December 4, 2020
Special Meeting

Measures to Reduce the Spread of COVID-19

Introduction

The number of COVID-19 infections during the month of November reached an all-time high of 11,035, dramatically surpassing the previous monthly high of 7,780 in July. COVID-19 infections in the first three days of December now total over 2,023, more than the entire months of March, April and May combined. Therefore, in just the first three days of December, we have exceeded the first three months of total COVID-19 infections.

Hospitals had a record number of COVID-19 positive patients and there was one ICU bed available to the general public on December 3. General medical-surgical bed availability was the lowest reported since the beginning of the pandemic.

Therefore, there is an urgent need to adopt additional measures to protect the public health, reduce infections and preserve hospital and healthcare delivery capacity. The measures outlined in the memorandum are designed to meet the current emergency public health conditions associated with the COVID-19 pandemic.

City of Tucson Action Regarding Curfew

At a recent special meeting of the City of Tucson Mayor and Council, a mandatory curfew was enacted from 10:00 pm to 5:00 am for all activities within the City limits and that mirrors the language of the Pima County Health Department's recent Public Health Advisory. Given a majority of the number of COVID-19 infections originate in this population center, this action is welcomed and will certainly assist in reducing COVID-19 infections within the City of Tucson if properly enforced.

While the County implemented a voluntary curfew several weeks ago, we forget that our neighbor to the west, the Tohono O'odham Nation, has had a curfew in place for six months and is in the process of strengthening their curfew. Our assessment is that this action has helped decrease the level of infection for communities in western Pima County outside of the tribal boundary. The Tohono O'odham Nation is to be congratulated on their forward thinking efforts to contain and control the spread of COVID-19.

The Power of Public Health Advisories

County public health officials have significant powers associated with preserving and protecting public health, preventing disease outbreaks and the spread of infectious diseases, including pandemics. We often worry about our legal authority and whether we will be penalized by the State for enacting certain public health restrictions designed to reduce the spread of infectious diseases. The most recent example is when the Board of Supervisors
adopted standards parallel to the Governor’s executive orders. We were initially challenged by Senator Vince Leach, claiming we exceeded our legal authority and therefore were subject to penalties enacted by the State Legislature for counties that would enact standards and/or requirements greater than those allowed by the State. Ultimately this claim failed and the County’s requirements were upheld, but it emphasizes the unreasonable constraints placed on good public health policy by politics.

A recent exercise of a public health advisory was when our public health official, Dr. Theresa Cullen, issued a voluntary quarantine in place for the University of Arizona in a very significant outbreak. What we saw from that advisory was compliance and the outbreak was quickly contained. The most recent public health advisory was to implement a voluntary curfew from 10:00 pm to 5:00 am. Notably, some of the large commercial institutions such as Walmart, have rolled back their hours of operation to meet this public health advisory. Their actions indicate someone is listening to our public health advisories and they are to be commended.

For this reason, I have asked our public health officials to issue another public health advisory, which is simply their best professional advice to the public as to how to minimize the spread of COVID-19 and avoid infection through unwise activity. Dr. Cullen and her staff as well as Deputy County Administrator Dr. Francisco Garcia have developed another, more comprehensive public health advisory that the Board of Supervisors could endorse at the special meeting of Friday, December 4, 2020.

**Governor’s Press Conference on December 2, 2020**

Governor Doug Ducey held a Press Conference to discuss additional measures that he would be implementing regarding the COVID-19 pandemic and measures to reduce the increased infection rate being incurred throughout Arizona. These rates continue to set records and should be of concern to the State and the Arizona Department of Health Services. To assist in the control of this accelerated infection rate, the Governor’s Press Conference highlighted two new areas of regulation.

First, the Governor indicated that he would substantially increase enforcement actions associated with noncompliant actors by providing one warning and if a violation is repeated, revoke an operating permit or license. We view this action as positive and such will affect the County’s policies, resolutions and ordinances related to how we regulate businesses associated with COVID-19.

The second area of regulation related to events regulated by cities and counties where persons in attendance are more than 50. Our experience is that there has been haphazard compliance with approved COVID-19 infection event control plans that have been reviewed and authorized by public health agencies, including the Pima County Health Department. To eliminate this haphazard compliance, the Governor has required plans for these events involving more than 50 persons be submitted to the State, mitigation plans be made public, and enforcement to be strengthened. We believe this action is also positive and will result in significantly modified processes by which the County approves these events.
Legal Authority to Act

The Board has received a confidential attorney/client privileged memorandum from Chief Civil Deputy County Attorney Andrew Flagg regarding the Board’s authority to enact measures associated with the spread of COVID-19. The December 2, 2020 memorandum from Mr. Flagg has been distributed to all Board members under the confidential attorney/client privilege heading. I would assume all Board members have read and understand this communication as it will form the basis of my recommendations in the following section regarding increased regulatory and voluntary measures to control the spread of COVID-19.

Modifications of County Ordinances, Policies and Procedures Related to the Governor’s Executive Orders and Press Conference on December 2, 2020

- **Modification of Regulated Industries Such as Restaurants and Public Pools** – The Board adopted a Proclamation on July 15, 2020 regarding the reopening of certain businesses and activities. This Proclamation is often referred to as the Restaurant and Public Pool Proclamation. The Proclamation adopted a series of penalties for noncompliance in Section 5, specifically the first violation and subsequent violations to show that those establishments found to not meet the standards would be placed on the County’s website as noncompliant. This website is commonly referred to as the “Wall of Shame.” The Governor’s recent public statement on December 2 indicated these penalties should be substantially increased and we concur.

Therefore, Paragraphs B, C and D should be stricken or deleted from the Proclamation with a new B to be inserted that simply says, “a second violation of same or similar nature will result in possible revocation of the establishment’s operating permit or license.” Such a modification will effectively revoke one of the more common criticisms of this Proclamation, that being the “Wall of Shame,” but would insert a more draconian action, that being the suspension of operations and/or revocation of licenses for a second or continuing violation.

A revised and complete Proclamation is shown in Attachment 1.

- **Disclosure and Regulation of Permitted Events** – The Governor, in his most recent Executive Order, required local governments, including cities and counties who permit events or special events that involve more than 50 persons to require the disclosure and publication of infection prevention plans and other activities. We agree; however, this is a State-mandated obligation that will require the expenditure of local funds for compliance. Therefore, I will request the Board authorize inclusion of a COVID-19 Compliance Deposit of at least $1,000 per event, perhaps larger depending upon the scope of the event to ensure the County has sufficient resources to comply with the Governor’s Executive Order regarding publication and advertising of the preventative measures as well as to provide direct physical and on-site inspections of these events to determine compliance. These costs will be deducted from the deposit and the balance will be returned to the event organizers if there is
found to be sufficient compliance of the requirements. If insufficient compliance is found, the balance of the deposit will be forfeited to the County.

- **Mask/Face Covering Requirements Compliance** – The Board adopted a mask requirement on June 19, 2020 and the requirement had no penalties for noncompliance. While there has been substantial compliance in the community, to assure uniform compliance there needs to be penalties associated with noncompliance. I propose the Board adopt civil penalties for noncompliance similar to those typically associated with traffic violations or civil violations. The ability to enforce civil violations is somewhat clouded due to the lack of statutory direction authority in the Health statutes associated with violations. To eliminate this confusion, I will be recommending civil penalties for mask violations enumerated in the new resolution be enforced by law enforcement. We will need to determine those processes by which law enforcement will enforce the mask requirement in each jurisdiction or if they will do so based on our request.

  In addition, it is now necessary to make it mandatory that persons entering a business must wear a mask. The present Resolution states that a business “may refuse” to allow a person who is not wearing a mask. This should be revised to, “must refuse.” A revised mask resolution is shown in Attachment 2.

- **Curfew** – I continue to prefer the voluntary curfew that has already been issued as a public health advisory by our public health official. The City of Tucson has enacted an enforceable curfew beginning Friday, December 4, 2020. The County should continue to monitor the effectiveness of our voluntary curfew order in the unincorporated area of Pima County and ask the City of Tucson to report specifically on their enforcement of their mandatory curfew to determine if the mandatory curfew is effective. Frankly, it will only be as effective as enforcement. If we obtain significant information that there are substantial violations of the curfew order as demonstrated by significant enforcement actions of the City of Tucson, it may be worth revisiting our voluntary curfew public health advisory to convert such to a mandatory order.

- **Public Health Advisory** – The public health official will issue a Countywide public health advisory that will contain a number of recommendations as outlined in Attachment 3.

  In order to reinforce the importance of this public health advisory, which is voluntary, it would be appropriate to have the Board of Supervisors approve and endorse it as well as encourage all of those who can comply, to comply, with the public health advisory during this critical period.

  This public health advisory is designed to maximize the safety of individuals who want to reliably avoid exposure to COVID-19. As in all health advisories, it relies on a high degree of personal responsibility for the individual to comply. As indicated previously in this memorandum, the public health agency has had significant success in compliance with their
health advisories with the best example being the voluntary quarantine that has essentially stopped the significant University of Arizona COVID-19 outbreak. We are hopeful that voluntary compliance with this health advisory will have the same affect with the current devastating and accelerating Coronavirus pandemic.

**Vaccination Strategy for Pima County**

For the last three months our Health Department has been deeply engaged with federal and state health authorities in anticipation of the availability and subsequent deployment of a COVID-19 vaccination. Approval of two vaccine products has been expedited at the federal level and we are making plans to receive vaccines by the end of this month.

Although many elements are still to be determined and not under the control of our public health agency, it is appropriate to share our draft strategy that summarizes some of the key elements that are under review. (Attachment 4)

Among the variables that are still being clarified by the federal and state health authorities is a clear articulation of the first population eligible for vaccination in Phase 1a. At this time, it appears to include the broad range of healthcare workers spanning a variety of in- and outpatient settings and including a wide variety of roles; in Pima County this group is estimated to be more than 67,000 individuals. Two days ago however, the federal Advisory Committee on Immunization Practices added the residents of long-term care and related facilities as being a priority population to be immunized. Additionally, yesterday Governor Ducey identified teachers and school personnel as an additional priority group for the first phase of vaccination. Given that the vaccine we expect to receive is a federal asset, we will need clear definitions of the population to be immunized and unambiguous guidance regarding its handling and delivery.

