Line-of-Duty

• Occupational health and safety risks
  • Pre-vaccine PPE
  • Ongoing exposure to COVID
  • Continuing duty to protect vulnerable patients, including inmates at SQSP, persons experiencing homelessness, persons with SUD/SMI, older and medically frail
  • Vaccines and boosters are the most effective tools for preventing COVID-19 infection and ending the pandemic

Why vaccinate and boost?

- First responders are at highest risk for work related exposures
- Vaccines and boosters are safe and effective
  - Decrease transmission and prevent severe illness, hospitalizations, and death
- Protect your Self (Tier 1a)
- Protect your family, your partner, and your crew
- Protect and serve Marin’s most vulnerable residents
Why now?

• Waning immunity (Tier 1a - Jan. 2021)
• Realistic probability of another wave
• High community transmission
• Booster decreases risk of infection
• Relaxing policies - increased risk of exposure
• Testing cadence insufficient
• Higher proportion of asymptomatic carriers
• Preparedness for next COVID wave / wildfire season
U.S. COVID-19 Vaccination Program

• Prevented:
  • 1,087,191 additional deaths
  • 10,319,961 additional hospitalizations
  • 35,903,646 additional infections

**Why Cloth Masks Might Not Be Enough as Omicron Spreads**

**Time it takes to transmit an infectious dose of Covid-19**

<table>
<thead>
<tr>
<th>PERSON NOT INFECTED IS WEARING</th>
<th>Nothing</th>
<th>Cloth mask</th>
<th>Surgical mask</th>
<th>N95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>15 min.</td>
<td>20 min.</td>
<td>30 min.</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Cloth mask</td>
<td>20 min.</td>
<td>27 min.</td>
<td>40 min.</td>
<td>3.3 hours</td>
</tr>
<tr>
<td>Surgical mask</td>
<td>30 min.</td>
<td>40 min.</td>
<td>1 hour</td>
<td>5 hours</td>
</tr>
<tr>
<td>N95</td>
<td>2.5 hours</td>
<td>3.3 hours</td>
<td>5 hours</td>
<td>25 hours</td>
</tr>
</tbody>
</table>

It will take 25 hours for an infectious dose of Covid-19 to transmit between people wearing non-fit-tested N95 respirators. If they’re using tightly sealed N95s—where only 1% of particles enter the facepiece—they will have 2,500 hours of protection.

Note: Results published in Spring 2021. The CDC expects the Omicron variant to spread more easily.

Source: AGIHS Pandemic Response Task Force

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**Wearing a Mask Lowered the Odds of Testing Positive**

Among 534 participants reporting mask type:

- **NO MASK**: 56% lower odds
- **CLOTH MASK**: 66% lower odds
- **SURGICAL MASK**: 83% lower odds
- **RESPIRATOR (N95/KN95)**: 97% lower odds

*Matched case-control study, 5/8 participants, Feb-Oct 1, 2021*

**Source**: CDC
Marin County Daily COVID-19 Cases

Data accessed 2/14/2022
Marin County Case Rates by Vaccination Status

Data accessed 2/9/2022
Weekly County of New Cases and Hospital Admissions

Data accessed 2/14/2022 (through 2/5/2022)
Omicron Hospitalization Characteristics

85 hospital admissions for COVID-19: Dec 28, 2021 - Feb 5, 2022

- Only 10% of Marin’s population over 18 are not fully vaccinated, but they make up 27% of hospitalizations for COVID-19
- Boosted patients are older and have a shorter LOS in the hospital

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Proportion</th>
<th>Average Age</th>
<th>% Patients Under 50</th>
<th>Point in Time LOS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>27% (n=23)</td>
<td>69</td>
<td>17%</td>
<td>9</td>
</tr>
<tr>
<td>Fully Vaccinated (Not Boosted)</td>
<td>41% (n=35)</td>
<td>73</td>
<td>14%</td>
<td>6.7</td>
</tr>
<tr>
<td>Boosted</td>
<td>32% (n=27)</td>
<td>75</td>
<td>7%</td>
<td>6.6</td>
</tr>
</tbody>
</table>

*LOS calculated for hospitalizations through January 13, 2022
Marin County Public Health investigating **28 suspected COVID-related deaths** since 1/2022
Immunity

• Natural immunity wanes
  • Unvaccinated 44% more likely to get reininfected than vaccinated

• Vaccine-induced immunity wanes
  • 5-month booster recommendation for all eligible
  • Core vaccine elements effective against known COVID variants

Waves of COVID | Factors

- Realistic probability of another large wave
- Unknown characteristics of future variants
- Global mobility
- Effectiveness of vaccines | Waning immunity
- Human behavior
- Relaxed infection prevention policies
- Number of people who are vulnerable (e.g., waning immunity; no immunity; older adults)
- *High vaccination and booster rates*
Current State Vaccine Mandate

Healthcare Personnel - Higher Risk Settings and Roles

Increased transmissibility of Omicron variant

Evidence of immune evasion

Vaccine effectiveness decreases without boosters

Primary vaccine series not sufficient to prevent transmission in higher-risk settings

Additional statewide facility-directed measures necessary to maintain adequate staffing levels

