# **APPROVED**

### COUNTY OF LOS ANGELES PUBLIC HEALTH COMMISSION April 8, 2021

#### **COMMISSIONERS**

Kelly Colopy, M.P.P., Chairperson \*
Alina Dorian, Ph.D., Vice-Chair \*
Crystal D. Crawford, J.D.\*
Diego Rodrigues, LMFT, MA \*
Patrick T. Dowling, M.D., M.P.H.\*

#### **DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES**

Dr. Barbara Ferrer, Director of Public Health \* Dr. Muntu Davis, Health Officer \*\*

### **PUBLIC HEALTH COMMISSION ADVISORS**

Christina Vane-Perez, Chief of Staff \* Dawna Treece, PH Commission Liaison\*

\*Present \*\*Excused \*\*\*Absent

	TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>L</u>	Call to Order	The meeting was called to order remotely at 10:39 a.m. by Vice Chair Dorian	Information only.
<u>II.</u>	Announcements and Introductions	The Commissioners and DPH staff introduced themselves.	Information only.
		March minutes	Minutes moved to next month
<u>III.</u>	<u>Public Health</u> <u>Report</u>	Dr. Ferrer, Director and Christina Vane-Perez, Chief of Staff gave Public Health Updates.	
		LAC is slowly transitioning out of the pandemic, but there are still difficult months ahead. LAC is doing better than many other states. The challenges are scarce vaccine supply and targeted approach in getting the vaccine to the communities that are hardest hit.	
		Case numbers are down. LAC is averaging under 500 over the last seven days. Hospitalizations are steadily under 600, and in	

the last couple of weeks test positivity rate is 1.5% on average. This is a big decline from January when it was at 20%. LAC is averaging about 30,000 tests a day.

Many LAC residents have some form of protection, even without being vaccinated, because so many people got sick and tested positive, or did not test but were positive, during the surge. Although studies have not proven how long the protection will last or how effective the vaccine is on different strains of the virus, we are sure that people who have been infected have developed antibodies providing some protection for a short while after infection.

LAC has administered over 4.6 million doses to date. 2.2 million residents are fully vaccinated. 68% of the targeted population of 65 years or older has received at least one dose of the vaccine and amongst our groups by race and ethnicity the rate is over 50%. There was an improvement in the Black and Brown communities, which showed at least 50% of them have received at least one dose.

Skilled Nursing facilities have shown important improvements. About 75% of residents and staff at skilled nursing facilities are fully vaccinated. Those that are not, are attributed to new people or incoming staff. However, out of 340 facilities, there have been almost no cases or outbreaks.

In other studies of real-world data, staff or residents who were fully vaccinated and tested positive were very low. Of the people who tested positive, none had to be hospitalized and none died. This tells us that the vaccine is not 100% effective at preventing people from becoming infected, but it is highly effective. One study showed that 90% of people vaccinated do not get infected. But there were no serious illness, hospitalization, or death among those that did get infected.

Many teachers and staff are being vaccinated. There has only been one outbreak in the last four weeks. An outbreak at a school is three or more epi-linked cases. The schools are paying close attention to the protocols.

The vaccine is working. To get as many people vaccinated as possible can be a challenge, but Public Health has been making sure from the beginning that people have a lot of good information in the languages that they speak and are comfortable with so that they can understand for themselves the information we have about vaccine safety and vaccine effectiveness for residents to make an informative decision on when to get the vaccine.

Public Health has relied heavily on trusted people in the community and has devoted a lot of time with educational seminars, reaching out to elected officials, religious leaders from houses of worship, and community-based organizations. Public Health has an Ambassadors Program, along with a parent and student Ambassador program at schools. This is a way of making sure there is peer-to-peer education and there can be more trusted sources of accurate information in the community. Public Health also has our Community Health Worker initiative. We have partnered with 15 other organizations to continue the vaccination work and also help to set up mobile sites.

