



**Snohomish Health District
Board of Health Minutes
April 14, 2020**

The meeting was held via conference call.

Members Present

Scott Bader, Councilmember, Everett (via phone)
Elisabeth Crawford, Councilmember, Mukilteo (via phone)
Megan Dunn, County Councilmember (via phone)
Adrienne Fraley-Monillas, Councilmember, Edmonds (via phone)
Christine Frizzell, Councilmember, Lynnwood (via phone)
John Joplin, Councilmember, Brier (via phone)
Anji Jorstad, Councilmember, Lake Stevens (via phone)
Sam Low, County Councilmember (via phone)
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace – BOH Vice Chair (via phone)
Jared Mead, County Councilmember (via Phone)
Nate Nehring, County Councilmember (via phone)
Dan Rankin, Mayor, Darrington (via phone)
Linda Redmon, Councilmember, Snohomish (via phone)
Stephanie Wright, County Councilmember – BOH Chair (via phone)
Jeff Vaughan, Councilmember, Marysville (via phone)

Members Absent

None

Call to Order

The regular meeting of the Board of Health was called to order at 3 p.m. via conference call by Chair Stephanie Wright. The public was invited to attend via Skype conference call.

Roll Call

Roll call was taken by Ms. Linda Carl who reported there was a quorum present.

Arrivals/Departures

Elisabeth Crawford joined the call at 3:25 p.m.

Approval of Agenda Contents and Order

It was moved by Ms. Adrienne Fraley-Monillas and seconded by Ms. Linda Redmon to approve the agenda contents and order. The motion passed unanimously.

Special Business

Chair Wright announced that new County Councilmember Jared Mead was sworn in as a new Board of Health member earlier in the day.

Approval of Minutes

It was moved by Ms. Fraley-Monillas and seconded by Ms. Redmon to approve the minutes of the regular meeting of March 10, 2020. The motion passed unanimously.



It was moved by Ms. Redmon and seconded by Ms. Fraley-Monillas to approve the minutes of the special meeting of March 18, 2020. The motion passed unanimously.

Public Comment

Public comment was accepted in writing prior to the meeting. Chair Wright reported no written comments were received.

Written Reports

Chair Wright noted that the written reports can be found in the Board packet.

Consent

It was moved by Ms. Fraley-Monillas and seconded by Ms. Redmon to approve the following items on consent:

- a. Approve vouchers and Res. 20-08 authorizing March 2020 Health District expenditures
- b. Authorize the Administrative Officer to approve filling two budgeted positions for full-time public health nurses in the maternal child health program
- c. Authorize the Administrative Officer to approve filling a budgeted, vacant position for a 1.0 FTE environmental health specialist in the food safety program

The motion passed unanimously.

Action

Adopt Res. 20-09 approving the Snohomish Health District to serve as its own custodian of funds (SR 20-024)

The County is currently the Health District's custodian of funds; the movement of funds between the County and the Health District causes issues with deadlines, increases staff time, and creates bank wire fees. In 2016 a new RCW allows for the Health District to be its own custodian of funds. Per the administration committee's request, Ms. Kellogg contacted the state auditor; the auditor has no concerns as long as Health District policies are updated accordingly. Approval of this resolution is the first step in the process. To be fully implemented, the County treasurer, auditor, and council will need to approve it.

It was moved by Ms. Fraley-Monillas and seconded by Ms. Redmon to adopt Res. 20-09 approving the Snohomish Health District to serve as its own custodian of funds. The motion passed unanimously.

Adopt Res. 20-10 accepting the Community Foundation of Snohomish County Coronavirus Response Fund awards (SR 20-029)

At its regular March meeting, the Board adopted Res. 20-07 approving the partnership with CFSC, which established the coronavirus response fund. The four partners making granting decisions agreed that 20% of the generated revenues would benefit the Health District. On March 30 the Health District accepted a check of just over \$109K from the fund, designated for our COVID-19 response. Res. 20-10 accepts this CFCS grant, along with future grants given to us through this fund. There is a pending award of an additional \$55K; however, the executive committee at its Friday meeting recommended declining the additional dollars at this time and allowing it to go to other nonprofits in the community to put toward safety-net needs while still leaving the door open to accept additional dollars in the future. The \$109K has not been fully spent down yet, and there are a number of other community organizations in need of funding. Funds through these grants will not be used to obtain PPE for long-range care facilities; those resource requests will go through the County DEM.

It was moved by Ms. Redmon and seconded by Ms. Anji Jorstad to adopt Res. 20-10 accepting the Community Foundation of Snohomish County Coronavirus Response Fund awards. The motion passed unanimously.



