

COVID-19 VACCINATION PLAN

Nevada County Public Health Department

December 8, 2020

NCPHD Vaccination Team
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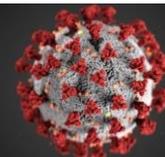
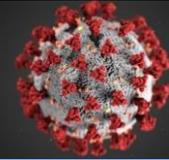


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COVID-19 Vaccine Implementation for CA Health Jurisdictions



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!).

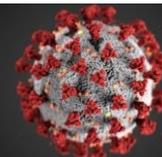
The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about 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 8, 2020

Please email completed templates to 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.

The Nevada County Public Health Department (NCPHD) formed an internal workgroup to plan for how to operationalize vaccine distribution. The workgroup includes Immunization Coordination staff, the Epidemiologist, PH Emergency Preparedness staff, the Director of Nursing, Public Health Director, and the Health Officer. NCPHD has reached out to various healthcare entities in the county, including both hospitals, three clinics, one urgent care clinic, first responders, skilled nursing facilities, long term care facilities, and various physicians. NCPHD intends to utilize existing structures and meetings for communication and collaboration, including the Health Care Coalition (HCC) and standing meetings with other healthcare providers. Lastly, NCPHD also plans to engage local pharmacies.

- 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?

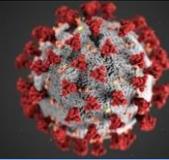
Staffing issues were a significant challenge during the H1N1 response. NCPHD worked with the labor pool at a local hospital to hire additional RNs to support all vaccination clinics. Additional clerical/health tech staff were hired to enter shot data into CAIR, to help with set up/take down of vaccination clinics, and with the vaccine and supplies inventory and supplies. Bilingual staff were needed, especially in the Truckee area.

NCPHD purchased refrigeration/freezer units for vaccine storage and for transporting large amounts of vaccine across the county for large capacity clinics. NCPHD shared vaccine with local medical partners who were willing to vaccinate as per CDPH requirements. NCPHD also had to implement extra Stericycle pick up, and have Stericycle bring additional bins for the disposal.

Vaccination clinics were held at locations with large open spaces such as school gymnasiums, where people could easily remain distanced from one another (no drive-thru clinics). In Eastern County, NCPHD counted the number of vaccinations given to residents of Placer County to determine how to share vaccine between the two counties if necessary.

Lastly, in order to reduce vaccine hesitancy, public education and transparency must be present. Vaccine literacy must begin early in order to build trust and credibility.

