Vaccinate ALL 58

Together we can end the pandemic.

School Located Vaccination Events

Sharing Lessons Learned and Best Practices

September 16, 2021

Agenda

- Review data
- High level considerations
- SLV models
- Resources
- Testimonials
  - Example 1: Bryan Wheeler – Mono County
  - Example 2: Rachel Allen – Sacramento County
- Q&A Session

Capacity Needs and Booster Doses

CDPH has closely monitored the anticipated changes in eligibility and demand, and has updated scenarios of vaccine demand and administration based on latest information:

- Boosters (Pfizer initially) - September 20, 2021, or later and Children 5-11 years of age (Pfizer vaccine) - October 15, 2021, or later.
- Under the Sept 9th scenarios[1], total demand for COVID-19 vaccine may be 30-36M doses by end of 2021 and up to 63M by end of 2022[2] (47.5M doses have been administered to date[3]).
- To meet this demand, California may need to increase rate of vaccine administration by 5-8x (from ~80K per day to ~400-600K doses / day) within the next 4-12 weeks [2], as well as prepare for equity, policy, and other considerations.

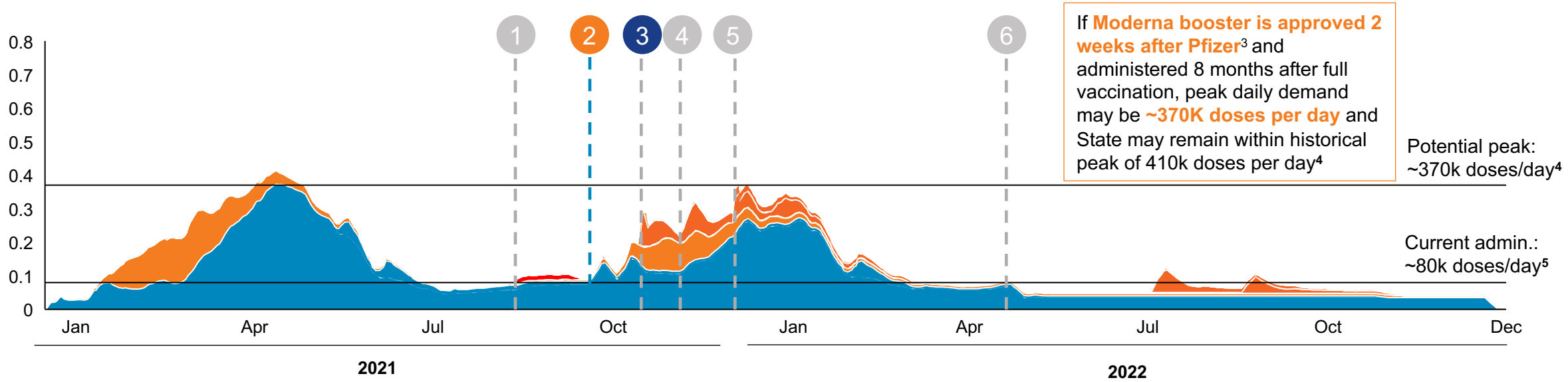
1. Scenarios represented are a few of many models under consideration and are not illustrative of the full scope of scenarios considered (Source of Sept 9th scenarios: Snowflake (data as of 8/16/2021), assumptions developed with CDPH working team guidance)
2. Based on scenarios being illustrated, as developed with CDPH working team guidance. Range based on the two scenarios included in these pages.
3. CDPH vaccine summary dashboard as of 9/8/2021

Scenario: Daily administration requirement for 8-months booster eligibility[1,2]

Aa: Blue text indicates defining variables and outputs

Daily administration requirement, M doses

Immunocompromised | 65+ | 12-64 | Under 12



Timeline assumptions[1,4,5]

1. **Immunocompromised population eligible to receive boosters[4]**
2. **Booster approved for all age groups 8 months after full vaccination (Pfizer on Sept 20, Moderna on Oct 4)[4]**
3. **5-11 age group eligible to receive vaccines[4]**
4. **Booster vaccinations for 16-64 age group begins to rapidly scale**
5. **0-4 age group eligible to receive vaccines[4]**
6. **First members of under 12 population become eligible to receive boosters[4]**

