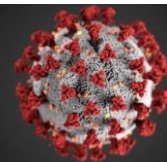


# COVID-19 VACCINATION PLAN

SAN MATEO COUNTY

December 4, 2020

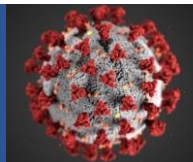
San Mateo County COVID-19 Mass Vaccination Planning Group  
Contact: Anand Chabra, MD ([achabra@smcgov.org](mailto:achabra@smcgov.org))



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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!).

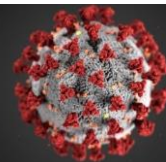
The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about COVID-19 vaccine. Completion of this template, however, will help to ensure that the foundational planning components for your COVID-19 vaccine response are in place. This is a high-level planning tool that only requires concise responses. This completed template is **due to CDPH by:**

**5:00 pm December 1, 2020**

**Please email completed templates to [CDPH.LHDCOVIDVAC@cdph.ca.gov](mailto:CDPH.LHDCOVIDVAC@cdph.ca.gov)**

Box size roughly indicates how much we'd like to hear about your plan for the different sections. Boxes will expand if you need to add more text.

Thank you. We look forward to learning about your strategies and plans as we embark on this new and critical vaccine journey.



## Section 1: COVID-19 Vaccination Preparedness Planning

- A. Describe the multi-agency Task Force/Entity that has been put together in your jurisdiction to plan for COVID-19 vaccine implementation.

San Mateo County has put together a Planning Group for our jurisdiction that includes our Emergency Medical Services division, Family Health Services division in which our County's Immunization Program sits, Public Health Policy and Planning division, Health Communications and our County Health Department Operations Center (DOC). With strong relationships with healthcare providers throughout the county, this group is well positioned to plan for COVID-19 vaccine implementation.

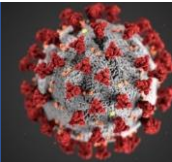
- B. Revisiting institutional memory and after-action reports, what are the major lessons learned from H1N1 in your jurisdiction and how are they being considered for COVID-19 vaccine implementation?

From H1N1 we learned that establishing a Department Operation Center (DOC) utilizing the Incident Command System (ICS) provided a framework to assign responsibility and create accountability where progress could be measured and quantified. A similar structure has been established to implement the countywide COVID-19 response, including COVID-19 vaccine planning and distribution. See Section 2A for current organizational chart.

We also learned that Communication is Critical:

- Early, trustworthy and targeted messaging is key.
- Multi-lingual and multi-platform communication is essential.
- Communication by old stand-by methods (Fax/Phone) is still valuable.
- Communication by more current methods (e.g., social media platforms) is just as critical.

Finally, we learned that Collaboration is Critical: Established relationships with acknowledged partners such as hospitals, pharmacies, healthcare providers, businesses, and community organizations/partners are key to success.

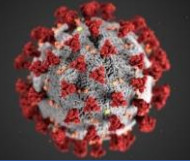


- C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

The components below, used in influenza vaccine activities, are applicable to the COVID-19 vaccine campaign.

