

**Meeting Minutes**  
**May 26, 2021**  
**Regular Meeting**

The meeting was held via Zoom conference call.

**Committee members present**

Scott Bader  
Christine Frizzell  
John Joplin  
Sam Low

**Committee members absent**

Nate Nehring

**Staff present**

Shawn Frederick, Chris Spitters, Heather Thomas, Katie Curtis, Nicole Thomsen, Pamela Aguilar, Tracey Kellogg, Carrie Parker, Sarah de Jong

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**Call to Order**

The regular meeting of the Administration Committee was called to order by Mr. Scott Bader at 3:31 p.m. via Zoom video conference.

**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. Christine Frizzell and seconded by Mr. John Joplin to approve the minutes of the regular meeting of April 15, 2021. The motion passed with 4 yes votes, 0 no votes, and 1 absent (Nehring).

**Action**

*Approve vouchers and Res. 21-14 authorizing May 2021 Health District expenditures, and forward to the full Board on consent (no staff report; T. Kellogg)*

It was moved by Ms. Frizzell and seconded by Mr. Joplin to approve vouchers and Res. 21-14 authorizing May 2021 Health District expenditures, and forward to the full Board on consent. The motion passed with 4 yes votes, 0 no votes, and 1 absent (Nehring).

*Approve Finance Manager's report for March 2021, and forward to the full Board as a written report (SR 21-052; T. Kellogg)*

The Health District continues to be in a strong financial position and billings are going out at about a million dollars every other week.

It was moved by Mr. Joplin and seconded by Ms. Frizzell to approve the Finance Manager's report for February 2021, and forward to the full Board as a written report. The motion passed with 4 yes votes, 0 no votes, and 1 absent (Nehring).

*Authorize the Administrative Officer to execute amendment #21 to the consolidated contract with the Washington State Department of Health and forward to the full Board for action (SR 21-053; K. Curtis)*

This amendment is fairly narrow compared to other amendments to the consolidated contract seen over the past 12 months. It amends timelines for COVID work and adds funding to the tuberculosis program.

It was moved by Ms. Frizzell and seconded by Mr. Joplin to authorize the Administrative Officer to execute amendment #21 to the consolidated contract with the Washington State Department of Health and forward to the full Board for action. The motion passed with 4 yes votes, 0 no votes, and 1 absent (Nehring).

*Authorize the Administrative Officer to enter into a data-sharing agreement with the Herald utilizing the data-sharing agreement template and forward to the full Board for action (SR 21-054; S. Frederick)*

This data-sharing agreement was created by the Health District's legal counsel in consideration of the data-sharing agreement with the Washington State Department of Health (DOH) that was recently adopted by the Board for sharing of vital record data.

The Health District previously shared death data with the Herald through an agreement that expired last year. With the anticipation of Washington becoming a closed-record state in 2021, a hold was put on entering into another agreement until the implementation of the laws surrounding vital records became clearer.

This template presented to the Committee today is supportive of the data-sharing agreement with the Department of Health and is a requirement to have in place with any additional parties the Health District may potentially share vital records data with. The agreement provides indemnification language and goes into great detail regarding security requirements to ensure proper safeguards are in place to protect the data.

It was moved by Mr. Joplin and seconded by Ms. Frizzell to authorize the Administrative Officer to enter into a data-sharing agreement with the Herald utilizing the data-sharing agreement template and forward to the full Board for action. The motion passed with 4 yes votes, 0 no votes, and 1 absent (Nehring).

## **Briefings**

*POL 210.002 texting policy (SR 21-050; N. Thomsen, K. Curtis)*

Text messaging has become an integral part of the communication pathways for all Health District staff but there is currently no policy that addresses texting. This document creates backstops and structure around texting and is needed to ensure compliance with the public records act.

The policy allows texting of a transitory nature only. It defines what transitory means and provides examples. The policy also addresses obtaining consent for health services.

The Prevention Services division has been using texting for a number of years and it's a standard way of reaching out to individuals. This policy shouldn't be a large shift away from current practices; it just provides safeguards for staff to ensure they're operating within boundaries.

*Health District policy prioritization framework (SR 21-051; N. Thomsen)*

This item previously came to all three Committees at their March and April meetings. Based on conversation from last month's meetings, staff revised the flowchart to include additional arrows, refined some of the language at the suggestion from Board members, and created a policy prioritization matrix.

Ms. Nicole Thomsen walked through the matrix, how it differs from its flowchart counterpart, and the plusses and minuses of both tools. Committee members provided feedback that the matrix gives a clearer visual, but the flowchart provides a higher, more detailed view and is the preferred choice.