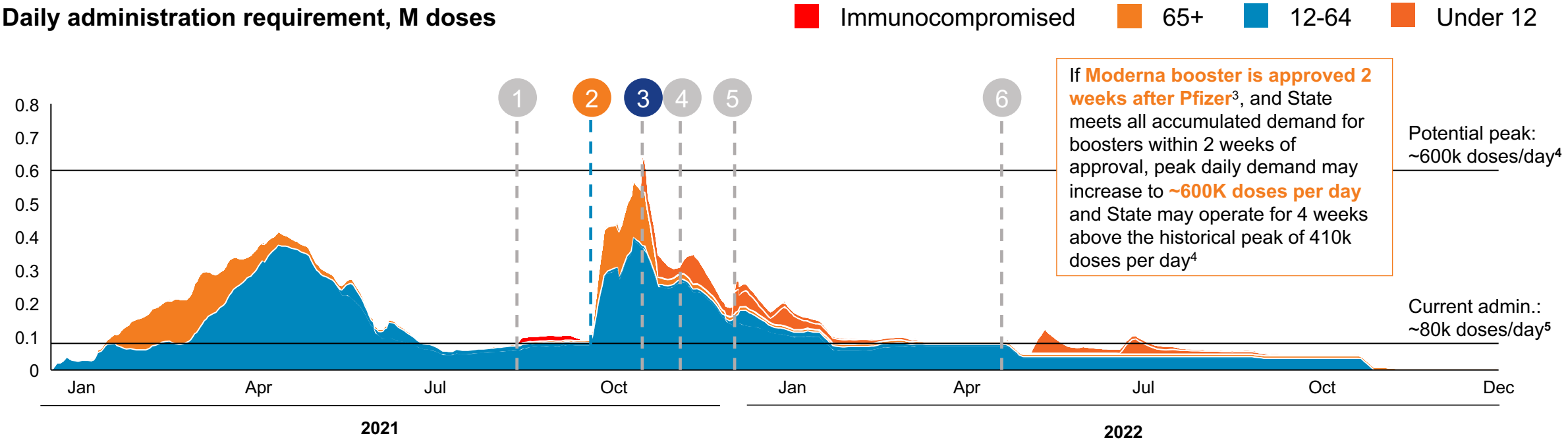
1. Scenario represented is one of many models under consideration, and is not illustrative of the full scope of scenarios considered
2. See detailed scenario assumptions page for additional scenario details
3. https://www.cnn.com/2021/09/05/health/coronavirus-fauci-moderna-vaccine-booster/index.html
4. Based on scenario being illustrated, as developed with CDPH working team guidance
5. Based on historical data as of August 16 2021 (latest historical data available at time of scenario modeling)

Source: Snowflake (data as of 8/16/2021), assumptions developed with CDPH working team guidance

Scenario: Daily administration requirement for 6-months booster eligibility[1,2]

Aa: Blue text indicates defining variables and outputs

Daily administration requirement, M doses



Timeline assumptions[1,4,5]

1. **Immunocompromised population eligible to receive boosters[4]**
2. **Booster approved for all age groups 6 months after full vaccination (Pfizer on Sept 20, Moderna on Oct 4); accumulated demand met within 2 weeks[4]**
3. **5-11 age group eligible to receive vaccines[4]**
4. **Booster vaccinations for 16-64 age group begins to rapidly scale**
5. **0-4 age group eligible to receive vaccines[4]**
6. **First members of under 12 population become eligible to receive boosters[4]**