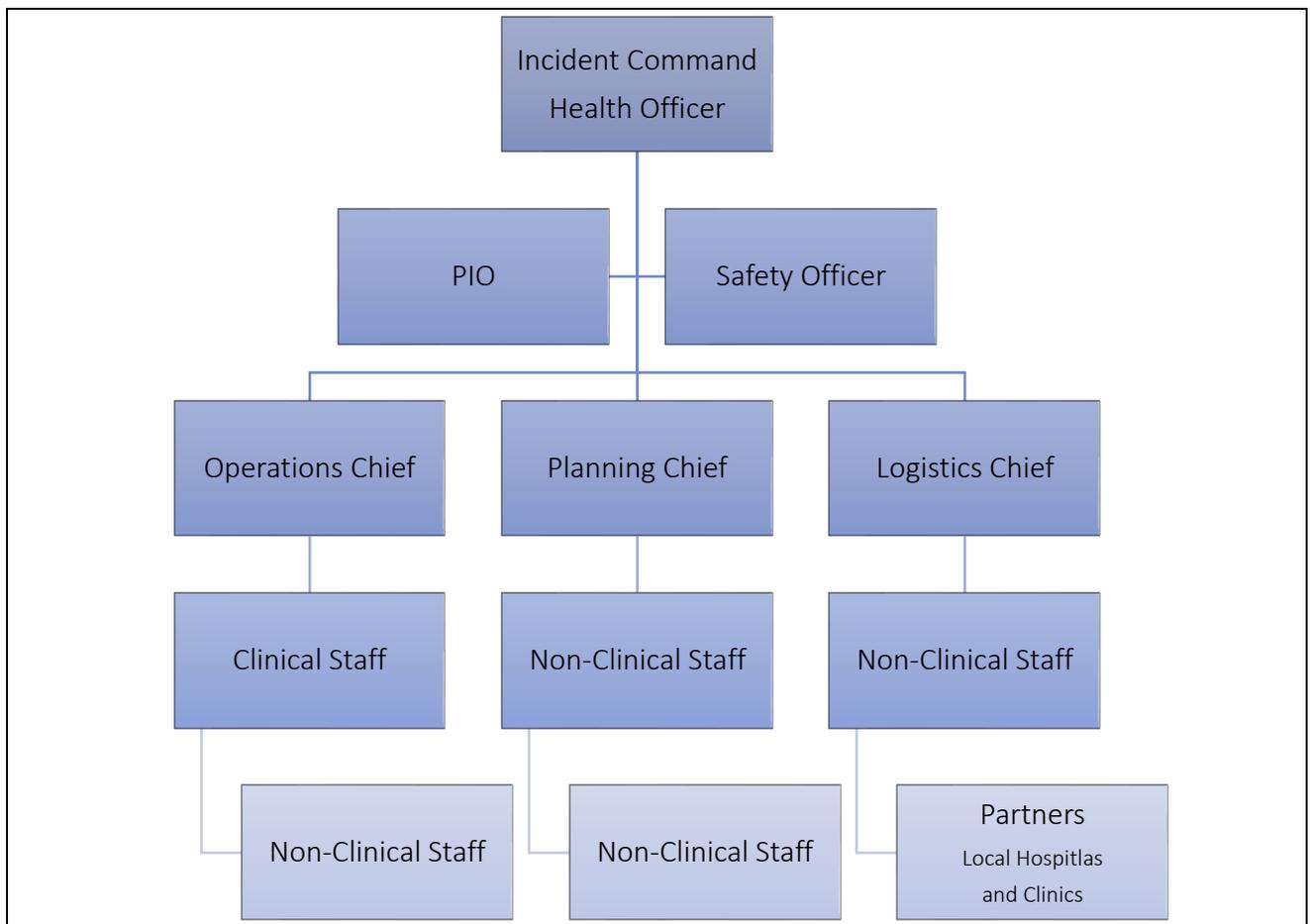
- C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

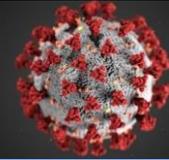


NCPHD holds annual drive-thru flu clinics complemented by simultaneous points of dispensing (POD) and warehousing, shipping, storage, and distribution components to these exercises. Every year we learn lessons and revise our plans accordingly. This year's flu season and drive-thru clinic (which is an emergency preparedness exercise) provided the opportunity to scale up and modify our distribution efforts, and to practice doing so with similar social distancing requirements as may be in place as COVID-19 vaccine rolls out. As in years prior, we were able to fine-tune our strategies for efficiently vaccinating large groups of people in a short amount of time. One lesson learned was that a drive-up clinic at a county campus is an effective way to complement the drive-thru clinic and may be better suited for COVID-19 vaccine distribution.

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?

NCPHD engages with external partners via standing meetings and through communications with the HCC partners. NCPHD will soon convene vaccine planning specific meetings, and the primary external partners will include but not be limited to Tahoe Forest Hospital, Sierra Nevada Memorial Hospital, Western Sierra Medical Clinic, Sierra Family Medical Clinic, Chap De Indian Health, Yuba Docs, and other members of the HCC. In addition, NCPHD is regularly engaged with various divisions within CDPH, including the Immunization Branch and EPO.

Section 3: Phased Approach to COVID-19 Vaccination

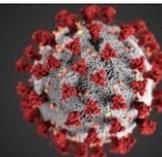
- A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? yes no
- B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

In Phase 1a, the two acute care hospitals located in Nevada County will vaccinate their own staff and will plan their closed PODS. NCPHD is available to assist in planning if needed. Both hospitals are able to receive direct shipment of what is likely to be the first allocated vaccine, as they each have ULT storage capabilities. They will be responsible for identifying and prioritizing the high-risk workers within their organizations.

Both hospitals have indicated an openness to vaccinating other health care workers included in Phase 1a (e.g., medical transport first responders), though they may first have to establish an Agreement or MOU between the administering hospital. No such agreements are in place yet.

