-19 with the Healthcare Coalition (HCC) and First Responder groups to develop Closed POD Memorandums of Agreement (MoAs).   The HSA DOC will offer the MoA to appropriate interested parties. The distribution method will be dependent on guidance as indicated by State and Federal government and may make these agreements unnecessary. Direct shipment to hospitals and multi-county entities (MCEs) as well as long term care facilities (LTCFs) in collaboration with the CDC Pharmacy Partnership program will remove the local health department from the direct distribution of vaccines. First Responder immunization is currently in discussion to ensure that they are offered the vaccine within the CDPH guidelines and parameters and that a Closed POD model, if utilized, meets the needs of that cohort.   Closed POD agreements with First Responders are in effect for the San Lorenzo Valley areas and north, Central, and mid-county areas.   Additional locations have been identified through previous planning, exercises, and response efforts. Consideration for an outdoor vaccination clinic and/or a drive thru vaccination clinic is underway and may be considered a safe way to administer vaccinations.

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.

The COVID-19 Steering Committee will continue to review and assess data received from CDPH, COVIDReadi, CalVAX, CALRedie, situation status reports, and epidemiological data to identify critical workforces, infrastructure, and vulnerable populations in Santa Cruz County. Data and methodologies received by CPDH was reviewed by local epidemiologists to ensure it was applicable and pertinent to Santa Cruz County. Through the HCC, independent data was collected from local hospitals and healthcare facilities to compare health care workforce and critical infrastructure data against the CDPH data. In addition, the Public Health Division's Emergency Preparedness program will poll the HCC on the number of healthcare workers within the community to get the most recent numbers. All data sets received will be shared by the COVID-19 Vaccination Steering Committee with the Health Officers as well as the HSA DOC Health Equity Branch for assessment and consideration.

One of Santa Cruz County's health centers, the Homeless Persons Health Project, will contribute insight on and reaching those who are experiencing homelessness. Collaboration with Santa Cruz County's Clinic Services Division and other county FQHCs can also assist with reaching frontline healthcare workers and populations who tend to be underinsured or have financial barriers when accessing healthcare.

Local Acute Care Hospitals have identified General Acute Care Hospital (GACH) allocation data to determine staff at highest risk. This data will be used to provide transparent, data-based allocation of the first round of vaccines.

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?)

The HS DOC Medical Health Preparedness Branch and the EMS/MHOAC Branch conducts at minimum one to two meetings a week with acute care facilities. Ongoing collaborative planning, training and information sharing has been in process and will continue throughout the COVID-19 immunization roll-out. The Public Health Division's Emergency Preparedness (EP) Program has conducted and supported surveys through the HCC to gather current situation status, capacity and assess facility needs. MHOAC, Logistics, and Medical Health Preparedness Branch provides technical assistance and resources (PPE) upon request on a regular basis. The COVID-19 Vaccination Branch has also contacted local acute care facilities to ensure and assist with COVIDReadi provider enrollment as well as assess vaccine storage and handling capacity. Local acute care facilities have a clear understanding that they can reach out to the COVID-19 Vaccination Steering Committee should any challenges arise.
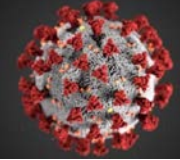
A. With an eye on equitable distribution, how do you plan on reaching other populations that will need vaccinations in subsequent phases?

The HSA DOC has integrated an equitable view into the COVID-19 response as it is one of the core values of the local health department. The SAVE Lives Action Plan emphasizes equity in all aspects of the COVID-19 response. The HSA DOC remains committed to collaboration with the community to outreach to high-risk populations, including partnerships with stakeholders in the Pajaro Valley/South County region of Santa Cruz County, which has faced disproportion impacts due to COVID-19. Leveraging existing engagement and relationships will ensure populations are reached. Examples of existing activities includes CARES act funding distributed for health equity and communication grants in the most impacted communities, ongoing meetings with local agricultural community partners and developing partnerships with local promotora programs. The HSA DOC has a Health Equity Advisory Committee embedded in the response to ensure equity, access and functional needs, language and other barriers are identified and incorporated in the response. The COVID-19 Vaccine Steering Committee will follow guidance from the State, Health Officers and Health Equity Advisory Committee and collaborate with the PIO, CERC, Liaison teams and HCC partners to rollout vaccinations in subsequent phases to the identified populations.

Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook
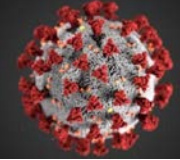
Section 5: COVID-19 Provider Recruitment and Enrollment

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.
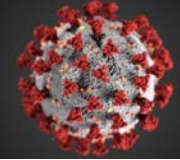
A. What are you doing to identify non-MCE providers to invite to participate in Phase 1a? *(e.g. acute care hospital providers not affiliated with an MCE, staff of long-term care facilities, ambulatory care settings providers).*

We will continue to use existing relationships and systems of communication that have been established since the beginning of the pandemic to identify non-MCE providers to participate in Phase 1A. These include:
- The Healthcare Coalition (HCC), a well-attended biweekly call with Santa Cruz County's community providers and work closely with the providers in our community.
- A weekly call with local healthcare providers led by a community partner, the Health Improvement Partnership (HIP) held every Tuesday morning. The call includes an update from the Health Officer, local infectious disease physicians and is followed by answering provider's clinical questions.
- A Santa Cruz County Weekly Provider Bulletin is sent out every Monday with the latest national, state, and local guidance.
- Biweekly Surge Planning meetings with hospital leadership on COVID-19 preparations
- Biweekly SNF meetings with their medical directors on COVID-19 preparations
- Enrolling all seven SNFs and many congregate living facilities in the Federal Pharmacy Partnership program through a concerted outreach campaign.

The County will continue to improve engagement and outreach of providers as part of continual process improvement.

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

In addition to the calls and targeted outreach listed above, we will work with the Central California Alliance for Health (CCAH), the Medi-Cal provider to the county, to outreach to their provider network. We also have an established relationship with the Santa Cruz County Medical Society and the Medical Reserve Corp (MRC) to identify new providers in the ambulatory setting to recruit as vaccinators in subsequent phases of the COVID-19 vaccine rollout.

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

The COVID-19 Vaccination Project Manager, Vaccination Coordinator, and support staff will be responsible for reviewing local program enrollment data.
- Establish thorough list of providers, HCFs, clinics and hospitals through HCC partnerships
- Review local provider list and determine the category the provider belongs to (Multi-County Entities, CDC pharmacy partnership, etc.)
- Provide guidance and support to local providers to get enrolled in the appropriate systems

Section 6: Vaccine Administration Capacity

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

The County of Santa Cruz Public Health Division activated their DOC in response to a Hepatitis A outbreak in 2017. During this response multiple vaccination clinics were set up throughout the County to provide Hepatitis A vaccinations. The most succ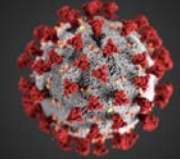essful clinics with the greatest throughput were the ones where a target population was identified, and targeted messaging was emphasized by the County's PIO and CERC team. A messaging campaign with detailed information such as where, when, and why someone should receive this vaccine not only helped inform the community of their risk factors but also dispelled many misconceptions and fear that the community held in regards to the vaccine.

Additional elements that were critical when working with vulnerable populations including trust building and meeting people where they were at. The Homeless Persons Health Project (HPHP) specializes in working with those who are experiencing homeless, a vulnerable population that can be wary of government employees and avoid established vaccination venues. This was reflected in this population's low participation in vaccinations at the beginning of the outbreak and the feedback that was received. However, once the Public Health Division equipped HPHP's outreach team with the proper supplies and the outreach team mobilized, they were able to send familiar faces into the encampments and shelters and increased participation and willingness to receive vaccinations was observed.

Additional important elements to consider when attempting to increase throughput are the locations and timing of mass vaccination clinics. For targeted populations, such as healthcare workers, closed PODs that serve a specific population and not the general public allows for the healthcare workers to receive vaccination directly from their place of employment during working hours typically resulted in highest throughput. When implementing mass vaccination efforts to the public, considerations to hold PODs after normal working hours in highly impacted areas or areas of prevalent outbreaks have also shown to have the greatest throughput.