Briefings

IRS Rucker Building lease update (SR 20-031)

The IRS has rented space at the Rucker Building for 20 years; their current lease will expire Nov. 30, 2022. In April 2017, they gave notice that they would decrease their footprint in the building by 75% but that project has been delayed. On April 6, GSA (the IRS lease management company) contacted Mr. Shawn Frederick, letting him know they're developing a cost-benefit analysis for the IRS lease beyond 2022. They asked our interest in participating in a competitive process for a new long-term lease. They also asked if there's an availability for a TI allowance, paying for brokerage commissions for GSA, and other questions regarding rent and long-term lease. They haven't requested a formal proposal but would like a response regarding what we're willing to do. This will be a topic for the Rucker Building task force at their next meeting.

Legislative special session priorities (no staff report)

A special session is likely, so staff is looking at developing a legislative agenda, likely around funding or other policy requests around the COVID response. Staff would like our agenda duplicated on the County's, the cities', and the EASC's agendas. Staff will work through the program policy committee to start drafting the agenda and will bring it back to the full Board.

DOH approval of Sea Mar WIC application (SR 20-030)

DOH notified that the WIC contract was awarded to Sea Mar. The first pre-planning call is scheduled for tomorrow. Because of the COVID outbreak, Sea Mar has made several requests, including that we continue the WIC program through September to allow them to get their facilities in order, and they would like to rent space in the Rucker Building. Continuing to support the program beyond June 30 is dependent on DOH fully funding our services. That question will be asked at tomorrow's meeting. Mr. Frederick will bring this item back to the committees and the full Board. The last direction from the Rucker Building task force was to identify someone to redesign the first floor, so continuing WIC on the first floor would slow down this process.

Administrative Officer's Report

Mr. Frederick reported that parts for the wheelchair lift are on order and elevator repairs were completed today. There has been a significant increase in unsheltered activities in and around the building in recent weeks, including illicit drugs, camping, and congregate activities. We'll post additional no-trespassing signs, and the Rucker Building will be on the city's list for law-enforcement patrol to ensure no loitering after hours.

Caldwell Banker Bain listing agent is under contract; meetings will be arranged to identify strategies for renting out the third floor, predicated by our ability to remodel the first floor. An RFQ for the design phase is ready for publication, but we'll wait until we're no longer under the governor's orders.

Our initial focus regarding the COVID response was on contact and trace investigations. We've implemented several interventions, including the drive-through testing site, which tested over 2,100; we developing long-term care facility teams; and we're developing airborne isolation testing locations, which haven't been used as of yet. Throughout the response, staff has increased work in remote environments and younger staff have stepped up to bigger roles. We continue to respond to the Hep A outbreak, plus we had a system failure of our electronic health record. We started initial conversations to become a more adaptive agency in the future and to foster support for public health. The COVID response has cost almost \$800K as of March 31, including repairs to the computer system. Out of the \$200M allocated by the state for the response, we've received \$1.5M; about \$700K remains. Money projected to be used through June will likely be fully expended, and we may use additional funds from emergency reserves and other grant opportunities, including federal reimbursements. The finance manager has begun projections of the 2020 budget based on decreased revenues, and we'll soon begin prep work for the 2021 budget.



Interim Health Officer's Report

Dr. Chris Spitters reported that we're now at 2,076 cases. We see about 30 new cases reported every day; this is variable depending on laboratories and reporting. This number is similar to last week. A few weeks ago we were getting 60-100 case reports day; the peak in case reports was probably the last week of March. When we go back and interview infected individuals regarding onset of symptoms, that date is about one week prior. The peak in onset of illness among reported cases was around March 15-20, then the peak in case reports was around March 25. Since then we've seen a steady decline. In the last few days we've seen hospital census come down. There appeared to be an abrupt decline in hospitalizations, but it was more an abrupt detection of the decline. We're down from around 90 to 100, to now around 50. Long-term care facilities (LTCF) continue to be a multi-focal center of the epidemic, with roughly 25% of all cases connected to LTCF, either as a resident or worker. Other healthcare works are around 150 (less than 10%). Most cases have no identifiable risk factor.