Congregate Care Settings such as Skilled Nursing Facilities and Assisted Living Facilities have enrolled in CDC's Long-Term Care Facility (LTCF) Pharmacy Partnership Program to receive vaccine. CVS and Walgreens are two participating pharmacies that will vaccinate LTCF residents and staff. Any facilities that did not meet requirements will require assistance in vaccine allocation and administration. NCPHD plans to elicit agencies that need assistance via the HCC and internal contact lists.

In addition, Nevada County's two FQHCs and Indian Health Services Clinic have enrolled in COVIDReadi and have expressed willingness to help vaccinate Phase 1a populations. A local urgent care clinic has also expressed a willingness to host an open POD at their site.



NCPHD will continue to plan with other partners as logistical questions are answered by CDPH and as vaccines receive EUAs from the FDA, as different vaccines may be operationalized differently.

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

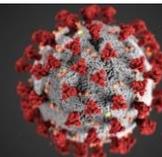
- A. Describe your efforts to identify the health care workforce, critical infrastructure workforce and vulnerable populations in your jurisdiction including reviewing the data from CDPH.

NCPHD will utilize the phases and tiered structure identified by CDC and CDPH to identify critical populations and employ CDPH provided comprehensive data sets to assist with local planning. NCPHD will review and use the data provided by CDPH and work with the employee health departments of the two hospitals in the county to prioritize their employees based on risk of COVID transmission. In addition, NCPHD will work with the executive and HR staff at the FQHCs, fire departments, first responders, and congregate care settings for staff and elderly residents. Each entity will develop an internal process of triage of staff and residents (if appropriate) who will receive vaccines in priority order, based on available allocations.

- 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?)

Weekly meetings are held with each of the acute care hospitals to discuss and review their readiness to vaccinate during Phase 1a. NCPHD and the hospitals continue to receive new information from CDPH on at least a weekly basis, and this information helps all parties continue to plan the specific logistics of storage, handling, and administration of vaccine. NCPHD will likely organize additional meetings with the hospitals after 1. FDA awards EUAs 2. California's Scientific Safety Review Workgroup releases its final review and 3. after we all receive more exact information from CDPH about distribution and population prioritization.

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



In subsequent vaccine phases, NCPHD will use CDPH’s prioritizations as well as the data they provided identifying vulnerable populations. NCPHD will work with internal staff and external partners to reach other vulnerable populations, such as teachers, monolingual Spanish-speakers, and elderly residents. Internal staff who already work with vulnerable populations include those from the following programs: Truckee Clinic, WIC, MCAH, CCS, and Senior Outreach Nursing. NCPHD already has well-established relationships with community partners, such as TFHD’s Wellness Neighborhood, FQHCs, food banks, Superintendents of Schools, homeless shelter, and Family Resource Centers. We will conduct outreach with appropriate staff in entities that serve vulnerable populations in order to reach those residents.

[Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook](#)

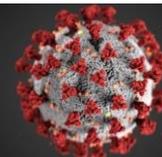
Section 5: COVID-19 Provider Recruitment and Enrollment

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*).

Both of Nevada County’s acute care hospitals are enrolled in COVIDReadi and are prepared to vaccinate their staff and others included in Phase 1a. All five Skilled Nursing Facilities and five Assisted Living Facilities are enrolled in the CDC’s pharmacy program which allows vaccinations to take place onsite at their respective facilities. Other primary care providers, clinics, and pharmacies will be invited to participate when CDPH encourages them to do so.

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



Utilizing VFC and VFA providers is one step in our effort to enroll additional providers for subsequent tiers and phases. Because we have few providers who do immunizations in their practices, we will need to engage non-traditional providers to provide COVID-19 vaccine to the populations for which they serve. Enrollment activities will be tracked by NCPHD's IZ team, so vaccination providers are not approached multiple times. We will build upon existing relationships with community partners and collaborate with our skilled nursing, assisted care and independent living facilities. Independent provider practices will also assist us in identifying COVID-19 vaccination providers. Other nontraditional partners that may assist with administering vaccinations may include dialysis centers, homeless shelters, correctional facilities, and our FQHC's.

NCPHD will send targeted communication using CDPH's template language to local healthcare providers via our traditional Healthcare Provider Alerts. We will also include information about how to sign up to be a provider in COVIDReadi. Additionally, we may also solicit assistance from the Placer-Nevada Medical Society and other allied health professional organizations in the county. We'll work through existing communication channels and provide links and instructions on the COVID-19 vaccine section (currently under development) on our webpage.

