

PLEASE DISTRIBUTE TO YOUR HEALTHCARE PROVIDERS

URGENT HEALTH BULLETIN

COVID-19 Vaccine Allocations and Distribution; Updated Quarantine Guidance

This document contains hyperlinks and can be accessed on our [Health Bulletin webpage \(https://kernpublichealth.com/health-bulletin/\)](https://kernpublichealth.com/health-bulletin/) or on the [COVID-19 webpage \(https://kernpublichealth.com/2019-novel-coronavirus/\)](https://kernpublichealth.com/2019-novel-coronavirus/)

December 28, 2020

Dear Kern County Healthcare Provider:

- **COVID-19 Vaccination Emergency Use Authorization (EUA) and ACIP Recommendations**

On December 11, the Pfizer/BioNTech COVID-19 vaccine was issued an [EUA](#) by the Federal Drug Administration (FDA). On December 13, the Advisory Committee on Immunizations Practices (ACIP) published their [recommendations](#) for the vaccine.

On December 18, the Moderna COVID-19 vaccine was issued an [EUA](#) by FDA. ACIP published their [recommendations](#) regarding the vaccine on December 20, 2020.

Pfizer/BioNTech and Moderna are distinct vaccine products with different storage requirements. Pfizer/BioNTech vaccine is authorized for persons 16 years of age and older; Moderna vaccine is authorized for persons 18 years of age and older. Both vaccines consist of a series of two doses; Pfizer/BioNTech at 21 days and Moderna at 28 days. There have been no studies on cross product efficacy; therefore, the same vaccine product should be used for both doses. Overall efficacy profiles are similar, and one vaccine is not preferred over the other. Both vaccines also commonly result in local side effects such as pain, redness or swelling at the injection site. Systemic post-vaccination side effects may include fever, fatigue, arthralgia, myalgia and chills. Shortness of breath, cough, sore throat, rhinorrhea, coryza, and loss of taste and smell, are not consistent with post-vaccination side effects.

- **COVID-19 Vaccination Allocations**

Vaccine supply continues to be limited. ACIP has identified priority populations divided into three phases. [Phase 1a](#) includes healthcare personnel and persons living in long-term care facilities. [Phase 1b](#) includes persons aged 75 years and older and frontline essential workers. [Phase 1c](#) includes persons aged 65 to 74 years, persons aged 16 to 64 years with high-risk medical conditions, and other essential workers.

On December 5, 2020, the California Department of Public Health (CDPH) issued [Allocation Guidelines for COVID-19 Vaccine During Phase 1a](#) to further prioritize Phase 1a into three tiers. Tier 1 includes the following groups:

- Acute care, psychiatric and correctional facility hospitals
- Skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals

- Also, in concordance with ACIP, residents in these settings
- Paramedics, EMTs and others providing emergency medical services
- Dialysis centers

More information about the [Phases and Tiers](#), including a printable infographic in [English](#) and in [Spanish](#) regarding the phases and tiers, can be found on the Kern County Public Health Services Department (KCPHSD) [vaccine website](#). The checkboxes indicate which healthcare providers are currently being prioritized for vaccination. This page will be updated regularly as more vaccine becomes available and vaccination expands to additional tiers and priority populations within Phase 1a and beyond.

- **COVID-19 Vaccine Website**

KCPHSD has a dedicated website for [COVID-19 Vaccination information](#). This includes a link to a [Vaccine Information for Healthcare Providers](#) page. The healthcare provider page contains enrollment information and training materials. Currently, KCPHSD is recruiting healthcare facilities with vaccine storage capabilities and experience in community vaccinations to enroll in [CDC's COVID-19 Vaccination program](#). Contact PHCovidVaccine@kerncounty.com for more information about becoming a COVID-19 vaccination provider.