We participated today in a press briefing with King and Pierce Counties to comment on the UW Institute for Disease's modeling on mobility cell-phone data combined with disease-reporting data. This demonstrates that mobility declined in March. On average, about 50% of residents in a neighborhood come and go; this declined to a low just above 20%, which happened a few days before the governor's stay-home directive. This corresponds with a steady decline in the cases a few weeks later. When this started, the average case infected three new people (called the reproductive rate of the infection). Current estimates now show around .7 to .8, although this still can go above one, so we can't say yet with confidence that the reproductive rate of infection is less than one and have a sustained decline in incidents. However, in Snohomish County, we appear to have had sustained decreases for a few weeks. The key message is that it's not a lot less than one, nor has it been sustained, so estimates going forward is that it's still close to one. Any relaxation in social distancing could lead to recurrence of more sustained transmission or rebound in incidents of disease. The report stated that further reductions in the rate of transmission may be required to reduce the rate of new COVID cases and relaxed adherence to physical distancing policies will likely lead to a rebound in transmission. Dr. Spitters stated that there's cautious optimism, but it would be premature to let up on social distancing; additionally, we need appropriate plans in place for what will replace it. There's a document that came out from the American Enterprise Institute describing a time sequence that what we've been doing for the last six weeks has been phase one, and at some point in the foreseeable future we'll enter into phase two that relaxes some but not all of the social distancing. There are certain conditions to put in place to make it a safe step, such as widely available testing so everyone who's a possible case can get tested, plus rapid turnaround time of results; this helps with real-time detection and surveillance, and ability to follow up with those cases to ensure isolation and quarantine. The hospitals must also be able to handle acute cases, which is currently the case; they also remain poised for surge-planning. We also need the capacity to do contact investigations and ensure quarantines. We also need to have contingency plans and a data-system observation in place to detect if the rollback enacted has resulted in a rebound in cases so that it can be detected early so we can make adjustments in society. This is a staged, layered unraveling of our efforts. We're still looking at months out for it to unfold, since we don't know the behavior of this virus. We don't know if the virus will go away in the summer. We also don't know the proportion of our population that's been infected; we need serologic surveys to look for antibodies to the virus that are a marker for a short-term and possibly durable immunity. If we had this information now, we would know better how to roll back efforts currently in place. There is likely a minority of the county that's been infected.

Mr. Sam Low asked about schools opening the fall. Dr. Spitters responded that seeing what happens with the virus this summer will inform that decision. Some rollback of social distancing will likely happen before the new school year, so we'll have an idea of what residual activity there is in the community that might inform that decision. Ms. Fraley-Monillas asked if the virus can be caught twice. Dr. Spitters stated that national expert Dr. Fauci stated that based on what we know, this is not a systematic problem. It appears we have a short-lived immunity that lasts a season and it's unlikely that reinfection in the short-term is possible. It's therefore valuable for us to know the prevalence of antibodies in the community. Ms. Redmon asked how many of those with respiratory symptoms that may suspect COVID are actually the flu. Dr. Spitters responded that we have



an influenza surveillance system that tracks from November through about April. We saw that influenza B (which is usually milder) this year hospitalized quite a few individuals; it came on November/December and went away in the new year. Influenza A came on after that and increased mid- to late-February and may have masked the COVID-19 event that was also occurring. Influenza positivity rate and hospitalizations dropped rapidly over the course of two weeks mid-March. Now there's virtually no flu activity. The probability of someone with a fever and cough having COVID is now higher than it was six to eight weeks ago. Other viruses are circulating as well until the weather warms. Mr. Low asked if we have plans or ideas regarding how businesses can get back to work and how we can train them on safe practices. Mr. Frederick responded that there was a meeting today to discuss what it will look like countywide and regionally to start pulling back. Dr. Spitters added that assuming that the whole population doesn't get infected but things go away in the summer, it could come back in the fall/winter. If it takes a long time to develop a vaccine and we don't rapidly accumulate a population-based immunity, it's possible the risk of transmission in the community could go on for some time. A Harvard study published today states that it might be necessary to have intermittent social-distancing episodes. In addition to preparing to unroll in the immediate future, we need to consider long-term efforts. Mr. Bader asked if there's any information if insurance providers are experiencing financial stress. Dr. Spitters has not yet heard anything.

Executive Session


Chair Wright stated that the Snohomish Health District Board of Health will convene into executive session for the purposes of a personnel matter pursuant to RCW 42.30.110(1)(g) and pending litigation pursuant to RCW 42.30.110(1)(i). Executive session is expected to last up to 15 minutes. Unless extended to a later time, the Board will reconvene into regular session at 4:22 p.m. and may or may not take action. The Board reconvened at 4:23 and did not take action.

Information Items

Chair Wright noted the program policy committee will be rescheduled, the admin committee will meet on April 22, and the next meeting of the executive committee is on April 23. A poll for the Rucker Building task force will come out shortly.

Adjournment

The meeting was adjourned at 4:25 p.m.


Stephanie Wright, Chair


Shawn Frederick, Administrative Officer / Secretary