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

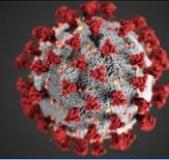
NCPHD's COVID-19 planning team has reviewed our potential immunization providers and we have reached out to them and encouraged them to enroll in the COVIDReadi system. Our Vaccine Coordinator will check the COVIDReadie system and CalVAX system daily to monitor who has enrolled and who needs more assistance in enrolling. She will communicate information with the team and providers.

Section 6: Vaccine Administration Capacity

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

One element that results in greater throughput included the location of the clinic. (e.g., did it have a good flow? What was its capacity? Was it safe? Was it a well-known location? Were there inherent traffic issues?) Another element is correctly estimating both ancillary (support) staff and vaccine administration staff. Staffing has included volunteers from local nonprofits and law enforcement. We have considered vaccine storage capacity at a given location (e.g., quantity of vaccine that can be stored, storage equipment and temperature monitoring devices that meet CDC requirements), current staffing levels, Infection control measures, and environmental or other factors (e.g., seasonal weather, wildfires, holidays). Unfortunately, due to the possible required observation period of the COVID-19 vaccine participants, the drive-thru model may not be appropriate for distribution.

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- 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.)

Dataset 6 provided by CDPH includes metrics to quantify community vulnerability by census track. NCPHD will use these data and work with the County's GIS division to evaluate, identify, and target vaccination areas. NCPHD staff have repeatedly collaborated with the GIS staff to generate maps for both health inequities and SES assessments in various communities in the county.

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

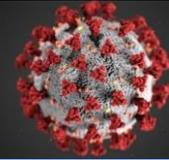
- a. PrepMod
- b. Mass Vax module
- c. Other - eClinical Works (EHR) which bi-directionally transmits to CAIR.

- 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.

NCPHD has some staff members that can be utilized for mass vaccinations, including 10 nurses, though they also have additional COVID and non-COVID related responsibilities. Most of the department's nurses have participated in drive-thru flu clinics in the past. The IZ Coordinator implemented a drive-up plan during this year's flu immunization efforts. NCPHD has also conducted outreach efforts through DHV in the past few years in order to increase volunteer capacity. Nurses who have signed up through DHV can participate in immunizations efforts. Even with these resources, NCPHD will fall far short in capacity to provide vaccinations to our residents. Local healthcare providers and pharmacies will be likely partners to administer a great number of vaccines as they have storage capacity, billing mechanisms, hours of operation, processes, and staffing that are more accessible than NCPHD's for providing immunizations.

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

Both acute care hospitals are willing and able to hold open PODs at their locations: one Grass Valley and one in Truckee. The Indian Health Services Clinic, two FQHCs, and an urgent care clinic are also able to hold PODs. Nevada County will conduct outreach to local pharmacies as well to explore the feasibility of them administering COVID-19 vaccine to prioritized populations and the general public. Currently there are three pharmacies enrolled as vaccine distributors in eastern Nevada County (CVS, Albertsons, and Ride Aid), and two pharmacies enrolled in western Nevada County (Rite Aid and CVS). The hospitals will likely vaccinate those included in the first tiers of Phase 1a, including medical first responders. Once more vaccine is allocated to Nevada County, the clinics and pharmacies will be able to distribute to the other tiers of Phase 1a and Phase 1b.



- 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.)*

Several entities in Nevada County have implemented drive-thru clinics for flu shots and COVID testing. These include: Sierra Nevada Memorial Hospital, Tahoe Forest Hospital, Chapa De Indian Health Clinic, Western Sierra Medical Clinic, and NCPHD. In addition, NCPHD piloted drive-up clinics on a county campus this fall. Though providing COVID vaccines will require some slightly different logistical approaches, each of these organizations should be able to adapt prior experiences to provide physically distanced COVID vaccines to their patients/population.

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

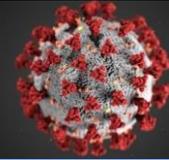
- A. Who will be responsible for submitting allocations to State for conversion to orders? *(title/role of individual(s))*

Our Vaccine Coordinator will monitor the CalVAX system to determine who is eligible for vaccine. The Vaccine team will work with providers to determine the allocation of vaccine needed by providers. The Vaccine Coordinator will report to the state through the CalVAX system the conversion of the orders.