Other techniques developed that could assist with increasing throughput and efficacy include screening at the door to confirm eligibility to receive vaccine to promote efficiency, prevent wasted resources, reduce unnecessary foot traffic thus promoting social distancing, and prevent potentially symptomatic persons from entering the vaccination site. In addition, consideration of promoting social distancing practices and preserving PPE in times of scarcity has shown that drive thru vaccination clinics to be another efficient mechanism of increasing vaccination throughput. Staffing considerations will also be another area that can improve throughput. In order to meet the surge demands of a vaccination clinic without significant impacts to clinic flow it is imperative to ensure that training materials are provided to staff beforehand and that just-in-time training (JITT) is reinforced on the day of the clinic. Cross-training staff where

applicable will also occur to ensure that capacity of response and throughput can be maintained in situations where staffing levels are impacted.

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.)

The County of Santa Cruz Public Health Division Emergency Preparedness (EP) program has a medical countermeasure (MCM) plan in place that has identified various potential POD locations throughout the County. These POD locations have been exercised at and has been assessed for feasibility of a mass vaccination clinic. In addition, healthcare facilities and organizations that have expressed an interest in becoming a POD have been surveyed through the EP program and have signed closed PODs MoAs. The COVID-19 Vaccine Steering Committee will use outbreak data from the Communicable Disease Unit (CDU) and CALRedie, situation status reports from the DOC and HCC, and data sets from CDPH, Healthy Places Index (HPI) Map, and the Santa Cruz County's Geographic Information Systems (GIS) to determine the location and types of PODs needed for the COVID-19 response. Current testing sites can also be used as a point of information dissemination to the public. The testing sites can help spread information about the availability of the vaccine, the current target population, and the current locations where they can receive a vaccination.
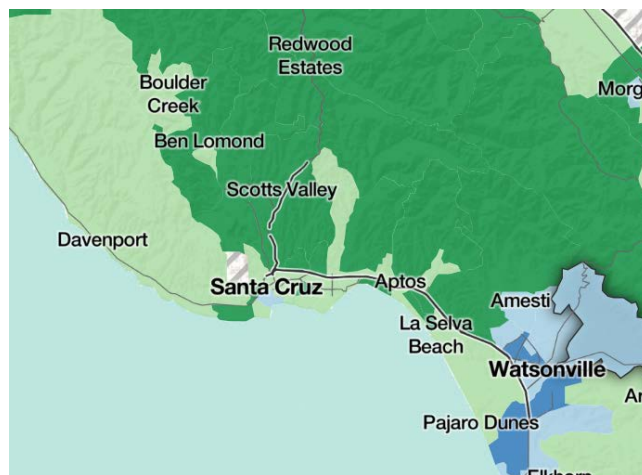
[Healthy Places Index Map](), hotspots areas include Beach Flats and Watsonville areas.

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

    a. ☐ PrepMod (CDPH Program)
    b. ☐ Mass Vax module
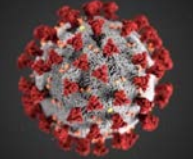
   c. ☒ Other – Combination of data entry staff who will collect the registration/screening forms and enter the information into CAIR and electronic health records data exchange with CAIR when available.
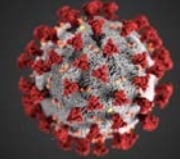
D. Please describe the staffing strategies you are planning for mass vaccination PODs. (e.g. mass vaccinator contract, Medical Reserve Corps, volunteers etc.) Also, in this section, please add any anticipated support you think you will need from the State for the different phases.

To prevent staff burnout and response fatigue, the County of Santa Cruz HSA DOC will adopt the staffing model that was practiced during the County's 2017 Hepatitis A outbreak. The HSA DOC will use a combination of County staff, County staff deployed as disaster service workers (DSWs), volunteers from the County Volunteer Initiative Program (VIP), Medical Reserve Corps (MRC), Community Emergency Response Team (CERT), various community partnerships that include local health partners, and contracted medical staffing companies such as Maxim Healthcare and/or Santa Cruz Occupational Medical Center in order to staff mass vaccination PODs. In addition, the County of Santa Cruz has memorandums of understanding (MOUs) in place with the medical health departments from several local universities and colleges such as Cabrillo College, San Jose State University, University of California Santa Cruz, and Cal State University Monterey Bay. These partners can provide the local health department with volunteers with a medical health background. The goal is to have a diverse pool of staffing as a resource to build capacity for backup staffing in the event scheduled staff fall ill. A diverse pool of staffing also allows for rotating the type of staffing to avoid burnout, practice cross-collaboration, and build a more resilient medical health community to prepare for future responses as needed.

