



COVID-19 Vaccination Plan for People Experiencing Homelessness Info Session

March 1st | 9:30 AM to 11:00 AM



Agenda

1. Housekeeping
2. COVID-19 Vaccination Plan Presentation
3. Question and Answer Session
4. Closing Remarks

Housekeeping

- Everyone will automatically be muted.
- The meeting is being recorded.
- Please hold typing questions in the chat until the Q and A session is over.

Welcome

Chelsea Andrews, Executive Director, EveryOne Home

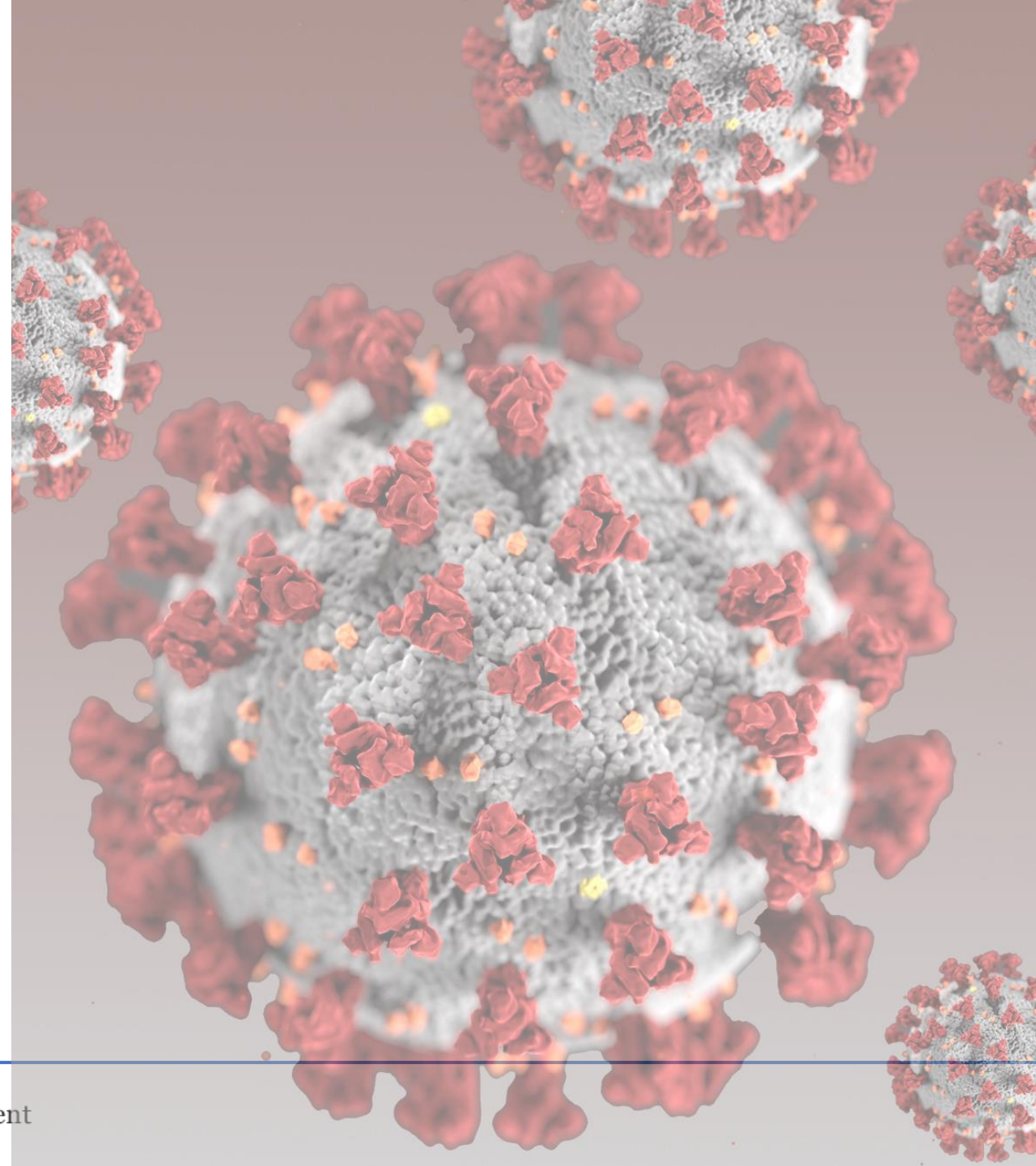


Dr. Kathleen Clanon,
Medical Director, Alameda County Health Care Services Agency
Director, Alameda County Care Connect

Alameda County COVID-19 Vaccine Getting Vaccine to People Who are Unhoused

COVAX@acgov.org

March 1, 2021



Agenda

- Services for unhoused people during COVID
- Vaccine 101
- Vaccine Basics in Alameda County
- Vaccinating People Experiencing Homelessness
 - What has happened already
 - What is planned
 - Challenges still to be resolved
- Q and A/Discussion



Services for People Experiencing Homelessness During COVID





Alameda County **Health Care for the Homeless**





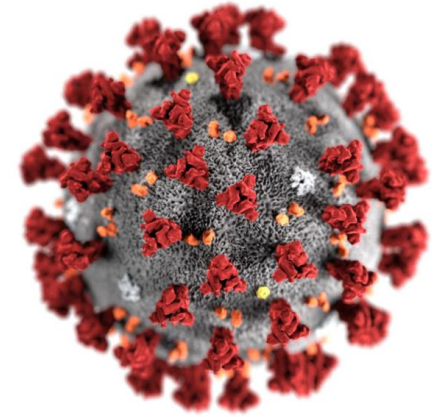
Homeless COVID-19 Response

Prevention:

Prevention efforts including outreach, education, infection control support, weekly shelter and outreach provider COVID-19 coordinating call. Brings together cities, county and community providers.

- **COVID-19 Testing:**
 - Community Care/Surveillance Testing monthly
 - Field Based testing provided by Street Health Teams ongoing

- **Supply Distribution:**
 - Centralized distribution of masks, sanitizer, PPE, cleaning supplies for providers and community groups providing outreach



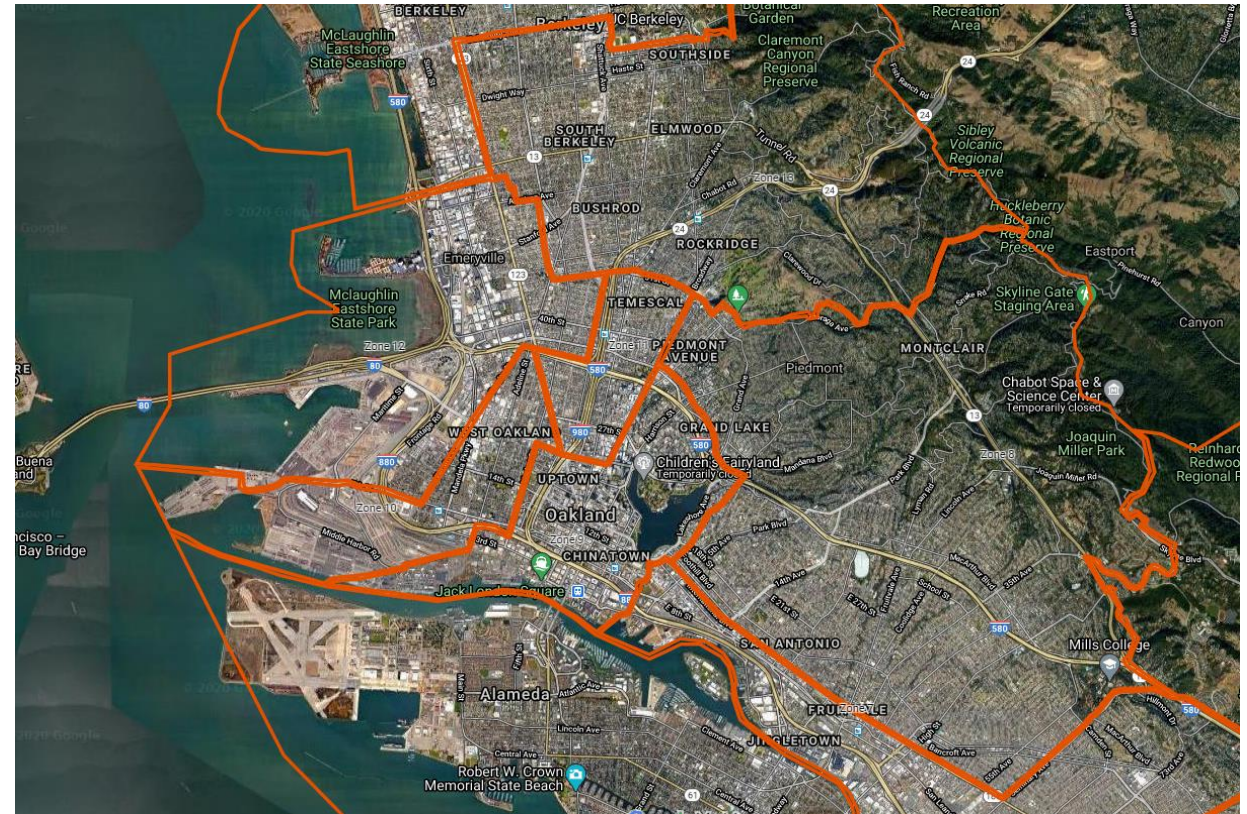
Outbreak Response:

HCH leads outbreak response including rapid deployment of resources and testing, referrals to isolation/quarantine hotel, coordination with County Public Health Department Contact Investigation, coordination with city partners