**Recommendation**

I recommend the following to the Board of Supervisors:

1. Approve the revised Proclamation, strengthening and clarifying the penalties for noncompliance with the requirement of Proclamation, including the possibility of the suspension or revocation of licenses or operating permits on the second violation;

2. Approve a revised mask Resolution that now includes a civil penalty for individuals not wearing a mask in public and require businesses to prohibit individuals from entering a business without a mask and establishes a civil fine for violations for business who do not comply;

3. Continue the voluntary curfew and request compliance and enforcement statistics from the City of Tucson regarding their mandatory curfew for evaluation and possible action by the Board in the future;
4. Establish a process for compliance with the Governor’s recent Executive Order related to events involving 50 or more persons, requiring a disclosure and posting of required COVID-19 compliance requirements and the posting of a COVID-19 compliance deposit to assure compliance with agreed upon mitigation standards;

5. Endorse the Public Health Advisory by the public health official and public health agency;


Sincerely,

C.H. Huckelberry  
County Administrator

CHH/anc – December 3, 2020

c: The Honorable Board of Supervisors Elect  
Jan Lesher, Chief Deputy County Administrator  
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services  
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
PROCLAMATION OF THE PIMA COUNTY BOARD OF SUPERVISORS REGARDING A STATE OF EMERGENCY RELATED TO THE COVID-19 OUTBREAK, CONTINUING MEASURES FOR REOPENING OF CERTAIN BUSINESSES AND ACTIVITIES AND REVISING ENFORCEMENT FOR VIOLATIONS OF THOSE MEASURES

The Board of Supervisors of Pima County, Arizona finds:

1. On March 19, 2020, the Pima County Board of Supervisors adopted Resolution No. 2020-18, declaring an emergency or local emergency to exist in unincorporated Pima County related to the COVID-19 outbreak and adopting the orders contained in an accompanying Proclamation issued the same day.

2. Section 2 of Resolution No. 2020-18 authorized and empowered the Chairman of the Pima County Board of Supervisors to govern by proclamation, as authorized by A.R.S. § 26-311, in consultation with the County Administrator and Chief Medical Officer, as provided in the Proclamation accompanying Resolution No. 2020-18.

3. Section 2 of Resolution No. 2020-18 further provided that any additional or future proclamation or change to the Proclamation dated March 19, 2020 must be approved at a regular or special meeting of the Board.

4. On March 30, 2020, Governor Doug Ducey issued Executive Order 2020-18, entitled "Stay Home, Stay Healthy, Stay Connected; Physical Distancing to Mitigate COV/0-19 Transmission." That order generally permitted persons to leave their residences only for Essential Activities, Essential Governmental Functions, or Essential Functions. The order initially was effective until April 30, 2020.

5. On April 29, 2020, Governor Ducey issued Executive Order 2020-33, entitled "Returning Stronger; Amending the Stay Home, Stay Healthy, Stay Connected Order." The Returning Stronger order extended the Stay Home, Stay Healthy, Stay Connected order, as modified in the Returning Stronger order, until May 15, 2020, at 11:59 p.m. Among the modifications in the Returning Stronger order, Governor Ducey authorized:
   a. Nonessential retailers to "operate and offer goods through delivery service, window service, walk-up service, drive-through service, drive-up service, curbside delivery or appointment provided they establish and implement protocols and best practices for businesses to address COVID-19 as outlined in this order," effective May 4, 2020.
   b. Nonessential retailers to begin to "operate and offer goods for sale to customers in their stores provided they establish and implement protocols 1 of 8 and best practices for businesses to address COVID-19 as outlined in this order," effective May 8, 2020.
6. On May 4, 2020, Governor Ducey issued Executive Order 2020-34, entitled "Building on COVID-19 Successes; Resuming additional business operations for barbers, cosmetologists, and dine-in restaurants." That order provided that:
   a. Barbers and cosmetologists could resume operations May 8, 2020, "provided they establish and implement protocols and best practices for businesses to address COVID-19, including using face coverings for employees and customers, operating by appointment only and following protocols as directed by the Centers for Disease Control and Prevention, the United States Department of Labor Division of Occupational Safety and the Arizona Department of Health Services."
   b. Dine-in services could resume May 11, 2020, provided they establish and implement protocols and best practices for businesses to address COVID-19, including enacting physical distancing policies, limiting the number of diners and following protocols as directed by the Centers for Disease Control and Prevention, the United States Department of Labor Division of Occupational Safety and the Arizona Department of Health Services."

7. On July 7, 2020, the Pima County Board of Supervisors approved a Proclamation setting forth revised temporary measures ("Temporary Measures") applicable restaurants and other dine-in establishments; public/semi-public pools, gyms, fitness centers, hotels and resorts; and attractions for the duration of Governor Ducey’s orders. The Temporary Measures adopted July 7 were designed to mirror requirements imposed by the Arizona Department of Health Services (ADHS).

8. Recent data show increased community spread of COVID-19 and decreased availability of necessary healthcare resources, including hospital and intensive-care beds.

9. On December 2, 2020, Governor Ducey issued Executive Order 2020-59, which provides that “failure to comply with this order and any other guidance issued by ADHS related to precautions to mitigate the spread of COVID-19 shall constitute a public nuisance dangerous to the public health pursuant to A.R.S. § 36-601(A)” to be enforced by county health departments or other agencies.

10. In order to protect the public health by slowing the spread of COVID-19, more-stringent enforcement of the Temporary Measures is necessary.

11. For purposes of clarity, rather than amending the July 7 Proclamation, the Board desires to restate the Temporary Measures (without change) and include a revised Section 5 to enhance enforcement of the Temporary Measures.

NOW, THEREFORE, IT IS PROCLAIMED AND ORDERED, EFFECTIVE IMMEDIATELY, ASフォロ-ws:
SECTION 1. The Pima County Board of Supervisors hereby readopts the following temporary measures applicable to all restaurants and other dine-in establishments:

A. Minimum employee, vendor, delivery service and patron health and wellness measures:
   1. Wellness/symptom checks, including temperature checks for all restaurant personnel, and when possible for vendors, contractors, third party delivery service workers, etc. as they arrive on premises and before opening of a restaurant.
   2. Cloth masks and gloves and/or frequent handwashing is required for all servers and restaurant personnel. Develop or follow handwashing policy for servers as it exists in the Pima County Food Code.
   3. Pima County Health Notice - Posting of the "STOP Please do not enter if you have COVID-19 symptoms" at the entrance of the facility.

B. Minimum restaurant operation measures:
   4. Physical and/or electronic signage posting at the restaurant entrance of public health advisories prohibiting individuals who are symptomatic from entering the premises and requiring all persons entering to wear masks unless exempt under Pima County Resolution 2020-49.
   5. Indoor occupancy limited to 50 percent unless meeting physical distancing standards allows a higher occupancy.
   6. Physical distancing of 6 feet minimum between tables. Bar top or counter seating is not allowed, unless each party is spaced approximately 6 feet apart.
   7. Clearly marked 6-foot spacing marks and/or signage along entrances, hallways, restrooms and any other location within a restaurant where queues may form or patrons may congregate.
   8. Parties no larger than 10 allowed per table.
   9. Menus must be in a format that does not promote potential virus transmission e.g. menu boards, single use menus.
   10. Elimination of self-service stations including salad bars and buffets.
   11. Expansion of outdoor service areas to increase physical distancing standards.
   12. Hand sanitizers available at or adjacent to entrances to the facility, restrooms and in employee work areas, or soap and running water readily accessible to staff and customers and marked locations.
   13. Sanitize customer areas after each sitting with EPA-registered disinfectant, including but not limited to: tables, tablecloths, chairs/booth seats, table-top condiments and condiment holders.

C. Additional measures restaurants and other dine-in establishments should also consider:
   15. Restaurant personnel to have a national certification in food safety and handling, as well as specific training in the prevention of COVID-19.

D. The measures in this Section also apply to event spaces and catered functions.
E. Compliance with the measures in this Section is to be validated during regular operator inspections. All establishments that document adherence to the minimum best practice standards in this Section will earn a Pima County Best Practice Pledge badge that can be displayed electronically or physically to provide a visible symbol of the commitment to the community's health and well-being.

SECTION 2. The Pima County Board of Supervisors readopts the following temporary modifications to zoning requirements applicable to restaurants or other dine-in establishments to provide more usable seating area to maximize physical distancing:

A. Limits and Restrictions: Specific limits are not recommended on seating area expansions to allow maximum flexibility to accommodate a wide variety of business sizes, locations and types. This would apply to restaurants in shopping centers, retail strips, stand-alone structures and multi-use buildings. Potential expansion areas could include vacant land, vacant building space, common areas, sidewalks, parking lots, etc. More importantly, restaurants have flexibility to work with the landlord/building owner to identify the best locations to establish expanded seating areas.

B. Adjacency of Seating Areas: The expanded seating area does not have to be immediately adjacent to the existing restaurant footprint. It may be desirable to establish a seating area on the shady side of a storefront or other areas such as a parking lot away from the main structure. It is noted there may be certain state liquor license requirements, which Pima County and other jurisdictions do not have control over, that need to be adhered to and may affect the location of the expanded seating.

C. Cafe Seating on Sidewalks and Common Areas: Seating outdoors near an entrance or patio to a restaurant is currently permitted in commercial zones. Cafe seating is fairly common at restaurants throughout the County such as North Italia, Blanco Taco and others at La Encantada, but is potentially underutilized especially during hotter months. Promenades and sidewalk areas have minimal criteria that must be maintained when expanding into these areas, such as providing 6 feet of distance for safe ingress/egress and no obstruction of American with Disabilities compliance requirements. A minimum distance of 8 feet, or 5 feet if there are wheel stops, must be maintained from the seating area to the parking lot curb.

D. Use of Parking Lot: Most shopping centers in unincorporated Pima County, and likely other jurisdictions, are substantially over-parked and have promenades that could be utilized to expand seating to offset table loss from indoor seating limits and to maximize distances between patrons. However, expanded seating areas should not block parking spaces designated for individuals with disabilities or emergency services access lanes.
Wherever parking or loading spaces are used for expanded seating, adherence to the following criteria is recommended:

Barriers with a minimum height and weight similar to curbs or wheel stops shall be provided on the Parking Area Access Lanes (PAAL) and along the sides of seating areas where adjacent parking spaces will remain in use. A five-foot clear zone shall exist between the parking area barriers and the expanded seating area. Tables and equipment must not be located in this five-foot clear zone.

E. On Street Parking Spaces: These locations could be easily converted to outdoor seating areas or "parklet" type seating areas. These locations, typically found in mixed-use, urban and downtown settings, could be used as seating area extensions. If located within a public street, approval of the jurisdiction's Transportation Department would be required.

F. Temporary Shade and Tent Structures: If a tent structure is utilized, and is less than 900 square feet and open on two or more sides, no permit is necessary in unincorporated Pima County. If a tent structure over 900 square feet is erected, a building permit is required with a Fire Department inspection.

G. Other Permits: If construction or erecting of a structure is proposed that involves electrical, grading/drainage, plumbing or other non-minor improvements, a staff evaluation will determine what other permits may be needed in consultation with the restaurant owner/operator. Most "pop-up" style cafe and outdoor seating will not trigger any permits.

H. Other Agencies' Requirements: Expansions must adhere to applicable requirements of other agencies such as the Pima County Food Code and pandemic-related reopening measures and the Arizona Department of Liquor License and Control regulations.

I. Signage: Enforcement of temporary sign requirements and prohibitions have previously been suspended in unincorporated Pima County, and many other jurisdictions, to allow the use of temporary signage to inform customers during the pandemic emergency declaration.

J. Landlord/Property Owner Consent: With landlord or property owner consent, and subject to adherence to these outlined measures, restaurants may establish expanded seating areas in locations authorized by the landlord or property owner such as courtyards, promenades, sidewalks, parking lots, loading bays, etc.