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

The County will follow CDPH's and the National Academies of Sciences, Engineering, and Medicine's (NASEM) phased prioritization of COVID-19 vaccination chart to determine which populations needed to be targeted in the corresponding phased rollout. Once the target population has been identified, staff will use of datasets provided by CDPH, polls collected via the Healthcare Coalition, data from COVIDReadi & CalVax portals, recommendations from the DOC Health Equity Advisory Committee, existing POD partnership venues, and epidemiological data from CalREDIE in regards to outbreak hot spots to guide the COVID-19 Steering Committee on where PODs need to be stationed. The Homeless Persons Health Project (HPHP) is a County of Santa Cruz Health Center that specializes in providing care for those experiencing homelessness, living in shelters, and living in encampments. HPHP and its mobile outreach units has the ability to serve as a mobile POD that serves hard to reach populations and those that are unable to physically come into a clinic.

The 2017 Hepatitis A Outbreak resulted in a POD collaboration between Santa Cruz County's Public Health Division and the Boulder Creek Fire Department. The location of this Fire Department is unique in that its location allows for the Public Health Division to reach

community populations that live in more remote regions. The County of Santa Cruz has health centers in both the northern and southern regions of the County that can serve different populations and demographics. Current partnerships through the rapid response COVID testing team with long-term care facilities can also assess the facilities' capacity to become a POD to care for these vulnerable populations. In addition, during H1N1 and the 2017 Hepatitis A Outbreak multiple partnerships for PODs were formed and even exercised in various locations throughout the County that can be evaluated for feasibility and efficacy for COVID-19 vaccination PODs if guidance and data determines that PODs need to be created in those locations.

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.)*

Enrolled Providers are required by CDPH and the COVIDReadi platform to register with vaccine finder and provide daily vaccine inventory reports. The COVID-19 Vaccination Project Manager and Vaccination Coordinator can use data provided through the COVIDReadi and CAIR platform to assess data on provider allocation as well as vaccination dissemination to determine provider throughput. The COVID-19 Project Manager and Vaccination Coordinator will also designate a point of contact for enrolled providers to provide updates on vaccination dissemination, patient throughput, and identify any obstacles encountered. The COVID-19 Vaccination Branch will collaborate with other programs such as the Communicable Disease Unit (CDU) and Emergency Preparedness (EP) to leverage existing resources and access throughput data via existing Healthcare Coalition (HCC) partnerships. Guiding materials gathered from CDPH, COVIDReadi, and CDC surrounding topics such as vaccine storage, handling, and management as well as reporting requirements and follow up doses will be compiled and made available to the provider. In addition, materials emphasizing techniques and tips around social distancing and safety precautions will also be made available.
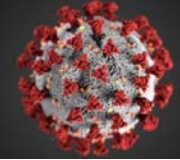
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

A. Who will be responsible for submitting allocations to State for conversion to orders? *(title/role of individual(s))*

> The COVID-19 Vaccine Steering Committee will provide guidance, from the State and Federal level in conjunction with provider data from COVIDReadi, to the Health Officers for consideration and agreement on allocations prior to submission. The COVID-19 Vaccination Division's COVID-19 Project Manager and/or Vaccination Coordinator under the Medical Health Preparedness Branch in the DOC's Operation Section will be responsible for submitting the allocations to the State via CalVax.

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

> Using the information that local providers input into the COVIDReadi system and data from CalVax the COVID-19 Vaccination Division will validate the storage capacity information with every single provider to assess the number of vaccines that a provider can store at their location. Data on the vaccination throughput and the type of staffing that a provider has will help inform us when making decisions on vaccination allocation, especially during period of vaccine scarcity.