State order did not include critical workers at highest risk for work-related exposure in higher risk settings and roles
Omicron Outbreaks in Facilities

• As of 2/14/22, there are 38 major outbreaks, 8 minor outbreaks in facilities
• Between 12/22/21-2/14/22 there were 53 outbreaks in facilities, not including active outbreaks
• During this time period, there have been 1018 cases; 500 among residents and 518 among staff
Marin County Jail Outbreak

• Marin County Jail outbreak started 12/21 | Active
  • Low booster rates – higher rates of infection among staff
  • Staff introduced Omicron (majority of staff cases among unboosted)
  • Testing cadence among unboosted / unvaccinated insufficient
  • 43 inmates / 22 staff
<table>
<thead>
<tr>
<th>Vaccine Status</th>
<th>Complete 1(^{st}) dose</th>
<th>Fully Vaccinated</th>
<th>Up-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated; no confirmed COVID-19 infection in past 90 days</td>
<td>March 1</td>
<td>April 15</td>
<td>Within 15 days of becoming booster eligible</td>
</tr>
</tbody>
</table>
| Unvaccinated; confirmed COVID-19 infection in past 90 days                     | Moderna – no later than March 4\(^{th}\) (2\(^{nd}\) dose due April 1)  
Fizer – no later than March 11\(^{th}\) (2\(^{nd}\) dose due April 1)  
J&J – no later than April 1\(^{st}\) | April 15                  | Within 15 days of becoming booster eligible* |
|                                                                               |                           |                  | *If vaccinated with Johnson & Johnson, should get booster dose of mRNA COVID-19 vaccine by June 30th |
| 1\(^{st}\) dose only; no confirmed COVID-19 infection in past 90 days         | N/A                       | March 1          | Within 15 days of becoming booster eligible |
| 1\(^{st}\) dose only; confirmed COVID-19 infection in past 90 days             | N/A                       | April 15         | Within 15 days of becoming booster eligible |
| Fully vaccinated; no confirmed COVID-19 infection in past 90 days              | N/A                       | N/A              | March 1 |
| Fully vaccinated; confirmed COVID-19 infection in past 90 days                | N/A                       | N/A              | Within 90 days of confirmed infection; no later than April 15 |
Final Rule

• Effective April 15, 2022, all Law Enforcement, Fire, and EMS Personnel who are not Fully Vaccinated or not Up-to-Date, except as provided in Section 3.e, shall be prohibited from entering Higher-Risk Settings or interacting with the public in the course of their work.

• 3.e. Requirements Regarding Personnel with Approved Exemptions. Law Enforcement, Fire, or EMS Personnel in Higher-Risk Settings may be exempt from the vaccination requirement based on a medical or religious exemption.

  • Employers should undertake a good faith, individualized exemption process.

  • All Law Enforcement, Fire, and EMS Personnel who are granted such an exemption must comply with the requirements in Section 3.d
Enhanced Protection Requirements (Section 3.d)

• Use a fit-tested, non-vented N95 (or greater) respirator at all times when at work and in shared airspace with others, including any work-related events or gatherings, regardless of their location, except when eating, drinking, bathing, or sleeping;
• Obtain twice-weekly molecular or antigen COVID-19 testing; and,
• When practicable, avoid using indoor breakrooms or cafeterias and avoid eating indoors or sleeping indoors when others are present in the same airspace.
Individuals’ Rights and the Public’s Health

- Jacobson v. Massachusetts (1905) provides four standards that must be met for a governmental public health measure to permissibly restrict individual rights:

  1. there must be necessity for the government action,
  2. the action must employ reasonable means,
  3. it must be proportional, and
  4. it should avoid harm to individuals’ health.

Vaccination mandates are rational and permissible

- NEW JERSEY STATE POLICEMEN’S BENEVOLENT ASSOCIATION,1 Plaintiff-Appellant, v. PHILIP D. MURPHY, GOVERNOR OF NEW JERSEY, Defendant-Respondent. (2/11/22)
- Does 1-6 v. Mills, 16 F.4th 20, 32 (1st Cir.), app. denied, 142 S. Ct. 17 (2021)
- We the Patriots USA, Inc. v. Hochul, 17 F.4th 266, 290 (2d Cir.), clarified, 17 F.4th 368 (2d Cir.), app. denied, 142 S. Ct. 552 (2021)
- Valdez v. Grisham, __ F. Supp. 3d __ (D.N.M. 2021)
What’s Next

- Meeting with Labor to discuss impact
- Update FAQ based on today’s questions and comments
- Visit [https://myturn.ca.gov/](https://myturn.ca.gov/) to schedule vaccine or booster appointment
- Ongoing monitoring; implementation of additional vaccine recommendations and requirements necessary to protect the public’s health
In 1736 I lost one of my Sons, a fine Boy of 4 Years old, by the Smallpox taken in the common way. I long regretted bitterly and still regret that I had not given it to him by inoculation. This I mention for the Sake of Parents who omit that Operation on the Supposition that they should never forgive themselves if a Child died under it: my Example showing that the Regret may be the same either way, and that therefore the safer should be chosen.

- Benjamin Franklin -