K. Review Process: For unincorporated areas, Pima County Development Services Department will provide same day review and evaluation for proposed temporary outdoor expansion. A simple floor/plan, landlord/owner consent letter, and vehicle barrier diagram (when located in parking lot) can be submitted by email to DSDPlanning@pima.gov for review.
SECTION 3. The Pima County Board of Supervisors hereby readopts the following temporary measures applicable to all public/semi-public pools associated with lodging, gyms, fitness centers, hotels and resorts:

A. Minimum employee, vendor, and guest health and wellness measures:
   1. Wellness/symptom and temperature checks for all personnel, and when possible for vendors, contractors as they arrive on premises and before opening of a pool.
   2. Similar symptoms and temperature checks for guests are optional.
   3. Cloth masks and gloves and /or frequent handwashing is required for all staff.

B. Minimum operation measures:
   4. Physical and/or electronic signage posting at the restaurant entrance of public health advisories prohibiting individuals who are symptomatic from entering the premises and requiring all persons entering to wear masks unless exempt under Pima County Resolution 2020-49.
   5. Indoor occupancy limited to 50 percent or lower unless 6-foot physical distance standards can be achieved with higher occupancy.
   6. Clearly marked 6-foot spacing marks and/or signage at entrances, hallways, restrooms and any other location within the gym or pool where patrons may queue or congregate.
   7. Physical distancing of 6 feet minimum between fitness equipment, deck loungers, chairs and/or tables.
   8. Elimination of self-service stations including water fountains, unless touch less. Nothing prohibits the serving of bottled water.
   9. Hand sanitizers available at or adjacent to entrances to the facility, restrooms and in employee work areas, or soap and running water readily accessible to staff and customers and marked locations.
   10. Sanitize customer areas and high-touched surface areas after each sitting or equipment use with EPA-registered disinfectant.
   11. Implement cashless and/or minimal touch payment methods if possible.

C. Establishments subject to the measures in this Section may also be subject to the guidance in Section 1 regarding restaurants and other dine-in establishments.

D. For pool operators, compliance with the measures in this Section is to be validated during regular operator inspections. All establishments that document adherence to the minimum best practice standards in this Section will earn a Pima County Best Practice Pledge badge that can be displayed electronically or physically to provide a visible symbol of the commitment to the community's health and wellbeing.

SECTION 4. The Pima County Board of Supervisors hereby readopts the following temporary measures applicable to all attractions.
A. Minimum employee, vendor, delivery service health and wellness measures:
   1. Wellness/symptom checks, including temperature checks for all attraction personnel, and when possible for vendors, contractors, third party delivery service workers, etc. as they arrive on premises and before opening of an attraction. Patron wellness checks are recommended but not required.
   2. Cloth masks gloves and/or frequent handwashing is required for all staff and volunteers.
   3. Pima County Health Notice - Posting of the "STOP Please do not enter if you have COVID-19 symptoms" at the entrance of the facility

B. Minimum attraction operation measures:
   4. Physical and/or electronic signage posting at the restaurant entrance of public health advisories prohibiting individuals who are symptomatic from entering the premises and requiring all persons entering to wear masks unless exempt under Pima County Resolution 2020-49.
   5. Indoor occupancy limited to 50 percent or lower unless physical distance standards can be achieved with higher occupancy. Outdoor attractions are also limited in capacity by social distancing and the ability of the attraction to clearly monitor attendance in the outdoor space.
   6. Attendance by reservation or advance ticketing is strongly encouraged to control guest entry and exit to comply with physical distancing.
   7. Physical distancing of 6 feet minimum throughout the attraction.
   8. Clearly marked 6-foot spacing marks and/or signage throughout the attraction, along entrances, hallways, restrooms and all exhibits. Frequently touched indoor/outdoor exhibits or any exhibit that would not allow physical distancing should be closed.
   9. Hand sanitizers available at or adjacent to entrances to the attraction, restrooms and in employee work areas, or soap and running water readily accessible to staff and customers and marked locations.
  10. Elimination of self-service stations including water fountains, unless touch less. Nothing prohibits the serving of bottled water.
  11. Sanitize customer areas through-out the attraction with EPA-registered disinfectant, including but not limited to: entry and exit points, and fables or chairs open to the public.

C. Additional measures attractions should also consider:
   1. Implement touchless payment methods if available.

D. If the attraction has a restaurant component, compliance with Section 1 also required. Those provisions also apply to event spaces and catered functions.

E. Compliance with the measures in this Section is to be validated during regular operator inspections. All establishments that document adherence to the minimum best practice standards in this Section will earn a Pima County Best Practice Pledge badge that can be
displayed electronically or physically to provide a visible symbol of the commitment to the community's health and well-being.

SECTION 5. Failure to comply with measures set forth in Sections 1, 3, or 4 of this Proclamation, except for those that are solely recommendations, subjects an establishment to enforcement as follows:

A. First violation: a written warning whose primary purpose is to educate the establishment in order to obtain voluntary compliance.

B. Second violation of the same or a similar nature: enforcement action, which may include closure of the establishment or revocation of the establishment's operating permit.

C. Establishments that have been found to meet these standards and have not had a valid complaint in violation of either these temporary measures or the Pima County Food Code within the past 12 months, will be posted on the Covid-19 website as following Pima County Best Practices Restaurants.

SECTION 6. The temporary measures in this Proclamation remain in effect for the duration of the emergency declared in Resolution No. 2020-18 and until all restrictions are lifted by the Governor.

SECTION 7. The Proclamation approved July 7, 2020 is hereby repealed.

PROCLAIMED this _____ day of December, 2020, at ___ p.m.

__________________________________________
Ramón Valadez
Chairman, Board of Supervisors

ATTEST:

________________________
Julie Castañeda, Clerk of the Board

APPROVED AS TO FORM:
RESOLUTION NO. 2020-________

RESOLUTION OF THE PIMA COUNTY BOARD OF SUPERVISORS ADOPTING REGULATIONS NECESSARY FOR THE PUBLIC HEALTH AND SAFETY OF PIMA COUNTY’S INHABITANTS, REQUIRING PERSONS TO WEAR FACE COVERINGS WHEN THEY ARE IN PUBLIC PLACES AND CANNOT EASILY MAINTAIN A CONTINUOUS PHYSICAL DISTANCE OF AT LEAST 6 FEET FROM ALL OTHER PERSONS

The Board of Supervisors of Pima County, Arizona finds:


2. The Covid-19 pandemic is the worst public-health crisis the United States has faced in a century. It has caused over 273,000 confirmed deaths in the United States and infected over 13.9 million people, though the actual numbers of deaths and infections are very likely higher. Many of those who survive Covid-19 will do so only after experiencing serious illness and lengthy hospitalization.

3. On June 19, 2020, the Pima County Board of Supervisors adopted Resolution 2020-49, requiring all persons in Pima County who are not exempt under that Resolution to wear compliant face coverings while in public and unable to easily and continuously physically distance from others. The Board hereby readopts and incorporates by reference the findings in Resolution 2020-49, as updated by those in this Resolution.

4. Section 5 of Resolution 2020-49 requires that the Board give express authorization before any civil or criminal enforcement of its requirements can be taken.

5. Arizona is again experiencing alarming community spread of Covid-19 and decreased availability of necessary healthcare resources, including hospital and intensive-care beds.

6. As part of the effort to mitigate the spread of Covid-19, more stringent enforcement of face-covering requirements is necessary.

7. Pima County, through both the Board of Supervisors and its Health Department, has broad authority to take action to protect the public health and safety of all Pima County's inhabitants, see A.R.S. § 11-251(17); A.R.S. Title 36, Chapter 1, Article 4; Marsoner v. Pima County, 166 Ariz. 486 (1991), including authority to adopt and enforce “regulations necessary for the public health and safety of the inhabitants,” A.R.S. § 36-183.02.
8. For purposes of clarity, the Board desires to readopt and restate the provisions of Resolution 2020-49, with amendments to the enforcement provisions and other clarifying amendments.

NOW, THEREFORE, BE IT RESOLVED,

Section 1. Face coverings required. Every person must wear a face covering that completely and snugly covers the person's nose and mouth when the person is in a public place and cannot easily maintain a continuous distance of at least six feet from all other persons. For purposes of this Resolution:

a. "Face covering" does not include any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling.

b. "Public place" means any place, indoor or outdoor, that is open to the public or a segment of the public and includes, but is not limited to, businesses or other establishments where people assemble or members of the general public may enter; schools; offices; public buildings, highways, and parks; and public transportation, including taxicabs and ride sharing.

Section 2. Exempt persons. Section 1 of this Resolution does not apply to:

a. Children under the age of 5. Parents or guardians are responsible for ensuring that children between the ages of 5 and 17 wear appropriate face coverings when required under this Resolution.

b. Persons who cannot medically tolerate wearing a face covering. A person is not required to provide documentation demonstrating that the person cannot medically tolerate wearing a face covering.

c. Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

d. Persons, including on-duty law-enforcement officers, for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

e. Persons who are obtaining a service involving the nose, face, or head for which temporary removal of the face covering is necessary to perform the service.

f. Persons who are eating or drinking at a restaurant or other establishment that offers food or beverage service, so long as the person is able to maintain a distance of 6 feet away from persons who are not members of the same household or party as the person.

g. Any member of a group of persons who are in a public place together and live in the same household or are part of a party of 10 or less, so long as the group can easily maintain a continuous physical distance of at least 6 feet from all other persons not part of the household or party.
h. Persons who are engaged in outdoor work, recreation, or exercise, when alone or as part of a group of people who live in the same household or constitute a party of 10 or less, so long as they are able to easily maintain a continuous physical distance of at least 6 feet from all other persons not part of the same household or party.

i. Persons who are incarcerated.

j. Persons who are swimming.

k. For any activity not listed for exemption, an exemption may be granted on a case-by-case basis from the Pima County Chief Medical Officer and the Director of the Pima County Health Department. General descriptions of exemptions granted will be posted on a website accessible via www.pima.gov, without identifying who requested the exemption.

Section 3. Establishments. Establishments that are open to the public must provide face coverings to their employees and require them to wear them. Additionally, establishments that are open to the public and in which continuous physical distancing of at least six feet between persons cannot be easily maintained must refuse to allow a person who is not exempt under Section 2 and who is not wearing a face covering to enter the establishment and must request that a person inside the establishment leave if the person is not exempt under Section 2 and is not wearing a face covering.

Section 4. Complaints and investigations. Pima County will provide a public website available via www.pima.gov through which any person may file a written complaint alleging noncompliance with this Resolution at any establishment that is open to the public. The website will allow the submission of photographs, and, when possible, photographs depicting violations should be provided. The Pima County Health Department will investigate complaints and take enforcement action where appropriate. Pima County will post copies of the complaints and associated documentation, including photographs, on the website.