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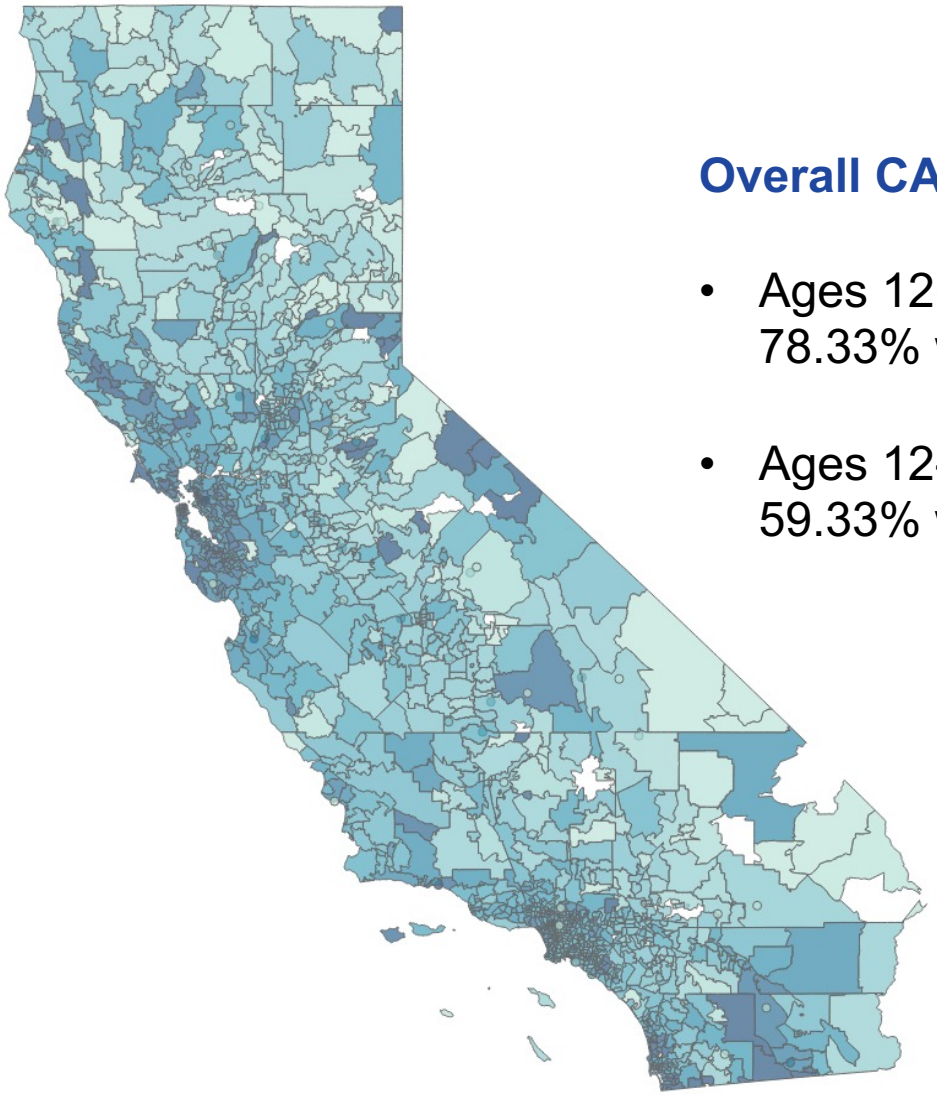
Age 12-15 Vaccination Rates