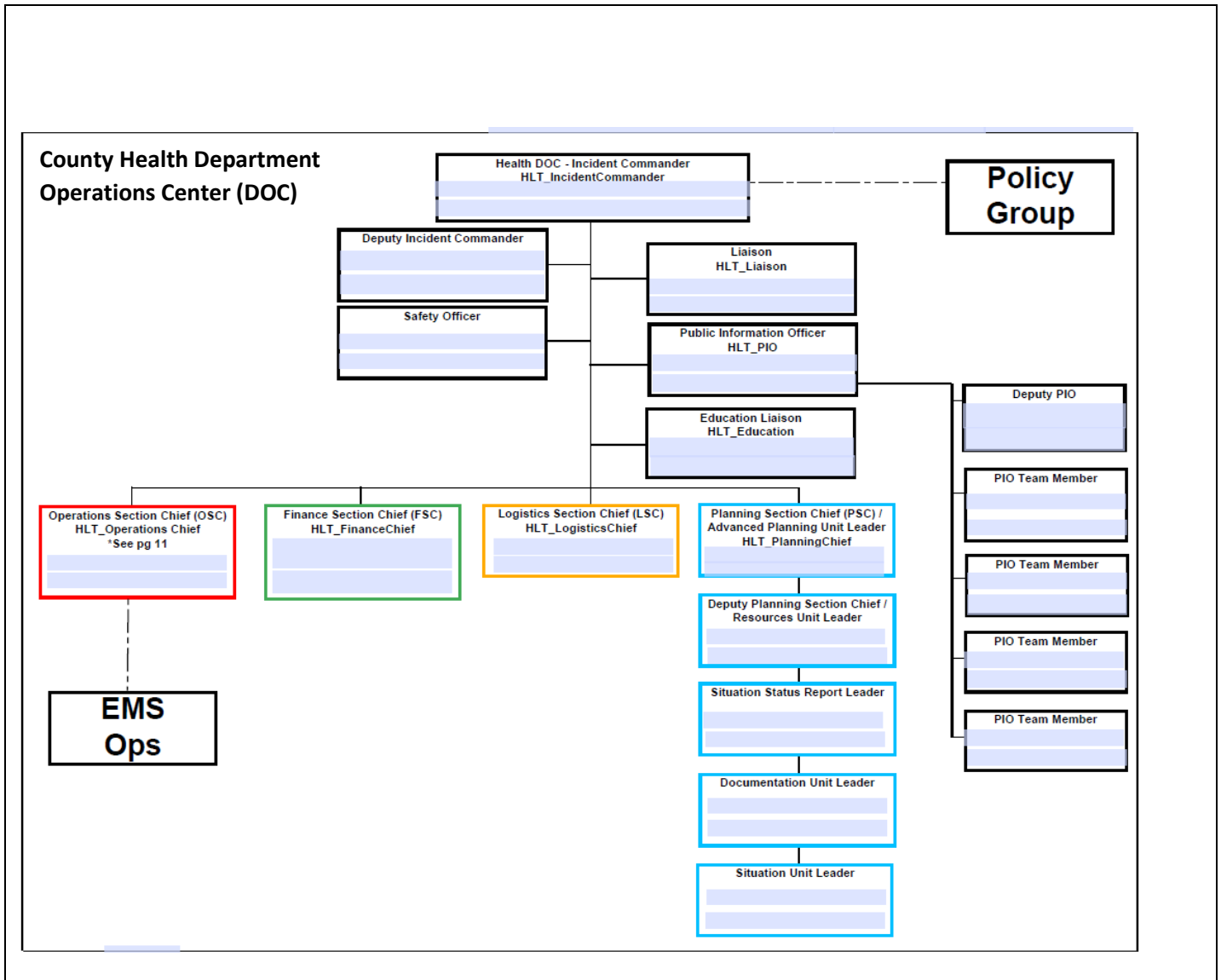
- Vaccine is distributed to Federally Qualified Health Centers and partner providers, who in turn conduct community clinics located throughout the county, conduct targeted clinics held at homeless shelters and rural farms and nurseries, and conduct clinics for First Responders.
- Partners are given vaccine and transport coolers, all clinical supplies and registration/reporting materials.
- Partners are provided vaccine handling and storage job aids and “just-in-time” training.
- All influenza vaccine providers are required to complete the Agreement on Use of CDPH Purchased Influenza Vaccine and submit physician-signed Influenza Vaccine Standing Orders.
- This year, partners transitioned easily to conducting community clinics outdoors, either as walk-through or drive-through events.