Section 5. Compliance and enforcement.

a. A violation of Section 1 of this Resolution is a civil infraction that carries a penalty of $50 per infraction.

b. A violation of Section 3 of this Resolution by an establishment is a civil infraction that carries a penalty of $500 per infraction. In addition, if the Pima County Health Department investigates and finds noncompliance at an establishment, it may recommend to any governing body that issues a permit or license to that establishment, including when applicable the Arizona State Liquor Board, that the permit or license be suspended.

c. Nothing in this Resolution limits or precludes any other means of enforcement authorized by law.

Section 6. Applicability. This Resolution applies throughout Pima County, including within incorporated areas.

Section 7. Effective date. This Resolution is effective upon adoption.
Section 8. Repeal of Resolution 2020-49. This Resolution supersedes Resolution 2020-49, which is repealed upon the adoption of this Resolution, except that any investigation or enforcement taken under Resolution 2020-49 may continue until it has concluded, and any prior violations of Resolution 2020-49 may be considered prior noncompliance for purposes of investigations and enforcement under this Resolution.
Public Health Advisory: Voluntary Shelter-in-Place Recommendations

Updated December 3, 2020

This is a rapidly evolving situation. Recommendations will be updated and shared as new information becomes available.

This guidance outlines updated infection control recommendations for all of Pima County including incorporated and unincorporated cities and towns to reduce the spread of COVID-19. The Health Officer will continue to monitor data as well as evolving scientific understanding of the risks posed by COVID-19 and may modify this Order based on analysis of that data and knowledge.

What we know

COVID-19 is highly contagious and is spread primarily through person-to-person contact. Over the last months, Pima County Health Department has identified an accelerated transmission of COVID-19 throughout Pima County.

This trend has proven to be highly impactful on the availability of hospital bed capacity and that impact is expected to surpass critical levels should the high rate of community-wide spread occurring in Pima County not be addressed. As the impacts of the travel and gatherings characteristic of this time of year are still yet to be seen, it can only be expected to further stretch the need for public health and healthcare resources in Pima County.

It is for this reason the Health Department recommends the following actions be taken by the residents of Pima County.

Voluntary Curfew and Shelter-in-Place

- **Voluntary Curfew from 10PM to 5AM** – We recommend all residents limit travel during these hours to essential activities previously defined in the voluntary curfew announcement. Our previous shelter in place recommendations have been successful and we hope for similar compliance with this voluntary curfew. (Attachment 1)

- **Voluntary Shelter in Place** – All residents are asked to stay home as much as possible as the best way to prevent the risk of COVID-19, and therefore trips and activities outside the home should be minimized. All activities that involve contact with people outside of one’s household (defined by those who have not lived in your home for the last 14 days) increase the risk of getting COVID-19. Exceptions for this stay at home recommendation involve the following activities: seeking medical care, purchasing food/supplies, outdoor exercise, pet care, connecting with homeless or domestic violence shelters, and attending work or school. Leisure, non-essential and holiday travel are strongly discouraged.

- **Voluntary Shelter in Place for Older Adults and Individuals with Serious Underlying Medical Conditions** – Older adults (those age 65 or older) and individuals with serious underlying medical conditions (including immunocompromised state, chronic kidney disease, chronic obstructive pulmonary disease, obesity, serious heart conditions, sickle cell disease, and diabetes) are strongly urged to stay in their places of residence except to access critical necessities such as food and medicine.

- **Physical Distancing Requirements** – When outside their place of residence, all individuals must strictly comply with the following requirements to the maximum extent possible:
  - Maintain at least six feet of distance from individuals who are not part of their household;
  - Wear a face covering in and out of doors;
  - Frequently wash hands with soap and water for at least 20 seconds, or using hand sanitizer;
  - Covering their coughs and sneezes with a tissue or fabric or, if not possible, into their sleeve or elbow (but not into hands); and
  - Avoiding all contact with anyone outside their household when sick with a fever, cough, or other COVID-19 symptoms.

- **Face Covering Requirements** – Face coverings must be worn at all times;
  1. When indoors and not in one’s own residence or if indoors but unable to maintain 6 feet distance from individuals who are not members of the household.
  2. Whenever outdoors and within six feet of anyone outside one’s own household.
• **Limitations on Gatherings** – Public and private gatherings of individuals from separate households remains strongly discouraged because it carries significant risk of getting COVID-19. Indoor gatherings are particularly risky, and gatherings should be held outdoors wherever possible. Limit gatherings to ten or less people.

**Requirements Applicable to All Businesses**

• **Activities that Can Occur Outdoors** – Wherever possible, businesses are strongly urged to move as many operations as possible outdoors, where there is generally less risk of getting COVID-19. Businesses that cannot meet Physical Distancing or Face Covering Requirements should consider telecommuting options.

• **Mandatory Reporting Regarding Personnel Contracting COVID-19** – Businesses and governmental entities should have all personnel immediately alert the business or governmental entity if they test positive for COVID-19 and were present in the workplace within the 48 hours prior to onset of symptoms or within 48 hours of the date on which they were tested. Businesses and governmental entities must report these cases to the Pima County Health Department, and comply with all case investigation, contact tracing, and outbreak investigation measures by the County, including promptly providing any information requested. Businesses should instruct employees to follow isolation and quarantine protocols specified by the County, and exclude positive cases and close contacts from the workplace during the isolation or quarantine periods.
PIMA COUNTY COVID-19 VACCINE PLAN

Draft Strategy Document

Prepared by the
Pima County
Health Department
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**EXECUTIVE SUMMARY**

**COVID-19 and Operation Warp Speed**

The race to develop COVID-19 vaccines is moving swiftly, both nationally and internationally. Domestically, the federal Operation Warp Speed program has been focused on the rapid development of one or more COVID-19 vaccines. The U.S. Centers for Disease Control and Prevention (CDC) has been working closely with health departments and partners to develop vaccination programs that can accommodate different vaccines and scenarios.

Protocols for the demonstration of safety and efficacy have been aligned, allowing the clinical trials to proceed quickly. To expedite the clinical trial and approval process, trial protocols are overseen by the federal government, as opposed to traditional public-private partnerships. Rather than eliminating steps from the traditional drug development timeline, all trial, approval, and manufacturing, and approval activities are proceeding simultaneously.

In November 2020, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Defense (DoD) announced partnerships with large chain pharmacies and networks that represent independent pharmacies and regional chains. Through the partnership with pharmacy chains, the program encompasses approximately 60 percent of pharmacies throughout the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Through the partnerships with network administrators, independent pharmacies and regional chains will also be part of the federal pharmacy program, further increasing access to vaccine across the country—particularly in traditionally underserved areas.

The devastating community wide health and economic impacts of the COVID-19 pandemic requires Pima County to develop and execute a robust COVID-19 vaccine plan that will maximize uptake of the vaccine and protect the health of the public.

The Pima County COVID-19 Vaccine Strategy response has been informed by national, regional, and state input. In addition, the Vaccine Strategy has been developed in a combined effort with multi-disciplinary representatives from local groups to collaborate in planning the distribution and administration of a COVID-19 vaccine. This collective representation will advise the vaccination effort through the development of strategies and plans, goal setting, provider communications, needs assessment, population advocacy, and implementation. The fundamental goal is to ensure that the residents of Pima County are vaccinated quickly while remaining consistent with CDC guidelines and compliant with all national and state safety recommendations.

This document serves as a plan for the Pima County Health Department and public health partners to operationalize a vaccination response to COVID-19. It is a living document that will be iterated with updated information and guidance regarding vaccine availability and timelines, federal distribution logistics, funding resources, public demand, and vaccine efficacy. The Pima County Health Department is committed to the following guiding principles.
Immunization with a safe and effective COVID-19 vaccine is a critical component of the United States strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal of PCHD is to have enough COVID-19 vaccine for all people in Pima County who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine. Vaccination efforts may initially 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.

This document serves as an interim playbook for Pima County on how to plan and operationalize a vaccination response to COVID-19 within their jurisdictions. The document’s sections cover specific areas of COVID-19 vaccination program planning and implementation and provide key guidance documents and links to resources to assist those efforts.

From the early days of the COVID-19 public health emergency, Pima County has executed a data-driven disease mitigation response that encompasses:

- Supporting all Pima County residents, particularly vulnerable populations, to adopt public health measures
- Distributing personal protective equipment (PPE) and enforcing PPE mandates
- Mobilizing COVID-19 testing, exposure notification, and resource provision

**GUIDING PRINCIPLES**

- **Administer an effective COVID-19 vaccine to Pima County residents to reduce the spread of COVID-19 and related illnesses, hospitalizations, and deaths**
- **Execute the safe and timely delivery of the vaccine**
- **Provide equitable access to all who live, work, or are educated in Pima County while targeting high risk and vulnerable populations based on evidence**
- **Seek broad and meaningful community engagement so that communication strategies are responsive, data informed and trusted**
- **Provide clear, transparent and data driven information to the public about vaccine risks, benefits, safety, allocation, targeting and availability**
The vaccine will be administered in **four phases in accordance with the Center for Disease Control (CDC) phased approach to COVID-19 vaccinations**

Immunization with a safe and effective COVID-19 vaccine is a critical component of the U.S. strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning.

Although the goal of the U.S. government is to provide sufficient COVID-19 vaccines to all who wish to be vaccinated, when a COVID-19 vaccine is first released, the supply is expected to be limited. Therefore, a **phased vaccine plan** has been formulated to prioritize those critical to the response, providing direct care, and those at highest risk for developing severe illness from COVID-19 exposure.

**Public Health Preparedness Planning**

Pandemic vaccination response planning requires collaboration among a wide range of public- and private-sector partners, including immunization and public health emergency preparedness programs, emergency management agencies, healthcare organizations, industry groups that include critical infrastructure sectors, policy makers, and community vaccination providers, such as pharmacies, occupational health settings, and doctors’ offices. Many of these partners engage regularly in seasonal influenza and other outbreak vaccination campaigns, and many served as vaccination providers during the 2009 H1N1 pandemic.

**Improvement Planning: Environmental SWOT Analysis for the Pima County Vaccine Plan**

Improvement planning is the identification of strengths, areas for improvement, and corrective actions. Pima County will develop and evaluate our COVID-19 vaccination program plans, and after testing, assign roles and dates for completion of specific tasks to ensure that identified corrective actions are fully implemented. Periodic review and revision of plans are integral to the improvement process. PCHD will employ a continuous quality improvement methodology as we move through our vaccine development plan and evaluation, ensuring operationalizing improvements in an ongoing manner.
Our improvement plan development included an initial *Strengths, Weaknesses, Opportunities, and Threats Analysis (SWOT)*.

**STRENGTHS**
- Pooling resources allows for quicker throughput, more quality control and better vaccine management
- The phased approach gives those at most risk first protection
- Hospitals are invested in their communities and willing to participate in the planning process
- Local EMs know their communities and have

**WEAKNESSES**
- Unknown when the vaccine will be ready
- Independent EHRs make connections difficult
- Limitations of Vaccine A make cold chain storage difficult
- Phased populations are broadly defined
- Redistribution is not allowed
- There is no system for

**OPPORTUNITIES**
- Adequate PPE supplies are available at the county
- Some testing sites are permanently established and can be used as a vaccination site
- Local partners are eager to help with the planning process

**THREATS**
- Vaccine A may face a pause in trials
- The vaccine may only come out in EUA making it difficult to encourage uptake
- CDC may require additional unexpected data gathering
- The disregard of masking and distancing recommendations may increase COVID-19 cases
I. COVID-19 ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

The Pima County Health Department (PCHD) COVID-19 Vaccine Strategy response is a combined effort with multi-disciplined representatives from local groups to collaborate in planning the distribution and administration of a COVID-19 vaccine. The fundamental mission is to ensure that all residents of Pima County are vaccinated expeditiously while observing all CDC and the Arizona Department of Health Services safety recommendations.

