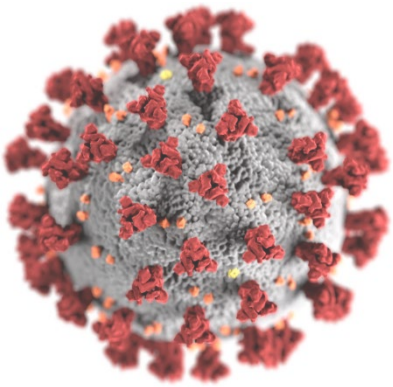
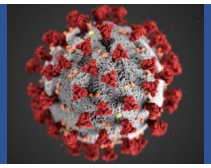


COVID-19 VACCINATION PLAN

Sonoma County Department of Health Services

November 30, 2020

[JURISDICTION] COVID-19 VACCINATION PLAN



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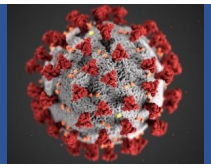
COVID-19 Vaccine Implementation for CA Health Jurisdictions

[JURISDICTION] COVID-19 VACCINATION PLAN



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 .

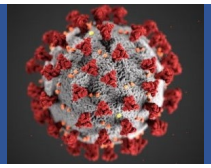
This CDPH document is modeled after the CDC playbook and follows the recommendations for local health jurisdictions that have been presented in weekly webinars with Immunization Coordinators, Emergency Preparedness Planners, Local Health Officers and Health Department Executives. Slides from webinars 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

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.

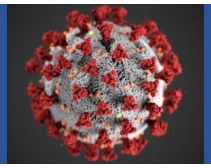
Sonoma County has initiated a multi-agency task force referred to as the COVID-19 Vaccine Distribution Planning Group. The core group consists of multidisciplinary players including: the Sonoma County Department Operation Center (SoCo DOC), Sonoma County Disease Control Surveillance & Response, Public Health Preparedness Unit, and the local Medical Health Operation Area Coordinator (MHOAC). An extension of the core working group is the external stakeholders consisting of healthcare organizations, many of whom are members of the Health Care Coalition (HCC). The external HCC stakeholders include Acute Hospital Partners, Skilled Nursing Facilities (SNFs), Federally Qualified Health Centers and other Healthcare Clinics, and Residential Care Facilities (RCFs).

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?

Sonoma County experienced significant impacts during the 2009 H1N1 influenza pandemic, causing considerable illness, numerous hospitalizations and 11 deaths. There were 3 major lessons learned:

1. The need for surge staffing to respond to the pandemic. It was recommended that DHS maintain enough trained staff in key DOC positions to offer surge capacity to respond to a pandemic threat.
2. Adequate funding for preparedness and response activities not only at the local level but at the state and federal level.
3. Improved strategies for “hard to reach populations”. During H1N1, the County learned that conducting large vaccination clinics would not reach all of the County’s residents, so community partnerships were key in getting clinics to the people via smaller vaccination clinics.
4. While there were citizens in Sonoma County that refused to be vaccinated, Sonoma County embarked on an assertive community based campaign to educate the anti-vaccination community on the value and benefits the vaccination.

While the DOC trained staffing structure has been built up over the years, provision of adequate staffing has been a challenge. As of September 1st, 2020, DHS created a COVID-19 Section in order to allow the DOC County staff to return to their regular positions in an effort to promote continuity of operations. However, as of November, 2020, only 50% of the staff have been hired



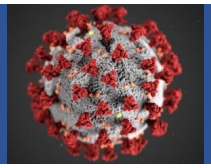
to do COVID-19 response work. In particular, it has been challenging to recruit clinical staff such as nurses.

Funding remains a challenge for response activities during the COVID-19 pandemic, thus far there has been limited funding provided for vaccine distribution efforts.

During H1N1 pandemic, DHS conducted mass vaccination clinics - at schools and colleges, the Sonoma County Fairgrounds, and shopping malls. DHS partnered with organizations to conduct vaccine clinics in order to reach populations such as the disabled, day laborers the homeless, needle exchange and drug treatment center clients, and senior citizens. DHS also held clinics at health fairs, churches, and Head Start. The planning and training conducted with community partners was identified as a significant strength of the H1N1 response efforts. DHS will continue to build upon these partnerships to assure all community members in Sonoma County have access to the COVID-19 vaccine.

