

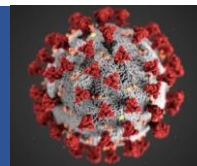
# COVID-19 VACCINATION PLAN

City and County of San Francisco – San Francisco  
Department of Public Health

December 9, 2020

COVID-19 Command Center  
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# City and County of San Francisco – San Francisco Department of Public Health COVID-19 VACCINATION PLAN

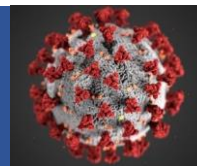


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## COVID-19 Vaccine Implementation for CA Health Jurisdictions

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## 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!).

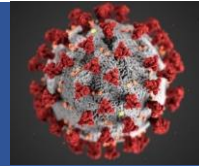
The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about 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.

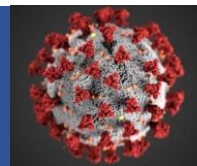
San Francisco's COVID-19 vaccination planning is coordinated through the Health Operations section of the COVID-19 Command Center (CCC), our multi-agency task force that leverages existing health system infrastructure, public, private, and government agency partnerships, and community engagement. This task force will ensure the necessary resources, workforce, and system engagement to ensure equitable and timely administration of vaccine.

- 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?

Our jurisdiction reviewed H1N1 vaccination after-action reports and consulted personnel who were involved in H1N1 efforts during 2009. (1) We identified a number of clinic layout issues and procedural bottlenecks that impacted client throughput during H1N1 vaccination clinics and communicated those to the COVID vaccination clinic design team. (2) We determined that another area of improvement is to leverage communications with partner agencies sooner in the activation, enabling expansion of outreach to medically and structurally vulnerable populations to implement relevant, timely, equitable, and inclusive flu vaccination clinics and to engage community stakeholders around influenza vaccination, which will inform COVID vaccination implementation.

- 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?

CCC hosted pop-up flu vaccination clinics at community-based sites, and utilized our existing public health clinic network to increase flu vaccine access. We learned (1) importance of community-engagement in the planning and implementation process as the CCC partnered with several community-based organizations to ensure low-barrier access to flu vaccines; (2) need for transparency in vaccine allocation; during fall 2020 our flu vaccine orders were slow to arrive, causing concern amongst our partners; we responded by creating a flu vaccine supply tracking dashboard that enabled sharing of real-time vaccine inventory across CCC and DPH.



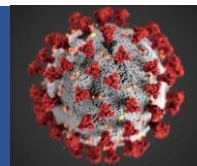
## Section 2: COVID-19 Organizational Structure and Partner Involvement

- 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.

See Appendix 1 at the end of this document (page 20).

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

During Phase 1A, we are using our CCC Healthcare Coalition to engage with Hospitals, Skilled Nursing Facilities, Dialysis Centers, and Outpatient Clinics. We are utilizing CCC's Community Engagement Branch to work with our county's Residential Care Facilities and Assisted Living Facilities. We have brought medical ethics specialists into our policy discussions, for example around vaccine allocation. Additional partners will be engaged during Phase 1B and beyond.



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

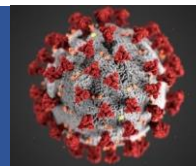
- A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan?  yes  no
- B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

Our local hospitals are establishing PODs to vaccinate their Phase 1A populations. In addition, we are establishing a POD as part of CCC Health Operations where we will vaccinate those in phase 1A who aren't employees of an institution that can vaccinate. We are in discussions regarding vaccinator agreements with external entities and health systems. We are also in the process of developing mobile vaccination clinic options.

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.

We are using data provided by CDPH (Dataset2 and GACH Survey), cross-referenced with CCC's internal lists of hospitals and congregate sites, and supplemented with lists and surveys obtained from internal CCC partners. Health Care Workers (HCW) are further classified by their institutions as high/moderate/low risk for COVID-19 infection according to CDPH criteria. Vulnerable populations are identified by local positivity and case rate data at the neighborhood level (associated with Healthy Places Index).

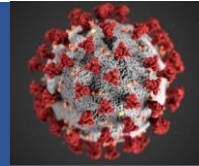
- B. Describe your plan for communicating with acute care facilities about their readiness to vaccinate during Phase 1a. (Are they ready to hit the ground running?)