A. State and Local Coordination

PCHD acknowledges that it is imperative that state and local authorities combine and coordinate efforts. State-level personnel must closely monitor activities at the local level to ensure the COVID-19 Vaccination Program is implemented in adherence with federal guidance and requirements. PCHD is working closely with the state to align areas of responsibility as well as specific tasks to complement rather than duplicate efforts at either level, maximizing the efficient use of resources and overall quality of the COVID-19 Vaccination Program.

B. Tribal National and Tribal Communities

For the COVID-19 Vaccination Program, Tribal nations have the following two options for receiving vaccine:

1. Through the jurisdiction’s allocation and distribution mechanism
2. Through the IHS allocation and distribution mechanism

If a Tribal nation or any of the health facilities serving that Tribal nation receive vaccine from the jurisdiction’s allocation, they are responsible for adhering to vaccine storage, handling, distribution, and reporting requirements outlined in the CDC COVID-19 Vaccination Program Provider Agreement.

PCHD is actively engaging with our Tribal nations in planning efforts. We will include each tribe’s preference for COVID-19 vaccine distribution to ensure vaccine is effectively delivered to Tribal nations and their communities. PCHD is collaborating with the Tucson Indian Center as well as the Pasqua Yaqui and Tohono O’Odham Nations.

PCHD has incorporated Tribal engagement in the COVID-19 vaccine strategy by:

- Including Tribal partners in COVID-19 vaccine planning meetings
- Including Tribal partners in the Ethics Committee
- Establishing and maintaining open lines of communication to answer questions
- Interfacing with the Tribal vaccine manager and others involved
- Providing educational and intelligence materials
- Conducting Tribal Nation polls to determine staff interest in the vaccine
C. PCHD COVID-19 Incident Management Team

D. Pima County Emergency Operations Center (EOC) Policy Team

- Chuck Huckelberry, County Administrator
- Jan Lesher, Chief Deputy County Administrator
- Carmine DeBonis, Deputy County Administrator
- Dr. Francisco Garcia, Deputy County Administrator
- Dr. Theresa Cullen, Health Department Director
- Monica Perez, Chief Assistant to the County Administrator
E. COVID-19 Vaccine Advisory Groups

Multi-agency cross-disciplinary advisory groups have been established with the mission to expeditiously and skillfully vaccinate in Pima County during all vaccination phases identified in the CDC Interim Playbook for Jurisdiction Operations. These groups are finalizing the vaccination plan and scope and designing risk/crisis response communication protocols. In addition, three local teams -- a policy group, a technology group, and a billing group -- have been assembled to address and resolve high-level concerns spanning across operational areas.

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## F. COVID-19 Vaccine Response Operations Stakeholders and Action Items

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<th>Objectives and Responsibilities</th>
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| **COVID-19 Vaccine Management**         | ● **Manager:** Crystal Rambaud                                               | ● Oversee COVID vaccine distribution planning  
● Elevate problems to the HD leadership or policy groups as needed  
● Maintain vaccination resources for COVID-19 vaccines  
● Develop cold chain storage guidance  
● Ensure adequate training resources for cold chain and vaccine management  
● Ensure all data requirements are met per ADHS and CDC standards  
● Approve/deny vaccine orders depending on prioritization and allocation. |
|                                         | ● **Deputy:** Kristin Robinson-Lund                                          |                                                                                                                                                                    |
| **Regional POD Group and POD Resource Group** | ● **Leaders:** Javier Herrera, Spencer Graves, Crystal Rambaud, Kristin Robinson-Lund | ● Create a regional vaccination plan based on mini-Vapac guidance  
**Initially:** 5 or more hybrid PODs to vaccinate Phase 1A population  
○ Ensure all materials for regional PODs are ordered  
○ Order additional materials as needed  
○ Develop PRFs, contracts, and scopes of work for procurement as needed  
○ Anticipate needs based on changing operations  
○ Located and supported by a healthcare facility, open to all Phase 1A populations  
○ Daily meetings  
**Long term:** Plan for Phase 1B and Phase 2 populations  
○ Daily meetings |
| **Personnel Group**                     | ● **Leaders:** Spencer Graves, Javier Herrera                                | ● Provide adequate staffing to PODs sponsored by MCDPH  
● Supplement staffing at regional PODs if needed  
**Units and their objectives:**  
**MRC Strike Team:**  
○ Provide MRC strike teams to PODs as needed to supplement staffing  
○ Ensure teams are well trained in vaccine competencies  
○ Identify community partnerships to supplement staffing  
**POD Staffing Unit:**  
○ Provide POD staffing models to partners  
○ Track non-volunteers staffing availability  
**Training Unit:**  
○ Ensure adequate training for POD partners, vendors, and staff before POD operations begin |
| **HealthCare Worker Pod**               | ● **Leaders:** Spencer Graves, Crystal Rambaud                               | ● Facilitate planning of health care worker pods for initial distribution during Phase 1A  
○ UMC Banner, TMC and Tohono O’odham Nation Healthcare |
| **External Partners**                   | ● **Leader:** Community stakeholders -- to be determined                     | ● Provide support and network for vaccine administration  
● Includes invitees as well as other organizations interested and committed to vaccine implementation  
● Includes U of Arizona, FQHC, individuals and organizations interested in the vaccination  
● Monthly meetings plus regular implementation |
| **University of Arizona**               | ● **Lead:** U of AZ                                                           | ● Participant and SME for Immunization activities between U of AZ, PCHD, and Az DHS  
● Bi-weekly meetings |
II. ONBOARDING, ALLOCATION, ORDERING, AND DISTRIBUTION PROCESS

A. Provider Recruitment and Enrollment

An adequate network of trained, technically competent COVID-19 vaccination providers in accessible settings is critical to COVID-19 Vaccination Program success. PCHD has concentrated early planning efforts on engaging those vaccination providers and services that can rapidly vaccinate initial populations of focus (e.g., Critical Populations) as soon as a COVID-19 vaccine is available (Phase 1). PCHD is establishing a process for the recruitment and enrollment of sufficient providers to vaccinate critical populations and eventually the general population when sufficient vaccine supply is available (Phases 2 and 3).

PCHD has targeted two settings so that COVID-19 vaccination services are accessible to the initial populations of focus when the first COVID-19 vaccine doses arrive. PCHD is partnering with TMC and Banner-UMC to provide COVID-19 vaccination to the initial population of focus.

PCHD is recruiting additional COVID-19 vaccination providers to expand equitable access to COVID-19 vaccination when vaccine supply increases. PCHD is establishing and building upon existing relationships with community partners and collaborating with multiple providers to ensure adequate infrastructure and support exists during these other phases.

B. Vaccine Allocation, Ordering, Distribution, and Inventory Management

Initial supplies of COVID-19 vaccine should be available in late 2020 or early 2021. Early dose distribution will be limited. Populations of focus for initial COVID-19 vaccine doses are expected to include healthcare workers, which, at this time, include ancillary staff, vaccinators, staff in long term care facilities (LTCFs), and other essential workers. Allocations will shift during the response based on supply, demand, vaccine characteristics, and disease epidemiology. Both high-availability and low-availability scenarios have been planned for.

C. Allocation

The Federal Government, along with AzHDS, will determine the COVID-19 vaccine quantities designated for Pima County. The PCHD immunization program will then be responsible for managing and approving orders from enrolled providers using this allotment. The amount allotted will change over time, based on the critical populations recommended for vaccination by the CDC Advisory Committee on Immunization Practices (ACIP), with input from the National Academies of Sciences, Engineering, and Medicine (NASEM), COVID-19 vaccine production and availability, and overall population of the jurisdiction.

Federal agencies and additional commercial partners will also receive allocations directly from CDC once larger volumes of vaccine are available. CDC is currently developing procedures to ensure that jurisdictions have full visibility of COVID-19 vaccine supply and vaccination activities among these entities located within their boundaries.

PCHD will determine COVID-19 vaccine order allowances among their vaccination

- ACIP recommendations (when available)
- Estimated number of doses allocated to the jurisdiction and
providers based on the critical populations they serve. Allotments of doses to vaccination providers within a jurisdiction will be based on the criteria listed on the right.

timing of availability  
- Populations served by vaccination providers and geographic location to ensure distribution throughout the jurisdiction  
- Vaccination provider site vaccine storage and handling capacity  
- Minimizing the potential for wastage of vaccine, constituent products, and ancillary supplies  
- Other local factors

D. Ordering
The CDC will provide jurisdictions with regular updates on the available vaccine supply and their assigned vaccine product-specific allocations in the CDC vaccine tracking system, VTrckS. During Phase 1 of the vaccination program, when there is limited vaccine supply for critical populations, PCHD immunization program will approve orders for the assigned providers.

E. Distribution
COVID-19 vaccines and ancillary supplies will be procured and distributed by the Federal Government at no cost to enrolled COVID-19 vaccination providers. CDC will use its centralized distribution contract to fulfill orders for most vaccine products and associated ancillary supplies. Some vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer to the vaccination provider site.

Whenever possible, the vaccine will be shipped to the location where it will be administered to minimize potential breaks in the cold chain. However, there may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites. In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed, if approved by the jurisdiction’s immunization program, to redistribute COVID-19 vaccine if validated cold-chain procedures are in place and they have signed and agreed to the conditions in the CDC COVID-19 Vaccine Redistribution Agreement and have a fully completed and signed CDC COVID-19 Vaccination Provider Profile form for each receiving location.

F. Inventory Management
COVID-19 vaccination providers will be required to report COVID-19 vaccine inventory daily using VaccineFinder, a free, online service where users can search for locations that offer vaccinations. Once providers are enrolled in VTrckS, they will be preregistered for a VaccineFinder account and provided instructions via email on how to submit daily supply information.
G. High-level County-wide Overview

**Provider Onboarding**
- **Step 1:** Providers complete the Vaccine Provider Onboarding Tool developed in the REDCap system.
- **Step 2:** Providers complete AIPO training and are credential verified.
- **Step 3:** The Arizona Department of Health Services (ADHS) reviews and approves the application.
- **Step 4:** One approved, the provider information is uploaded to ASIIS.

**Initial Allocation**
- **Step 1:** Providers complete the ADHS two-step Vaccine Provider Onboarding Tool developed in the REDCap system.
- **Step 2:** Pima County receives vaccine allotments in quantities specified by ADHS.
- **Note:** The initial vaccines may be administered to targeted high-risk populations in closed settings.