- **COVID-19 Vaccination FAQs**

- *If a patient has already had COVID-19, does he/she still need to be vaccinated?*
 - Yes. There is insufficient information to determine how long after infection someone is protected from COVID-19. Vaccination offers additional protection in case immunity from a COVID-19 infection has waned.
- *If a patient has been vaccinated, does he/she still need to wear a mask and avoid close contact?*
 - Yes. It remains important to use all the available tools to reduce the risk of transmission. The primary endpoint of both vaccine studies was to reduce symptomatic infection and severe illness. Further study is underway to determine if vaccination prevents transmission of COVID-19.
- *What about the concern regarding anaphylaxis?*
 - CDC has published [Interim Considerations](#) regarding preparing for potential management of anaphylaxis after COVID-19 vaccination. Persons who have had a severe reaction to any of the components of the vaccine should not be vaccinated. Persons who have a history of anaphylaxis should be observed for 30 minutes post-vaccination instead of the standard 15 minutes.
- *Can other vaccines be given at the same time as the COVID-19 vaccine?*
 - There is no data regarding coadministration of COVID-19 vaccine with other vaccine. CDC recommends the vaccine series be given alone with a minimum interval of 14 days before or after administration of any other vaccines.
- *Can persons with underlying medical conditions be vaccinated?*
 - COVID-19 vaccine can be administered to persons with underlying medical conditions who have no contraindications to vaccination. Populations of certain underlying medical conditions may have limited data from the clinical trials.

For more details, see [CDC's Answering Patients' Questions](#) and [FAQs about COVID-19 Vaccination](#) pages.

- **Update to COVID-19 Quarantine Guidance**

On December 2, 2020, CDC updated their quarantine guidance to include [Options to Reduce Quarantine](#). This includes permitting exposed close contacts to discontinue quarantine after Day 10 without testing.

Affected persons should continue to monitor for symptoms through Day 14 after last exposure and isolate if any symptoms appear. All persons should continue to wear a mask or cloth face covering, stay 6 feet apart from others, wash hands, and disinfect. CDPH updated their [COVID-19 Quarantine Guidance](#) on December 14, 2020. This guidance also states that “during critical staffing shortages where there are not enough staff to provide safe patient care, essential critical infrastructure workers in the following categories are not prohibited from returning after Day 7 from the date of last exposure if they have received a negative PCR test result from a specimen collected after Day 5.” Those workers are further identified as exposed asymptomatic healthcare workers; and exposed asymptomatic emergency response and social service workers who work face to face with clients in the child welfare system or in assisted living facilities.

Additionally, during a conference call for healthcare facilities on December 22, 2020, CDPH also clarified that hospitals may follow [CDC staffing shortage mitigation strategies](#) to determine whether it is appropriate to allow asymptomatic healthcare personnel who have had an unprotected or high risk exposure but are not known to be infected with COVID-19 to continue to work or to return to work before completing quarantine during a critical staffing shortage when lacking the staff to provide safe patient care. As for all HCP, exposed HCP must continue to wear a facemask or respirator for source control at all times within the facility, and still report temperature and absence of symptoms each day. Healthcare facility should understand shortening the duration of work restriction might result in additional transmission risks.

- **Source Control in Healthcare Facilities**

[CDC does not recommend healthcare providers use facemasks or respirators with exhalation valves or vents as source control](#). These types of masks allow respiratory droplets to be expelled and potentially infect others. Facemasks or respirators with exhalation valves or vents should only be used when there are no other options available. If they must be used as a last resort, CDC recommends healthcare providers cover the exhalation valve with a surgical mask or procedure mask that does not interfere with the respirator fit. Similarly, during respirator shortages, [CalOSHA](#) recommends using a face shield with a drape as source control as long as it does not interfere with the respirator.


Previous bulletins from KCPHSD regarding COVID-19

- [2019 Novel Coronavirus Guidance for Healthcare Providers](#)
- [Additional Guidance for Healthcare Providers and FAQs](#)
- [COVID-19 Update for Healthcare Providers](#)
- [Risk Assessment and Management of Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 \(COVID-19\) Clarification and Additional Testing Options Now Available](#)
- [Additional Healthcare Provider Updates for COVID-19](#)
- [Kern County Cases, Additional Guidance for Laboratory Testing, Medical Health Resources Requests](#)
- [Health Officer, Discontinuation of Isolation, Laboratory Testing, Skilled Nursing Facilities](#)
- [COVID-19 Updates; Immunization Recommendations; Other Communicable Diseases](#)
- [Under Reporting due to Electronic Laboratory Issue, Counseling of Positive COVID-19 Patients, Clinical Management FAQs](#)

The situation regarding COVID-19 continues to evolve in California, the U.S., and around the world. Interim guidance and recommendations are subject to change as more and more information becomes available. For the most up to date information, please refer to the [CDC website](#) and the [CDPH website](#).

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit our [KCPHSD website](#).

Thank you,


Kristopher Lyon, MD
Health Officer