Through our Healthcare Coalition (HCC) we have conducted multiple acute care facility surveys regarding COVID-19 vaccination, and we have met with each individual acute care facility, to assess readiness. Most acute care facilities are prepared to begin vaccinating upon receipt of vaccine supply. Our HCC conducts weekly meetings and email blasts to provide follow-up and keep a pulse on the health care system.

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

CCC remains committed to COVID-19 vaccination efforts that are safe, efficient, equitable, and community-focused. As vaccine supply increases, CCC expects that additional healthcare and community partners will be able to receive and store vaccines and vaccinate expanding segments of our population. Our Community Engagement liaisons will work with community partners, focusing on ensuring robust vaccination availability in neighborhoods with disproportionate COVID positivity. We are also working with the Mayor's Office on Disability to ensure that those with mobility challenges are included in the planning.

[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*).

CCC is in the process of engaging all acute care hospitals, SNFs, outpatient clinics, dialysis centers, long-term care and assisted living facilities in our county, assessing the size of their Phase 1A populations and their ability to store vaccine and vaccinate their staff and patients.

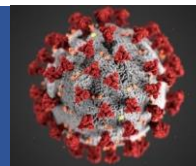
- B. How will you continue to recruit new providers to register and vaccinate during subsequent phases when there is more vaccine?

Through ongoing outreach via our HCC. We will use established communication mechanisms with providers/facilities.

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



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The Provider Engagement Team within the Health Operations Branch of our COVID-19 Command Center will perform this function and follow up with any issues or challenges identified.

## Section 6: Vaccine Administration Capacity

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

Past efforts reveal that we've achieved greatest throughput at Points of Dispensing (PODs) by engaging staff experienced in mass vaccination to create a POD playbook complete with floor plan, technology components, and specific job descriptions for each role.

- 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.)

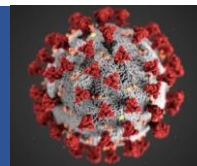
We are able to map COVID test positivity and case rates, congregate living facilities, and testing sites. Vulnerable communities can be identified at the neighborhood level based on test positivity and demographic information. With this information we should be able to map PODs to community need; access to CAIR data will enable mapping of vaccination uptake.

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

- a.  PrepMod
- b.  Mass Vax module
- c.  Other - Epic (EMR)

- 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.

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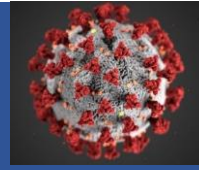
The COVID-19 Command Center (CCC) has partnered with the Emergency Medical Services Agency (EMSA), and applied for approval from the State to train paramedics and EMTs in inoculations, so they may be added to the mass vaccination workforce. The CCC is also tapping into the existing health systems, Emergency Volunteer Corp (EVC), CCSF Disaster Service Workers (DSW), and other volunteers to staff mass vaccination PODs. We also anticipate using mass vaccinator contracts secured by CDPH in order to fully operationalize our mass vaccination PODs.

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

COVID-19 Command Center (CCC) will start by opening a closed POD mass vaccination brick & mortar clinic to provide vaccinations to priority populations that can not be vaccinated by their employer or regular healthcare provider. Lessons learned during this initial clinic will be applied to future POD implementation. The CCC will also be deploying mobile teams to vaccinate Phase 1A populations, such as staff working within high-risk congregate settings.

- 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.)*

Running vaccination clinics during the COVID-19 pandemic requires careful attention to patient and staff safety as well as throughput. Our experience running flu vaccination clinics during fall 2020 has shown that it is possible to run vaccination clinics efficiently while following CDC recommendations (including PPE use, patient and staff illness screening, and social distancing) that minimize the possibility of COVID-19 transmission. Patients progress through a series of socially distanced registration, consultation (if needed), vaccination, and post-vaccination observation, and check-out stations. Our partners are encouraged to follow a similar structure.



## 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)*)

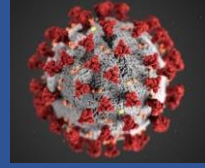
Vaccine allocation strategy is determined by senior leadership within our county's COVID-19 Command Center. We have assigned Allocation and Distribution Leads within Healthcare Operations of CCC to submit allocations to CDPH for conversion to orders.