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

> Santa Cruz County's Public Health Division will collaborate with local providers to assess their ordering, storage, inventory, and IIS reporting requirements. The COVID-19 Vaccination Division will designate a point of contact that local providers can reach out to review their status, orders, or assist with any questions and attempt to resolve deficiencies that may have occurred. This designated point of contact can also use various methods of auditing such monitoring IIS data, calling, e-mailing, or site visits to assess provider compliance. If non-compliance is observed this designee will work with the provider to provide guidance, training, and verify that any discrepancies have been resolved. If a resolution cannot occur or if a provider is found to be non-compliant more than three times the designee must notify the COVID-19 Vaccination Division Project Manager and Vaccination Coordinator immediately. If necessary, further escalation to the Medical Health Preparedness Branch Director and Operations Section Chief will occur and vaccine allocation to the provider will be suspended until the provider has submitted proof of corrective action.
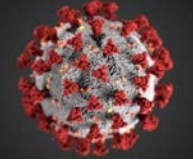
Section 8: COVID-19 Vaccine Storage and Handling

A. Describe your plan to assess cold storage capacity for LHDs and providers (including ultra-cold storage capacity)

Public Health DOC Vaccine Division has already estimated storage capacity for refrigerated, frozen, and ultra-cold vaccines in the event that providers are unable to receive them. Primary and secondary ultra-cold storage locations have been identified within the County for initial storage. Public Health plans to partner with University of California Santa Cruz for support storage.

Once received, the PH DOC Vaccine Division will start with assessing the cold storage capacity data provided by CDPH via their hospital COVID-19 vaccine survey. Cold storage capacity can be assessed for other providers via COVIDReadi Portal. Additional outreach will be made to the provider to confirm the information submitted and offer guidance on storage and handling.

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

A request has been submitted to Public Health DOC Logistics to review current vendors and procure a contract to have dry ice delivered weekly or as needed. Additional support has been identified through University of California Santa Cruz to provide dry ice for transportation 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?

> The Vaccine Division will use existing resources such as the county's coronavirus web page (to post guidance and resources for local providers on vaccine administration and reporting) the weekly Provider Report and the weekly Clinician Resource Call facilitated by the Health Improvement Partnership of Santa Cruz County. The Public Health DOC Liaison Team, PIOs and COVID-19 Call Center will be help inform the community of these resources and forward any clinical questions to the appropriate subject matter experts in the Public Health Division.

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.

> Preparedness Branch, Vaccine Division, and Vaccine Coordinator will track vaccine administration among the priority populations to ensure that the highest risk populations receive the vaccines with a goal of reducing health disparities highlighted by the COVID-19 pandemic.
>
> To the extent that data are available, we will gather data from various health care systems in the county to analyze vaccination patterns by core demographics. Based on the California COVID-19 Vaccine Plan, data analysis will include:
> - Vaccine accessibility for priority populations
> - Vaccination rates by patient's residence, age, race/ethnicity, and gender identity
> - Completion rates (one and two-dose coverage reports)
> - Timeliness and quality of data entry in the Immunization Information Systems (IIS)
> - Incidence of COVID-19 among people who were previously vaccinated
> - Tracking of adverse reactions
> - Vaccine tracking and prevention of waste
>
> As the vaccine distribution plan is implemented statewide, the County of Santa Cruz will consider further analyses that support the core functions of the local pandemic response.
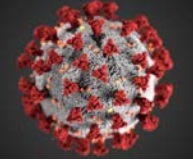
Section 10: Vaccination Second Dose Reminders

A. How will you inform vaccinees at your PODs of second doses of COVID-19 vaccine and remind them when to come back?

Education will be provided to notify and ensure that individuals are aware of the two-dose requirement and timeline prior to individuals receiving the vaccine. At the time of the administration of the first dose, a follow up second dose appointment will be scheduled and provided a CDC/CDPH vaccine reminder card (provided). We will use multiple communication modes to remind individuals to return for their second dose, including: texts, emails, synchronized calls, and vaccine reminder cards.

Through a public information campaign, Public Health DOC will engage the public, emphasizing the critical need to get the second dose.