How We Divide Work: Street Health Zones

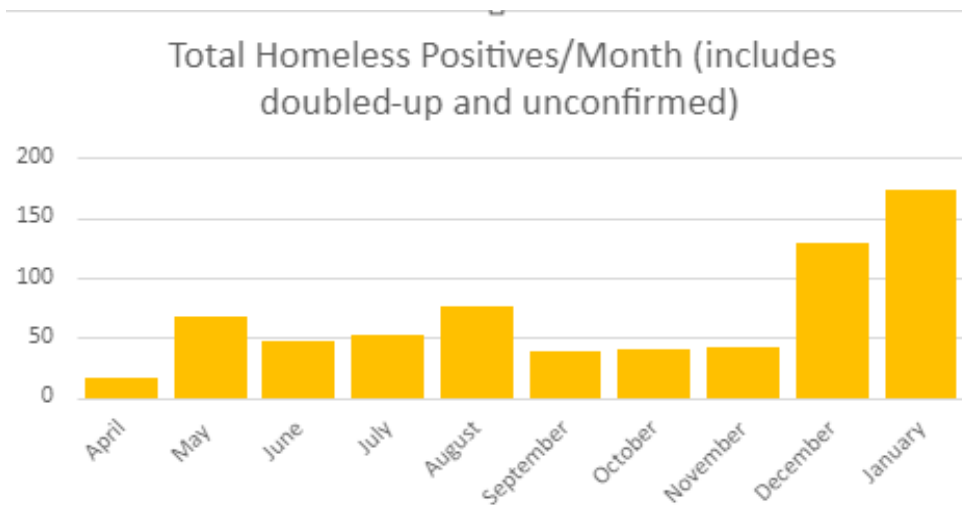
- 2019 Point-in-Time data on unsheltered homelessness was used to divide the county into zones.
- 14 zones were created, 7 serve areas of Oakland
- Each zone has approximately 500 unsheltered individuals.
- Staffing ratio approximately 1:140.



Outbreak Response as of Feb 2, 2021

COVID cases among People Experiencing Homelessness:

- Homeless (Confirmed COVID+ sheltered or streets): 284
- Unsheltered: 151
- Sheltered: 173
- Doubled Up or under investigation: 327

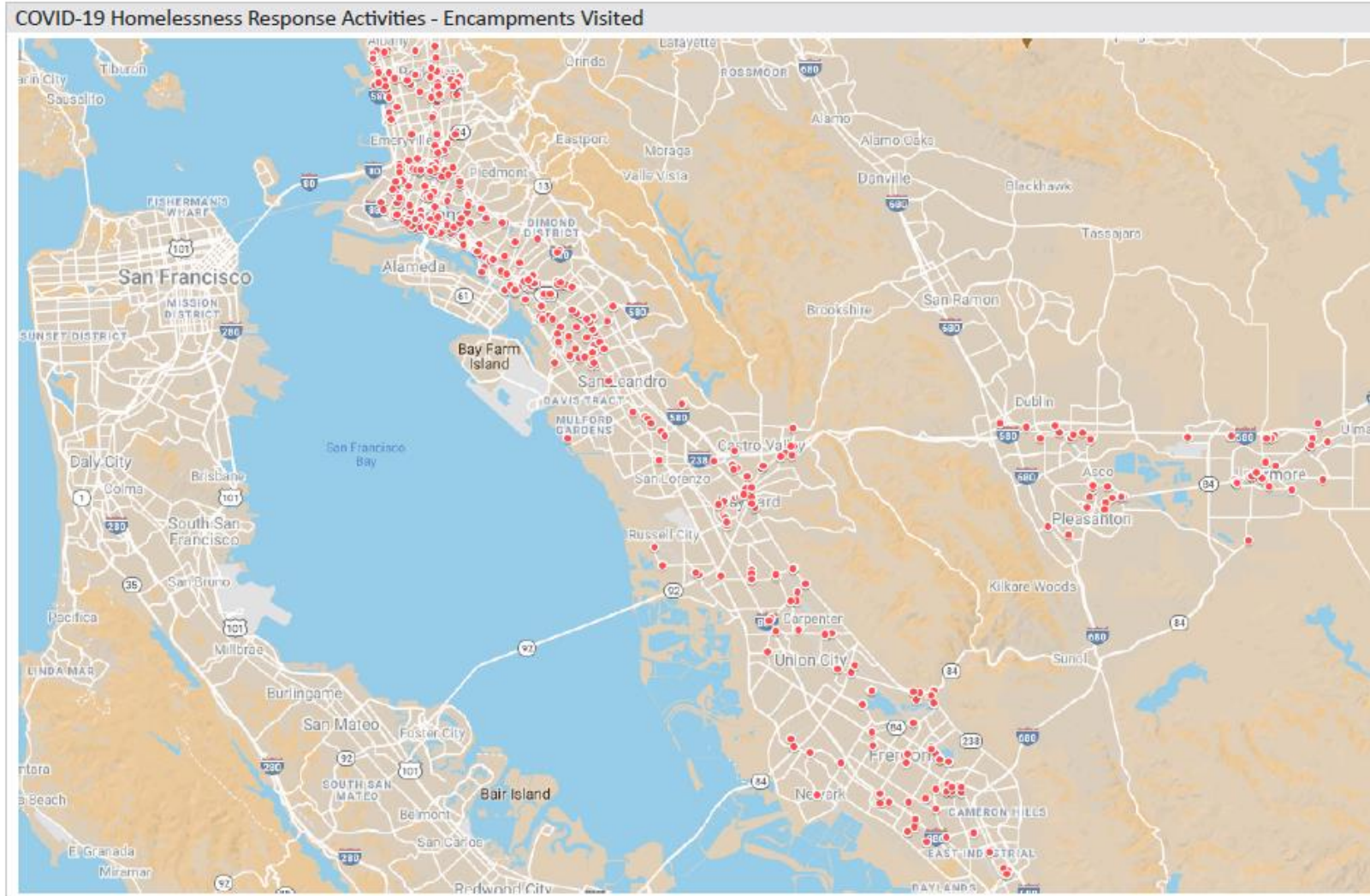


Operations Report:

- Street homeless support – David Modersbach
- Prevention efforts continue including outreach, education, infection control, support, weekly coordinating call
- Encampment response efforts
 - o Active sites: 6
 - o Closed sites: 47
- Shelter response efforts – Kari J-P
 - Active sites: 15
 - Closed sites: 100

AC Care Connect: Whole Person Care Dashboard

Street Health Outreach Teams (Jul 2019 - Aug 2020)



Data source: COVID-19 outreach tracking log (likely to also include activities of non-Street Health Outreach Teams of these organizations).

An Initiative of Alameda County Health Care Services Agency



Care and Shelter:

Operation Comfort/ Safer Ground

- Operation Comfort and Comfort Q
 - Short term (2 weeks) for people who need to isolate/quarantine but are homeless or living in severely over crowded housing.
- Operation Safer Ground
 - Serve ~1200 people without symptoms, who are both homeless and medically fragile
- Admission through referral from designated referring entities, including hospitals, clinics, shelters, street outreach teams, custody settings



Vaccine 101



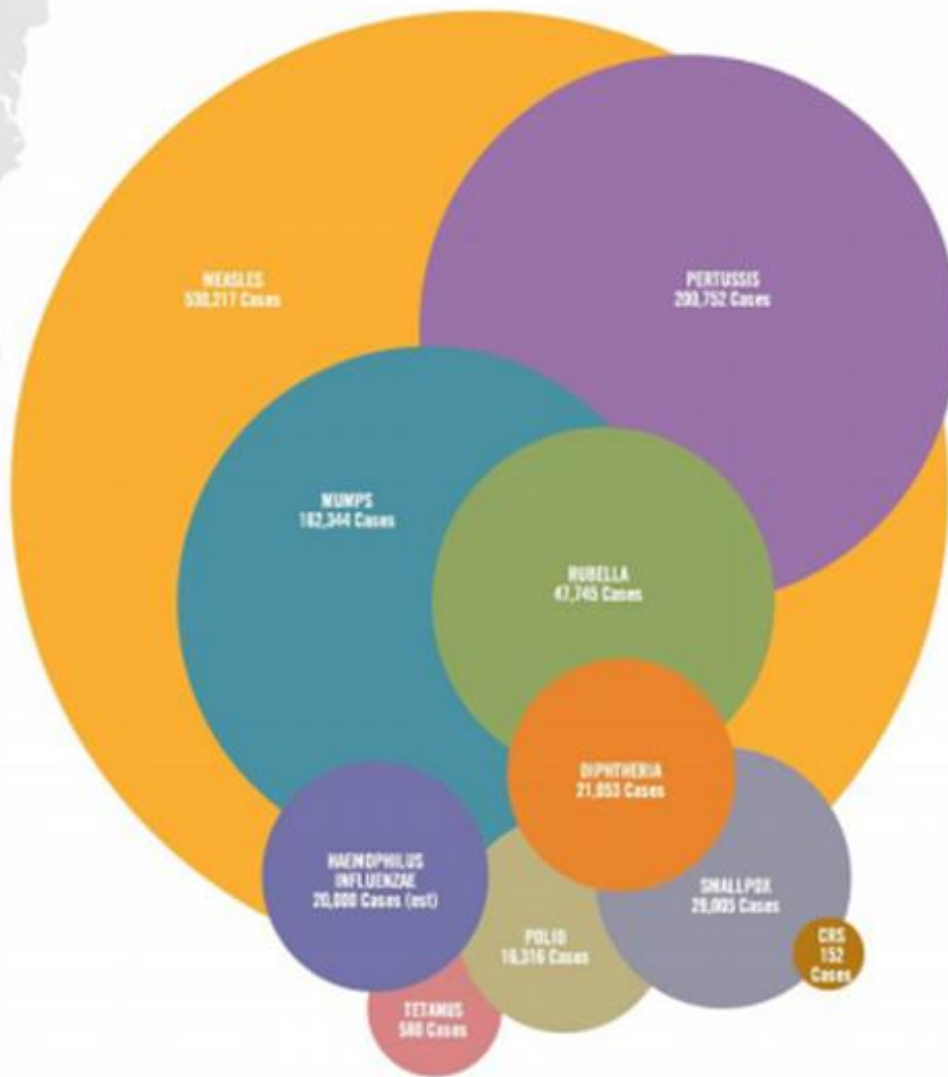
VACCINES WORK

These bubbles are sized according to the annual number of disease cases in the US during the 1900s versus 2010. We've come so far. It's a reminder that while disease rates are low, most diseases haven't disappeared. This is why we continue to vaccinate.