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

NCPHD's Immunization Program, along with other public health and emergency preparedness input, will develop allocation methods for Phase 1 populations in early- and limited-supply scenarios. Prior to receiving an initial vaccine supply, we will determine vaccine order allowances among vaccination providers based on the critical populations they serve. This allotment will also depend on 1. ACIP recommendations 2. Estimated number of doses allocated to the jurisdiction and timing of availability 3. Populations served by vaccination providers, and 4. Geographic location to ensure distribution throughout the jurisdiction. We will also consider provider vaccine storage and handling capacity in order to minimizing the potential for wastage of vaccine and supplies.

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



The Immunization Coordinator and Vaccine Coordinator will require vaccination providers to report inventory of COVID-19 vaccines. This inventory information is to be submitted with each order. The immunization (IZ) team will work with staff at each COVID-19 vaccination provider site to ensure appropriate vaccine storage and handling procedures are established and followed. Additionally, the Immunization Coordinator will assess staff training, the site's storage and temperature monitoring equipment, and ability to maintain accurate vaccine inventory. The IZ team will also facilitate and monitor IIS reporting by enrolled vaccination providers. The IZ team will ensure that each vaccination location will be ready (including trained staff, necessary equipment, and internet access) to report vaccine administration data to the IIS or other external system at the time of vaccination. If a vaccine provider is not meeting any of the above criteria, a hold will be placed on future vaccine shipments until a remediation plan is implemented.

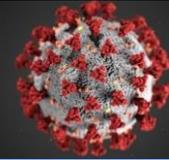
Section 8: COVID-19 Vaccine Storage and Handling

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

Both hospitals have small (< 5 cubic feet) ultralow temperature storage capacity. NCPHD has cold temperature storage capacity (down to approximately -11 degrees F) but does not have ultralow temperature storage capacity. Polling continues to assess local clinic and pharmacy capabilities in cold storage capabilities.

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

Nevada County has a local dry ice manufacturer. NCPHD has contacted the manufacturer who assured that NCPHD and participating vaccine distributors can purchase and collect the dry ice directly whenever a re-supply of dry ice is needed.



Section 9: COVID-19 Vaccine Administration Documentation and Reporting

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

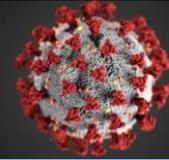
As a small, rural health department, we are prepared to provide additional support or technical assistance for vaccination providers. The IZ team will provide in-services for our providers and follow up with written resources provided by CDC or CDPH, including an FAQ. The Immunization Coordinator is also readily available by email or phone to handle questions from local providers. If it appears that many of the same questions are being asked by multiple providers, the Immunization Coordinator can facilitate a virtual meeting in order to answer the most repeated questions. We will ensure redundant measures and procedures are in place for recording vaccine administration data in instances of connectivity problems or failures in the jurisdiction's IIS or other system. If unable to immediately enter data into the EHR or other reporting system, the IZ team will utilize a paper consent system to record data and then enter once an electronic system is available.

- 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.](#)

NCPHD intends to analyze and review the data generated via the Gateway Connect components and CAIR to determine the doses distributed, and providers who are vaccinating. Information, maps and analytics will help NCPHD determine the populations which are getting coverage and those that are not. This will allow messaging and resources to be directed to the appropriate populations via providers, schools, media and other influential resources.

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?



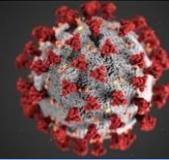
As COVID-19 vaccination record cards will be provided as part of vaccine ancillary kits, the IZ team will complete these cards with accurate vaccine information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date), and give them to each patient who receives vaccine to ensure a basic vaccination record is provided. We will require that they hold on to these cards and bring them when they return for their second dose. If able, the Vaccine Coordinator or other staff will be able to schedule the appointment for the second dose at time of first dose, and this appointment can be recorded on the card. The IZ team already incorporates reminders in their practice, utilizing reminder/recall functionality within our electronic health record (EHR) systems. We use automated patient phone calls (“robocalls”), emails, and SMS text message-based systems.

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

Utilizing the immunization cards that are provided in the kits, the vaccine manufacturer, lot number, date of first dose administration, and second dose due date, along with the initials of who administered the vaccine will be recorded. Additionally, the same information will also be recorded in the patient’s electronic health record. Ideally, having only one type of vaccine would be the safest and easiest way to ensure that those patients coming into the health department or other specific providers receive the appropriate formulation. If providers utilize the CAIR or similar electronic data base, they will have access to the information necessary to provide the appropriate formulation at the desired interval.