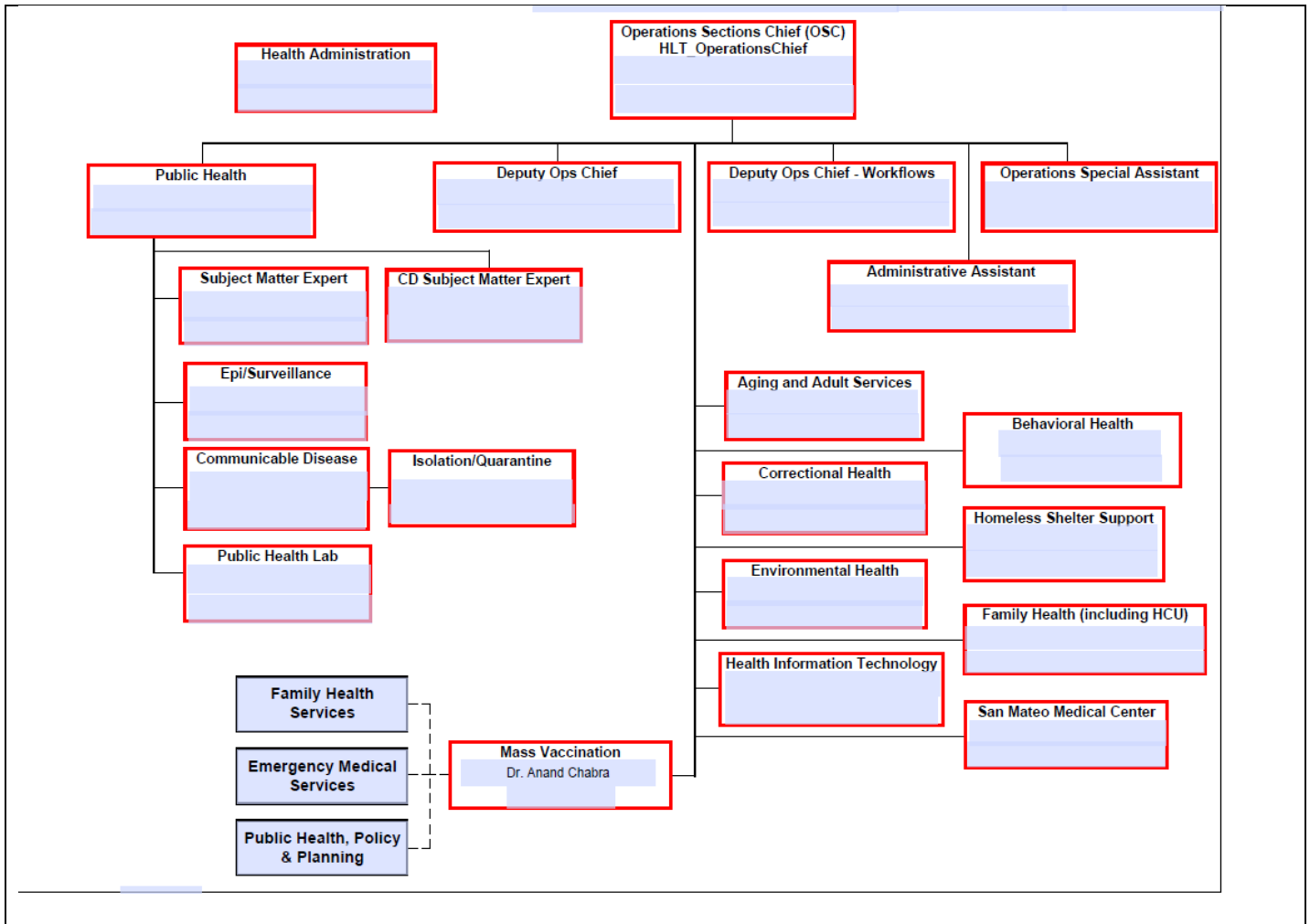
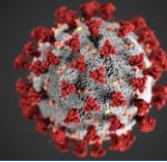
This comprehensive approach to vaccine distribution and administration evolves, as lessons learned each influenza season are incorporated into the campaign.



## Section 2: COVID-19 Organizational Structure and Partner Involvement

A. Please share your local organizational (org) chart that is guiding COVID-19 vaccine planning by pasting it into the space below or add it as an Appendix at the end of this document.

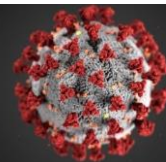




B. How are you engaging external partners in your planning process? Who are your primary external (outside of your local health department) planning partners?