**Ordering**
- **Step 1:** Providers request vaccines and maintain dose accountability in ASIIS.
- **Step 2:** The local Pima County allocator reviews and approves orders.
- **Step 3:** ADHS reviews and approves orders, then requests vaccines from the Centers for Disease Control and Prevention (CDC).

**Distribution**
- **Step 1:** If available, vaccines are shipped directly from the CDC to providers within two days after order receipt.
- **Note:** Providers order sufficient Ancillary Kits to administer the vaccines. Each kit has supplies for the administration of 100 vaccine doses and includes needles, syringes, alcohol prep pads, masks, face shields, and vaccination record cards.

H. COVID-19 Regional Points of Distribution

<table>
<thead>
<tr>
<th>Region</th>
<th>South-Tucson</th>
<th>East-Tucson</th>
<th>North</th>
<th>West-Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Sponsor</td>
<td>Banner-South</td>
<td>Tucson Medical Center</td>
<td>Pima County Health</td>
<td>TONHC</td>
</tr>
<tr>
<td>Liaison</td>
<td>Dr Gordon Carr</td>
<td>Dr. Rick Anderson</td>
<td>Crystal Rambaud</td>
<td>Dr Rodrigo Villar</td>
</tr>
<tr>
<td>Local EM</td>
<td>Tracy Montgomery</td>
<td>Louie Valenzuela</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals, EM, Logs, Infection Control</td>
<td>Dr. Nancy Zismann</td>
<td>Spencer Graves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCC Planner</td>
<td></td>
<td>Javier Herrera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Banner South</td>
<td>TMC</td>
<td>Rillito Racetrack</td>
<td></td>
</tr>
</tbody>
</table>
I. Infection Control Measures
Infection control measures for site selection are considerations for vaccine partners. The following factors are critical:

- Providing specific appointment times or other strategies to manage patient flow and avoid crowding and long lines.
- Ensuring sufficient staff and resources to help move patients through the clinic flow as quickly as possible.
- Limiting the overall number of clinic attendees at any given time, particularly for people at higher risk for severe illness from COVID-19.
- Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
- When feasible, arranging a separate vaccination area or separate hours for people at increased risk for severe illness from COVID-19, such as older adults and people with underlying medical conditions.
- Making available a point of contact for any reasonable accommodation needs for people with disabilities.
- Ensuring vaccination locations are accessible to individuals with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
- Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in postvaccination monitoring areas. Note: ACIP recommends that providers consider observing patients for 15 minutes after vaccination to decrease the risk for injury should they faint. For mobile or drive-through vaccination clinics, it is important to assess parking to accommodate vaccine recipients as they wait after vaccination.

J. Vaccination Provider Enrollment
Facilities/organizations must enroll in the federal COVID-19 Vaccination Program coordinated through the immunization program. Enrolled COVID-19 vaccination providers must be credentialed/licensed in Pima County, and sign and agree to the conditions in the CDC COVID-19 Vaccination Program Provider Agreement. The following conditions are detailed in the agreement:

1. Administer COVID-19 vaccine in accordance with ACIP recommendations. (Note: ACIP will review data on the safety and efficacy of each available COVID-19 vaccine and vote on recommendations for use.)

2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. (See CDC IIS Data Requirements for COVID-19 Vaccine Monitoring). The provider must maintain the vaccine administration records for at least 3 years following vaccination, or longer if
required by state, local, or territorial law. These records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. Not sell or seek reimbursement for COVID-19 Vaccine and any diluent, syringes, needles, or other constituent products and ancillary supplies provided by the federal government.

4. Administer COVID-19 vaccine regardless of the vaccine recipient’s ability to pay.

5. Provide an Emergency Use Authorization (EUA) fact sheet for recipients or vaccine information statement (VIS), as applicable, to each vaccine recipient/parent/legal representative prior to vaccination.

6. Comply with CDC requirements for vaccine management, including storage and handling, temperature monitoring at all times, complying with jurisdiction’s instructions for dealing with temperature excursions, and monitoring expiration dates. Providers must keep all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by law.

7. Report COVID-19 vaccines and diluents that were unused, spoiled, expired, or wasted as required by the jurisdiction’s immunization program.

8. Comply with federal instruction regarding disposal of unused COVID-19 vaccine and diluent.

9. Report vaccine administration errors (whether associated with an adverse event [AE]) or not, serious AEs (irrespective of attribution to vaccination),3 multisystem inflammatory syndrome (MIS) in children or adults, and cases of COVID-19 that result in hospitalization or death to the Vaccine Adverse Event Reporting System (VAERS). Report any additional AEs and adhere to any revised safety reporting requirements per the U.S. Food and Drug Administration’s (FDA) conditions of authorized vaccine use posted on FDA’s website throughout the duration of the EUA, as applicable. Healthcare providers should also report any additional clinically significant adverse events following COVID-19 vaccination to VAERS, even if they are not sure if the vaccination caused the event.

10. Provide a completed COVID-19 vaccination record card to every vaccine recipient/parent/legal representative.

11. Comply with FDA’s requirements, including EUA-related requirements described in FDA’s Letter of Authorization, as applicable. Providers must also administer COVID-19 vaccine in compliance with all applicable state and territorial vaccine laws.
12. Complete CDC COVID-19 Vaccination Provider Profile Form

Enrolled COVID-19 vaccination providers must also fully complete the CDC COVID-19 Vaccination Provider Profile form for each location where COVID-19 vaccine will be administered. The profile form collects the following variables for each location:

- Address and contact information
- Days and hours of operation
- Vaccination provider type (e.g., medical practice, pharmacy, LTCF)
- Settings where vaccine will be administered (e.g., hospital, university, temporary or off-site clinic)
- Number of patients/clients served
- Influenza vaccination capacity during the peak week of the prior (2019–2020) influenza season
- Populations served (e.g., pediatric, adult, military, pregnant women)
- Current IIS reporting status
- Vaccine storage unit capacity in volume and ability to maintain required temperatures

The profile form includes a field where the brand/model/type of storage unit is to be listed, requiring an attestation from the medical/pharmacy director or vaccine coordinator that each unit will maintain the relevant required temperatures (i.e., refrigerated [2°C to 8°C], frozen [-15° to -25°C], ultra-cold [-60° to -80°C]. If desired, the immunization program may request photos of vaccine storage units for confirmation.

1) Immunization Enrollment Activities

Provider enrollment activities for immunization programs must include:

- Ensuring that the provider agreement, profile form, and redistribution agreement (if applicable) are thoroughly and accurately completed by each enrolled provider, retained on file for a minimum of 3 years, and made available to CDC upon request
- Verification that COVID-19 vaccination providers have active, valid licensure/credentials to possess and administer vaccine. This licensure verification is needed only for those with prescribing authority [e.g., MD, DO, RPh, NP, PA] who will oversee COVID-19 vaccine administration. Credential verification is not required for vaccinators who work under the authority of someone with a higher level of licensure (i.e., not required for pharmacy techs/interns, RNs, LPNs, medical assistants, etc.).
- Onboarding COVID-19 vaccination providers to the jurisdiction’s IIS or other external system using an expedited process.
- Entering ship-to site information for each enrolled COVID-19 vaccination provider location in the Vaccine Tracking System (VTrckS) via direct upload or extensible XML information set (ExIS).
- For the most efficient distribution of vaccine, locations should offer full-day receiving hours to the extent possible. When that is not possible, COVID-19 vaccination providers must be available to receive vaccine shipments during a four-hour window on a weekday other than Monday.
Pima County, Arizona COVID-19 Vaccine Plan

- Reporting COVID-19 vaccination provider enrollment data electronically to CDC twice a week (i.e., Monday and Thursday by 9:00pm EST), using CDC-provided comma separated values (CSV) and JavaScript Object Notation (JSON) templates to report via a Security Access Management Services (SAMS)–authenticated mechanism. The CDC will monitor provider enrollment progress.
- Ensuring that all COVID-19 vaccination providers have been trained appropriately and have the appropriate equipment at their location to manage any serious adverse events. New vaccination providers and nontraditional provider settings should be furnished vaccination clinic planning guidance to ensure that optimum staffing, layout, supplies, and infection control procedures are in place.

2) COVID-19 Vaccination Provider Training
COVID-19 vaccination providers must understand the following:

- ACIP COVID-19 vaccine recommendations, when available
- How to order and receive COVID-19 vaccine
- COVID-19 vaccine storage and handling (including transport requirements)
- How to administer vaccine, including mixing with diluent, appropriate needle size, anatomic sites for vaccine administration, avoiding shoulder injury with vaccine administration, etc.
- How to document and report vaccine administration via the jurisdiction’s IIS or other external system
- How to manage vaccine inventory, including accessing and managing product expiration dates
- How to report vaccine inventory
- How to manage temperature excursions
- How to document and report vaccine wastage/spoilage
- Procedures for reporting adverse events as well as vaccine administration errors to VAERS
- Providing Emergency Use Authorization (EUA) fact sheets or Vaccine Information Statements (VISs) to vaccine recipients
- How to submit facility information and daily vaccine inventory reports for COVID-19 vaccination clinics to CDC’s VaccineFinder (particularly for pharmacies or other high-volume vaccination providers/settings)
3) **Other Partners**

   a. **Federal Pharmacy Partnership for COVID-19 Vaccination in Long-Term Care Facilities**

   The CDC will collaborate with CVS and Walgreens to provide on-site vaccination clinics for LTCF residents. CDC is working closely with LTCFs, jurisdictions, Centers for Medicare and Medicaid Services (CMS), professional trade organizations that serve nursing homes and assisted living facilities, and pharmacy partners to inform facilities of their options to receive COVID-19 vaccine. Depending on when LTCF staff is prioritized to receive vaccine, they will be covered under this plan (if prioritized at the same time as residents) or covered under PCHD plans for vaccinating healthcare workers/essential populations (if prioritized before residents). If staff is prioritized before residents, any staff not already vaccinated may be vaccinated through the on-site clinics offered by pharmacy partners.

   b. **Pharmacy Partners**

   To vaccinate a broader population group in Phase 2, vaccine will be allocated and distributed directly from the federal government to select pharmacy partners. Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies with a minimum of 200 stores. All partners must sign a pharmacy provider agreement with the federal government. As part of such agreement, before receiving COVID-19 vaccine, the partner must propose, in writing, its minimum capacity for vaccine administration, including the number and location of facilities that will administer COVID-19 vaccine, the estimated number of COVID-19 vaccine doses that each facility will be able to administer within defined periods, and the estimated cold chain storage capacity.

   Pharmacy partners must report to CDC daily via designated methods the number of doses of COVID-19 vaccine ordered by store location and on hand in each store reported through VaccineFinder. Pharmacy providers will also be required to report CDC-defined data elements related to vaccine administration to jurisdiction Immunization Information Systems (IISs). CDC will provide information on these data elements and reporting methods if stores are not able to directly provide data to jurisdiction IISs.