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

The Immunization Coordinator routinely connects with local providers through personal/professional relationships, outreach, and coalitions. The Immunization Coordinator will review how providers are currently reminding patients of follow up appointments or next doses of immunizations. The Immunization Coordinator can make recommendations based on the providers protocols. Once doses have been provided to patients, a follow up appointment can be made at the time of the visit. NCPHD will look to CDPH IZB for additional recommendations regarding the monitoring of other providers through CAIR reports.



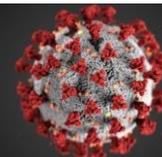
Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

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

NCPHD has multiple existing communication channels with local health care providers. These include standing meetings and email distributions. The CDPH Provider Enrollment and Management page/system will be added to these meetings and distributions. In addition, NCPHD will provide enrollment information on the COVID-19 vaccination page which is under development. Lastly, we will also work in conjunction with the Placer-Nevada Medical Society to provide the information in newsletters or other materials they distribute.

Section 12: COVID-19 Vaccine Program Communication

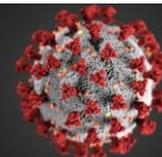
- A. On a high level, what is your COVID-19 vaccine communication plan? Please consider the following:
- a. Communicating with external providers
 - b. Communicating with transparency to the general public
 - c. Using multiple communication channels to ensure information is accessible to all populations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



- **Communicating with external providers:** NCPHD will continue to utilize existing resources that have been developed throughout the COVID crisis to communicate about vaccines and administration of vaccines. This includes regular meetings with external partners, such as the hospitals, FQHCs, SNFs, Superintendents of Schools, Childcare Leaders, congregate care settings for vulnerable populations, and the Health Care Coalition.
- **Communicating with transparency to the general public:** NCPHD will continue to communicate in a transparent way with the general public through media, such as radio and newspaper, and social media through the County's PIO staff.
- **Using multiple communication channels to ensure information is accessible to all populations:** NCPHD is fortunate to have a Deputy PHO who is fluent in Spanish. Early in the pandemic, she was vital in communicating important messages to debunk common myths about COVID with our Spanish-speaking population in Truckee. We also strengthened relationships through our Health Educators in reaching out to multi-unit housing managers, and those channels can be utilized for some of our most vulnerable residents.
- **Ensuring updated information on your website:** NCPHD has several staff members who can update information on the website as it becomes available through administrative channels. The County recently dedicated a part-time employee who is partially dedicated to maintaining and improving the COVID website, which will include the vaccination page. For important news, the PIO team can release media blasts and a banner on the County's main web page for easy access to the vaccination page.
- **Establishing methods to hear (or learn about) and respond to public concerns and address potential vaccine hesitancy:** There are currently processes in place to address concerns from the public: 1. Calls to Connecting Point, 2-1-1, that are handled by them or passed to NCPHD staff 2. The NCPHD's main line with messages passed to appropriate staff members for return calls 3. An email address that is on the NCPHD web page, and 4. A County communication/complaint form that is routed to appropriate staff for follow-up or communication.

Nevada County has a significant number of residents who are vaccine hesitant. We will rely on state and national communication campaigns to reach most of our residents, while creating limited messaging from respected elders and local experts, targeted to our local community.

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



Respected elders and local experts can be utilized to communicate with the senior population in Nevada County. The Deputy Health Officer and the Truckee Clinic staff can communicate with mono-lingual Spanish speakers. The hospitals, clinics, and PCPs can initiate vaccination campaigns that target their patients. Multi-unit housing residents can be reached via partnerships with NCPHD's Health Educators and the managers of those complexes. School-age populations can receive communication via school administrators, and daycare providers can be reached through existing relationships to pass on information to the families they serve. There are volunteers in our most vulnerable geographic location (North San Juan) who are willing to serve as NCPHD ambassadors to other residents.