*Health Officer update (no staff report; C. Spitters)*

After a peak of about 1,000 cases per week in mid-April, the COVID-19 weekly case count has been declining for three to four successive weeks and now rests around 500 cases per week.

Hospitalizations show a younger age group distribution with more people hospitalized in the 40-59 year range.

Long-term care cases have reduced dramatically, with the exception of a small outbreak a few weeks ago that included 12 cases in a long-term care facility that was contained to the unit where the outbreak originated.

We are still seeing about three to four deaths due to COVID each week. There have been about 11 deaths in the county so far this month.

Tests at the mass-testing sites have been steady, averaging about 2000 per week. The positivity rate climbed a bit, in sync with the spike of cases around the middle of April. The most current positivity rate at the mass-testing sites is through May 1 and shows 7.5% positivity rate.

Variant B.1.1.7, which is more transmissible, continues to displace other previously circulating strains. While there is no evidence, either statewide or locally, that indicates higher hospitalization or death rates with any of the particular variants, the P.1 strain is dominant in Brazil and other countries in South America and some estimates are that it's at least twice as transmissible as previously circulating strains and leading to many hospitalizations in younger adults as well. There's also a concern for the possibility that the spike protein could change in a way that the antibody treatment would be unable to bind well, which has happened with some of the monoclonal antibody treatments. Some of the treatments affected have had to have their emergency use authorization changed or retracted because of these variants. There's also concern for reduced immunity and the potential for the change in the surface protein to no longer be as susceptible to antibodies or other wings of the immune system as a result of vaccination or prior disease. While, in a test-tube setting some reduced sensitivity of these new emerging strains to antibodies from vaccinated and recovering patients has been demonstrated, it hasn't translated into a significant reduction in clinical efficacy of vaccination. Nonetheless, it's important to maintain surveillance. The B.1.1.7 strain is now responsible for the majority of infections in the state and is emerging the most rapidly.

From January 1 through May 15, there have been 1,300 breakthrough infections detected out of 3.1 million people who have completed their vaccination schedule. During that same time, there have been 180,000 cases among all 7.6 million state residents. A comparison of those numbers show .04% of fully vaccinated Washington residents have gotten infected versus 2.37% of non-vaccinated individuals, which is about a 98% risk reduction for those that are fully vaccinated.

About 750,000 doses have been administered in Snohomish County and about 417,000 Snohomish County residents have initiated vaccination; a number that is 50% of our total population, 63% of those 16 and up, and 59% of those 12 and up. Out of the 417,300 who have initiated, 329,000 are fully vaccinated, meaning they've received their second dose of Pfizer or Moderna, or their single dose of Johnson & Johnson.

The number of doses administered in Snohomish County per week peaked in late April/early May at around 68,000 doses per week and has since declined, currently sitting at 45,000 per week. The total proportion of doses administered by the vaccine task force sits at about 40%. Vaccination rates for the 65 and older age group has slowed. In Snohomish County, about 75% of that population have initiated vaccination and about 69% have completed their doses. Long-term care facilities, while including a small percentage of that population, have the highest risk with 15% of hospitalizations and about half of the deaths so far. Fire Districts have worked to vaccinate people in adult family homes and continue to work to vaccinate those that are homebound. This leaves the remaining people in that age group that are unvaccinated to either be unable to make it to a clinic or mass-vaccination site or are hesitant about being vaccinated.

Although mask guidance has recently relaxed, they are still required in many settings, including schools. One of the rationales for maintaining in this setting is because the vast majority of children are still unvaccinated. While inanimate objects don't play a major role in the spreading of the virus, hand-to-hand transmission is still an issue. Both mask and surface-sanitation guidance are mandated at the state level and we can either meet or exceed these restrictions, but are unable to lessen them.

**Executive Session**

The Snohomish Health District Board of Health Administration Committee convened into Executive Session for the purpose of collective bargaining matters pursuant to RCW 42.30.140(4)(a). Executive session is expected to last up to 5 minutes. Unless extended to a later time, the Administration Committee will reconvene into regular session at 4:44 p.m. and is not expected to take action.

The Administration Committee reconvened at 4:44 p.m. and did not take action.

**Information Items**

Next Board of Health meeting date: Tuesday, June 8, 3 p.m.

Next committee meeting date: Wednesday, June 23, 3:30 p.m.

**Adjournment**

The meeting was adjourned at 4:48 p.m.

DRAFT