



# COVID-19 Data Update

February 23, 2021

**Dr. Sundari Mase**  
Sonoma County Health Officer

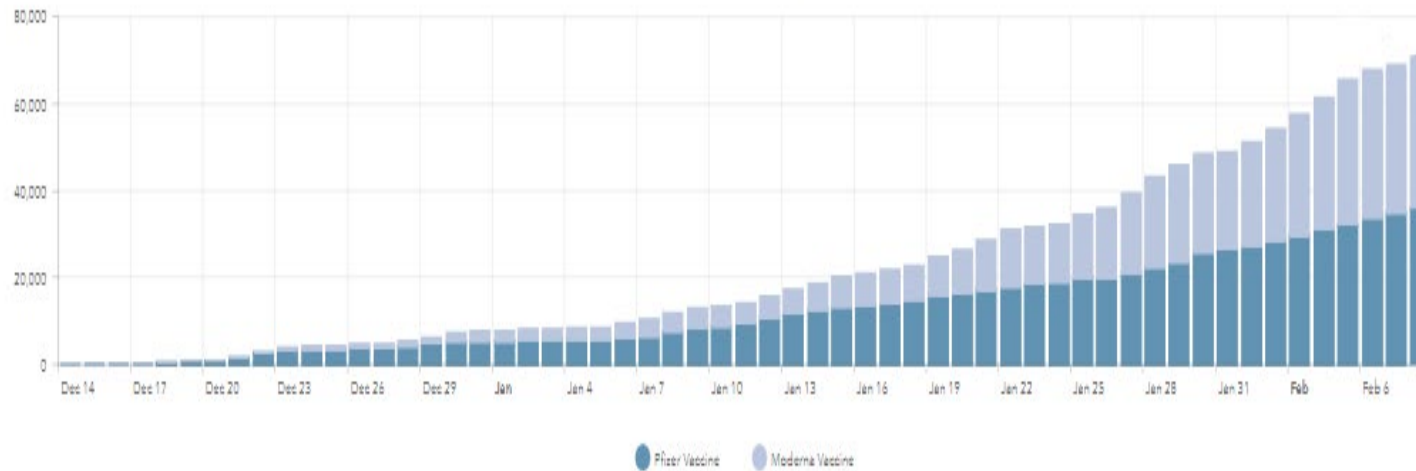


**sonoma county**  
DEPARTMENT OF HEALTH SERVICES

# Vaccine Administration

**118,641 (as of 02/22)**

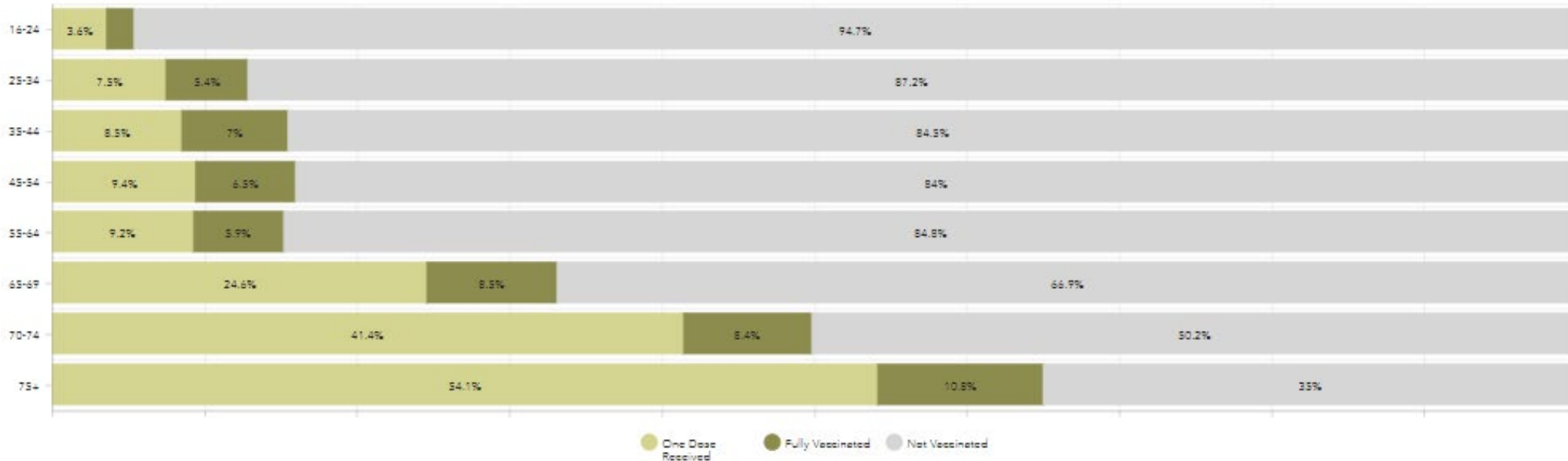
Cumulative Number of Vaccines Administered to Sonoma County Residents by Date