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

At the first vaccination appointment, ensure providers enter vaccination information into CAIR which will be referenced when administering the second dose. Additional steps to ensure accurate allocation include:
- Individuals will be given the CDC/CDPH vaccine reminder card that relays instruction for when the participant will need to return for a second dose. This reminder card will serve a dual purpose to provide patients and other providers documentation regarding the specific type of vaccination administered to the patient. It will be recommended that patients bring this card to their appointment for the second dose of the vaccination.
- Providers will be encouraged to provide education on the type of vaccine received.
- Include initial dose information on patient's second dose reminder card as another fail-safe mechanism.

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

Provide education to providers and ensure they are checking for outstanding patients. They will be encouraged to have a plan to contact those over-due for second dose within the appropriate time frame. The County will collaborate with providers to identify effective quality assurance methods. The County's COVID-19 Vaccination Division will review CAIR data to check for over-due vaccine and follow-up with providers on a bi-weekly basis.
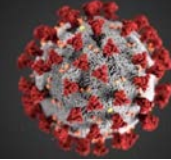
Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

A. What are your strategies for directing providers to the CDPH Provider Enrollment and Management page/system for all phases?

Public Health DOC has engaged partners throughout the COVID-19 response and will continue to collaborate with providers through existing County supported partnerships and meetings:
- County of Santa Cruz's Emergency Operations Center
- Healthcare Coalition (HCC)
- Health Improvement Partnership (HIP)
- Local Acute Care Surge Planning
- Federally Qualified Health Centers (FQHC) collaborative meetings
- Santa Cruz County Medical Society

Additionally, we provide ongoing written direction for providers through our weekly Provider Report. We will continue to assess and evaluate areas of unmet engagement and provide venues of communication.
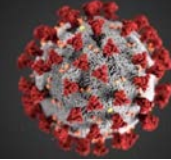
Section 12: COVID-19 Vaccine Program Communication

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

The HSA DOC, Public Information Officer, and Crisis Emergency Risk Communication (CERC) team will build on existing communication channels and partnerships to provide outreach to local providers and community members. Communication with external partners will be provided through weekly HSA DOC communication calls to providers, healthcare facility administration, and community-based organizations.

The County's top priority is the safety and health of people who live or work in Santa Cruz County and to reach the entire population, plans will build upon existing communication channels and partnerships to deploy a comprehensive strategy that includes:

- Dedicating a vaccination webpage for providers on the County coronavirus web page.
- Ongoing communications and best practice sharing with the Association of Bay Area Health Officers, Public Information Officers (ABAHO PIO) group.
- Incorporating vaccine education into regular meetings such as meeting with the Board of Supervisors, city managers, the Economic Recovery Council, weekly healthcare provider calls and bi-weekly HCC calls.
- Using our established channels including, but not limited to the COVID-19 call center, social media, news media engagement, and weekly healthcare provider bulletins.
- Working with various community partners such as Schools, Agriculture Commissioner, and the Pajaro Valley Community Health Trust to ensure messages come from partners that are trusted by the community.
- Committing to developing or using already developed materials that are linguistically and culturally appropriate to outreach to those disproportionately affected by COVID-19.

B. Describe how you will identify and work with trusted messengers to communicate with vulnerable and diverse communities.
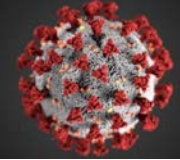
The County implements an equitable focus in community outreach to engage those most vulnerable. Existing partnerships with the community-based organizations and Federally Qualified Health Centers (FQHCs) will be vital in reaching the most diverse communities (including lowest Healthy Places Index quartiles).

One of the County's Health Centers, The Homeless Persons Health Project, has dedicated and trusted outreach workers that can assist with information dissemination among those experiencing homelessness. These outreach workers have established trust with this population and is able to identify other members in this population to help spread information to those that otherwise would be hard to reach.

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

Throughout the pandemic, HSA DOC has been engaging community partners and stakeholders in a weekly email engagement with the latest information and resources. Partners include community-based organizations, the business community, faith-based organizations, the farm bureau, city governments and other non-profits. Targeted town halls have successfully been used throughout the COVID-19 response and can be deployed as another communication strategy.