San Mateo County actively engages external partners at all levels during the planning process. Locally, Healthcare Coalition members, including facilities' emergency managers and hospital CEOs, were engaged in our Closed Point of Dispensing (POD) table-top exercise in October to adequately prepare partners for vaccination.

The San Mateo County EMS Advisory Committee and Medical Advisory Committee is actively involved in informing and updating our partners at a local level. At the regional level, San Mateo County collaborates with the Association of Bay Area Health Officials (ABAHO) and the Medical Health Operational Area Coordinators (MHOAC). San Mateo County EMS is also working with 911 response agencies for vaccine planning.



## Section 3: Phased Approach to COVID-19 Vaccination

A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan?  
 yes    no

B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

While details of plans around PODs are still being finalized, a major resource will be the existing staff of the Family Health Services Division within San Mateo County Health. Staff include a large group of public health nurses who can serve as immunizers, as well as experienced administrative and paraprofessional staff that can register participants, enter data into the California Immunization Registry (CAIR) or other data systems, and ensure that all safety protocols are followed.

San Mateo County EMS is taking the lead is planning for vaccination of medical first responders, specifically Paramedics and Emergency Medical Technicians, with support from Family Health Services.

In addition, we are supporting POD planning with quality improvement and data management experts, and with information systems staff from other divisions in San Mateo County Health and from the DOC.

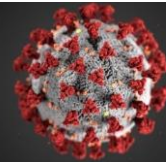
Finally, we are exploring using contractors, paramedics, temporary county staff from other departments, and CDPH-contracted vendors as resources to staff PODs.

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.

Efforts to date have focused on identifying healthcare personnel and first responders through direct survey, as well as through review of the CDPH Datasets. Direct survey involved querying healthcare and first responder agencies/facilities/organizations about number of staff, with sub-counts of those living in San Mateo County and those over 65 and/or immunocompromised. We have staff counts for 89 unique agencies/facilities/organizations representing 17528 staff.

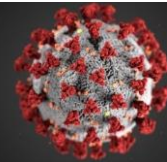
We compared our survey numbers with the CDPH datasets. As an example, the 60+ entities that were in both our survey and CDPH Dataset 2 had a potential staff overcount of 4,866 staff in the CDPH Dataset (17,470 staff estimated in CDPH Dataset 2 for these entities, vs. 12,604 staff in our direct survey). We also reviewed the entities in the CDPH dataset that were not included in our direct survey to understand priority populations missing from our plans. We are continuing to refine our population counts to inform vaccine ordering and distribution plans.

- 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?)

San Mateo County is actively communicating with acute care facilities at both the emergency manager level and CEO level through email, phone calls, coalition meetings and ReddiNet.

The San Mateo County Healthcare Coalition successfully conducted a table-top Closed Point of Dispensing (POD) exercise in October. During this exercise, Healthcare Coalition members were given a template to create a Closed POD plan. Additionally, Healthcare Coalition members accessed one-on-one technical matter expertise with our consultant group to receive guidance on vaccinating during Phase 1a. Healthcare Coalition members are updated regularly through email updates and meetings.

In addition, emails were sent to FQHCs about signing up for COVIDReadi, and follow-up conducted with most of our acute care hospitals regarding COVIDReadi registration. San Mateo County EMS is also working with 911 response agencies for vaccine planning.



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

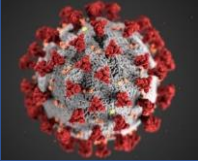
The San Mateo County Healthcare Coalition has a strong participation of congregate facilities for the elderly, often serving or located in communities experiencing inequity. The venue will allow us to reach many providers serving this at-risk community.

The San Mateo Medical Center, the county's hospital and clinic system, is a division within San Mateo County Health, allowing for access to the most disadvantaged populations in San Mateo County.

Our strong relationships with other Federally Qualified Health Centers (Ravenswood Family Health Center, Gardner Health Services, North East Medical Services) and with Planned Parenthood Mar Monte, as well as deep partnership with the Medi-Cal Managed Care organization for the county, Health Plan of San Mateo, ensure that we will be able to serve and reach all populations in the county, especially those with the least access to healthcare resources.