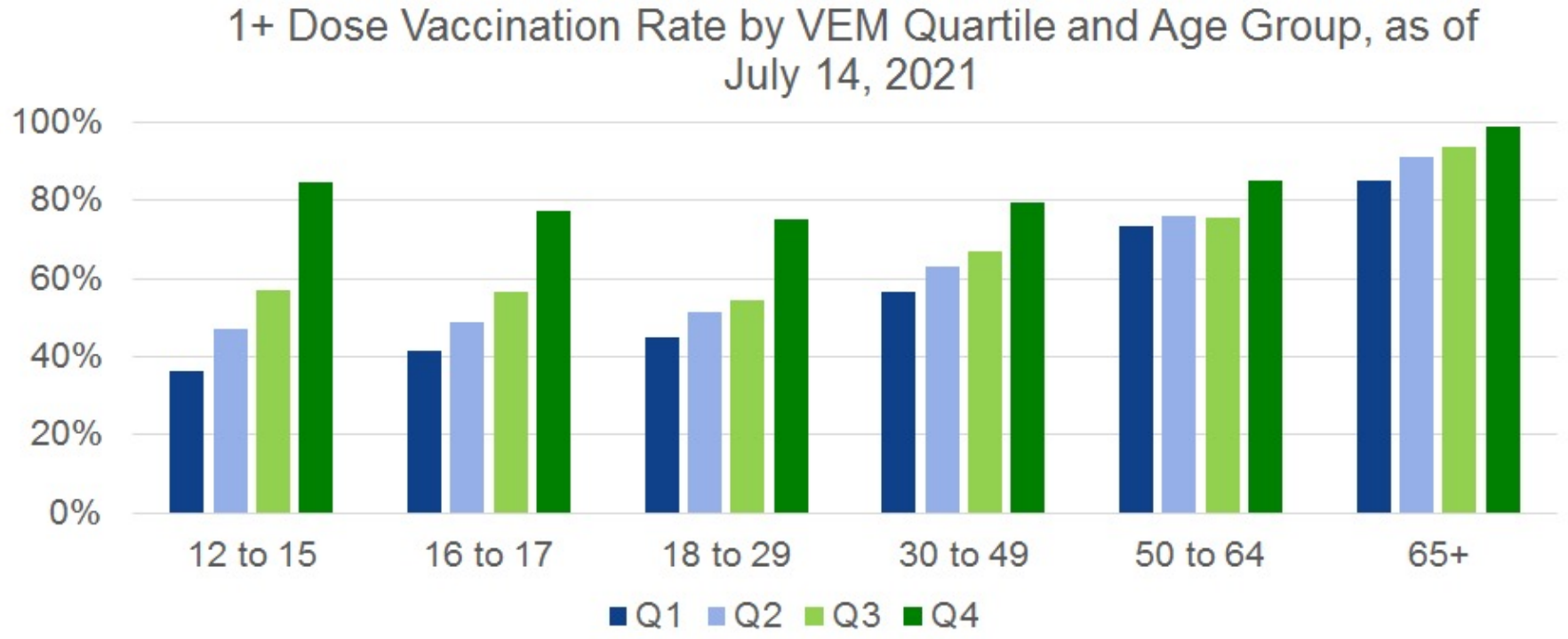


Overall CA Coverage Rates (as of 9/14/21):

- Ages 12+ population, 68.45% fully protected and 78.33% with at least one dose.
- Ages 12-15 population, 49.42% fully protected and 59.33% with at least one dose.

*Emily Estus, MPP, MPH Epidemiologist and Policy Analyst
Information contained in this file is confidential, preliminary, and pre-conditional

Data to support SLV



- Vaccine Equity Metric (VEM) disparities are **3x as steep** in young age groups.
- Our analysis suggests **working closely with schools** and **supporting school-based vaccinations** are the best strategies for improving vaccination rates in young people

*Emily Estus, MPP, MPH Epidemiologist and Policy Analyst
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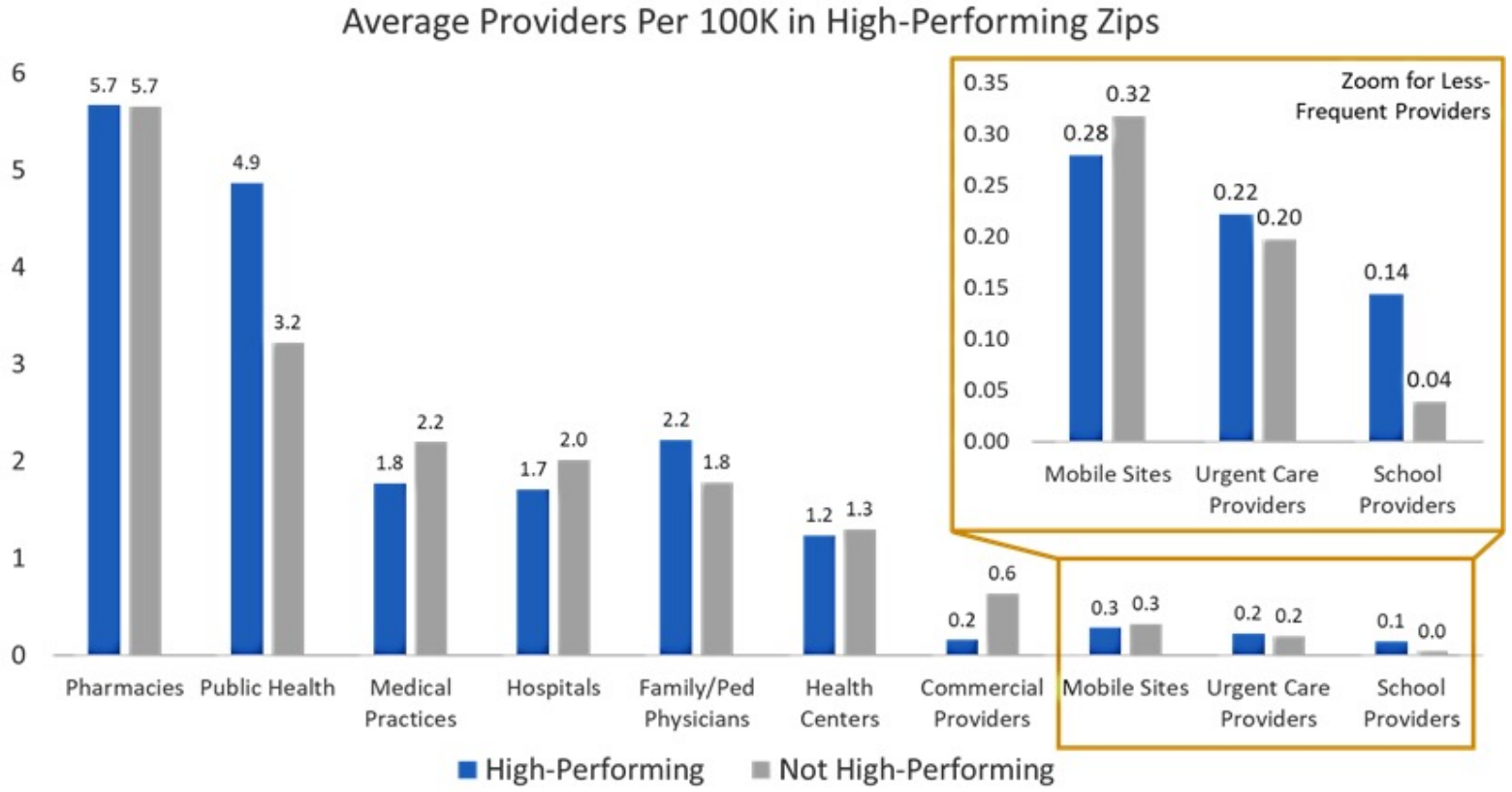
Data to support SLV