SMALLPOX	MEASLES
THEN 29,005	THEN 530,217
NOW 0	NOW 61
DIPHTHERIA	MUMPS
THEN 21,053	THEN 162,344
NOW 0	NOW 2,528
PERTUSSIS	RUBELLA
THEN 200,752	THEN 47,745
NOW 21,291	NOW 6
TETANUS	CRS
THEN 580	THEN 152
NOW 8	NOW 0
POLIO	HAEMOPHILUS INFLUENZAE
THEN 16,316	THEN 20,000
NOW 0	NOW 270

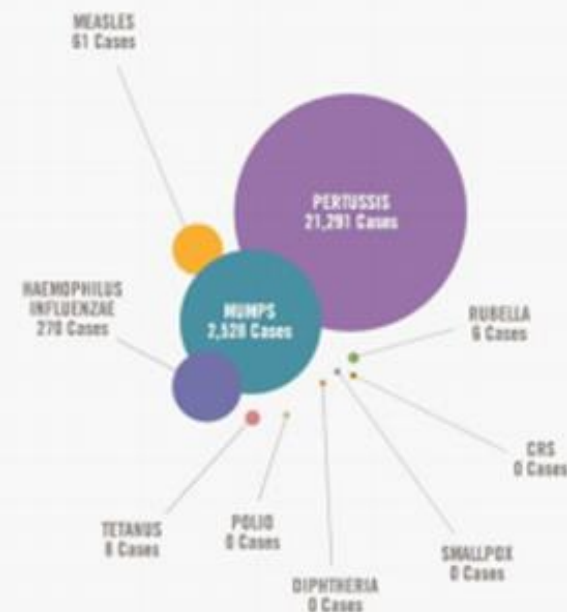
THEN

Annual US disease cases in the 1900s



NOW

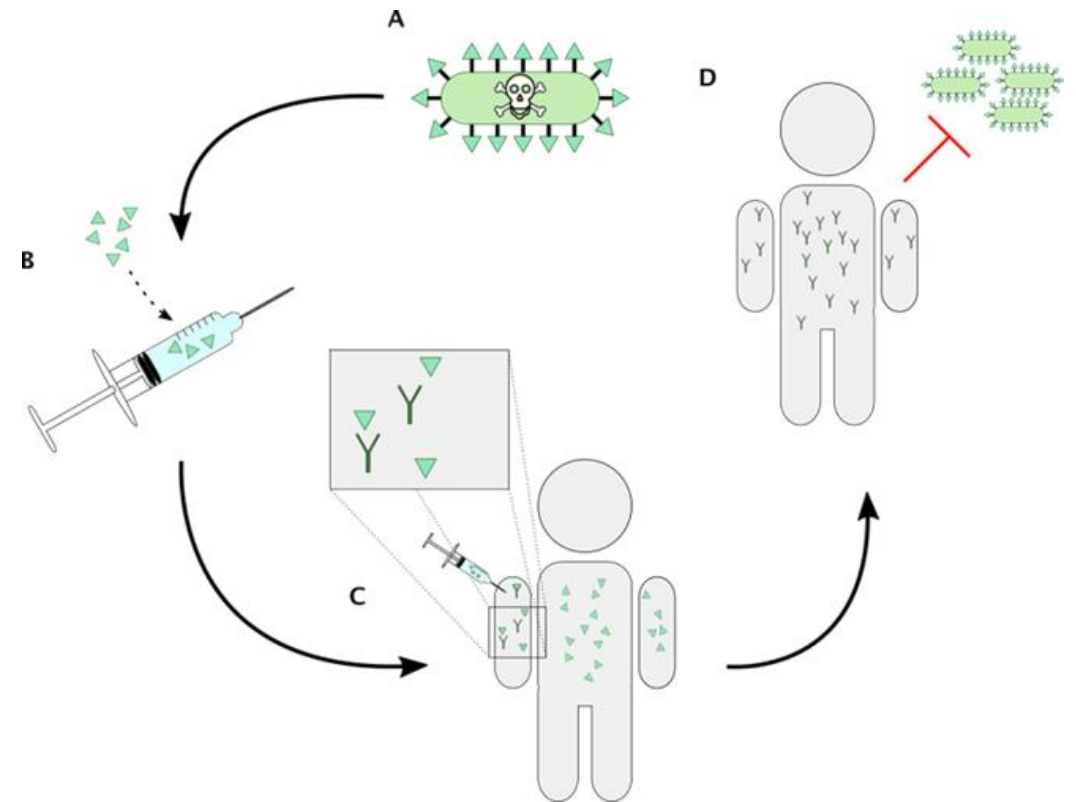
US disease cases in 2010



* Centers for Disease Control and Prevention (CDC). Parents Guide to Childhood Immunizations. <http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>. Accessed August 15, 2011.
 ** CDC. Impact of Vaccines in the 20th & 21st Centuries. <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/impact-of-vaccines.pdf>. Updated January 2011. Accessed August 15, 2011.

How do vaccines work?

- Vaccines teach your body how to fight a specific disease by simulating a mild infection
- Your body's immune system fights that fake infection by creating antibodies
- Antibodies protect you from that illness if you are exposed in the future
- Some vaccines require multiple doses or boosters for a strong immune response
- Traditional vaccines use a modified version of the virus or bacteria that causes illness
- mRNA vaccines make harmless protein that last in the body for less than a day



More about messenger RNA (mRNA) vaccines

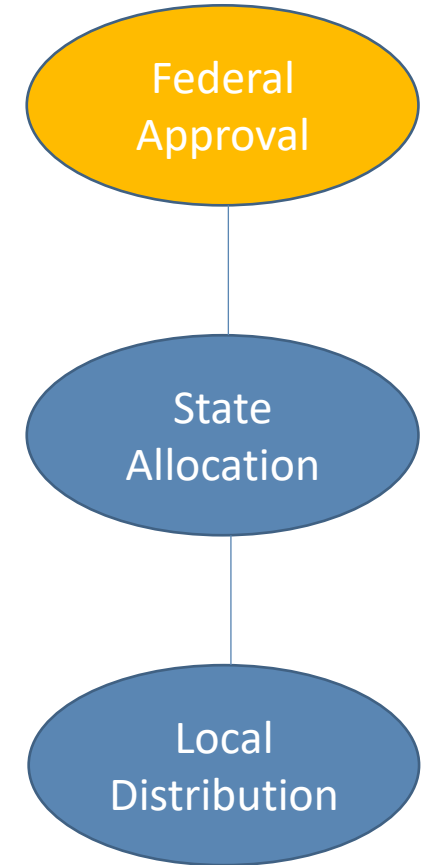
- mRNA carries genetic instructions that teach our cells how to make a harmless piece of “spike protein” found on the **outside** of the SARS-CoV-2 virus
- Body’s cells destroy the mRNA once copies of the spike protein are made, within a day
- Cells display this piece of spike protein on their surface, and an immune response is triggered inside our bodies to make antibodies against the virus
- mRNA does not enter the cell nucleus or affect our DNA
- mRNA vaccines cannot give someone COVID-19
- Technology is new but not unknown: mRNA vaccines have been studied for influenza, Zika, rabies, etc.

Sources: College of Physicians of Philadelphia. What is an mRNA vaccine? <https://historyofvaccines.blog/2020/07/29/what-is-an-mrna-vaccine/>
JAMA. COVID-19 and mRNA Vaccines—First Large Test for a New Approach. <https://jamanetwork.com/journals/jama/fullarticle/2770485>



How did the vaccines get created so quickly?

- Researchers used existing clinical trial networks to jumpstart COVID-19 vaccine trials.
- Manufacturing started while the clinical trials were still under way.
- mRNA vaccines are faster to produce than traditional vaccines.
- FDA and CDC prioritized review, authorization, and recommendation for COVID-19 vaccines.



For more, visit the COVID-19 Prevention Network:

www.coronaviruspreventionnetwork.org/about-covpn



COVID-19 vaccine trials by the numbers

❖ Both require two doses and are not interchangeable

Pfizer/BioNTech

- **43,931** enrolled
- **150** clinical sites
 - 39 U.S. states
- Racial/ethnic distribution
 - **70%** - White
 - **13%** - Hispanic/Latino (>5.5k)
 - **10%** - African American (>4k)
 - **6%** - Asian
 - **1%** - Native American
- **45%** ages 56-85

Sources: <https://www.pfizer.com/science/coronavirus/vaccine>;

<https://www.modernatx.com/cove-study>

For more information, visit www.clinicaltrials.gov

Moderna

- **30,000** enrolled
- **89** clinical sites
 - 32 U.S. states
- Racial/ethnic distribution
 - **63%** - White
 - **20%** - Hispanic/Latino (6k)
 - **10%** - African American/Black (3k)
 - **4%** - Asian
 - **3%** - All others
- **64%** ages 45 and older
 - 39% ages 45-64
 - 25% ages 65+



Vaccine Clinical Trial Findings

- 95% efficacy
- Expected to produce some side effects after vaccination, especially after the 2nd dose:
 - Fever
 - Headache
 - Muscle aches
- No significant safety concerns identified in the clinical trials
 - **People with a history of anaphylactic shock to vaccines or injectables should not get the vaccine**
- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination. Clinical trials will continue for 2 years.