Finally, we are planning on engaging community-based organization serving communities of color and low-income communities on the topic of COVID-19 vaccination through a Facebook Live event with the Office of Community Affairs and the Public Health Policy and Planning division of San Mateo County Health.

[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*).

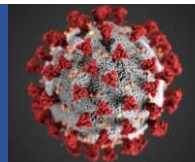
San Mateo County Health has had major efforts in partnering with our long-term care facilities as well as skilled nursing facilities to enroll them in the CDC Pharmacy Partnership for Long-Term Care Program. Our jurisdiction started by making phone calls to encourage facilities to enroll. For those who did not enroll, we auto enrolled them through the bulk sign-up process. In addition, we sent out emails to FQHCs to encourage them to sign up for COVIDReadi so they are also eligible to receive and distribute vaccine. The San Mateo Medical Center, part of San Mateo County Health, is the only acute care hospital in the county not affiliated with an MCE and has received COVIDReadi approval.

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

We will continue to work with FQHCs to recruit them as COVID-19 vaccine providers and will use our longstanding relationship with Health Plan of San Mateo to outreach to an even broader pool of primary care providers throughout the county. Other mechanisms to recruit providers will include existing extensive relationship through San Mateo County EMS, through the Family Health Services Immunization Program, through the Public Health Policy and Planning Communicable Disease Program, and through the Child Health & Disability Prevention program (pediatric providers).

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

The COVID-19 Mass Vaccination Planning group described in Section 1A will create a subcommittee to review local provider enrollment data. Members from Family Health Services and Emergency Medical Services, in consultation with the Health Officer/Deputy Health Officer and others, will conduct or facilitate outreach to providers based on the priority populations identified by the CDC's Advisory Committee on Immunization Practices.



## Section 6: Vaccine Administration Capacity

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

Throughput is enhanced when enough vaccines and supplies are available for the individual clinic. Adequate staffing, both vaccinators and registration, is essential in maintaining smooth and efficient flow. Staff are knowledgeable of their roles and responsibilities (specific job duties). A designated “clinic manager” provides oversight and direction, stepping in to assist when needed to ensure that throughput is maintained. The clinic manager works closely with the specific site coordinator to set up the clinic with equipment, e.g., tables, chairs, waste baskets, and in arranging flow, allowing 6 feet distance between staff and vaccine recipients, including separate entrance and exit. This year, several drive-through clinics were conducted with pre-registration, allowing for spaced appointments.

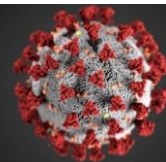
- B. What mapping information do you have access to that will help your recruitment efforts and POD plans? (e.g. disease hot spots, vulnerable communities, testing sites, POD sites etc.)

San Mateo County Health is fortunate to have a highly skilled group of epidemiologists, who are at this time primarily focused on supporting response to the COVID-19 pandemic. They have longstanding knowledge of disease hot spots, and vulnerable communities, combined with newer information about COVID-19 testing sites, and communities disproportionately affected by the COVID pandemic. We also have an additional group of quality assurance experts who also work on mapping of needs, resources and service gaps in the county. Information on POD sites will likely be tracked by the quality improvement/quality assurance team.

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

- a.  PrepMod
- b.  Mass Vax module
- c.  Other We are exploring Qualtrics for data entry/transfer

- 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.



A few different strategies are being considered in planning for mass vaccination PODs. These include use of FHS staff, EMS staff working with local medical first responders, use of a contracted “strike team,” use of community medical volunteers, as well as State-contracted resources.

FHS staff include a large group of public health nurses, skilled administrative staff with vaccine experience, and others who could assist in a POD. We anticipate working with EMS staff on a POD for local medical first responders. Staff may also be recruited from other county departments to assist in a POD.

We are also exploring contracting for a strike team which would include a Project Manager, Vaccinators, Data Entry Assistants, and Log Assistants to go to various places to vaccinate and process registration and data entry.