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?

Sonoma County DHS generally does not hold flu clinics but supports external healthcare partners. However, DHS did conduct flu clinics this year to increase flu vaccine coverage and prepare for COVID-19 vaccination distribution. DHS has been administering influenza vaccine at outdoor sites to assist in social distancing/maintaining infection control. As a result, DHS has encountered new logistical challenges due to inclement weather. During the fall in Sonoma County we may experience extreme heat or wildfire smoke and as we move into winter we experience colder weather and rain. This necessitates additional considerations for vaccinators and the public to be protected from extreme heat/cold/smoke, as well as additional light sources for outdoor clinics held in the late afternoon/evening during winter months.



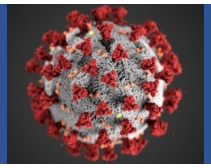
Section 2: COVID-19 Organizational Structure and Partner Involvement

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.

Please see Appendix 'A' which consists of our draft Org. chart for Sonoma County Department of Health Services COVID-19 Vaccine Distribution unit.

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

DHS is engaged in vaccination planning with our HCC partners, including county status updates and a tabletop exercise. We have established recurring calls to provide up-to-date information on partner readiness, resources and coordination between the local health department and the health care partners in the community. We included representatives from General Acute Care Hospitals, Community Health Clinics/FQHCs, Skilled Nursing facilities and Long-Term Care facilities. We will form discrete workgroups this coming month by facility type in order to work out the planning process in greater detail.



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

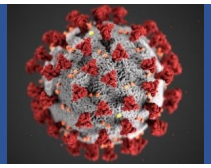
B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

Sonoma County Department Health Services does not plan on directly administering the COVID-19 vaccine during Phase 1a. The County does not operate traditional healthcare delivery settings that traditionally carry out vaccine administration functions. We will partner with our Federally Qualified Health Center partners to help support their capacity to administer the vaccine to under-served populations as they are the experts in reaching these population as the county's safety net providers. In addition, the County's planning for subsequent phases is underway on how to meet the needs of hard to reach populations and those disproportionately affected by COVID-19, such as migrant agricultural workers. DHS is partnering with internal and external stakeholders for the distribution of the vaccine to community members. The partnership will consist of healthcare providers and community-based organizations. Planning work to identify and recruit vaccination sites for phase 1 includes collaboration with health care systems, HCC members, pharmacies, professional associations, and long-term care. Sonoma County hospital organizations will be administering Phase 1a directly to their own workforce population. DHS has ascertained information on facilities that are able to vaccinate outside of their own workforce and patient population. Sonoma County will also assist with ongoing provider recruitment and COVIDReadi registration to ensure access to COVID-19 vaccines. DHS is also working on procuring an Ultra-Low Temperature freezer and intends to provide vaccine storage capacity for partners who do not have access.

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

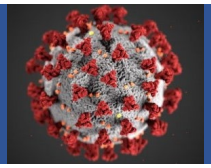
A. Describe your efforts to identify the health care workforce, critical infrastructure workforce and vulnerable populations in your jurisdiction including reviewing the data from CDPH.

Sonoma County Department of Health Services jurisdictional health care partners, LHDs, and community providers will all be using CDPH's Phased Approach to Vaccine Allocation for COVID-19. CDPH's phased approach is based on ethical considerations outlined by the Advisory Committee on Immunization Practices (ACIP) and the National Academy of Medicine. These national ethical frameworks will inform how the state and LHDs prioritize and allocate COVID-19 vaccine. It will be updated over time as additional planning occurs and as CDPH updates guidance for jurisdictions. During Phase 1a, since there will likely be limited vaccine available, the first tranche of vaccines will go to the healthcare workers as well as first responders. From there, during Phase 1b, other essential workers outside the health care industry and people at high risk of experiencing a severe illness if they contract COVID-19, including residents of long-term care facilities, others with high-risk medical conditions, and those aged 65 and over, would take priority.

Sonoma County DHS has taken the lead to ensure that all of the County's health providers are familiar with CDPH's Phased Approach to the Vaccine Allocation. All of the health provides have committed to implementation of CDPH's phased approach in their dispensing of the vaccine. DHS has estimates for specific groups prioritized for Phase 1, including health care personnel, other essential professionals, age, race, and ethnicity. Mapping resources already exist for locating health facilities, businesses, adult homes, correctional facilities, and educational sites.