**Residents with first dose:  
66,075**

**Residents fully  
vaccinated with two  
doses:  
26,283**

# Proportion of Each Age Group Vaccinated



- 65% of 75+ year olds have received at least one dose

**22% of Sonoma County residents aged 16+ have received at least one dose**

# Race/Ethnicity of Residents Vaccinated

Race/ethnicity	Individuals with 1 <sup>st</sup> dose	Individuals fully vaccinated with two doses	Proportion of vaccine recipients	Percent population
Hispanic/Latino	10,235	2,682	17%	27.3%
White, non-Hispanic	34,472	13,029	61%	62.9%
Asian, non-Hispanic	1,200	827	3%	4.3%
Black/African-American, non-Hispanic	386	271	1%	1.6%
Multi-racial, non-Hispanic	9,760	3,991	18%	2.9%
American Indian/Alaskan Native, non-Hispanic	483	207	1%	0.7%
Native Hawaiian and other Pacific Islander, non-Hispanic	127	71	0%	0.3%
Other, non-Hispanic	7,339	2,853	--	--
Unknown	1,826	2,517	--	--

# Third Party Administrator: March 7, 2021



## Context



California will build a **statewide vaccine network** to ensure the **equitable delivery of current and anticipated supply** to Californians. The state will allocate vaccines directly to providers to **maximize distribution efficiency, have real-time transparency** into where the vaccines are and to whom they've been administered, and ensure they are **distributed to communities disproportionately impacted** by COVID-19.

The state will enter into a **cost-basis contract with Blue Shield of California to serve as the third party administrator (TPA)** for the statewide vaccine network. This network will include providers who meet program requirements, such as data integration, equity, and volume capacity. The provider types will include health systems, hospitals, clinics, pharmacies, mass vaccination sites and mobile clinics.

2

# Third Party Administrator Role

- Vaccine Allocation, Distribution, Integrity
- Provider Contracting
- MyTurn Appointment System – Call Center
- Tech Support for Providers

# County Support

- Advise on Vaccine Allocation, Distribution and Integrity
- Recommend Contract Providers to Support Equity Plan
- Coordinate Provider Communication and Collaboration
- Collaborate with Stakeholders and CBO's
- Provide Vaccine Center Support to Ensure Provider Success
- Support the Equity Framework
- Provide MyTurn / Technical Support

# Health Officer Authority

- State Law provides broad authority to the local Health Officer to regulate during a pandemic.
  - Authority includes taking “preventative measures that may be necessary to protect and preserve the public health from any public health hazard.”
- (Health & Safety Code § 12100, et seq.)