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.

The EUA Fact Sheets will be posted on the County's COVID-19 website:
www.santacruzhealth.org/Coronavirus

Additionally, the information will be included on the County's COVID-19 Provider Guidance page:
www.santacruzhealth.org/ProviderGuidance

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?

Enrolled COVID-19 vaccination providers will be instructed to provide EUA fact sheets or VIS statements (as applicable) to each vaccine recipient at multiple points, including provider enrollment/registration, training, and upon shipment of vaccine to the provider.
- Providers will receive JIT training which will include training for themselves and how to provide the training to others.
- All vaccine recipients will have the opportunity to receive all applicable fact sheets or statements in their threshold language.

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.

In order to enroll for receipt of COVID-19 vaccines, providers must agree to the provisions of the CDC COVID-19 Vaccination Program Provider Agreement, which requires providers' organizations to report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS). When providers enroll through the COVID-19 Provider Enrollment and Ordering Management System, they will be required to sign and agree to all the terms and conditions in the CDC agreement.

Through its communications and website regarding COVID-19 immunization, Santa Cruz County will continue to provide information about VAERS and VERP, and refer providers to these systems as appropriate.

Santa Cruz County will also share the information below about VAERS:

How to Report to VAERS
- You can report to VAERS online at https://vaers.hhs.gov/index
- For further assistance reporting to VAERS, visit https://vaers.hhs.gov/index or contact VAERS directly at info@VAERS.org or 1-800-822-7967.

How to access VAERS Data
- The data is available to the public, which can be downloaded at https://vaers.hhs.gov/data/index or searched at http://wonder.cdc.gov/vaers.html.
- Privacy is protected and personal identifying information (such as name, date of birth, and address) is removed from the public data.

A link to VAERS is currently posted on the County's Immunization webpage:
http://santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/ImmunizationsandVaccines.aspx

Links to VAERS and VERP will be made available on the County's COVID-19 website:
www.santacruzhealth.org/Coronavirus
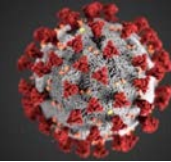
Section 15: COVID-19 Vaccination Program Monitoring

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

# doses allocated to Santa Cruz County from CDPH (by vaccine type) • # doses allocated to CDPH • # doses sent directly to providers	# individuals receiving vaccine • By occupation (# HCW) • By occupation setting • By priority group
# doses allocated to local providers by LHDs • By vaccine type	# individuals with high-risk conditions receiving vaccine
# providers registered in CDPH online system • By LHD/county • By provider type	# mass vaccination clinics • # doses administered • # individuals receiving vaccine
# providers newly enrolled in CAIR • # providers onboarded • # providers exchanging data	# unused/wasted doses
# doses ordered • By LHD/county • By provider type • By occupation setting	# reminder/recall messages sent
# doses distributed • By vaccine type • By LHD/county • By provider • By provider type • By distributor • By date of distribution	# vaccine refusals # individuals receiving vaccine • By vaccine type • By number of valid doses • By date of vaccination • By age • By race/ethnicity
Time between order placement and shipment to LHDs	# adverse events reported
# doses administered • By vaccine type • By LHD/county • By provider • By health system • By provider type	Vaccination coverage • % target population vaccinated • % CA population vaccinated • % active CAIR users vaccinated
# vaccine refusals	Change from previous report

B. How will you monitor the above metrics?

The Public Health DOC Vaccine Division, Steering Committee, and Project Manager will monitor all aspects of the implementation including:
- Provider enrollment into COVIDReadi Portal
- Access to vaccination services
- Immunization Information Systems (IIS) and other designated system performance
- Data reporting to CDC and provider-level data reporting vaccine ordering and distribution
- Vaccine coverage
- Other areas as defined by the COVID 19 Vaccine Steering Committee

The project manager will identify recipients of this data at the Federal, State, County, and provider level. The Vaccine Division will develop process for gathering, documenting and reporting all data from county and state-level sources and prepare reports, to share collected data with federal and state agencies at the agreed upon frequencies.