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

Storage capacity information will be taken into consideration when making direct allocation of vaccine to minimize the need for reallocation or repositioning of vaccine. Since storage capacity varies amongst our partners, CCC has invested in additional ultra-low-temp and regular freezer capacity and dry ice supply so that we can assist our partners as needed with their storage needs. At a minimum, facilities are expected to have refrigeration capacity to meet their weekly vaccination needs.

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

We are communicating with all our Phase 1A providers regarding the processes and requirements for vaccine ordering, storage, inventory, and recording of doses in the state's immunization registry (CAIR). To ensure compliance, we will continue to gather feedback from our partners, and will offer training and technical assistance as needed, via established communication channels through our Provider Engagement Team.



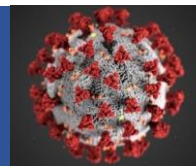
## Section 8: COVID-19 Vaccine Storage and Handling

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

We have completed our initial survey assessing cold storage capacity amongst acute care hospitals and will also complete similar surveys for skilled nursing, long-term care, and outpatient facilities.

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

We have secured a contract with a local vendor to supply dry ice to the COVID Command Center on a regular cadence. We expect the quantity ordered to cover the needs of facilities that do not have their own means to store vaccine at ultra cold temperature.



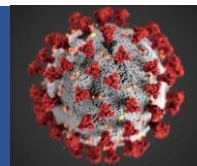
## Section 9: COVID-19 Vaccine Administration Documentation and Reporting

- A. How will you handle questions from local providers about vaccine administration reporting and have you identified the staff responsible?

We have a provider engagement team consisting of a nurse experienced in public health emergency planning and a public health physician, and they are supported by the rest of our COVID Mass Vaccination team which includes IT, epidemiology, and immunization program staff. Our provider engagement team will field questions from local providers about vaccine administration reporting and ensure that providers have a method to report all vaccine doses administered to the California Immunization Registry (CAIR).

- 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.](#)

CCC will use the San Francisco Dept. Of Public Health's own EMR (Epic) to run vaccine-related reports on enrollees at its own clinics.  
CCC will also use data from the California Immunization Registry (CAIR) to develop vaccination coverage reports and monitor progress with the vaccination campaign for the city and county as a whole.



## 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?

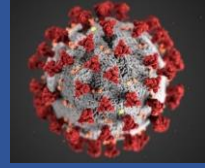
Second-dose appointments will be made at the time of first dose administration, and reminders will be sent via email and/or text to ensure adherence to the vaccination schedule. In addition, for those without access to technology or who are experiencing homelessness CCC is consulting with community partners with expertise in serving these populations to explore methods of achieving high second-dose compliance.

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

Our EMR will store details of the patient's 1<sup>st</sup> dose, and this information will be available for the vaccinator during the 2<sup>nd</sup> administration to ensure the 2<sup>nd</sup> dose matches the 1<sup>st</sup> dose. Patients will also receive a card documenting the date and brand of their vaccinations, so that they have a physical record to carry with them.

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

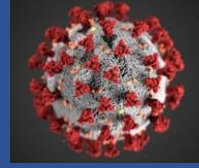
We are assessing facilities preparedness to manage 2<sup>nd</sup> dosing via our Provider Engagement team. Second dose management has been covered in our individual presentations with facilities, and we will follow up around this issue via our recurring meetings and via individual outreach as needed.



## 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?

Our Provider Engagement team is responsible for inviting all appropriate facilities to enroll in COVIDReadi at the appropriate time. The team also regularly reviews the list of enrolled facilities and provides reminders and technical assistance to facilities as needed.