- Zip codes in the high-performing group are **nearly 3x as likely to have a clinic on a school site** and 50% more likely to have additional public health providers.

- Holding all else constant, adding one more school site per 100K residents is associated with a **1-2 percentage point bump** in vaccination rates, depending on age group.
- The estimated effect of adding schools was stronger than that for any other type of provider.



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School-Located Vaccination Events Overview

High level considerations

- Advance planning
- How to get school buy in – you can't solve the problem with testing
- Promotion/Education - use of existing channels
- Timing
- Audience (students/staff only, + families, + community)
- Vaccines administered
- Staffing (vaccinators, observers, admin, data entry)
- Equipment or supplies needed
- Consent
- Data entry

SLV Models

- School as provider, school nurses
- Local health department as provider
- Host a mobile van or pop up
- Partner with CBO, pharmacy, SBHC, provider
- Partner with academic institutions or associations
- And others!

Resources

- Resources for School-located Vaccination Against COVID-19 and Other Diseases (turnkey options, staffing, equipment, technical assistance, etc.).
- CDC Round 4 Funding - recommended target of protecting at least 5% of eligible population via school-located clinics.
- Flu Vaccine is being incorporated into My Turn!! Target of September for go-live – working toward fully electronic parental consent for minors.
- Toolkit, created in partnership with California IZ Coalition.
- Eligible for CalVaxGrant program! (effective 8/13/21 - deadline extended to October 15)
- Technical assistance webinars and availability of subject matter experts.
- Many more long-term supports (IZ Champions, ShotsforSchool.org and CAIR enhancements, training resources).

ShotsforSchool.org

ShotsforSchool

Child Care | K-12 | 7TH Grade | College | Laws

School-located Vaccination

- Shots Required for K-12
- Transitional Kindergarten FAQs
- Tools for Schools
- Kindergarten School Reporting Data
- School-located Vaccination
- How Is Your School Doing?
- All Required Vaccines Rate FAQs
- Audit

ShotsForSchool > Shots Required for K-12 > School-located Vaccination

Resources for School-located Vaccination Against COVID-19 and Other Diseases

Local Health Jurisdictions, school districts and individual schools all play a significant role in the collective effort to keep students healthy and in school. The California Department of Public Health (CDPH) continues to build resources to support school-located vaccine (SLV) clinics for COVID-19 vaccine, seasonal influenza vaccine and other routine immunizations.

Benefits of SLV clinics include:

- the ability to immunize large numbers of children in a short timeframe
- increasing access to underserved students and their families by making vaccination more convenient
- decreasing illness-specific school absences and lowering disease transmission and hospitalization rates in surrounding communities
- maximizing opportunities for students and families to stay up-to-date on recommended vaccines

Resources for schools and local health jurisdictions:

- Request a team of personnel (vaccinators, admin, data entry) to put on a vaccine event at your school.* Schools should contact their local health jurisdiction and ask them to request staff via MHOACs.
- Request a mobile or pop-up clinic to come to a school to administer vaccines.*
- Request a pharmacy to come to a school to administer vaccines.
- Request volunteers for your COVID-19 vaccination site.
- Schools may consider enrolling as a COVID-19 Vaccine Provider and receive incentives from the CalVaxGrant Program.
- Reach out to your local health department to discuss planning of a school-located vaccine clinic.
- School-Located Influenza Vaccination Toolkit (NACCHO)
- School COVID-19 Vaccination Toolkit (HHS)
- Tips for Successful Vaccine Partnerships (School Based Health Alliance)
- "Shoo the Flu" Campaign Toolkit

For general guidance (including equipment needs) for planning school-located vaccine clinics, email SchoolVaxTeam@cdph.ca.gov.