Source: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>
<https://www.fda.gov/media/144414/download>



How will vaccine(s) change the pandemic?

The vaccines can:

- Reduce the number of people with COVID-19
- Reduce the severity of disease
- Reduce hospitalizations
- Reduce deaths
- Increase herd immunity
- Shorten the length of the pandemic

There is still more to learn about:

- Impact on transmission
- How long immunity lasts from COVID-19 or from the vaccines

Beyond safety and efficacy, vaccines work best with broad participation

- We're only at the beginning
- Masks, physical distancing, and other measures will be needed until we have sufficient coverage



Major Reductions in LTCF Outbreaks and Deaths

- Only 38 LTCF residents have been hospitalized due to COVID19 in 2021
- Only 14 deaths have occurred in 2021 (1.5 months) which represents a 74% decline from the average number of deaths in LTCFs every 1.5 months in 2020
- Only 10 SNF residents have been hospitalized and just 2 have passed in 2021
- 397 SNF residents were hospitalized and 296 passed due to COVID19 in 2020



Potential Advantages of the Janssen Vaccine:

- 1) A single-dose schedule that can more easily reach persons who are:
 - a) Difficult to find and who might not to return for second dose
 - b) Without a medical home; harder to follow-up or contact
 - c) With limited transportation
 - d) Homebound
 - e) Afraid of adverse events, and so who might not return for second dose
- 2) Stable storage in a refrigerator for up to three months
 - a) Easy storage and transport for a mobile clinic
- 3) Less expensive, for settings where the government does not subsidize costs.



Potential Concerns About Efficacy and Equity:

In the [sponsor's press release](#) summarizing the phase III clinical trial data presented to US FDA, the single-dose vaccine candidate is reported as being:

- 66% effective overall at preventing moderate to severe COVID-19, 28 days after vaccination, as compared to approximately 95% efficacy after two doses of the mRNA vaccines currently being used in the US;
- 85% effective overall in preventing severe COVID-19;
- Completely protective against COVID-19 related hospitalization and death as of Day 28 after vaccination settings where the government does not subsidize costs.



Vaccine Snapshot: Alameda County

VACCINATION DATA

By Gender, Age Group, Race/Ethnicity, Place, and Over Time [Mobile version](#)



Alameda County COVID-19 Vaccination Dashboard

of Vaccine Doses Administered

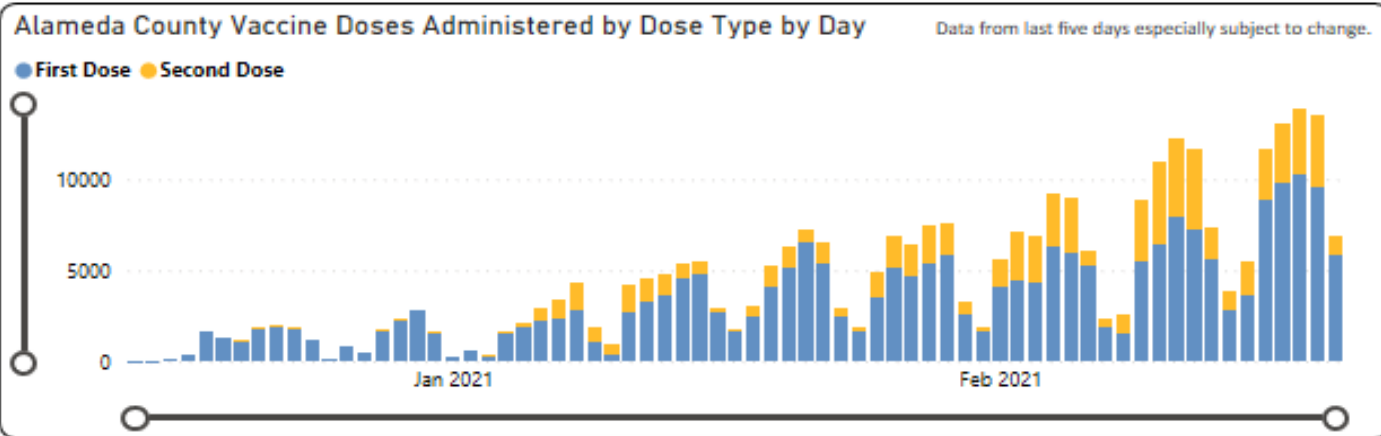
312258

of First Doses Administered

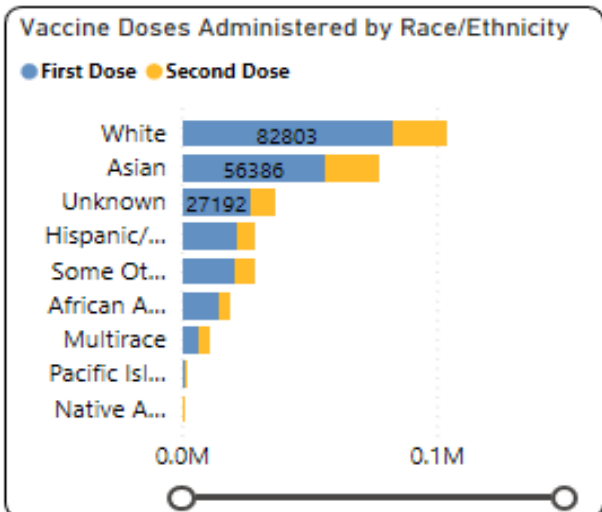
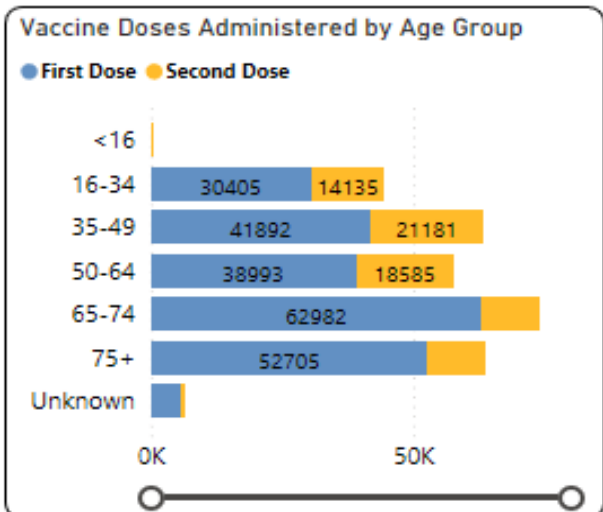
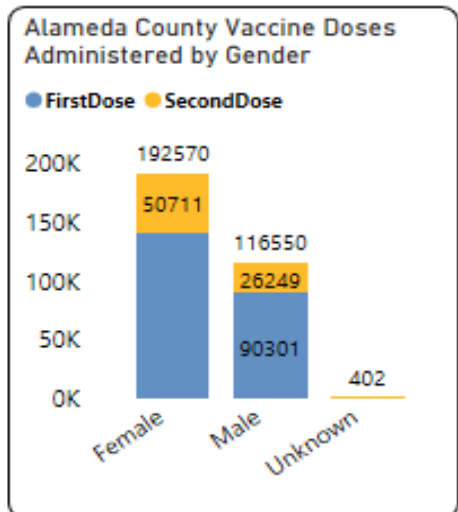
232508

of Second Doses Administered

77014



- Place
- Alameda
 - Albany
 - Ashland
 - Berkeley
 - Castro Valley
 - Cherryland
 - Dublin
 - Emeryville
 - Fairview
 - Fremont
 - Hayward
 - Hayward Acres
 - Livermore
 - Newark
 - Oakland
 - Piedmont
 - Pleasanton
 - Remainder of County
 - San Leandro
 - San Lorenzo
 - Sunol
 - Union City