The use of social vulnerability indexes and maps will inform how critical populations and sub-populations can be reached equitably and will inform allocation decisions under supply constraints. For example, Sonoma County will use information provided by CDPH to establish COVID-19 PCR testing sites which have targeted those living in the most highly impacted census tracts according to the Healthy Places Index (HPI). This information will assist DHS with identifying and locating vulnerable populations. DHS will work with partners such as the Health Care Coalition members (especially FQHCs), the LatinX Health Task Force, and community groups that serve at risk populations in Sonoma County to ensure equitable access for harder to reach populations. DHS has been partnering with local community based organizations such as On The Move to advertise, educate, and facilitate access to COVID-19 testing for at risk populations living in the County and will take a similar approach for ensuring accessibility to vaccine clinics.

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?)

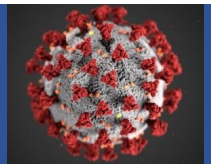


DHS has been holding virtual meetings with acute care facilities and requesting that they share and discuss their plans to vaccinate staff eligible in phase 1a. DHS is communicating that they need to be able to mobilize quickly and some have indicated their readiness to begin as early as the first week of December, 2020. Approximately 2/3 of our acute care hospitals will likely be considered MCEs and are following plans with their respective organizations. DHS will be working closely with non-MCE hospitals to ensure they are prepared to start vaccinating once receipt of vaccine is imminent. DHS has already been facilitating and providing information and materials to acute care facilities on how they can enroll in COVIDReadi since COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.

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

Our COVID-19 vaccine response plan organizational structure includes an Equity Program Manager to ensure distribution is equitable. DHS does not typically provide mass vaccination clinics and thus will rely on relationships with external partners to assist in administering vaccine as we move into subsequent phases. We have collected information from community partners regarding their willingness to vaccinate outside of their patient population and will be working closely with these organizations to ensure that there is vaccine availability within priority populations. DHS is also collaborating with our LatinX Health Work Group to develop strategies to promote vaccine awareness/acceptance within LatinX communities as this has been a high-risk population in Sonoma County. DHS will also do outreach and engagement with tribal health organizations as well as community based organizations that work with low-income, uninsured, and homeless populations to determine strategies for vaccine distribution. The engagement approach may include a combination of key informant interviews, focus groups, and surveys.
Assuming that Phase 1b will include SNF's, RCFE's in the County, and those incarcerated, the focus groups who were developed at the onset of vaccine distribution planning will be deployed to roll out the approved plan for distribution in these areas. This will involve many members of the healthcare community not included in Phase I (CHC's, doctor's offices, homecare agencies, and hospice care).

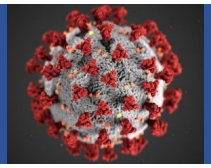
During Phase 2 when there is sufficient supply to meet demand, DHS will support a broader network of provider settings, including community health centers, pharmacies, primary care providers, community or business points of dispensing (PODs), long term care facilities, congregate living facilities, and occupational health clinics. Both traditional and nontraditional vaccination sites will ensure that all people who are recommended to receive the vaccine have multiple access points. This is especially helpful to increase uptake among critical groups at highest risk for severe outcomes from COVID-19 disease. Mass vaccination clinics operated by local health partners in coordination with DHS may supplement these efforts to provide access for specific communities or populations.



Assuming, Phase 3 moves to a steady state where there is sufficient supply to meet demand and vaccination continues to grow using routine provider networks proven to reach critical populations.

The County Communications Team will continue to provide information to the public to increase vaccine confidence and build trust with communities across the County. Using vaccine uptake data, DHS will identify populations with inequitable access to the COVID-19 vaccine and address those gaps.

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 Multi-county entities (MCEs) 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).*

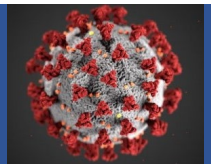
Approximately 2/3 of our hospitals will likely be considered MCE-providers. Our other non-MCE acute care hospitals are enrolled in COVIDReadi. Without knowing our allocation and what the recommendation will be for prioritization of HCWs in Phase 1a it is more difficult to identify non-acute care providers that should be included. For long-term care facilities, we will be looking at our data from COVID-19 cases/outbreaks associated in LTCFs and identifying which facilities were most severely affected and/or facilities which have not yet had outbreaks and are vulnerable. We will also look at CHCs/FQHCs with large proportions of COVID-19 patients and staff, which would suggest higher risk of staff exposure to patients and transmission of COVID-19 among staff.