Community medical volunteers are being approached to assess their capacity and interest in conducting one or more mass vaccination PODs. Finally, we have been exploring utilizing nurses through the CDPH Immunization Branch contract that can assist us in setting up PODs at specific locations. It is unclear at this time how available these nurses will be to our county.

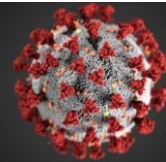
- E. Describe your plan for identifying where PODs will be conducted in the community and for which populations.

POD planning will be very dependent on the timing of various resources from the CDC and through CDPH, including the CDC Pharmacy Partnership for Long-Term Care Program, and the Multi-County Entities (MCEs) being approached by CDPH.

All except one acute care hospital in San Mateo County are part of MCEs. The remaining hospital is San Mateo Medical Center, which is a division within San Mateo County Health. As such, we hope that most of the vaccine distribution to acute care hospitals will be directly through MCEs and through San Mateo County Health (for SMMC). For planning purposes we assume that these large health systems will be able to vaccinate their own staff and patients.

The CDC Pharmacy Partnership for Long-Term Care Program will be a tremendous resource for the over 300 congregate facilities in San Mateo County. If started on December 21<sup>st</sup> (the earliest date available), this will be the most convenient vaccination resource for our congregate facilities, since all are registered for the program. If the program is delayed, we may need to conduct PODs for the smaller facilities which do not have ready access to vaccination resources, as the staff and residents are a priority for Phase 1a.

We anticipate providing a POD for medical first responders, and staff in Public Health Policy and Planning, Correctional Health, and Family Health Services, who are providing in-person care and services to high-risk populations.



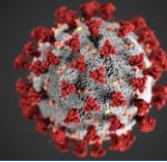
Our goal is to recruit medical providers through ongoing relationships with FQHCs, HPSM, and community healthcare partners to ensure equitable distribution of vaccine throughout San Mateo County. PODs may be needed in specific communities when these approaches do not fully meet the need.

- 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.)*

COVID-19 vaccine POD/clinic throughput can be assessed by baseline criteria determined during this influenza vaccine season at socially distanced drive-through and walk-up clinics.

With adequate staff and effective traffic control, drive-through clinics with one vehicle appointments scheduled each 10 minutes, and with 3 stations (one for screening, one for registration, and one for vaccination) take approximately 10-15 minutes, depending on the number of persons per vehicle.

With adequate staffing, outdoor, socially-distanced, walk-up clinic throughput is approximately 5 minutes from the point of registration to administration of vaccine. The timing may vary depending on the numbers of individuals in the family unit. The longest wait times are at the beginning of each clinic, as people line up well before start time. As the day progresses, wait times decrease.



## 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 following Family Health Services staff will submit allocations to CDPH for conversion to orders:

Robyn Ziegler: Immunization Program Coordinator

Anand Chabra: Family Health Services Medical Director

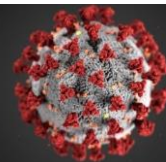
Ankita Tandel: Immunization Program Manager, CHDP Deputy Director and Director of Public Health Nutrition

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

In Phase 1a, ability to store the Pfizer vaccine at the appropriate ultra-low temperature until ready for use is an important consideration. Similarly, appropriate freezer storage for the Moderna vaccine will also be a consideration. Our goal is equitable distribution of the vaccine/s to providers, with assurance that vaccine is appropriately stored and wastage minimized.

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

We understand that CDPH will provide initial contact to providers who are not meeting ordering, storage, inventory, and data entry into CAIR requirements. Since we have longstanding relationships with all major healthcare providers in the county, we can also follow-up with them about failure to meet requirements and assist them with compliance. Our trusted partnerships with these providers will assist in these challenging conversations. Understanding that future shipments may need to be withheld when they are non-compliant will likely lead to compliance. All COVID vaccine providers are bound by our contact with the CDC (signed in COVIDReadi) to meet these requirements.



## 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)

San Mateo County Health will be able to assess cold storage capacity at various healthcare provider sites via CalVax due to the information that was entered upon registration to COVIDReadi.