Alameda County COVID-19 Vaccination Dashboard

% >= 16 Years
Received First Dose

17.7%

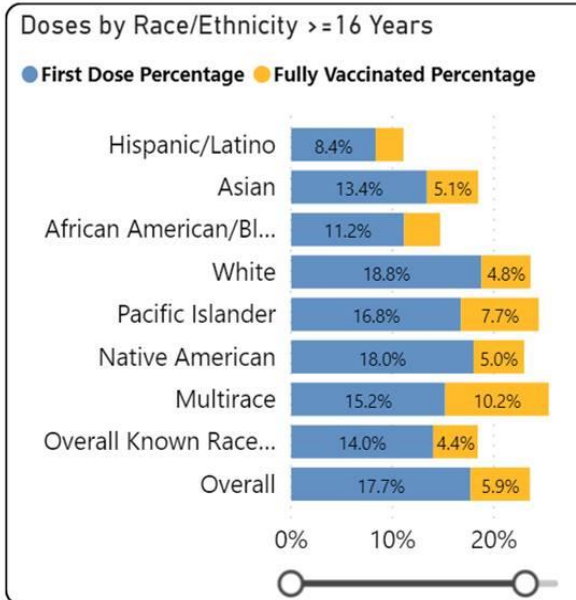
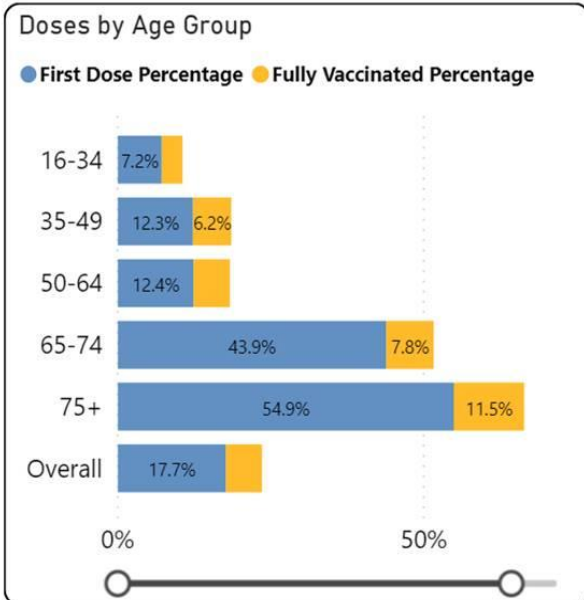
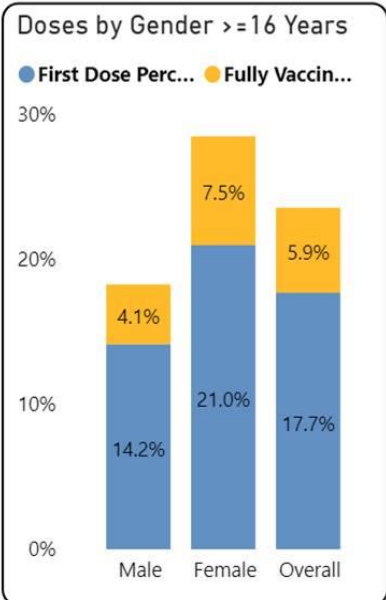
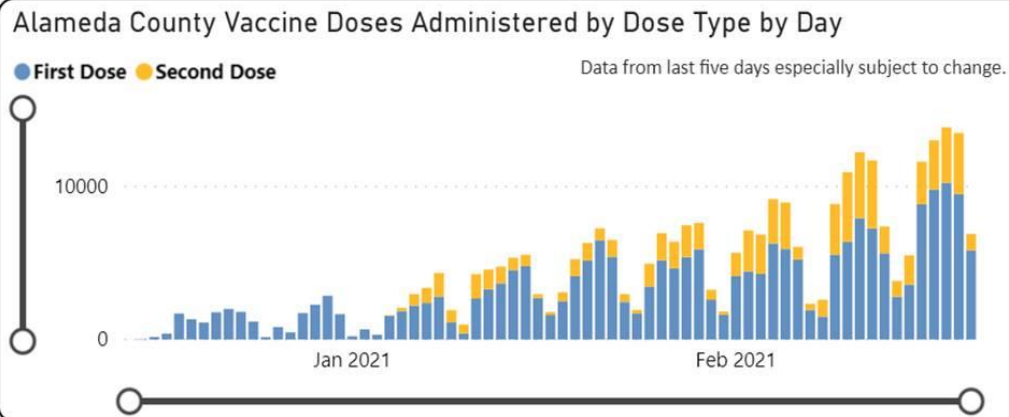
See Counts

See Percentages

% >= 16 Years Fully
Vaccinated

5.9%

Doses Received
by the County



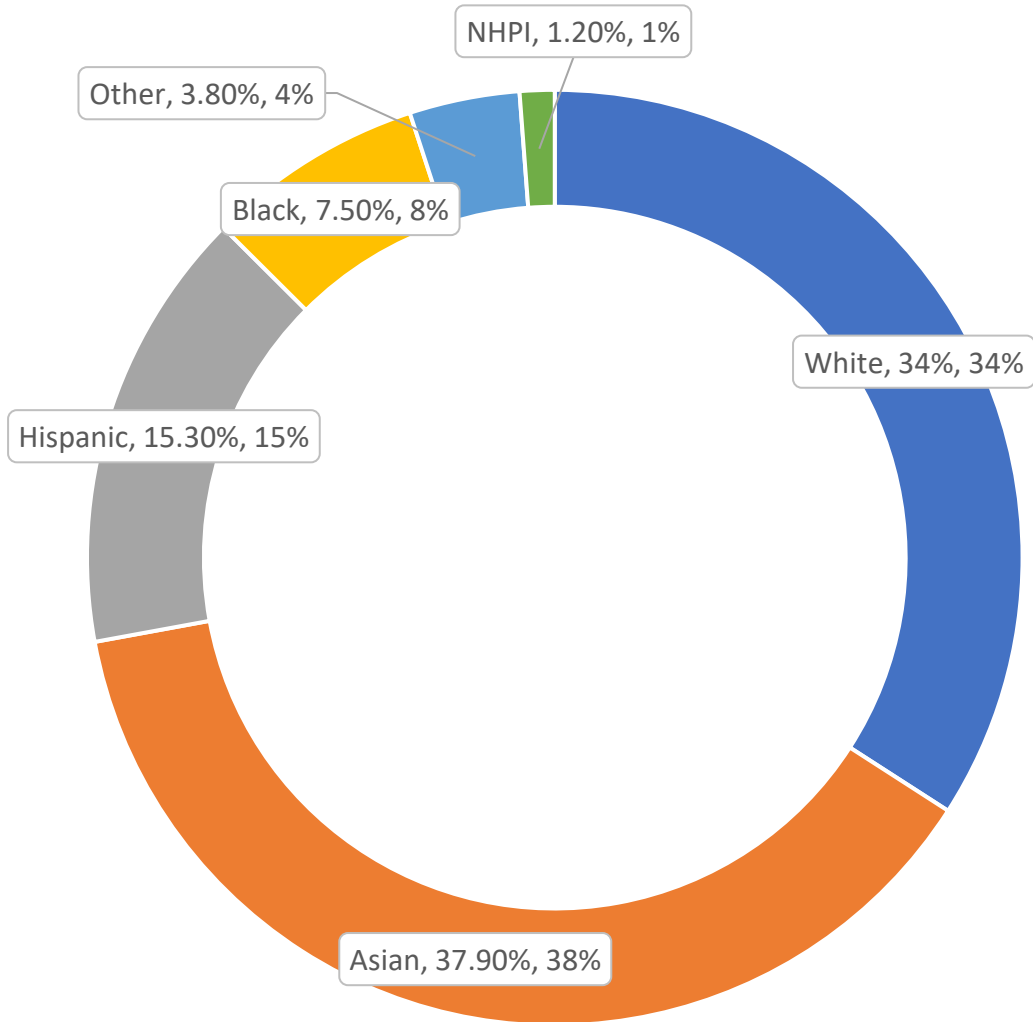
>= 16 Years

Place	Received First Dose	Fully Vaccinated
Alameda	21.0%	6.7%
Albany	22.7%	6.5%
Ashland	11.4%	4.8%
Berkeley	19.9%	5.2%
Castro Valley	22.1%	7.8%
Cherryland	13.7%	6.3%
Dublin	14.1%	4.8%
Emeryville	15.6%	6.1%
Fairview	19.8%	6.8%
Fremont	15.2%	5.2%
Hayward	16.1%	6.4%
Hayward Acres	11.3%	5.1%
Livermore	18.9%	5.4%
Newark	15.0%	5.1%
Oakland	17.2%	5.5%
Piedmont	32.5%	10.5%
Pleasanton	21.5%	6.6%
Remainder of County	21.1%	4.7%
San Leandro	17.5%	6.2%
San Lorenzo	16.8%	5.8%
Sunol	26.3%	6.5%
Union City	19.3%	7.4%

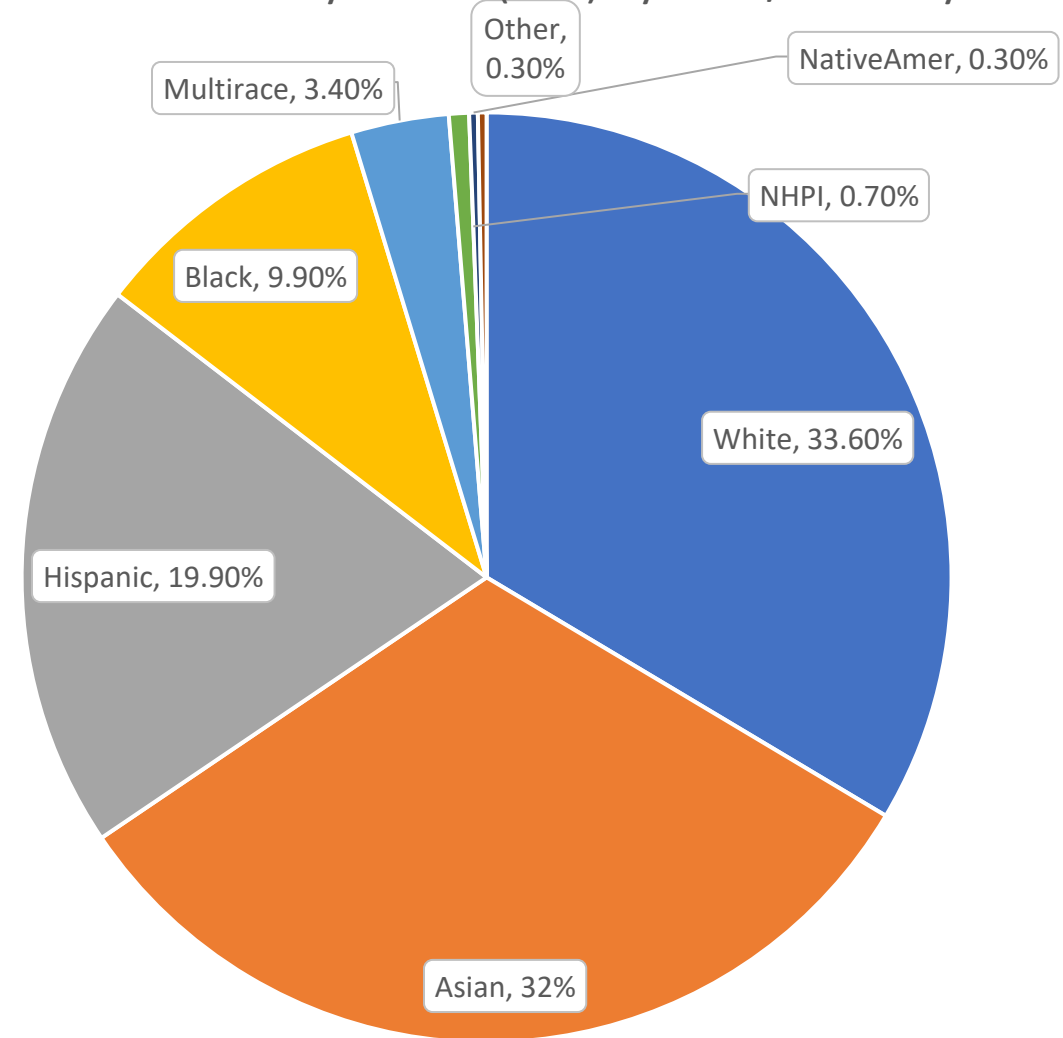
Notes and disclaimers: This dashboard is populated with data from the California Immunization Registry (CAIR), the State's electronic immunization information system. Vaccination records were accessed via CAIR's Snowflake platform. Information currently available in CAIR for Alameda County may not include all vaccinations among county residents. Dashboard totals include vaccinations of residents of the City of Berkeley, which is a separate health jurisdiction.