## 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

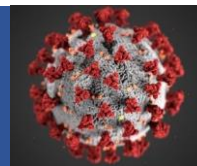
Our current plan:

- Ensure ongoing communication with vaccine providers through Provider Engagement team
- Educate and communicate proactively with the public to provide vaccine updates to build and reinforce public confidence in the process via approaches such as website, social and digital media, texting, traditional media, and grassroots/community outreach
- Ensure all public information and communications provide clear, consistent, and accurate information about the availability, access, and distribution of the vaccine, focusing on addressing questions, concerns, challenges, and dispelling misinformation
- Work with city and community partners including CBOs, faith-based organizations, non-profits, and neighborhood organizations to ensure an equitable and accessible (LAO, ADA, etc.) distribution of information to help establish and maintain trust with a high priority places on communities hit hardest by COVID-19
- Anticipate how communications can address issues and possible challenges
- Provide clear information to Phase 1A population about access to the vaccine through communications with health systems partners, website, and other approaches such as flyers, posters, emails, newsletters, presentations
- Establish recurring community meetings/town hall for the public distributed via sfgov.tv and Facebook to provide updates and answer questions

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



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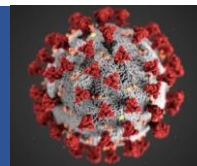
## Our current plan:

- Initiate/build on partnerships with appropriate CBOs and community organizations to identify and engage a cross-section of community partners that are culturally, ethnically, and linguistically representative of the San Francisco community
- Build strong alliances and learn more about community needs assessment
- Create a dialogue among the community leaders to increase awareness about the COVID-19 vaccine and what is currently known
- Encourage shared leadership among stakeholders to act as community liaisons
- Engage community representatives in regular conversation to proactively seek information, assess the efficacy of our communications and address problems/issues
- Ensure all communications linguistically and culturally accurate and appropriate

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

### We will:

- Build on the relationships established through the flu vaccination outreach
- Hold regular meetings with stakeholders to provide updated information and address specific questions and concerns
- Develop and engage in joint outreach activities and events such as community meetings, focus groups, town halls, presentations and other learning opportunities
- Provide regular proactive information via website, newsletter, email, or text messaging



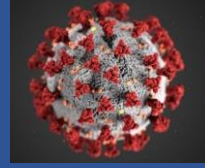
## Section 13: Regulatory Considerations for COVID-19 Vaccination

- 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.

Throughout the epidemic, SFPDH has created and posted COVID-19 guidance for San Francisco clinicians at [www.sfgdcp.org/covid19hcp](http://www.sfgdcp.org/covid19hcp). We have dedicated a segment of this page for provider guidance around COVID-19 vaccination; see [www.sfgdcp.org/covidvax](http://www.sfgdcp.org/covidvax)

- 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?

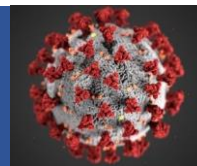
SFPDH has a robust Health Alert system by means of which we push out advisories as needed via email to San Francisco facilities and clinicians about important and timely communicable disease and vaccination topics. See [www.sfgdcp.org/healthalerts](http://www.sfgdcp.org/healthalerts). EUA information can be pushed out via this route. The Medical Operations branch of the SF COVID Command Center hosts regular conference calls with San Francisco health care facilities including hospitals, skilled nursing and long-term care facilities, and outpatient clinics, in which EUA information can be reinforced.



## 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.

We will provide links to VAERS and VERP at [www.sfgdcp.org/covidvax](http://www.sfgdcp.org/covidvax) along with other guidance for San Francisco clinicians. A forthcoming COVID-19 vaccination advisory pushed out via our Health Alert system (referenced above) will contain information about VAERS and VERP, along with other key information about COVID-19 vaccination.



## 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](#)

Key metrics are still under development. We are seeking to implement the key metrics suggested by CDPH in its state COVID-19 Vaccination Plan, however final implementation will depend on the quality and depth of data we are able to obtain from available data systems.

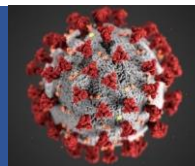
Particular focus will be metrics to monitor vaccine distribution through the priority population tiers, then monitoring the relationship between vaccination and COVID infections by geography, demographics, and in relation to outbreaks.

- B. How will you monitor the above metrics?

COVID Command Center (CCC) has an advanced planning team that consists of data analysts who work with subject matter experts (SMEs) and the DPH IT analytics group to build dashboards and reports.

Dashboards and reports can be distributed to SMEs and leadership internally to the CCC, and if appropriate can be posted publicly on the COVID tracker website.

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**Appendix 1: City and County of San Francisco’s organizational (org) chart guiding COVID-19 Vaccine planning**