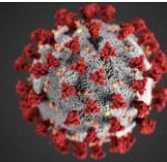
In addition, since we are in the same department, we know about the cold storage capacity (including ULT storage) at San Mateo Medical Center, in the county's Public Health laboratory, and in the Immunization Program in Family Health Services.

Through partnerships with local hospitals, FQHCs, and private companies, we are also aware of some of the ULT capacity elsewhere in the county.

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

We are able to access dry ice (both blocks and pellets) via an existing vendor agreement through our Public Health Lab with Fisher Healthcare.





## 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?

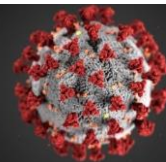
If working with a contract company, they will include a project management component which would assist in handling questions from local providers about vaccine administration.

If not, those questions will be answered specifically by the Family Health Services Immunization Program.

- 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 45 and 46 of California's COVID-19 Vaccination Plan.](#)

In Section 15 you will see the metrics we plan to collect for San Mateo County. Many of these will be in CAIR2 and we are hopeful that we can receive these data back at the local level for review, analysis, and reporting to stakeholders.

We intend to produce a dashboard for ongoing assessment of the COVID-19 vaccination effort in the county and reporting to local officials and San Mateo County Health leadership.



## 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?

The reminder/recall function in CAIR2 will be a good option for developing a reminder system.

Other alternate options could include providing a card of return date/time/location to the individual obtaining their vaccine after their first dose. This information/reminder could also be sent via text/email if/when that information is taken upon registration with their preferred language.

We are also exploring using Qualtrics, with which we already have a contract, for second dose reminders/tracking.

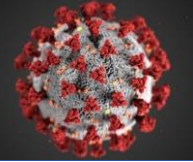
- B. How will ensure that patients coming for their second doses receive the appropriate product?

It will primarily be the responsibility of the vaccinating provider to ensure that the second dose is from the same manufacturer as the first dose.

Deliveries allocated in CalVax will also be allocated with recognition of the need to provide a second dose from the same manufacturer as the first.

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

In Section 15 our metrics include one addressing completion of a vaccine series (two doses for a two-dose series). We will be requesting this information from providers receiving vaccine, and this will be a prompt for them to collect these data.



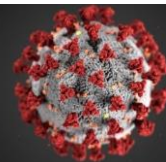
## Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

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

We have been communicating with our acute care hospitals and FQHCs about COVIDReadi (CDPH Provider Enrollment and Management System) enrollment for Phase 1a, with most of the acute care hospital applications submitted, and some approved.

FQHCs have been informed of the need to enroll before they can receive vaccine allocations. We will continue to reach out to these entities.

We will be able to leverage our relationship with Health Plan of San Mateo to reach out to most healthcare providers in San Mateo County about COVIDReadi in later phases of distribution. Some have already reached out to San Mateo County Health about their interest in being vaccination partners.



## Section 12: COVID-19 Vaccine Program Communication

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

For providers, we plan to communicate to the institutional members of the Healthcare Coalition, as well as via the SMC Alert Everbridge system to send email and text messages to clinicians and facilities in the county.

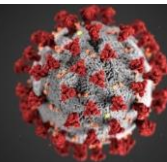
The county's Joint Information Center will centralize communications related to the vaccine. The JIC produces regular information updates and press releases, manages media briefings for the county manager and health officials, and oversees the county's website and social media channels. These efforts will be supported by regular social media content from SMC Health's website and social media channels (Twitter, Facebook, and YouTube), as well as by coordinating materials, including toolkits and explainers from the Office of Community Affairs.

SMC Health's divisions have significant relationships with community-based organizations and local community leaders. We expect to leverage these trusted messengers to help us address public concerns and vaccine hesitancy.

As with all our communications, we will produce materials in languages other than English and work with our health equity officer and community partners to ensure that the information is available to everyone.

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

Since the beginning of the pandemic, we have drawn on the expertise and insights of our community partners. Our Health Equity Initiatives focus on health disparities in access and quality of care for the underserved, including the Latinx, Chinese, African American, Filipino, Native and Indigenous, Pacific Islander, LGBTQ+ communities. These groups collaborate with other county staff, community partners, consumers/clients/family members and community stakeholders. They have served as key interfaces and trusted messengers for these communities for our targeted public messages.