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

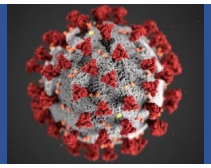
Sonoma County will continue to use its current system to encourage providers to register for the distribution of the vaccine, which include the following:

- Regular meetings with Health Care Coalition members, MHOAC and Hospital partners
- Sending out regular reminders to providers to register
- Requesting that healthcare and community partners advocate on behalf of the County to remind their peers to register
- Sonoma County will be partnering with CDPH to establish a database of all the providers in the county as a basis for outreach for those still needing assistance in getting registered

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



Lindsey Totah, Immunization Coordinator, Sonoma County Department of Health Services, Public Health Division



Section 6: Vaccine Administration Capacity

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

The use of incentives makes a dramatic difference with COVID-19 testing and in past efforts to provide syphilis and TB testing.

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.)

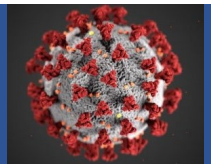
Sonoma County has an integrated GIS services department that supports our online dashboard summaries of COVID-19 and has ongoing capacity to map cases and look for hotspots. The platform used is ESRI ArcGIS. In addition, the epidemiology team has the capability to do mapping, network and hotspot analysis using R mapping application.

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

a. ☐ PrepMod
b. ☒ Mass Vax module
c. ☐ Other - _____

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.

DHS plans to utilize the Medical Reserve Corps (MRC), state mass vaccinator contracts (if available), community based organizations, and possibly nursing students. We are also considering hiring additional RN/LVN vaccinators. However, this is the less preferred method as it is difficult, costly, and time-consuming to hire new staff. Our LHD does not have the infrastructure to hold mass vaccination clinics and, for example, with flu vaccine provides support to CHCs/FQHCs who serve priority populations that might otherwise be served by the LHD. If/when we need to hold mass vaccination clinics, it will be critical to have access to mass vaccinator contracts similar to the one available for flu clinics which provides staff/vaccinators that require minimal LHD involvement.

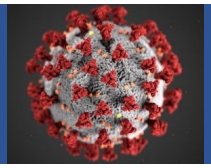


E. Describe your plan for identifying where PODs will be conducted in the community and for which populations.

We will look to position any LHD run PODs in locations that are not served by another healthcare providers able to provide vaccines outside of their patient population. Examples of which are more remote/rural areas that are geographically isolated as well as populations who do not have a medical home or who face significant barriers to accessing care. This may include seasonal farmworkers and unhoused individuals.

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.)*

When running socially distanced flu clinics we find that one vaccinator can vaccinate approximately 15 people per hour using a walk-up model. Because of the logistical challenges of the COVID vaccine and the need to use all doses within 6 hours of reconstitution/vial puncture we are anticipating that unscheduled walk-ins may need more planning/structure (e.g. ensuring that there are enough people present to use all doses in a vial prior to opening that vial). This will likely decrease throughput.



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))*

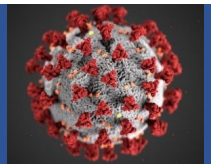
Immunization Coordinator/Lindsey Totah

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

DHS would verify that external partners have appropriate storage capacity to accommodate a given allocation and that, should they not have long-term storage (e.g. ultra-cold freezer), they have a plan for using all doses received within the timeframe that they can be stored in the refrigerator or stored in the box the vaccine was shipped in.

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

Providers will need to submit a written explanation of why they are not able to meet these requirements and identify what is preventing them from meeting the requirements. DHS will work with providers who are struggling to make these corrections themselves as our providers maintaining the capacity to administer vaccines will be critical to our success in ensuring appropriate vaccine coverage in our county. However, ultimately if a provider is unable to make these corrections they may not be allocated doses until they can.



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)

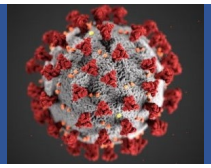
Sonoma County Public Health has ordered a high capacity (87K) ultra-low temperature (ULT) freezer, which will be delivered in December. We have initiated regular meetings with our health care partners, to discuss planning priorities including coordinating cold storage capacity.