   Partnerships with pharmacies will need to be synchronized with PCHD to improve vaccination coverage and ensure transparency across the COVID-19 Vaccination Program. Jurisdictions will be provided an opportunity to opt out of having pharmacies in their area receive direct allocations. Once a jurisdiction opts out, it will not be able to opt back into the program. All jurisdictions participating in this program will have visibility on vaccine supply and uptake data by store within their respective areas.
III. PIMA COUNTY COVID-19 PHASED VACCINATION STRATEGY

The Pima County COVID-19 Vaccine Strategy response has been developed in a combined effort with multi-disciplined representatives from local groups to collaborate in planning the distribution and administration of a COVID-19 vaccine. The fundamental goal is to ensure that the residents of Pima County are vaccinated quickly while observing all CDC and the Arizona Department of Health Services safety recommendations.

THE PIMA COUNTY COVID-19 VACCINATION PHASES

<table>
<thead>
<tr>
<th>PHASE 1A</th>
<th>PHASE 1B</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>PHASE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHCARE WORKERS</td>
<td>ESSENTIAL EMPLOYEES AND THOSE AT RISK</td>
<td>CRITICAL WORKFORCE GROUPS, GENERAL POPULATIONS</td>
<td>REMAINDER OF GENERAL POPULATION</td>
<td>MAINTENANCE</td>
</tr>
</tbody>
</table>

PROPOSED GROUPS FOR PHASE 1 VACCINATION

<table>
<thead>
<tr>
<th>Healthcare Personnel</th>
<th>Essential Workers (non-healthcare)</th>
<th>Adults with high-risk medical conditions</th>
<th>Adults age ≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Personnel</td>
<td>Essential Workers (non-healthcare)</td>
<td>Adults with high-risk medical conditions</td>
<td>Adults age ≥65 years</td>
</tr>
</tbody>
</table>

EXAMPLES

- Hospitals
- Long-term care facilities
- Outpatient
- Home health care
- Pharmacies
- EMS
- Public health
- Food & Agriculture
- Food Service
- Transportation
- Education
- Energy
- Police
- Firefighters
- Manufacturing
- IT & Communication
- Water & Wastewater
- Obesity
- Diabetes
- COP
- Heart condition
- Chronic kidney disease
- Cancer
- Smoking
- Solid organ transplant
- Sickle cell disease
- Community dwelling congregates
- Skilled Nursing facilities
- Assisted living facilities
- Residential care communities
- HUD Senior Housing

Overall Assumptions

Pima County will use a four-phase approach for COVID-19 vaccination operations consistent with CDC and state guidance. This framework can be modified to meet any changes proposed within the national or regional guidance. The dynamic nature of the vaccine development, distribution, and execution requires the understanding of a flexible framework.

The vaccine supply will be limited at the beginning of the program, so the allocation of doses must focus on vaccination providers and settings for vaccination of limited critical populations as well as outreach to these populations. The vaccine supply is projected to increase quickly over the proceeding months, allowing vaccination efforts to be expanded to additional critical populations and the general public. Recommendations on the various population groups to
receive initial doses of vaccine could change after vaccine is available, depending on each vaccine’s characteristics, vaccine supply, disease epidemiology, and local community factors.

Final decisions are being made at the federal and state level. These decisions will be partially informed by the proven efficacy of the vaccines coming out of Phase 3 trials.

A. Overview of Phases 1A and 1B

1) POD Planning Assumptions

During Phase 1 of the PCHD COVID-19 vaccination program, the initial doses will likely be distributed in a limited manner, with the goal of maximizing vaccine acceptance and public health protection while minimizing waste and inefficiency.

- Individuals not directly involved in patient care but have potential exposure to infectious agents while working in a healthcare setting
- Additional identification of health care workers will be done based on guidance from local and national guidance

2) Key Considerations

- The COVID-19 vaccine supply may be limited.
- COVID-19 vaccine administration efforts must concentrate on the initial populations of focus to achieve vaccination coverage in Phase 1 population groups.
- Inventory, distribution, and any repositioning of vaccines will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.
- Federal agency personnel will be included in Phase 1A allocation.
- Military Reserves and National Guard personnel are subject to approval and should be included in jurisdictional planning.
- State Veterans Homes are not covered by Phase 1A allocation.
- Tribal Nations to determine the best route for vaccine allocation, whether it be PCHD or the Indian Health Service (IHS).

3) Objectives

PCHD will employ the following strategies to address constraints during this phase:

- Concentrating early COVID-19 vaccine administration efforts on the initial critical populations
- Providing COVID-19 vaccination services in closed POD settings to ensure that the maximum number of people be vaccinated while maintaining social distancing and other infection control procedures (e.g., large hospitals and satellite, temporary, or off-site settings)

4) Prioritization

The Pima County Health Department will prioritize enrollment activities for vaccination providers and settings who will administer COVID-19 vaccine to the Phase 1 populations, and will give additional consideration to those who live in remote, rural areas and may have difficulty accessing vaccination services.

B. Phase 1A: Healthcare Workers

*Potentially limited supply of COVID-19 vaccine doses available*
1) **Goal**
Vaccinate individuals serving in critical workforce healthcare settings at risk for direct or indirect exposure to patients or infectious materials, including:

- All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
- Individuals not directly involved in patient care but have potential exposure to infectious agents while working in a healthcare setting

2) **Measure**
Vaccinate at least 50% of the Phase 1A population groups by the end of Q1 2021.

3) **Mission**
Create a regional vaccination operational plan in each of the five public health regions that serves all Phase 1A populations.

4) **Phase 1A Vaccination Administration Strategy**

<table>
<thead>
<tr>
<th>Population Groups</th>
<th>Vaccine Type</th>
<th>Allocation</th>
<th>Allocation Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Public Health Personnel</td>
<td>• Vaccine A (Pfizer)</td>
<td>Vaccine A</td>
<td>Regional closed PODs, hospital sites</td>
</tr>
<tr>
<td>• Inpatient Healthcare Providers</td>
<td>• Vaccine B (Moderna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient and Home Health Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pharmacists and Pharmacy Technicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Healthcare Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-Approved Reserve and National Guard Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State Veterans Homes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Indian Health Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Federal Bureau of Prisons</td>
<td>TBD</td>
<td>Federally-managed</td>
<td>Managed by Federal Government</td>
</tr>
<tr>
<td>• Department of Defense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department of State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Veterans Health Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. **Phase 1B: Essential Employees and Those at Risk**

1) **Goal**
Vaccinate those serving in critical workforce groups, individuals at higher risk of severe COVID-19 illness and those 65 years of age and older.

2) **Measure**
Vaccinate at least 50% of the Phase 1B population groups by the end of Q1 2021.

3) **Mission**
Create a regional vaccination operational plan in each of the five public health regions that serves all Phase 1B populations.

4) **Phase 1B Vaccination Administration Strategy**
D. Phase 2: Critical Workforce Groups and General Population

*Large number of vaccine doses available*

1) **POD Planning Assumptions**
   As the supply of available vaccines increase, distribution will expand, increasing access to vaccination services for a larger population.

2) **Key Considerations**
   - The COVID-19 vaccine supply will likely be sufficient to meet the demand for critical populations as well as the general public
   - The receipt of additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
   - A surge in COVID-19 vaccine demand is possible; if so, a broad vaccine administration network for surge capacity will be necessary
   - Low COVID-19 vaccine demand is also a possibility, so PCHD should monitor the existing supply and adjust strategies to minimize waste
   - Long-term care facilities will sign up for on-site clinics from CVS or Walgreens (opt-in) or pharmacies (opt-out)

3) **Objectives**
   PCHD will employ the following strategies when larger quantities of vaccine become available:
   - Provide equitable access to the COVID-19 vaccine to achieve high vaccination coverage in Phase 2 populations
   - Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19 exposure

4) **Accommodation for Increased Supply Levels**
   PCHD will adapt to the increase in COVID-19 vaccine supply levels by:
   - Expanding vaccination efforts beyond initial population groups in Phase 1 with an emphasis on equitable access for all populations
   - Administering vaccine through a broad provider network, to include the following:
     - Commercial and private sector partners, such as pharmacies, doctors’ offices, and clinics
Public health sites, such as mobile clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), public health clinics, and temporary/off-site clinics

5) **Goal**
Vaccinate the remaining Phase 1 populations and the Phase 2 critical workforce and critical groups.

6) **Measures**
1. 50% vaccination rate among persons in Phase 2 critical workforce groups and critical populations by the end of Q2 2021.
2. 60% vaccination rate among persons in Phase 1 critical workforce groups and critical populations by the end of Q2 2021.

7) **Mission**
Maintain the Phase 1 regional vaccination plan and expand vaccine accessibility to provider networks and other settings to serve Phase 1 and Phase 2 populations.

8) **Phase 2 Vaccination Administration Strategy**

<table>
<thead>
<tr>
<th>Population Groups</th>
<th>Vaccine Type</th>
<th>Allocation</th>
<th>Allocation Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Critical Infrastructure Personnel</td>
<td>• Vaccine A (Pfizer)</td>
<td>Allocate larger supply</td>
<td>Provider network</td>
</tr>
<tr>
<td>• Childcare Providers</td>
<td>• Vaccine B (Moderna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Others (TBD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• College/University Personnel</td>
<td>• Vaccine A (Pfizer)</td>
<td>Allocate larger supply</td>
<td>Regional closed PODs, PCHD site</td>
</tr>
<tr>
<td>• K-12 Education Personnel</td>
<td>• Vaccine B (Moderna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remaining Phase 1 Populations</td>
<td>• Others (TBD)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. **Phase 3: Critical Workforce Groups and General Population**

*Sufficient supply of vaccine doses for entire population (surplus of doses)*

1) **POD Planning Assumptions**
Ultimately, the COVID-19 vaccine will become widely available and integrated into routine vaccination programs and administered by both public and private partners.

2) **Key Considerations**
- The COVID-19 vaccine supply is likely to be sufficient and the supply may exceed demand
- A broad vaccine administration network will be required for increased access

3) **Objectives**
PCHD will employ the following strategies during Phase 3:
- Continued focus on equitable vaccination access to vaccination services
- Monitoring the COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- Monitoring the supply and repositioning refrigerated vaccine products to minimize vaccine wastage

4) Goal
Vaccinate the remaining Phase 1 and Phase 2 populations and remaining individuals who did not have access to the vaccine in prior phases.

5) Measures
1. 50% vaccination rate among persons in Phase 3 remaining populations by the end of Q3 2021.
2. 60% vaccination rate among persons in Phase 2 critical workforce groups and critical populations by the end of Q3 2021.
3. 65% vaccination rate among persons in Phase 1 critical workforce groups and critical populations by the end of Q3 2021.

6) Mission
Maintain the Phase 2 regional vaccination plan to serve Phase 1, Phase 2, and Phase 3 populations.