Race/Ethnicity Breakdown of Alameda County Adults

Vaccine Doses Administered by Race/Ethnicity

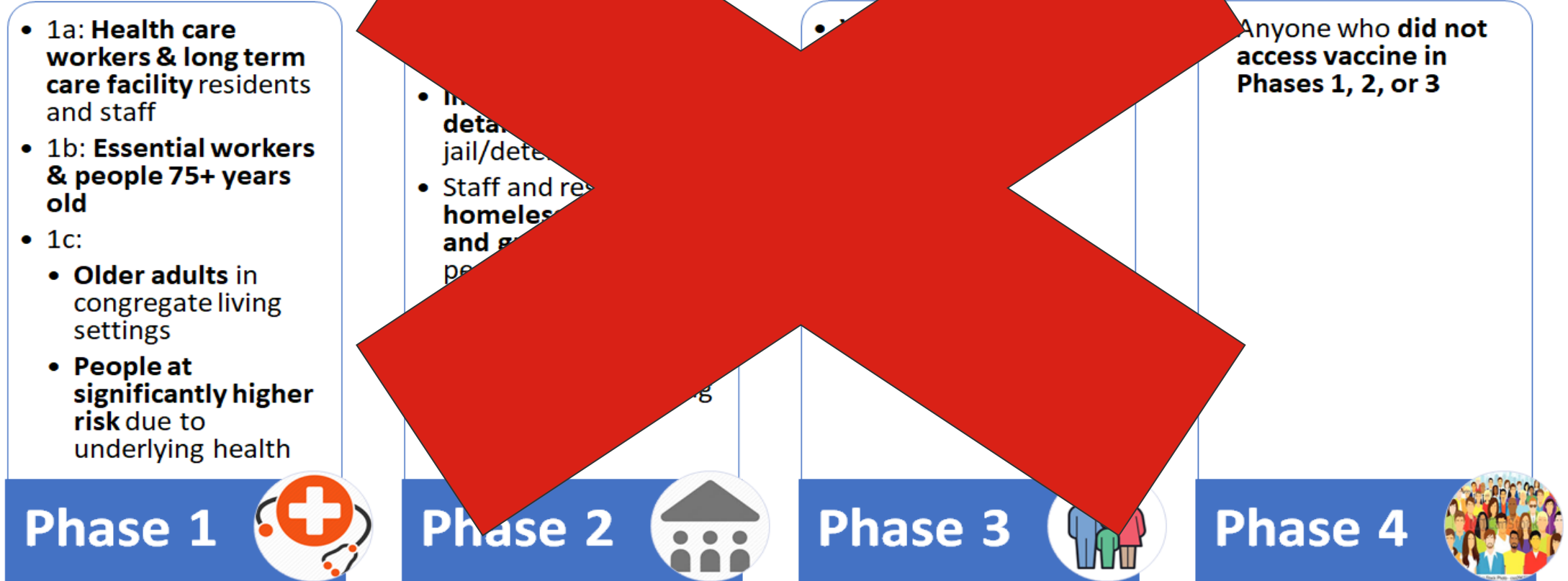


Alameda County Adults (16+) by Race/Ethnicity



Vaccine Prioritization Framework: Version 1

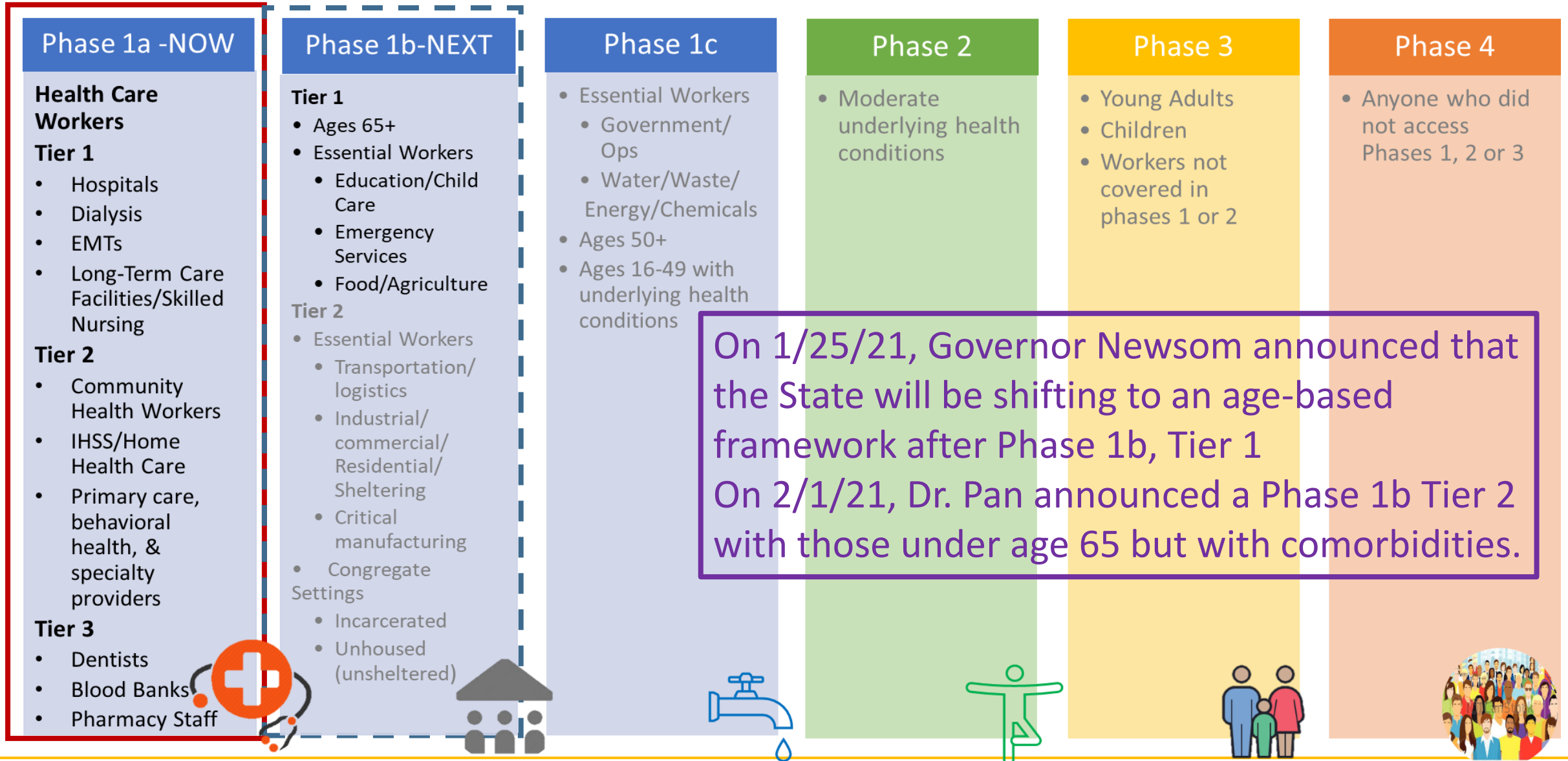
- ❖ Subject to change per pending Federal and State recommendations
- ❖ Dependent on vaccine supply and demand
- ❖ Local health departments **have some discretion** to adjust



Equity is cross-cutting issue



Vaccine Prioritization Framework *as of 1/25/21*



On 1/25/21, Governor Newsom announced that the State will be shifting to an age-based framework after Phase 1b, Tier 1

On 2/1/21, Dr. Pan announced a Phase 1b Tier 2 with those under age 65 but with comorbidities.