Several of our jurisdictional hospitals have indicated procurement of ULT Freezers giving the region a high capacity for the ULT storage, up to approximately 400K doses (based on the specifications of the Pfizer vaccine). However, one of the jurisdictional hospitals is the hub for 3 regional facilities outside of our jurisdiction. Despite this, our capacity for storage of ULT freezers is high between local LHDs and Sonoma County Public Health.

Currently, of the 6 jurisdictional Hospitals, all have -20*C and 2 have ULT freezers. We will be continually assessing partner storage capacity via our regular partner meetings.

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

Due to the demand for dry ice it has been a challenge locating an actual provider. However, we are in the process of coordinating with partner organizations who have agreed to share their dry ice distributor contact. We are working to establish a contract for dry ice.



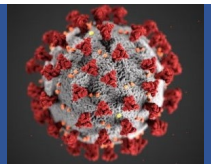
Section 9: COVID-19 Vaccine Administration Documentation and Reporting

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

DHS has a COVID-19 Section that is currently operating a hotline which responds to inquiries from the public and partners and provide referrals to existing COVID-19 resources including testing availability. The hotline will be augmented with additional staffing who can provide customer and provider support, including but not limited to issues around ordering, inventory, and immunization information systems. The County's Immunization department will work with local providers to educate them on the vaccine administration reporting requirements while supporting the implementation of the administration reporting system within the jurisdiction, amongst healthcare and community providers.

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 45and 46 of California's COVID-19 Vaccination Plan.

The epidemiology team intends to track vaccine administration in Sonoma County and provide updates on the number of persons receiving vaccine, which brand/manufacturer, the proportion of persons completing the series in a timely manner, and the number and proportion of persons in each tier offered, receiving and refusing vaccine. In addition, the epidemiology team will monitor vaccinated persons over time to look for breakthrough cases that could indicate vaccine failure/unsuccessful antibody response or waning immunity.



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?

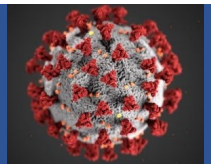
DHS will liaise with partners to identify what their procedures are to ensure patients receive a second dose. This could include scheduling an appointment ahead of time not only for their first dose but for their second dose, e-mail/text reminders, patient education at time of appointment, and reminder cards.

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

For patients presenting to receive their second dose, vaccinators will need to verify what they received for their first dose prior to administration. If the person received a reminder card with their first dose, it should specify which vaccine they received and they should present it to the vaccinator. Otherwise they will need to have access to the CAIR record to verify which dose was given.

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

Providers have been informed that they will need to include a recall system for the second dose in their POD planning for Phase 1a. As they begin vaccinating in Phase 1a we gather feedback about the methods they are using and successes/challenges.

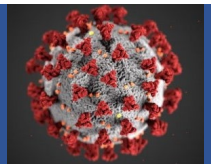


Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

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

We will be providing information for registration to providers through our Health Care Coalition and external workgroups for Phase 1a, and for subsequent phases will make this information available on our website and in any health advisories/alerts regarding COVID-19 vaccination.

We are also developing an email campaign to include a registration checklist and registration documentation outlining the steps to get registered. The email will include a reminder for the provider to register.



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

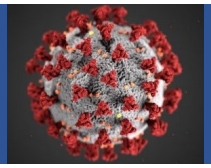
The communications plan will convey the County's priority of the health and safety of the people who

Our messaging will explain vaccination priority and how the vaccine will be distributed in our community.

Our prioritized target audiences for the vaccine are health care workers and those who are at higher risk of the impacts of COVID-19, including our senior population and the LatinX and indigenous community members. Our senior population is particularly vulnerable to COVID-19 with the risk for severe illness increasing with age. Many of our essential workers — those most at risk of COVID-19 — are LatinX. These essential jobs often have increased risk of exposure, and we must take steps to ensure our workers are protected so Sonoma County, and all of California, can thrive.