7) Phase 3 Vaccination Administration Strategy

<table>
<thead>
<tr>
<th>Population Groups</th>
<th>Vaccine Type</th>
<th>Allocation</th>
<th>Allocation Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>People under 18 years old</td>
<td>Vaccine A (Pfizer)</td>
<td>Allocate larger</td>
<td>Provider network</td>
</tr>
<tr>
<td>People 18 years of age or older</td>
<td>Vaccine B (Moderna)</td>
<td>supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others (TBD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining Phase 1 populations</td>
<td>Vaccine A (Pfizer)</td>
<td>Allocate smaller</td>
<td>Regional closed PODs, hospital sites</td>
</tr>
<tr>
<td></td>
<td>Vaccine B (Moderna)</td>
<td>supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others (TBD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining Phase 2 populations</td>
<td>Vaccine A (Pfizer)</td>
<td>Allocate smaller</td>
<td>Regional Closed PODs</td>
</tr>
<tr>
<td></td>
<td>Vaccine B (Moderna)</td>
<td>supply</td>
<td>• PCHD site(s)</td>
</tr>
<tr>
<td></td>
<td>Others (TBD)</td>
<td></td>
<td>• PCHD clinical sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PCHD mobile units</td>
</tr>
</tbody>
</table>

F. Phase 3: Critical Workforce Groups and General Population
1) POD Planning Assumptions
The COVID-19 vaccine will be widely available and integrated into routine vaccination programs run by both public and private partners.

2) Key Considerations
- The COVID-19 vaccine supply is likely to be sufficient and the supply may exceed demand
• A broad vaccine administration network will be required for increased access

3) Objectives
PCHD will employ the following strategies during Phase 3:

• Continued focus on equitable vaccination access to vaccination services
• Monitoring the COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
• Maintain partnerships with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available

4) Goal
The vaccine is readily available for all populations.

5) Measures
1. 60% vaccination rate among persons in Phase 3 remaining populations by the end of Q4 2021.
2. 65% vaccination rate among persons in Phase 2 critical workforce groups and critical populations by the end of Q4 2021.
3. 70% vaccination rate among persons in Phase 1 critical workforce groups and critical populations by the end of Q4 2021.

6) Mission
Maintain the Phase 2 regional vaccination plan to serve Phase 1, Phase 2, and Phase 3 populations.

7) Phase 4 Vaccination Administration Strategy

<table>
<thead>
<tr>
<th>Population Groups</th>
<th>Vaccine Type</th>
<th>Allocation</th>
<th>Allocation Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>All populations</td>
<td>• Various</td>
<td>N/A</td>
<td>• Provider networks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PCHD clinical sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PCHD mobile units</td>
</tr>
</tbody>
</table>
IV. CRITICAL POPULATIONS

The COVID-19 Vaccination Program will require a phased approach

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentially Limited Doses Available</td>
<td>Large Number of Doses Available</td>
<td>Continued Vaccination, Shift to Routine Strategy</td>
</tr>
<tr>
<td>Projected short period of time for when doses may be limited</td>
<td>Likely sufficient supply to meet demand</td>
<td>Likely sufficient supply</td>
</tr>
<tr>
<td>Supply may be constrained</td>
<td>Expand beyond initial populations</td>
<td>Opens access to vaccination</td>
</tr>
<tr>
<td>Tighten focus vaccine administration</td>
<td>Use a broad provider network and settings, including</td>
<td>Administer through additional private partner sites</td>
</tr>
<tr>
<td>Administrator vaccine in closed settings best suited for reaching initial critical populations/locations, other vaccination sites specific to Phase 1-A populations</td>
<td>Healthcare settings (doctor's offices, clinics)</td>
<td>Maintain public health sites where required</td>
</tr>
<tr>
<td></td>
<td>Commercial sector settings (pharmacies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public health venues (public health clinics, mobile clinics, FQHCs, community settings)</td>
<td></td>
</tr>
<tr>
<td>Populations of Focus*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 1A:</td>
<td>Phase 2</td>
<td>Phase 3</td>
</tr>
<tr>
<td>Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.</td>
<td>Remainder of Phase 1 populations</td>
<td>Remainder of Phase 1 populations</td>
</tr>
<tr>
<td>Phase 1B:</td>
<td>Critical populations**</td>
<td>Critical populations***</td>
</tr>
<tr>
<td>Other essential workers</td>
<td>General population</td>
<td>General population</td>
</tr>
<tr>
<td>People at higher risk of severe COVID-19 illness, including people 65 years of age and older</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Identifying Critical Populations

CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.

The PCHD is working with internal and external partners to pinpoint populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination across Pima County. A key goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.

After a short period of potentially limited vaccine supply, supply will increase quickly, allowing vaccination efforts to be expanded to include additional critical populations as well as the general public. Pima County is developing strategies to ensure equitable access to vaccination for each of the critical populations identified below.
B. Estimates of Critical Populations

Estimates of critical populations (listed in no order) may include, but are not limited to:

- Critical infrastructure workforce
- Healthcare personnel, specifically paid and unpaid personnel working in healthcare settings, which may include vaccinators, pharmacy staff, ancillary staff, school nurses, and EMS personnel
- Other essential workers

*Note:* The critical infrastructure workforce varies by jurisdiction. PCHD will decide which groups to focus on when vaccine supply is limited by determining key sectors that may be within our populations

- People at increased risk for severe COVID-19 illness
- LTCF residents, specifically residents of nursing homes and assisted living facilities
- People with underlying medical conditions that are risk factors for severe COVID-19 illness
- People 65 years of age and older
- People at increased risk of acquiring or transmitting COVID-19
- People from racial and ethnic minority groups
- People from Tribal communities
- People who are incarcerated/detained in correctional facilities
- People experiencing homelessness/living in shelters
- People attending colleges/universities
- People who work in educational settings, such as early learning centers, schools, and colleges/universities
- People living and working in other congregate settings
- People with limited access to routine vaccination services
- People living in rural communities
- People with disabilities
- People who are under- or uninsured

The PCHD prioritized the healthcare workforce and those people are at greater risk of morbidity and mortality for Phase 1 of COVID-19 vaccine distribution based on the categories developed by the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccines Work Group. Pima County Grants Management and Innovation (GMI) Research & Analysis (R&A) has prepared estimates of critical populations in Pima County. When possible, estimates were drawn from the U.S. Census Bureau’s American Community Survey (ACS) Public Use Microdata Sample (PUMS) 2018 1-Year data file. Sub-populations not identified in the PUMS dataset were estimated using the best available alternative data sources.

The estimates for each phase were calculated with the following acknowledged limitations of pandemic-based population shifts. It is important to note that individuals in the phase population categories are sometimes represented in more than one population group. For example, a proportion of individuals with high-risk medical conditions are aged 65 years or older, thus belonging to two population categories.
Despite these limitations, the Pima County population estimates presented here provide a foundation upon which more sophisticated future estimates can be based. These estimates have been leveraged to minimize potential waste of vaccine, constituent products, and ancillary supplies. In 2018, the Pima County population was 1,039,026.

1) Healthcare Workers
Protecting healthcare and essential workers and their families contributes to the safety and security of Pima County during the COVID-19 pandemic. Since many of these workers risk their lives to protect others, Pima County has a responsibility to protect the health and financial stability of these individuals and their families.

<table>
<thead>
<tr>
<th>CRITICAL POPULATIONS</th>
<th>ESTIMATED #</th>
<th>ESTIMATED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare/public health employees</td>
<td>67,750</td>
<td>6.5%</td>
</tr>
<tr>
<td>Essential Workers by Industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food distribution</td>
<td>63,758</td>
<td>6.1%</td>
</tr>
<tr>
<td>K-12</td>
<td>31,824</td>
<td>3.1%</td>
</tr>
<tr>
<td>College/University</td>
<td>27,608</td>
<td>2.7%</td>
</tr>
<tr>
<td>Public safety/emergency services</td>
<td>14,259</td>
<td>1.4%</td>
</tr>
<tr>
<td>Transportation</td>
<td>12,170</td>
<td>1.2%</td>
</tr>
<tr>
<td>Childcare</td>
<td>5,883</td>
<td>0.6%</td>
</tr>
<tr>
<td>Shipping and mailing</td>
<td>5,337</td>
<td>0.5%</td>
</tr>
<tr>
<td>Utilities</td>
<td>5,102</td>
<td>0.5%</td>
</tr>
<tr>
<td>Agricultural</td>
<td>4,171</td>
<td>0.4%</td>
</tr>
<tr>
<td>Funeral home/mortuary</td>
<td>409</td>
<td>0.0%</td>
</tr>
<tr>
<td>Essential Workers Totals</td>
<td>170,521</td>
<td>16.50%</td>
</tr>
</tbody>
</table>

2) Those at Risk
Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. For example, people in their 50s are at higher risk for severe illness than people in their 40s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older. Other factors increase the risk for severe illness, such as having underlying medical conditions. The PCHD will ensure that these at-risk populations have access to vaccination services. A total of 9,438 Pima County residents reside in long-term facilities -- most of the residents are at least or above 65 years of age.

<table>
<thead>
<tr>
<th>INDIVIDUALS AT RISK FOR SEVERE ILLNESS</th>
<th>ESTIMATED #</th>
<th>ESTIMATED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons ≥65 years</td>
<td>206,511</td>
<td>19.9%</td>
</tr>
<tr>
<td>People age 18 or older with underlying medical conditions</td>
<td>332,209</td>
<td>40.4%</td>
</tr>
</tbody>
</table>
3) Racial and Ethnic Minorities
Long-standing systemic health and social inequities place many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. According to the CDC, racial and ethnic minority groups are disproportionately affected by COVID-19. Social inequities, such as poverty and healthcare access, influence a wide range of health and quality-of-life outcomes and risks. These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship and contribute to higher rates of some medical conditions that increase one’s risk of severe illness from COVID-19. The PCHD Vaccine Strategy includes a targeted focus on expeditious vaccination of populations of color.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Estimated #</th>
<th>Estimated %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, any race</td>
<td>390,385</td>
<td>37.6%</td>
</tr>
<tr>
<td>Native American/Alaska Native, alone or in combination with another race, not Hispanic</td>
<td>31,926</td>
<td>3.1%</td>
</tr>
<tr>
<td>African American, alone or in combination with another race, not Hispanic</td>
<td>42,714</td>
<td>4.1%</td>
</tr>
<tr>
<td>African American and Native American/Alaska Native, alone or in combination with another race, not Hispanic</td>
<td>(1,408)</td>
<td>(0.1%)</td>
</tr>
<tr>
<td>Total Population of Color</td>
<td>463,617</td>
<td>44.6%</td>
</tr>
</tbody>
</table>

4) Individuals with Limited Access to Vaccination Services
The PCHD is developing operational procedures to establish mobile clinics to provide vaccines to individuals who live in remote, rural areas and areas with vaccination service deficiencies. Targeted outreach will be necessary to provide direct outreach to those who may not have access to information or fewer healthcare resources in less populated areas of the state. Messaging will begin with outreach to the Phase 1A key audiences, including healthcare providers and associations and the local health departments.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Estimated #</th>
<th>Estimated %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural communities</td>
<td>±78,170</td>
<td>7.5%</td>
</tr>
<tr>
<td>Individuals with disabilities</td>
<td>167,776</td>
<td>16.1%</td>
</tr>
<tr>
<td>Uninsured people</td>
<td>99,125</td>
<td>9.5%</td>
</tr>
<tr>
<td>Total Population with Limited Access</td>
<td>266,901</td>
<td>33.10%</td>
</tr>
</tbody>
</table>