January 18, 2021

The Honorable Gavin Newsom
Governor, State of California
State Capitol Building, 1st Floor
Sacramento, CA 95814

RE: Urgent Local Vaccine Recommendations

Local health departments have a critical role in the administration of vaccines and are part of a broader approach and commitment to equity adopted by the state. This strategy requires strong leadership, close state-local coordination, and transparency amongst all involved in vaccine administration. Our associations write today to outline the challenges local health jurisdictions are facing and provide recommendations that will aid in a more efficient and coordinated effort – and thus result in vaccinating as many Californians as quickly as possible.

From the local perspective, Counties believe the most critical issue for the state to address is data transparency and timely reporting, which could improve what we believe to be a significant underreporting of California's progress to date. Additional challenges include the lack of transparency regarding allocations among all entities, a slow federal-pharmacy partnership, and a severe shortage of available doses. As we outline challenges below, we also provide the following recommendations.

Timely Reporting. Local health departments also believe there are significant data lags and reporting challenges that result in an underreporting of California's progress. Some local health departments have identified providers that have indicated a higher number of doses being reported than what is being accounted for in the California Immunization Registry (CAIR2) system. Other jurisdictions have reported that they must reenter data multiple times because the CAIR2 system is kicking them out. When they attempt to reconcile data, they are being kicked out as well. This leads to additional workload and administrative burden on vaccinating entities when attention should be focused on vaccination efforts. Lastly, local health departments have encountered providers that are not reporting in a timely manner because the system is overly complicated and burdensome.

Recommendations:

- Provide state staff to support the CAIR2 system 24/7.
- Audit providers that are reporting low numbers of vaccine being administered to identify whether the challenges are related to system deficiencies and deploy a team to support any additional workload being created.
- Provide additional training to vaccinating entities on the reporting system.
- Institute state level enforcement strategies on providers that do not report after state level intervention. Can include a state public health order to enter data within

24 hours (similar to the testing directive) and coordination with local health departments on enforcement.

Data Transparency. Currently all providers that administer vaccines are required to report doses administered into the CAIR2 or the appropriate regional registry. The state requires doses to be reported within 24 hours of administration, doses in inventory to be reported daily, and for race and ethnicity information to be submitted for every patient. It is also our understanding that the data extracted from CAIR2 is what is provided to the federal government to track progress made in our state. It is important that the state and local health departments have a clear line of sight as to what is being allocated, received, and administered throughout the state so that we can identify when there are data inconsistencies and/or when vaccine is not being administered in a timely manner. This will allow further investigation and identification of the challenges and will allow for more improvement of the system.

In addition, timely and accurate data supports local health departments in making key decisions at the local level. For example, because of delays with the federal pharmacy partnership, many long-term care and congregate living facilities have asked local health departments to step in and vaccinate their staff and residents. However, local health departments have no line of site as to the progress being made by CVS/Walgreens and/or how much vaccine is being distributed in their jurisdictions. In addition, multi-county entities (MCEs) have requested additional vaccine from local health departments and again, due to a lack of data transparency, it is difficult to assess whether they are being provided enough vaccine through the MCE process or whether the MCE's allocation process needs to be reevaluated.

Recommendations:

- Extract the following data from CAIR2 and grant access to local health jurisdictions:
    - Doses allocated to, received by, and administered by the federal pharmacy partnership statewide and by jurisdiction.
    - Doses allocated to, received by, and administered by MCEs, both statewide and by local health jurisdiction. This should be separated by doses provided to MCEs by the state and doses provided to MCEs by local health departments.
    - Doses allocated to, received by, and administered by local health care partners.
    - Doses allocated to, received by, and administered by local health departments.

Vaccine Allocations. As local health departments strive to ramp up vaccination efforts, local health departments need assurances that the vaccine allocations will be predictable, will continue to increase, and will be provided more than one week in advance. Local health departments currently receive their allocation amounts each week and those allocations change based on the supply available and cannot be easily anticipated. This creates uncertainty

and makes planning for an expansion of clinic efforts difficult. Many local health departments stand ready to increase their capacity at their mass vaccination clinics and/or through their locally established partnerships but need allocations to be communicated weeks in advance.

Recommendations:

- Request that the federal government provide allocation amounts one month in advance and that the state provide those allocations to the local health departments.

Accountability for all Partners. California's approach to vaccine administration consists of the following:

Federal Pharmacy Partnership: California has opted into the Federal Pharmacy Partnership, where doses that would have otherwise flowed directly to the state to allocate, instead is allocated by the federal government to CVS and Walgreens to vaccinate long-term care and other congregate living facilities. To date, very few doses have been administered by these entities, and local health jurisdictions and individual providers have in some cases stepped in and used their allocated doses for this population to prevent more illness and death.

Multi-County Entities: The state allocates a portion of California's doses to multi-county entities – entities that are in multiple jurisdictions throughout the state (i.e., Kaiser, Sutter, state prisons). These MCEs are responsible for distributing vaccine to all of their hospitals or facilities in every jurisdiction in which they operate. However, they are only tasked with vaccinating their members and do not offer vaccine to the general public, the uninsured, and underserved non-member populations unless hospitalized.

Local Health Departments: The state allocates remaining doses to California's 61 county and city health departments. Local health departments can then allocate doses to enrolled providers in their jurisdiction or administer the vaccines through their own clinics and point of distribution sites (PODS). Local health jurisdictions are typically the only entity that may provide vaccinations to all people who qualify under the state's vaccine plan regardless of income, insurance status, or immigration status. Additionally, local jurisdictions have already identified and mounted outreach efforts to underserved populations, entered into employer partnerships to inoculate farmworkers, and remain the only publicly funded and accountable entity with such a critical role for equitable access to these lifesaving vaccines.

Recommendations:

- Support the redirection of vaccines from the Federal Pharmacy Partnership to local health departments in jurisdictions where the implementation is delayed and local health departments are supporting the vaccination in those settings.
- Hold CVS/Walgreens and MCEs accountable to timely reporting at the local health jurisdiction level.

We urge the state to consider these recommendations and to prioritize thoroughly investigating and improving the data transparency and reporting before modifying the state's strategy for distributing vaccine. Improving the allocations should also be a near-term goal and providing a clear picture of state progress is in the best interest of the state, local jurisdictions, and the people we all serve.

Counties and local health jurisdictions are committed to drastically improving the state's vaccination rates, and in the absence of an adequate supply of doses from the federal government in the next few weeks, we request that the state prioritize data reporting and compliance in the meantime. These efforts now will ensure better coordination, equity, and a more successful vaccination campaign.

Respectfully,

Graham Knaus
Executive Director
California State Association of Counties
gknaus@counties.org

Jean Kinney Hurst Legislative Advocate
Urban Counties of California
jkh@hbeadvocacy.com

Paul Smith
Senior Vice President, Governmental Affairs Rural County Representatives of California
psmith@rcrcnet.org

Michelle Gibbons
Executive Director
County Health Executives Association of California
mgibbons@cheac.org

Kat DeBurgh, MPH Executive Director
Health Officers Association of California
deburgh@calhealthofficers.org

Cc: Ana Matosantos, Cabinet Secretary, Office of Governor Newsom
Yolanda Richardson, Secretary, California Government Operations Agency
Dr. Mark Ghaly, Secretary, California Health and Human Services
Dr. Tomás Aragón, Director and State Public Health Officer, California Department of Public Health