*At no cost to school or local health jurisdiction, for school located events only, until funding limit is reached.

CDPH California Department of Public Health

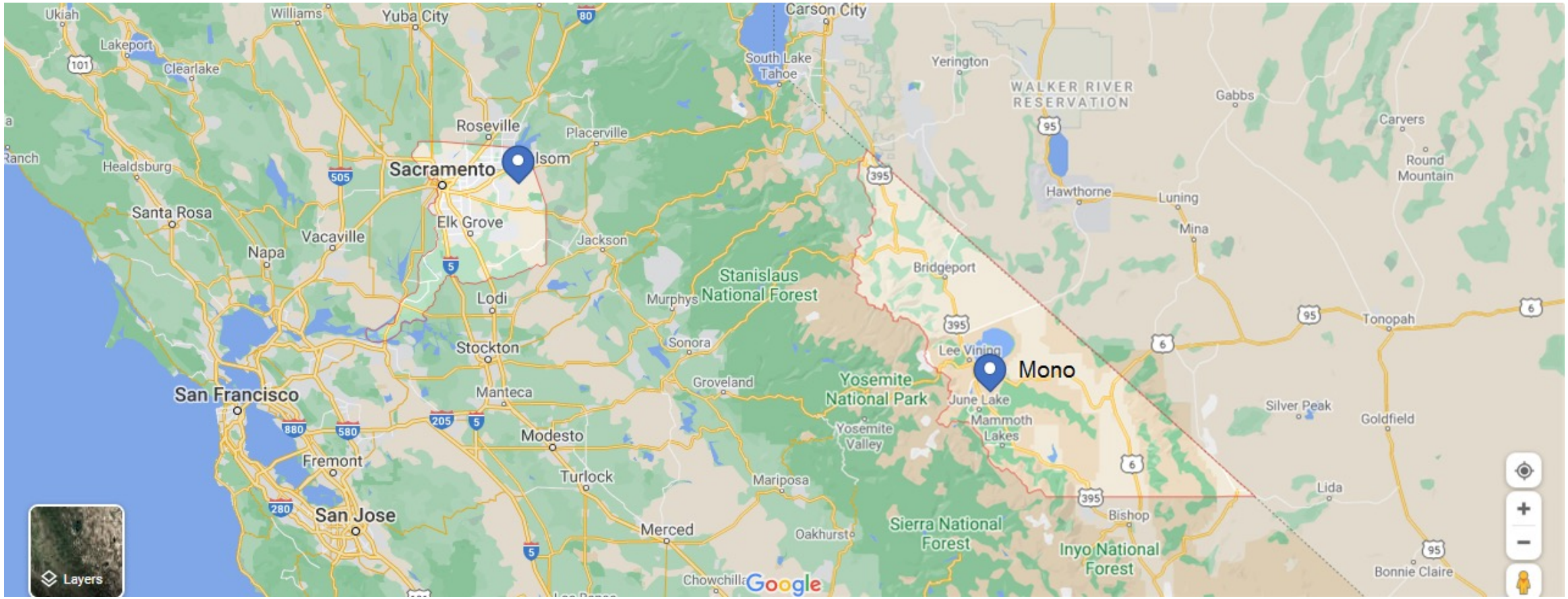
This website contains information about immunizations required for school entry in California.
View CDPH's privacy policy

Testimonials: Best Practices & Lessons Learned

Moderator: Nisha Gandhi

Panelists: Bryan Wheeler (Mono) and Rachel Allen (Sacramento)

Mono and Sacramento County



Q&A Session

- What questions do you have about school-located vaccination events?

Need to contact us?

- Email us at SchoolVaxTeam@cdph.ca.gov
- Visit https://www.shotsforschool.org/k-12/clinics/

A Special Thank You to Our Panelists!

- Bryan Wheeler, Mono County
- Rachel Allen – Sacramento County