



**Snohomish Health District
Board of Health Minutes
October 12, 2021**

The meeting was held via Zoom conference call/video.

Members Present

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

Members Absent

Jeff Vaughan, Councilmember, Marysville
Stephanie Wright, County Councilmember – BOH Chair

Call to Order

The regular meeting of the Board of Health was called to order at 3:00 p.m. via Zoom conference call by Board Vice Chair Adrienne Fraley-Monillas.

Roll Call

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

Approval of Minutes

It was moved by Ms. Anji Jorstad and seconded by Ms. Linda Redmon to approve the minutes of the regular meeting of September 14, 2021. The motion passed with 13 yes votes, 0 no votes and 2 absent (Mead, Wright).

Public Comment

Public comment was accepted in writing prior to the meeting. Vice Chair Fraley-Monillas reported no written comments were received.

Written Reports

Vice Chair Fraley-Monillas noted that the following reports can be found in the Board packet:

- a. Program Policy Committee draft minutes – Sept. 16
- b. Administration Committee draft minutes – Sept. 22
- c. Executive Committee draft minutes – Sept. 23

Consent

It was moved by Ms. Jorstad and seconded by Ms. Megan Dunn to approve the following items on consent:



- a. Approve vouchers and Res. 21-19 authorizing the Health District expenditures from August 16, 2021, to September 15, 2021.
- b. Approve Res. 21-18 rescinding Resolution 18-04 and authorizing the appointment of a new Auditing Officer.
- c. Authorize the Administrative Officer to recruit for a 1.0 behavioral health specialist for the Child Care Health Outreach Program.
- d. Authorize the Administrative Officer to hire a disease intervention specialist for the tuberculosis control program.
- e. Authorize the Administrative Officer to release a request for proposal to identify a vendor to provide after-hours emergency call services.

The motion passed with 12 yes votes, 0 no votes, 1 abstention (Joplin), and 2 absent (Mead, Wright).

Action

Authorize the Administrative Officer to sign the contract extension with Department of Social and Health Services for the Refugee Health Screening Program through 9/30/22 (SR 21-099; K. Curtis)

This is a body of work the Health District has been performing for the past couple years and this amendment extends the end date through September 2022.

It was moved by Ms. Jorstad and seconded by Mr. John Joplin to authorize the Administrative Officer to sign the contract extension with Department of Social and Health Services for the Refugee Health Screening Program through 9/30/22. The motion passed with 13 yes votes, 0 no votes, 2 absent (Mead, Wright).

Approve policy POL 130.007 regarding electronic funds transfer (SR 21-070; N. Thomsen, S. Centanni)

This policy has been previously shared with all Committees. There have been no changes to the policy except the addition of an RCW reference to the very top section by the recommendation from legal counsel.

It was moved by Mr. Scott Bader and seconded by Ms. Linda Redmon to approve policy POL 130.007 regarding electronic funds transfer. The motion passed with 13 yes votes, 0 no votes, 2 absent (Mead, Wright).

Adopt Res. 21-20 approving the 2021 budget amendment as shown in Exhibit A (SR 21-073; S. Centanni)

This resolution should have been approved as part of the original motion as the budget amendment. As it was not included, it's brought to the Board today for approval.

It was moved by Mr. Bader and seconded by Ms. Jorstad to adopt Res. 21-20 approving the 2021 budget amendment as shown in Exhibit A. The motion passed with 13 yes votes, 0 no votes, 2 absent (Mead, Wright).

Briefings

Employee handbook (SR 21-088; P. Aguilar)

Ms. Pamela Aguilar reviewed the proposed changes to the employee handbook.

Policy POL 120.003 concerning telecommuting (SR 21-089; P. Aguilar)

This policy is based on the interim telecommuting policy approved in 2020. Ms. Aguilar requested feedback from Board members regarding offering field staff permanent telecommuting options, with hoteling options for any work that would take place at the Health District building. A couple additional provisions were added to the policy since last review by Board members, including providing 24 hours' notice to require an employee to come to the Health District for in-person meetings.