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

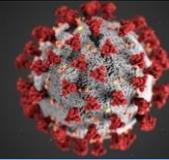
NCPHD has existing structures for communication with employers, community-based organizations, and faith-based organizations. These partnerships can be leveraged for use in communicating about vaccine efficacy, risks, and availability. We will also utilize the County CEO's office who will help us work with elected officials and various community stakeholders and help to ensure two-way communication in identifying and responding to needs. In addition, we will work with the County's PIO Team and the Health and Human Services Agency on additional communication strategies.

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.

NCPHD will post EUA Fact sheets on our COVID-specific website, www.mynevadacounty.com/coronavirus. The documents and additional information will be posted on the vaccination page, which is currently under development.

- 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?



NCPHD has a provider distribution list we utilize frequently to send out current Public Health information and Health Care Provider Alerts. We will use this distribution list to email Nevada County providers the proper EUA fact sheet and other pertinent information regarding the COVID19 vaccine. We also will make the appropriate EUA fact sheet available on the NCPHD vaccination webpage so providers can easily access the form to print and distribute to their patients. NCPHD staff will also share copies of the EUA sheets in all of the vaccination transport material, and additional copies will be available during NCPHD operated clinics not only loosely, but in field guides to operate a clinic.

Section 14: COVID-19 Vaccine Safety Monitoring

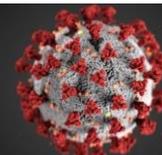
- A. How will you communicate with providers in your jurisdiction about reporting of potential adverse events (via [VAERS](#)) and reporting of potential vaccine errors (via [VERP](#))? Have you identified where on your local website you will post links to VAERS and VERP? If yes, please provide links to those pages below.

NCPHD staff will work with the Immunization Coordinator/IZ team to determine appropriate VAERS resources to distribute to the medical community. Staff will identify vaccination providers who are enrolled to distribute vaccine and provide them with VAERS reporting material and instructions. VAERS instructions may be distributed via regular intervals due to the number of providers enrolling and distributing vaccine. In addition, the VAERS reporting information will be posted on the NCPHD vaccination webpage, which is currently under development.

Section 15: COVID-19 Vaccination Program Monitoring

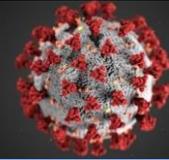
- A. What key metrics will you monitor regarding your overall COVID-19 vaccine plan in your jurisdiction? [For reference see page 71 of California COVID-19 Vaccination Plan](#)

Nevada County COVID-19 VACCINATION PLAN



Draft Key Metrics	
# doses allocated to NCPHD County from CDPH (by vaccine type) <ul style="list-style-type: none"> - # doses allocated to NCPHD - # doses sent directly to providers 	# individuals receiving vaccine <ul style="list-style-type: none"> - By occupation (# HCW) - By occupation setting - By priority group
# doses allocated to local providers by NCPHD <ul style="list-style-type: none"> - By vaccine type 	# individuals with high-risk conditions receiving vaccine
# providers registered in CDPH online system <ul style="list-style-type: none"> - In Nevada County - By provider type 	# mass vaccination clinics <ul style="list-style-type: none"> - # doses administered - # individuals receiving vaccine
# providers newly enrolled in CAIR <ul style="list-style-type: none"> - # providers onboarded - # providers exchanging data 	# unused/wasted doses
# doses ordered <ul style="list-style-type: none"> - By NCPHD - By provider type - By occupation setting 	# reminder/recall messages sent as reported to NCPHD by providers
# doses distributed <ul style="list-style-type: none"> - By vaccine type - By NCPHD - By provider - By provider type - By distributor - By date of distribution 	# vaccine refusals messages sent as reported to NCPHD by providers
Time between order placement and shipment to LHDs	# adverse events reported
# doses administered <ul style="list-style-type: none"> - By vaccine type - By NCPHD - By provider - By health system - By provider type 	Vaccination coverage <ul style="list-style-type: none"> - % target/prioritized populations vaccinated - % Nevada County population vaccinated - % active CAIR users vaccinated
# individuals receiving vaccine <ul style="list-style-type: none"> - By vaccine type - By number of valid doses - By date of vaccination - By age - By race/ethnicity 	Change from previous report

B. How will you monitor the above metrics?



NCPHD will monitor metrics using electronic health records, and metrics reported to and made available by CDPH tools, CAIR, COVIDReadie, and CalVax, as advised by the Immunization Branch. NCPHD's Immunization team, Epidemiologist, Director of Nursing, and Health Officer will review the metrics and use the data to make strategy adjustments.