Specific Communication Plan Strategies:

- Work with County epidemiologists to share analysis of local coronavirus and vaccine data and communicate with transparency to the general public, sharing information on the County's GIS dashboard in English and Spanish
- Using multiple communication channels to ensure information is accessible to all populations :



services to the local LatinX community. The partnership with CURA, which is operating under a contract with the County, will continue to involve a variety of communications including:

  - CBO-hosted community dialogues
  - Replicating the Charla Project model, hosting small chats in the community
  - Continuing work of CURA Project's community health advocates in talking with community members about vaccines

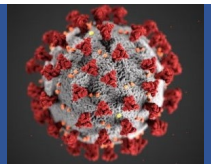
- Partner with businesses to encourage employees to get vaccinated and offer collateral materials focusing on safety and efficacy of vaccination development; building on existing model of employee events that offer vaccine testing at the same time as flu shots

Convene conversations with external stakeholders including health care providers, the business community, educational organizations, faith-based organizations, etc.

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

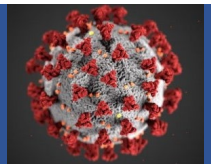
The County will continue working closely with our local LatinX Health Work Group, which convened in April and continues to meet weekly with the County to address the disproportionate impacts of COVID-19 on the county's LatinX community. Individuals from this group represent front-line organizations that work directly with those most impacted by COVID-19. The group will continue to help the County identify key spokespeople and appropriate channels to communicate with most vulnerable and diverse communities. Similarly, we will continue working with our Senior taskforce to coordinate messaging for our senior population, the homeless populations and to address concerns from those not wanting to be vaccinated.

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



Sonoma County will build on strong relationships with employers, community-based organizations, faith-based organizations and other stakeholders concerning messaging about COVID safety, code enforcement testing opportunities, etc. to ensure healthy communications continue regarding the rollout of vaccinations. Sonoma County will continue to utilize a two-way symmetrical form of communication with stakeholders. Two-way symmetrical relies heavily on mutual respect and efforts to achieve a targeted goal, which is imperative to reopen Sonoma County safely. Using this format will allow the county to continue to build on the models of communication currently occurring on a frequent basis while being able to adapt as needed from incoming feedback. Information will be available for stakeholders to receive through our general methods of communication such as the SoCoEmergency.org website and social media. Stakeholders will continue to have the opportunity to participate actively through weekly online meetings and media briefings.

Communication with the business community has a wide range of abilities and depths, with the ability to target specific industries or business sizes. Working closely with the County of Sonoma Economic Development Board (EDB), outreach platforms such as mass email communications, EDB website and social media channels provide additional opportunities to share resources and information with business leaders.



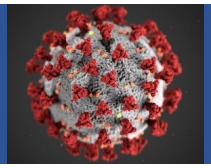
Section 13: Regulatory Considerations for COVID-19 Vaccination

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.

Sonoma County Department of Health Services will include on its main webpage the Emergency Use Authorizations (EUA) product specific fact sheet for COVID-19 vaccination providers outlining information specific to the vaccine and instructions for its use. In addition, the information will be repeated within the website on link for the Health Services Department.

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?

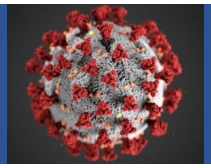
Sonoma County will use its HCC forums, MHOAC weekly meetings, community providers meetings, and a strong email campaign to educate the providers on the proper EUA fact sheet including listing the CDC/CDPH website links for the information. The County will develop a EUA fact sheet for vaccine recipients. The fact sheet will include information to ensure providers know where to find both the provider and recipient fact sheets, information to ensure that providers have read and understand the fact sheets and are clear on the requirements to provide the recipient fact sheet to each client/patient prior to administering the vaccine.



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.

The fact sheets mentioned in Sonoma County's Section 13 response, will also include and reiterate per the vaccination program providers' agreement, that all providers are required to report any clinically important adverse events or errors via the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Errors Report Program (VERP). The information fact sheet will clearly state the necessary information for providers to enroll in and understand the procedure for reporting adverse events or errors. Sonoma County will include the CDC/CDPH web link for the information within the County's own fact sheet.



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

The following key metrics will be monitored by DHS:

individuals receiving vaccine (stratified by socioeconomic/demographic/risk group information)
mass vaccination clinics (# doses administered/# unique individuals receiving vaccine)
vaccine refusals
adverse events
Vaccination coverage proportion (total and % of priority populations)
Doses distributed by provider, provider type, and vaccine type

B. How will you monitor the above metrics?

Sonoma County will collaborate with community partners to obtain metrics information.