Appendix A:

Public Health Department Operations Center Organizational Chart

Health Officer Dr. Newel

Deputy: Dr. Ghilarducci

EOC

HSA PH DOC

Incident Commander
J. Herrera

Deputy - A. Peeler

Agency Reps
- Behavioral Health - E. Riera/A. Bare
- Env. Health- M. Underwood
- Clinics - A. Peeler

Safety - A. Turnbull/C. Eslami

Liaison Officer - E. Riera
Deputy - D. Kramer-Urner
Deputy Trainee - N. Patel
Call Center - S. Stafford

Ag Community Liaison - S. Gutierrez

Comm Manager

PIO - C. Hyland
Deputy - N. Willard/J. Hoppin (Media)
- Crisis & Emerg. Risk Comm. (CERC) - C. Hyland
- Provider Guidance - P. Hernandez
- Social Media - T. Leonard/M. Dembski
- Translation - A. Solano/S. Meza Lemus/I. Romero-Reyes
- Community Partner Comms - K. Caballero/M. Dembski
- Collective Impact - D. Solick

Health Equity Advisory Committee

| Finance
M. Holland | Logistics
C. Garza | Operations
E. Chung | Planning
A. Soria | Operations |

Finance
M. Holland
- Deputy - C. Williams
- Procurement Unit Lead - M. Holland
- Single Resource - C. Huff
- Single Resource - S. Skotzke
- CRF Lead - J. Randolph

Logistics
C. Garza
- Deputy - A. Benkert
- Personnel Unit Lead - J. Randolph/L. Burton
- Resource Unit Lead - A. Benkert
- Receiving/Distribution Lead - TBD
- Receiving/Distribution Tech Spec - R. Chavez
- Inventory Unit Lead - TBD

Operations
E. Chung
Deputy - J. Herrera
Tech Spec - K. Conley
Single Resource - B. Zeller

Planning
A. Soria
- Deputy - C. Kilgore
- DOC Coordinator - S. Huxtable
- Resource Unit Lead - C. Li
- Documentation Unit Lead - A. Selover
- Personnel Resource Unit - C. Garcia

LAW EOC

HSD DOC

Testing Branch
Dr. C. Gordon
- HSA Clinical Lab - G. Murai
- Rapid Response Team - S. Hudson
- Private Testing Partnerships - Dr. C. Gordon
- Optum Serve - Dr. C. Gordon

Disease Control Branch
R. Husseini
Deputy : A. Sutton

Case Coordination - E. Limones
- Data Entry - TBD

Epi & Intel -M. Caton/R. Gomez
- Programming - G. Foster

Outbreak Investigations - A. Meza/E. Van Dale
- SNFs - K. Williams
- Shelters - M. Nathanson
- Corrections - A. Meza
- Other Congregate Facilities - M. Meszaros/K. Williams
- Schools & Daycare- M. Meszaros
- Farms & General Workplace - D. Mercado
- Acute & Ambulatory - E. Van Dale

CI/CT Training - C. Espino

Case Inv. & Contact Tracing - R. Husseini
- Extra Help - A. Meza
- CI/CT Volunteer Training Coordinator - TBD
- CalConnect Lead - S. Suresh

Public Partnerships - A. Sutton
- FQHC - A. Sutton
- Schools & Childcare Partnership - D. Hodge

Isolation & Quarantine Branch
A. Peeler
- I & Q Clinical Support - A. Sutton
- HPHP I/Q/V Support – J. Crottogini
- I & Q Referral Program - L. Lauridson

Med/Health Preparedness Branch
C. Kilgore
Deputy - N. Willard
Congregate Living Facilities - Dr. C. Gordon
- SNF
- Jail/Corrections
- BH Facilities
- Shelters
- HOSS

Healthcare Coalition - C. Kilgore

Vaccinations – J. Phan

EMS/MHOAC
B. Brenner/D. Ghilarducci
Deputy – B. Brenner
Hospital Inpatient Facilities/Surge
- DH- P. Angelo
- Sutter - M. Crocket
- WCH - M. Vranjes

Pre-Hospital
- EMSIA - J. Hajduk
- Netcom - S. French
- AMR - C. Jones

MRC - C. Kilgore

EMS/MHOAC Logistics – J. Bola