Public Health still has 7 mega PODs running to help support and vaccinate LAC residents in different communities. It is National Public Health Week and it is important to acknowledge all those who are visible and also those who are not visible like many of the Public Health employees that work behind the scenes every day.

IV. Presentation:	PRESENTATION OVERVIEW  Dr. Naaman Shah is responsible for managing a vast network of partners within LAC, making sure allocations are correct as well	
Public Health's Vaccine	as managing the vaccine sites.	
Update	LAC has administered a total of 4 million doses using large networks of over 500 sites, approximately 400 are county managed sites and the others are either multicounty entities managed by the state or federal sites or pharmacies participating in the Federal Pharmacy Partnership, the FEMA site.	
	LAC has placed sites according to Healthy Places Index (HPI). The equity subcommittee emphasized the limitations of the HPI as a measure of vulnerability and deprivation. When the top quartile of communities in terms of COVID rates is added, that gives a visual of both vulnerable communities and hard-hit communities. More than 60% of our sites are located within hard-hit communities. Our network is using the existing health care system, so it is easier to enroll sites who have registered with the state. The sites have passed through a lot of quality checks with the state to be eligible to receive the vaccine.	
	We have site liaisons for all different sectors e.g. hospitals, pharmacies, and FQHCs. There is constant input, feedback, and information from sites, so communication is strong and learning opportunities are ongoing.	
	LAC has the most sites as well as a big population with higher density of service points compared to other counties on a relative basis. At other large California counties, the average is two to three per 100,000 residents. LAC is at 5.8, which is appropriate given its size.	

Our biggest challenge is low dose allocation. Our network can administer over 700,00 vaccinations every week. Only 20%-30% of our capacity is being used.

Sites that are reaching out to more difficult to reach populations are being prioritized. DHS, federally qualified health, and independent pharmacies get first pick. Currently mobile teams are expanding to areas where there is no preexisting healthcare access.

Allocations are not just made by population pro rata basis. It is complex and made by formulas to calculate how each county gets allocated doses. In addition to the state/county divide, we are not a direct grantee of doses. Doses go to the state and then to the counties. For example, New York City, is a direct recipient of federal doses even though they have 20% less population of LAC. We can't open other tiers mainly because LAC is not getting an adequate supply.

Expansion plan includes active sites and what they can administer. Although short on supply, we are prepared for any upcoming increase in capacity and will be ready at a moment's notice. If there were a substantial increase in doses, LAC would be ready to absorb the increase within the week.

County-managed doses given to Public Health are being allocated to our partners based on inventory. Expectations are high and it is imperative to run a large warehousing program efficiently to have flexibility. As of March 28<sup>th</sup>, we have administered 94.2% of the doses that have been delivered to the county.

Efficiency is not everything, we must make sure the vaccine gets to the right people. 60% of our total doses are going to

		either high-need sites or high-need populations. Allocations can be challenging because they don't always translate into doses administered, depending on who can get an appointment. We can compare the state's data using HPI. California reports its doses administration by HPI quartiles. We are working on our goal of reaching 40% of the bottom quartile.  LAC is getting doses from the Federal Pharmacy partnership, the HRSA program for federally qualified health centers and FEMA. In addition to the county doses, there is a total of 700,000 doses flowing into the county. It is possible to complete vaccinations in 12 weeks, if we have little over half a million doses coming into the county each week. If doses remain stable, we will reach our goal to complete vaccinations by the end of June.	
<u>V.</u>	<u>New Business</u>		
<u>VI.</u>	<u>Unfinished</u> <u>Business</u>	2021 Public Health Commission Annual Report	Commissioners to submit their areas of interest under 2021 Goals to Dawna by April 22 <sup>nd</sup> .

<u>VII.</u>	Public Comment		
<u>VIII.</u>	<u>Adjournment</u>	MOTION: ADJOURN THE MEETING  The PHC meeting adjourned at approximately 12:02 p.m.	Commission Dorian called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues. All in favor.