State Update: Expanded Eligibility for Vaccine as of 3/15/21

People with underlying medical conditions:

- Cancer
- Chronic kidney disease (stage 4 and above)
- Chronic pulmonary disease (oxygen dependent)
- Down syndrome
- Immunocompromised state from solid organ transplant
- Pregnancy
- Sickle cell disease
- Heart conditions (excludes hypertension)
- Severe obesity (Body Mass Index $\geq 40\text{kg/m}^2$)
- Type 2 diabetes mellitus (with hemoglobin A1c level greater than 7.5%)

OR

If as a result of a developmental or other severe high-risk disability one or more of the following applies:

- Individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID care will be particularly challenging due to individual's disability



Vaccine Supply

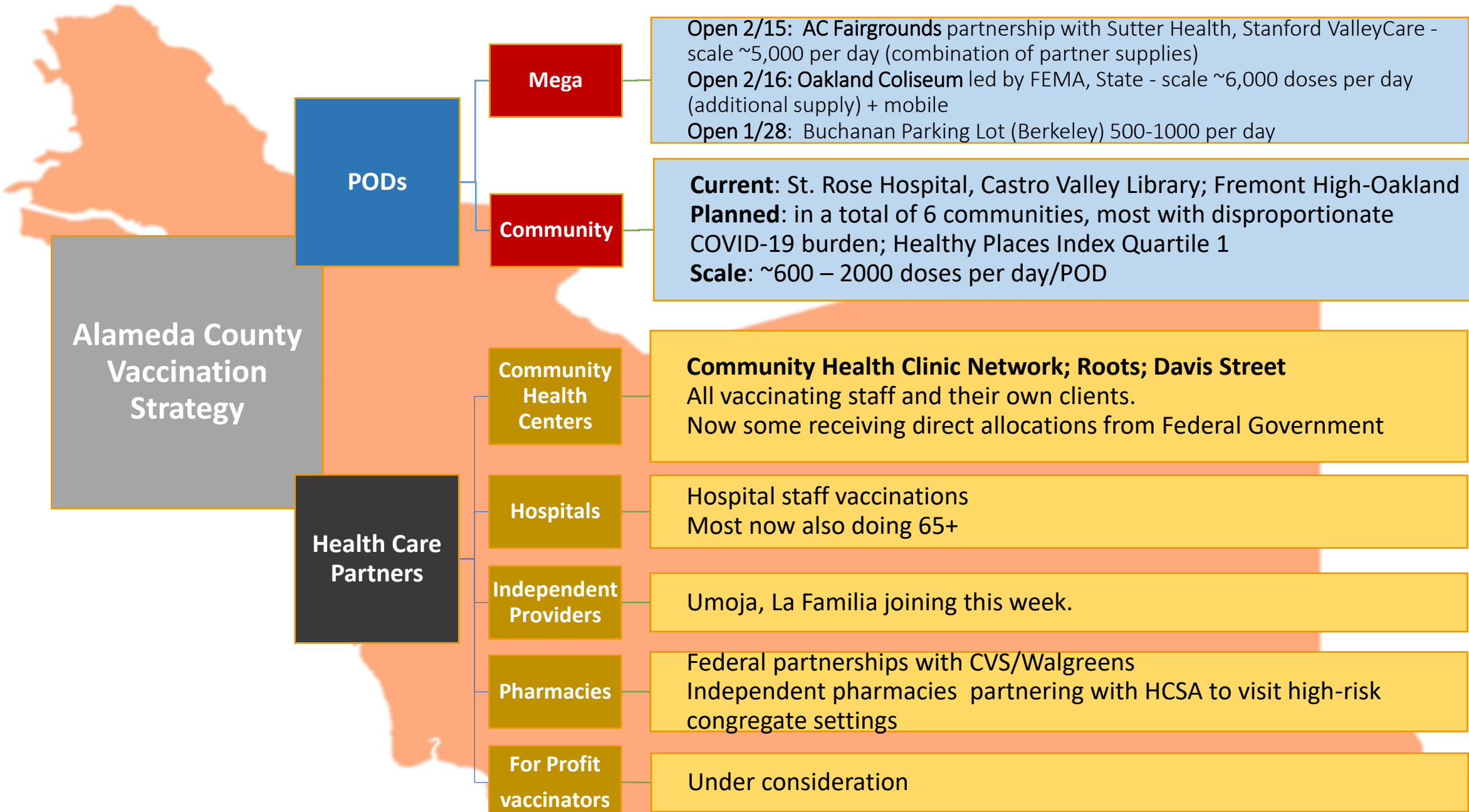
Alameda County expects to receive 17,690 first doses this week

- State will try to keep the supply stable, as long as we use all doses every week
- Does not include doses delivered to multi-county entities Sutter and Kaiser; we don't have information about their supply & inventory
- Second doses are automatically tracked and provided; generally people receive both doses at the same location

Allocation based on estimated populations of people aged 65+ (70%) and essential workers in Phase 1b Tier 1 (30%)

Coliseum has separate supply, ~42,000 doses per week





Vaccinating People Experiencing Homelessness

- What has happened already
 - Vaccine for Street Outreach workers in December
 - Some Shelter workers also
- What is planned
 - Vaccine clinics at shelter sites
- Challenges still to be resolved
 - Mobile vax for unsheltered
 - ID requirements
 - Transportation to sites



Project Roomkey



- Allocated over 600+ doses to PRK to vaccinate staff and residents
- Currently, all staff and residents who wanted vaccine have received it
 - All PRK sites covered
 - Vaccinated 65+ starting Jan 22nd
 - Vaccinated all guests starting Feb 11th

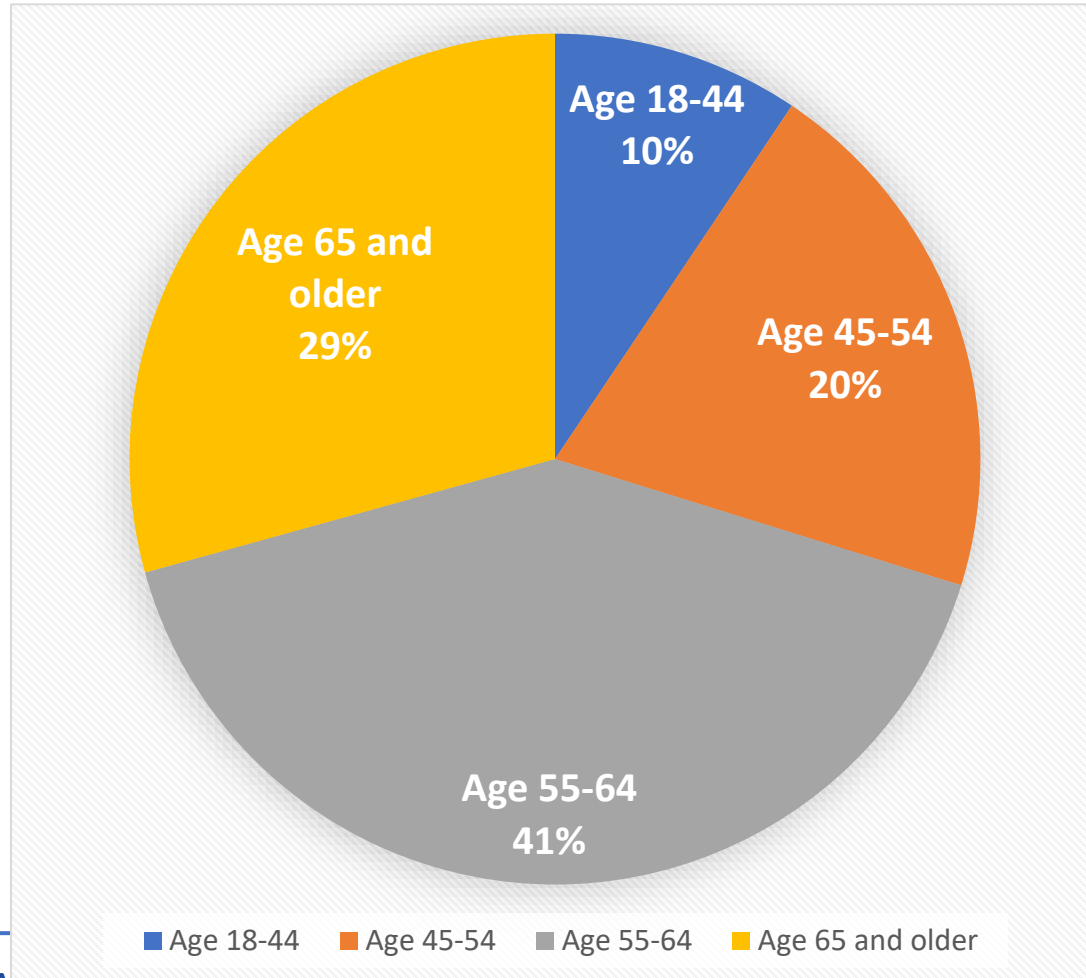


Project Roomkey COVID-19 Vaccination Data (2/28/2021)

Targeted Hotels	Oak Days, Oakland Radisson, Springhill Suites Newark, Residence Inn Livermore, Marina Village Inn Alameda (before closure)
Total First Doses Administered	181
Number of Guests Eligible for Dose #2	16
Total of Second Doses Administered	12 (75% return rate)
% Residents vaccinated by 2/22 hotel census (n=497)	36.4%