Administrative Officer's Report

Rucker Building – There have been recent incidents of vandalism. One has been reported to the local authorities, as staff were able to identify the individual. Two HVAC units are in need of repair. One is an emergency repair for a unit that directly supports the vaccine storage area and provides the necessary cooling for a lot of medical material being stored. The parts for that unit are local and the repair should be taken care of quickly. The other unit primarily supports one of the conference rooms on the third floor. And the specific parts are unavailable with a potential 16-week wait period.

COVID-19 – Beginning tomorrow vaccines will be available at the Ash Way site. This week will be a soft opening and 100 slots have already filled up for tomorrow. Staff also plan to utilize the Lynnwood building, as it is an ideal location for vaccinations.

Budget – The budget ad hoc committee has had two meetings and the preliminary budget shows the Health District in a very good position and no significant challenges are expected, largely due to the significant influxes of foundational public health dollars coming from the state as part of the legislative action earlier this year. This influx not only affects this biennium but the next as well. A byproduct of this work is a significantly reduced indirect rate. Staff have been giving presentations to city and town councils. Mr. Shawn Frederick also presented to the county, and requested funding for tuberculosis control activities and per capita contributions for things like naloxone administration for law enforcement and health care providers and support for the work performed through healthy communities programs largely working with schools, as well as other activities that may not be fully funded through grant opportunities or other funding sources.

Health Officer's Report

Afghan Humanitarian Parolees – The last one to two weeks, Congress passed a bill that included affording Afghan humanitarian parolees benefits equivalent to what other refugees receive. This includes, among other services, a funded refugee screening exam, which is a program provided by the Health District, and access to Medicaid for a limited period of time. Previous to this bill being passed, the Health District was coordinating with other local organizations to create plans for helping those entering the county as humanitarian parolees. While it was great to see so many agencies come together for this common goal, this bill will help more fully support these parolees and the community.

Health Officer access to vital records – Local Health Officers have used vital records for purposes of disease investigation and contact tracing. While the need for this only happens fairly infrequently, it can be very helpful in verifying a condition is on a death certificate or ensuring a patient receives needed medical care. A couple months ago, local health officers were notified that they can no longer access vital records for these purposes, due to the Department of Health's interpretation of updated language when Washington State became a closed vital record state. Dr. Spitters consulted with other local health officers as well as legal counsel and the general consensus was that this use of vital records falls within the local health officers' powers and duties. Local health officers have requested the Department of Health address this difference of opinion. Dr. Spitters remains in contact with DOH and WSALPHO staff regarding this concern about health officers directly accessing vital records for the purposes of public health investigations.

COVID-19 – Case counts continue to decline from the peak about four to six weeks ago. At the top of that peak, cases were around 2,200 per week (rate=481 per 100,000 population over 14 days) and are now down to about 1,400 weekly (rate= 330 per 100,000 over 14 days). It's important to keep in mind that, while the downward trajectory is great, we're still at a relatively high level of transmission. Hospital admissions have also declined, from 110-of-700 beds filled at the peak to the low 60s over the past several weeks. The hospitals are still under a lot of pressure but signals today indicate they're seeing some relief. This stress regarding hospitalizations is also impacted by ongoing staffing shortages. Most hospital beds aren't filled with COVID patients. The other 80-90% are other illnesses that need acute inpatient care. 98% of ICU beds and 99% of acute beds (general medical surgical beds) in Snohomish County are currently occupied. The number of hospitalizations and cases of this most recent wave is comparable to the third wave experienced late last year.