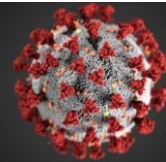
- C. Describe how you will communicate with employers, community-based organizations, faith-based organizations, and other stakeholders.

We expect to expand our collaboration with the Office of Community Affairs, which developed operational relationships with over a hundred community-based organizations through its work in managing the census. These groups have also served as key networks for our messaging around the pandemic to their stakeholder communities.

The County Manager's Office provides regular updates and briefings to local elected officials and city leaders, with support from the health officer and other health department officials. We will continue to utilize this channel.

We have engaged with local faith leaders regularly since March, addressing their concerns and enlisting them as trusted messengers in their communities. We will continue to draw on their community resources and goodwill as we move forward with the vaccination program.

We will also leverage the San Mateo County Economic Development Association and our Environmental Health Services division for their relationships with the local business community.



## Section 13: Regulatory Considerations for COVID-19 Vaccination

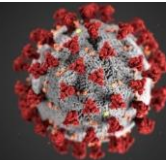
- A. Have you designated where on your local website you will post the Emergency Use Authorization (EUA) Fact Sheets for COVID-19 vaccine? Please include the links to those pages.

All materials related to the vaccination program will be housed at this link:

<https://www.smchealth.org/covid-19-vaccination> (no content has been uploaded yet)

- 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?

EUA Fact sheets are communicated through the Healthcare Coalition communications channel, including listserv and weekly phone calls. We will ensure health department clinics use proper EUA fact sheets through our normal channels, such as the Hospital Consortium. The Immunization Program will also be an important link in our communication strategy.



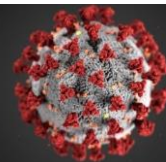
## Section 14: COVID-19 Vaccine Safety Monitoring

- 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.

The SMC Alert Everbridge system will be used to send health advisories and other information to local providers. Materials on our website will supplement these communications.

Healthcare providers are already aware of the need to submit adverse event through VAERS, and this can be reiterated in communication regarding vaccine distribution.

Links to VAERS and VERP can likely be included in the county's COVID-19 vaccination page.



## 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 local providers by LHDs

- By vaccine type

# doses distributed

- By vaccine type
- By provider
- By provider type

# individuals receiving vaccine

- By occupation (# HCW)
  - Subset HCW (EMS, Hospital-based, Local Health Jurisdiction, Congregate Facility for Elderly, Hospice, Outpatient Medical Clinic, Pharmacy, Dental, Other)
- By occupation setting
- By priority group
- By race/ethnicity
- By age
- By sex
- By census tract or address
- By underlying health condition (diabetes, etc) – may not always be available

# individuals with high-risk conditions receiving vaccine

# mass vaccination clinics

- # doses administered
- # individuals receiving vaccine

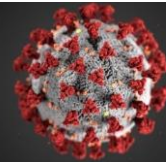
# vaccines administered

- Vaccine manufacturer (Pfizer, Moderna, etc)
- Manufacturer Lot Number
- Vaccine route of administration (IM, etc.)
- Vaccine administration site (deltoid, etc)
- Administration location (facility, POD, etc)
- Administration date

# unused/wasted doses

# reminder/recall messages sent





# adverse events reported

Vaccination coverage

- % target population vaccinated
- % active CAIR users vaccinated
- % County population vaccinated by census tract

% of vaccine series completed (2 doses for 2-dose vaccine/s, 1 dose for single dose vaccine/s)

- dates of each dose

B. How will you monitor the above metrics?

Monitoring systems are still being created, and may include the following:

- Information pulled from CAIR2
- Registration information collected for PODs, either during remote pre-registration or at the POD itself
- Metrics from acute care hospitals/facilities during Phase 1a
- Information from pharmacy providers in the CDC Pharmacy Partnership for Long-Term Care Program
- Line list with required fields obtained from agencies with medical first responders (paramedics/EMTs)
- Surveys of agencies allocated COVID-19 vaccine