# Health Officer Orders

- Within that Broad authority, Health Officer orders must:
  - Be within the geographical limits
  - Not be preempted by State or Federal law
  - Not directly regulate the State or Federal Government
  - Stay within constitutional parameters

# Examples from Other Jurisdictions

- Prior to the state's designation of a Third Party Administrator, a few jurisdictions adopted local Health Officer Orders to require private health care providers to share vaccine data and create and share vaccination plans.
  - Santa Clara County
  - Marin County

# Impact of Third Party Administrator

- The State's appointment of a Third Party Administrator (Blue Shield) to control vaccine distribution and require scheduling and tracking through a single data base known as MyTurn limits the authority of local health officers to issue orders that would either:
  - cause local health care providers to violate their contracts with the Third Party Administrator, or
  - require distribution, scheduling or tracking in a way that conflicts with state requirements.

# Sonoma County's Current Status (State Data)

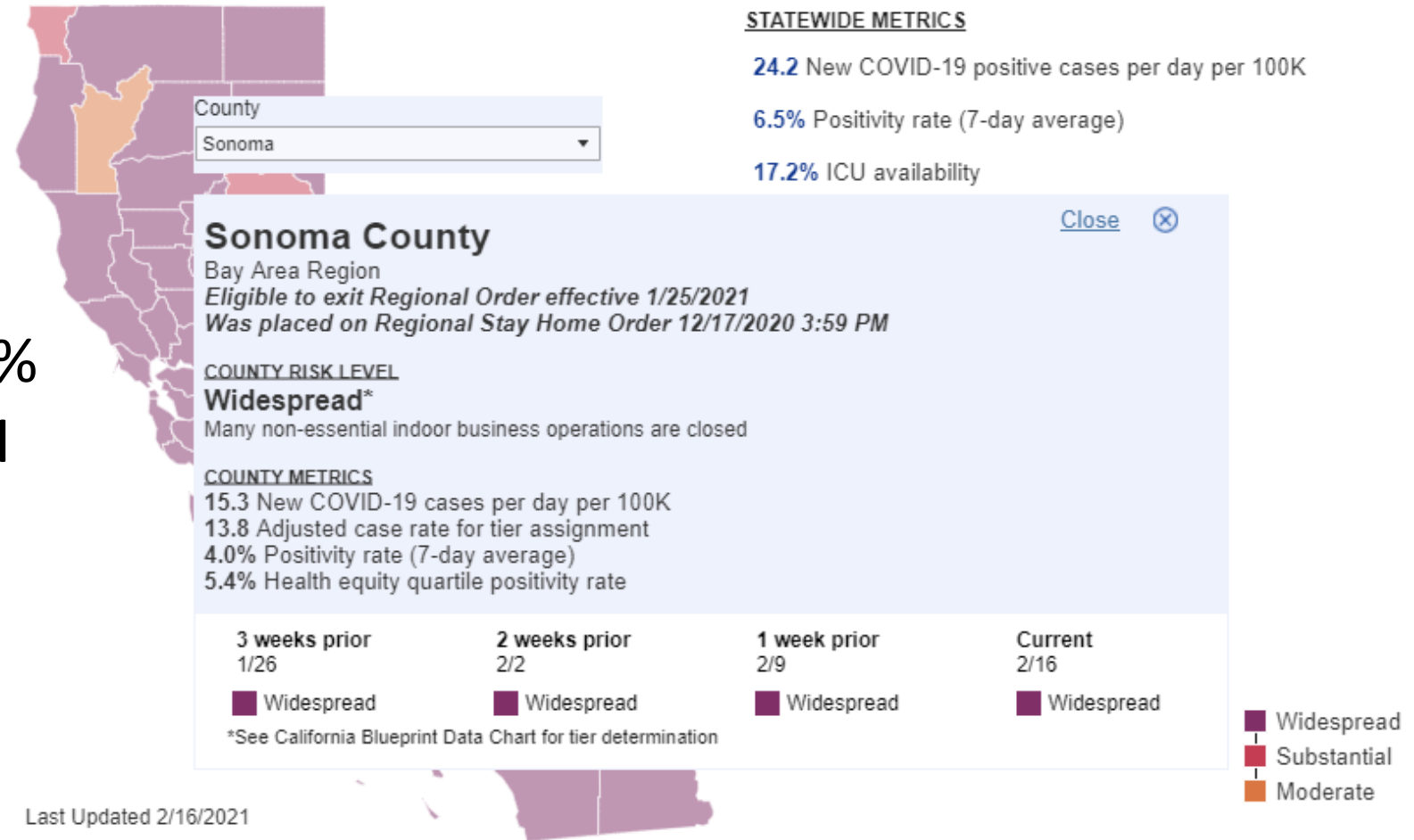
Tier 1: **Purple**

Unadjusted Case Rate: 15.3

Adjusted Case Rate: 13.8

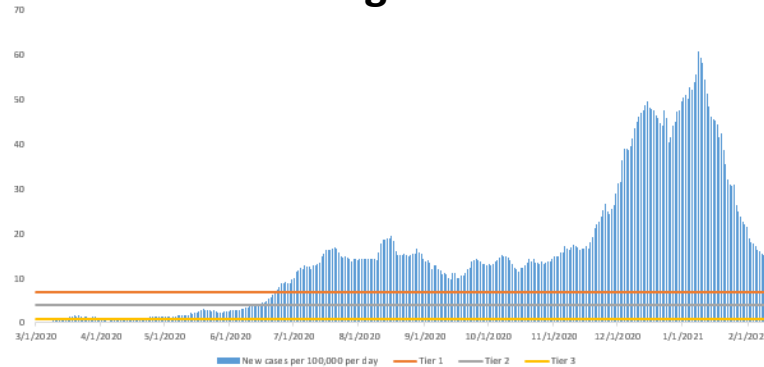
Testing Positivity (Overall): 4%

Testing Positivity (Lowest HPI Quartile): 5.4%

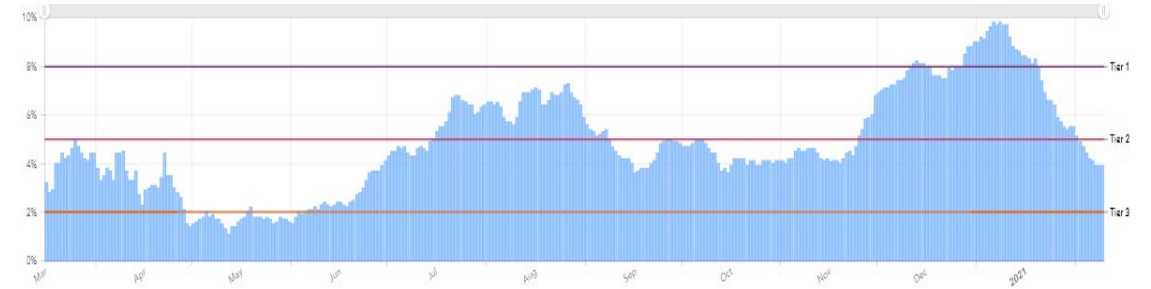


# Promising Trends

## Declining cases



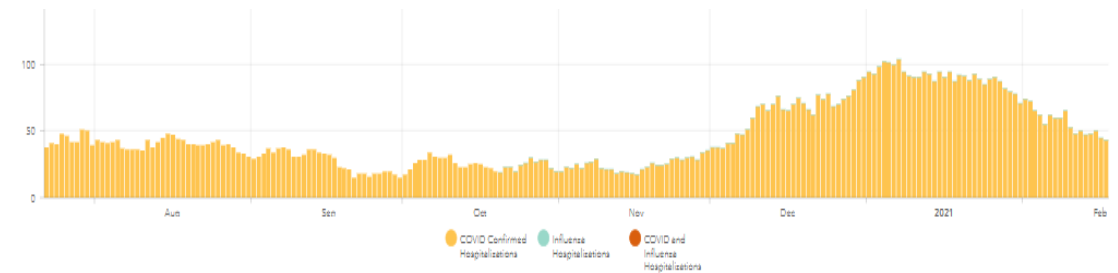
## Declining overall test positivity



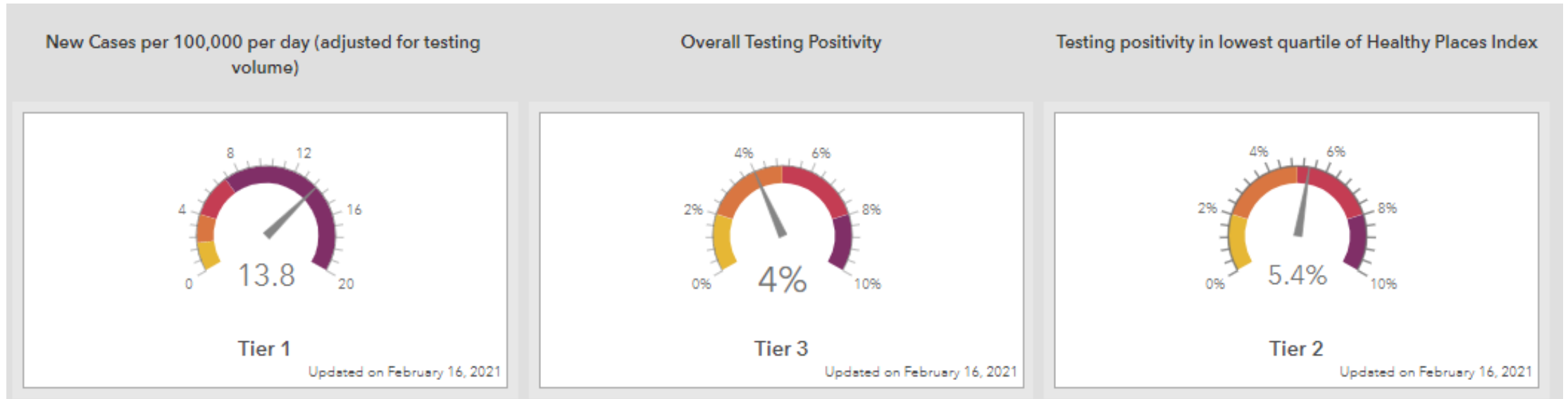
## Declining lowest HPI quartile test positivity



## Decreasing hospitalizations



# Moving Out of the Purple Tier



- If new cases per 100,000 per day, overall test positivity and test positivity in the lowest quartile are in the **red tier** for two consecutive weeks, the county can enter the less restrictive **red tier**.

OR

- If both overall test positivity and test positivity in the lowest quartile are in the **orange tier** for two consecutive weeks, the county can enter the less restrictive **red tier**, even if more than 7 per 100,000 people are becoming infected each day.

# Testing Has Declined

- Increased testing is needed to support...
  - Continued case finding and containment
  - Reopening
    - Case rate is adjusted upward or downward in relation to how much the State is testing on average



The State average is currently 480 tests per 100,000 people day—our county is testing 407 people per 100,000 per day as of 2/22/21

# Testing

- Decreases in demand across the board
- Piloting new strategies to increase testing volumes (block appointments for worksites, partnering with CBOs to reach people where they are going already, targeting hard-hit neighborhoods)
- Ongoing challenges maintaining staff

## Testing Feb 9-15, excluding hospitals and private providers

Type	Total Tests	positive tests	percent positive
CONTACT TESTING	180	50	27.8%
FQHC POPUP	245	32	13.1%
DHS POPUP	128	10	7.8%
OUTBREAK TESTING	94	11	0.0%
SURVEILLANCE TESTING	0	0	0.0%
SUBTOTAL	647	103	15.9%
Curative	540	42	7.8%
LHI	2208	140	6.3%
TOTAL	3,395	285	8.4%