Project Roomkey Vaccinations by Age Group

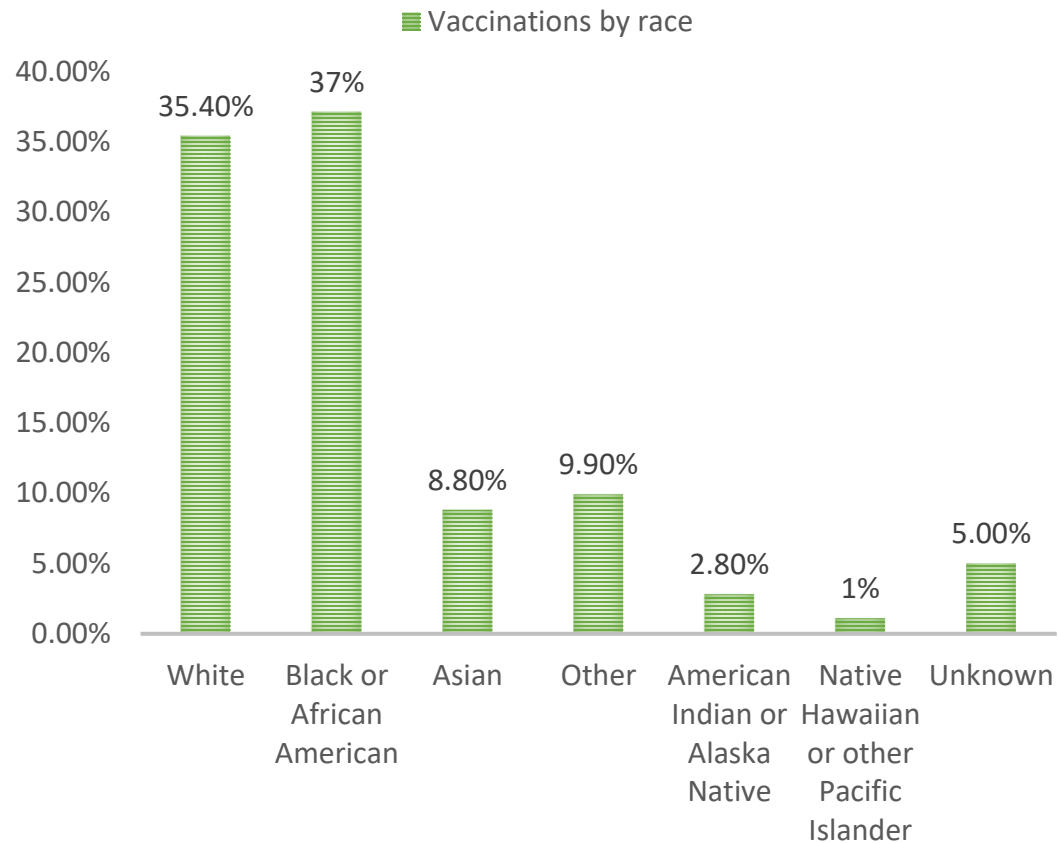


- Over 70% of vaccinations have been administered to residents over the age of 55.
- 29% of vaccinations have been administered to residents over the age of 65

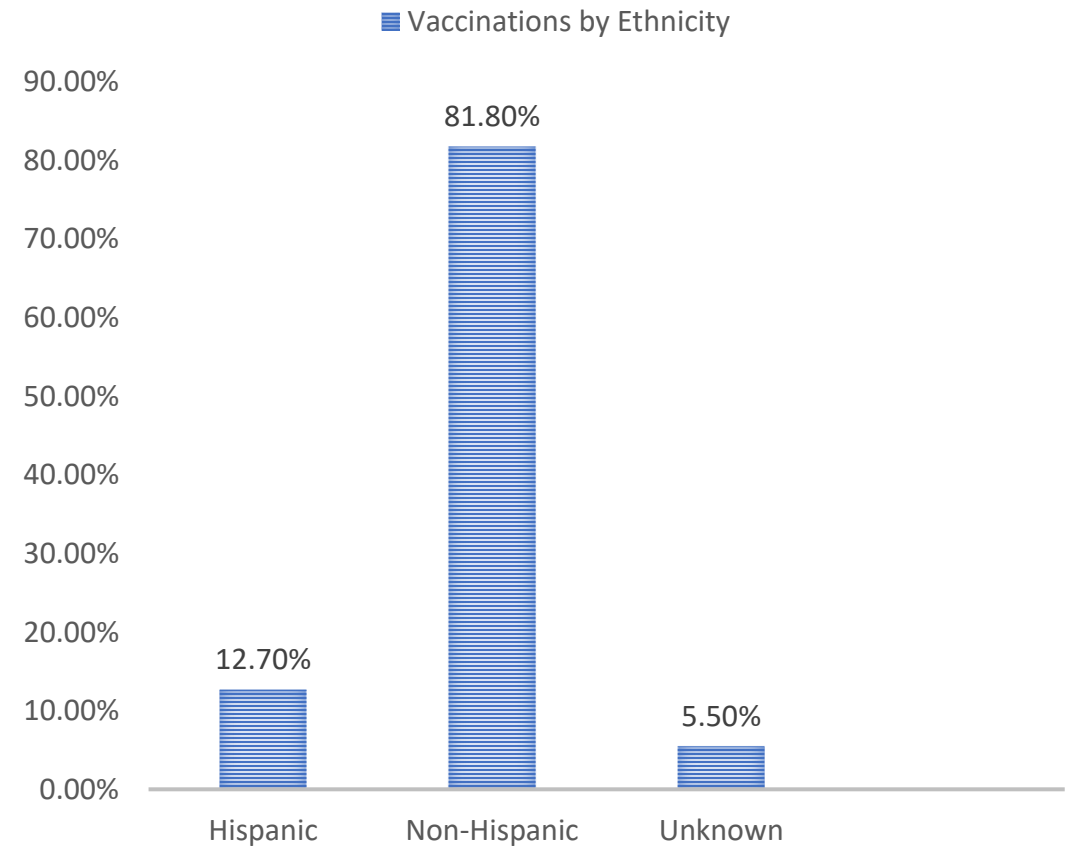


Project Roomkey Vaccinations by Race and Ethnicity

VACCINATIONS BY RACE



VACCINATIONS BY ETHNICITY



Mobile Vaccination at Shelters and Transitional Housing

- Partnership with local pharmacies
 - Haller's, Clayworth and Wellspring
 - On-site vaccination
 - Flexible
- County vaccination through HCH and ACBH
 - Reduces barriers for access
 - Systems of care already in place + vaccine



Healthcare for the Homeless

Starting pilot with pharmacies this week:

- St. Vincent DePaul
 - HCH clinic
 - Walk-in clinic on March 4th at St. Vincent de Paul
 - Expecting 100-200 vaccinations
- EOCP
 - HCH + Clayworth Pharmacy
 - Shelter residents
 - 50 vaccinations



Coming Next

- Supporting Street Health teams with suite of resources to best vaccinate people in encampments
 - Pharmacy mobile vaccination
 - HCH internal vaccination capacity
 - AHS mobile vaccination support
 - Street teams + CHCs





<https://covid-19.acgov.org/vaccines>


covax@acgov.org

5. Chat Q&A

LA VACUNA DEL COVID-19 ESTÁ AQUÍ

MANTENTE INFORMADO. SIGUE USANDO MASCARILLA.

- Validada por los principales expertos médicos del país por su **seguridad y eficacia**
- Proporcionada **sin costo**
- Plan de distribución por fases **basado en el riesgo y el nivel de exposición**
- Ampliamente disponible más adelante en 2021




covid19.ca.gov/es/vaccines Vaccinate **ALL 58**

COVID-19 VACCINE AT A GLANCE

- Validated by the nation's top medical experts to be **safe and effective**
- Health care workers and residents in long-term care will be the **first to be vaccinated**
- Provided at **no cost**
- Phased distribution plan **based on risk and level of exposure**
- Widely available later in 2021

STAY INFORMED. KEEP WEARING YOUR MASK.



covid19.ca.gov/vaccines Vaccinate **ALL 58**



FIGHT COVID-19 MASK ON!

[@Dare2BWell](https://covid-19.acgov.org)

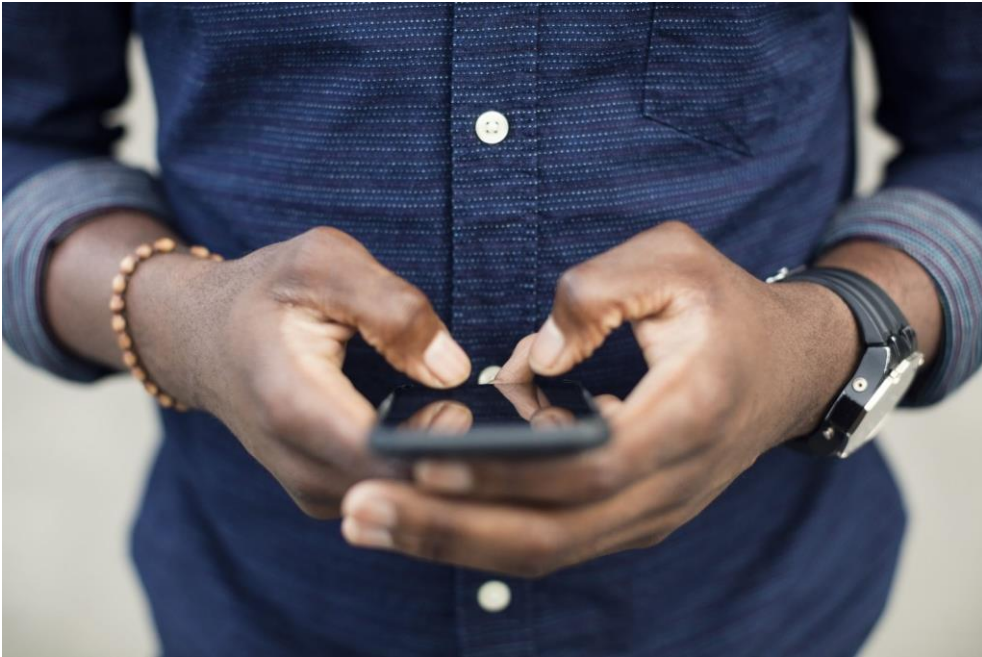
LUCHA CONTRA COVID-19 ¡MASCARILLA PUESTA!

BE Well

CUÍDESE Mucho

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Stay in touch with EveryOne Home



<https://www.facebook.com/EveryOneHome/Facebook>



<https://twitter.com/EveryOneHomeHome>