Comparing the number of deaths shows a dramatic reduction, indicating the direct impact vaccines have had in preventing severe disease. Long-term care facilities also had a greatly reduced number of deaths in the months following the vaccine roll out. Those numbers have started to climb again, due to several factors, including the recent fifth wave rise in cases, the delta variant, and the effectiveness of the vaccines waning, as it's been seven to eight months since most long-term care facility residents received their initial vaccinations. The testing positivity rates through October are very unstable. Countywide rate visibility was lost near the end of August because the vast number of negative results in the laboratory are not getting incorporated into the state database in a timely manner. Consequently, we can only see our own testing sites' positivity rates but not the community-wide one. At this time, the overall positivity rate has been coming down over the past few weeks.

There has been a clear reduction in vaccine effectiveness, but it's still very good, with a 70% reduction in risk of getting infected, 70% reduction of being hospitalized, and it's very rare to see a death in a vaccinated person. When a death of a vaccinated person does occur, it's usually due to other risk factors, such as them being on the extreme end of the age range or multiple underlying conditions.

School cases have increased. Data from the last report dated 9/23/21 show 283 total school facility cases with 22 outbreaks. This represents the impact the simultaneous return to school with the peak of the current the last wave has had on schools. School staff have worked with the Health District to share the responsibility of contact tracing, with the Health District following by interviewing the case and reaching out to non-school contacts. The school staff notify and monitor return-to-school criteria for all school-based contacts. The number of children in quarantine is also up to about 2,000. However, it's important to note that there are about 120,000 school-aged children, so the percent of those quarantined is about 1.5%. Some strategies to reduce the impact on schools, education, and social development is to offer an alternative quarantine duration, reducing the quarantine period from 14 to 10 days, or a 7-day quarantine period with a negative test on the fifth day. A test-to-stay program is also offered to school districts to help mitigate the impact of quarantines by allowing unvaccinated children who are identified as close contacts to remain in school by watching for systems and being tested by school district staff with a rapid antigen test the day they're identified as a contact and also five days later. If both tests come back negative, the child doesn't have to miss any school, although they will be unable to attend any extracurricular activities until the 7-day test-to-stay process is completed.

The FDA will be meeting soon to discuss consideration of authorization of the Pfizer vaccine for kids ages five to eleven. If vaccine authorization is expanded to include that age group, there will be about 75,000 additional children eligible in Snohomish County, which will create a rush for four to six weeks to get the estimated 50-60% of those children vaccinated. The Health District is working with schools to help connect them with partners so that they can establish a safety net of vaccination for kids whose parents can't help them get it done through usual venues like pharmacies, healthcare systems, etc. The Health District will also look at having some involvement, either through mobile clinics or mass-vaccination sites.

There was a recent shortage of monoclonal antibody treatment caused by a distribution problem, which has since been resolved. Guidelines regarding their use that were tightened in reaction will be loosened now that it's been resolved.

The delta variant has essentially displaced other strains and brings us to a new baseline. The metrics being used have worked well up to this point. As we begin to shift focus on looking forward and choosing metrics for our situation assessment and policymaking, we may need to revisit what it is that we're using to evaluate and guide our decisions.

Executive Session

The Snohomish Health District Board of Health will recess into executive session for the purposes of personnel matter pursuant to RCW 42.30.110(1)(g) to evaluate qualifications of an applicant for public employment and for collective bargaining matters pursuant to RCW 42.30.140(4)(a). Executive session is expected to last up to 10 minutes. Unless extended to a later time, the Board will reconvene into regular session at 4:15 p.m. and is



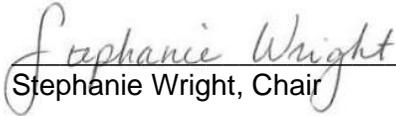
not expected to take action. The Board extended executive session 10 minutes, 5 minutes, 2 minutes, 2 minutes, 1 minute, 1 minute and reconvened into regular session at 4:36 p.m.

Information Items

Vice Chair Fraley-Monillas announced upcoming meetings.

Adjournment

The meeting was adjourned at 4:37 p.m.


Stephanie Wright, Chair


Shawn Frederick, Administrative Officer / Secretary