Board of Health
Public Health Program Policy Committee

Meeting Minutes
May 20, 2021
Regular Meeting

The meeting was held via Zoom conference call/video.

Committee members present via Zoom
Elisabeth Crawford
Jared Mead
Dan Rankin
Linda Redmon
Jeff Vaughan

Committee members absent
None

Staff present
Shawn Frederick, Nicole Thomsen, Chris Spitters, Heather Thomas, Katie Curtis, Carrie Parker, Pam Aguilar, Sarah de Jong

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Call to Order
The regular meeting of the Program Policy Committee was called to order by committee chair Ms. Linda Redmon at 3:30 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 Mr. Dan Rankin and seconded by Ms. Elisabeth Crawford to approve the minutes of the regular meeting of April 15, 2021. The motion passed with 5 yes votes, 0 no votes, 0 absent.

Briefings

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

Texting has become a critical part of the communications infrastructure and the Health District does not currently have a policy related to texting yet. There are four different ways to handle texting in the business setting:

1. Prohibit texting
2. Ban texting with limited exceptions
3. Allow texting with proper retention
4. Allow texting of a transitory nature

Based on internal conversations, staff decided to move forward with allowing texting of a transitory nature. These texts are basic messages that would have no decision making happening over that platform. As any communication that happens in the Health District are considered public records, Transitory documents are one that the public records documents speak to as non-needy business items and can be deleted. The policy has three sections – Section A. Administrative, Section B. Health Services Use, and Section C. Nature of Allowable Message Content. Section A applies broadly to Health District Staff and spells out that texting is only to be done with approved devices and that

anything texted has the potential to be public records. Section B. moves into use for clinical care for how to interact with clients, such as appointment reminders. This section also spells out the order staff should go in when trying to receive consent from a client for texting. Section C gives examples of allowable messaging content.

This policy will be shared with the Administration and Executive Committees. Feedback from all committees will be used to further shape the policy and the policy will also be shared with Health District leadership team for broader input. Then it will return to Committees in June for potential action by the full Board in July.

Policy prioritization framework (SR 21-051; N. Thomsen)

After receiving feedback from all three Board Committees last month, Ms. Nicole Thomsen reflected on conversations regarding the policy prioritization framework from the past six months and felt the most important pieces that kept coming up were about equity and a connection to the strategic plan. Based on a recommended by Mr. Jeff Vaughan at last month's Program Policy Committee meeting, Ms. Thomsen created a matrix that has those two pieces acting as drivers for moving a policy forward. All other priorities on the flowchart, such as transparency, clarity, structure, etc., were moved to assumptions. The matrix slims down the process to be less visually confusing and also allows a path forward for low-priority items. Policies that have run through both processes had similar priority rankings.

The Program Policy Committee discussed the differences between the matrix and flowchart and the general consensus was the matrix was easier to read but doesn't allow much flexibility or address all the potential factors like the framework does. Mr. Vaughan suggested exploring the idea of having a two-step process - using the matrix as an initial screening and then the flowchart if it passes through the matrix.

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

After the peak of over 1,000 cases per week during the fourth wave, there have been a couple successive weeks of decline. The most recently reported numbers for May 9 – May 15 show about a 25% reduction from the peak, which translates into the decline of the rate from 227 cases per 100,000 to 193. It is likely that most of that decline is driven by decreases of transmission previously occurring among groups that are unvaccinated and spending time together, as well as an increase in the proportion of vaccination. 75% of adults ages 65 years and older have initiated vaccination and about 66% of that group have completed their vaccination schedule. The target for fully-vaccinated individuals in that age group is 90%.

Mass-vaccination sites delivered 1,650 doses to children aged 12-15 years over the past weekend. About one third of vaccines administered in the county are generated from mass-vaccination sites and two thirds are from other elements in the healthcare system, such as traditional medical settings and pharmacies. Last week, the CDC released updated guidance relaxing mask mandates for vaccinated individuals, making it unnecessary for those that are fully-vaccinated to wear a mask while in many public indoor settings. The extent to which relaxation of mask mandates and other prevention interventions will contribute to further transmission will depend on the extent to which unvaccinated individuals voluntarily comply with remaining requirements and the speed and level that vaccination is achieved. A figure from the Centers for Disease Control & Prevention predicts that if community-wide vaccination rates are not high (e.g., 75-90%), retreat on prevention measures may lead to a prolonged tail on the 4th wave, leading to additional preventable hospitalizations and death. The worst case scenario shows vaccination coverage below 75% and relaxation of non-pharmaceutical interventions could lead to this wave being extended an additional month or two. It's also important to keep in mind that the implementation of this mask guidance is very difficult in public spaces because it is not feasible to determine who is and isn't vaccinated and it's not likely that businesses will be able to take that on actively, which carries concern for transmission.

New hospitalizations for COVID appear to be declining. The number of current hospitalizations has been steady in the low 40s but is expected to decline. Long-term care cases continue to be low and deaths are still averaging about three per week.

Demand for testing in Snohomish County is stable, with the Health District providing about 20% of the 11,000 tests being done weekly. The positivity rate at these test sites is about 8%, compared to 7% countywide. In the schools setting, while there have been over 70 individual cases, there have been only two that meet the definition of an outbreak (greater than five cases in a school setting).

400,000 residents have initiated vaccination and three quarters of that number are now fully vaccinated; this represents 60% of the eligible population (ages 16 and older) having started vaccination and almost 50% of the total population.

The number of groups that have applied for community-oriented vaccine clinics has increased. From May 5-16, the Snohomish County Vaccine Taskforce provided about 1,200 doses for focused community-based vaccination clinics serving difficult-to-access and disproportionately-affected populations. Most schools are pairing up with vaccine providers around the county, such as Seattle Visiting Nurses and pharmacies, to provide vaccines for their staff. The Taskforce is also monitoring the school systems to ensure access to vaccines for eligible children and their families.

Viruses have mutated and made changes in the spike protein, which is where the virus attaches to the body. In that light, those mutations can afford escape from immunity, test detection, or increased likelihood of the virus connecting and causing an infection, or greater severity. The B.1.1.7 variant has expanded from about 10% of typed specimens to about 50%. Another emerging variant is P1. Both strains are more transmissible and after another month, it's predicted we'll be looking at P.1 and B.1.1.7 vying for most dominant strain. Of these two strains, the B.1.1.7 has more favorable characteristics, such as less escaping from vaccine and evidence from South America suggests a greater hospitalization rate from the P.1 variant.

People who previously contracted COVID develop a high level of immunity with a very limited risk of reinfection for at least six months, making the number for repeat infections very low. In the county, there have been about 12 out of the 30,000 people who have had COVID that have been candidates for considering reinfection. Infection after vaccination, known as breakthrough infections, do occur, but are very rare. While there have been hospitalizations and deaths from both breakthrough and reinfections, in general, symptoms are milder and less likely to have bad outcomes.

It's difficult to get an accurate number of how many unvaccinated people in the county have previously contracted COVID and are immune because there is no routine way to determine that figure and this statistic is not part of the surveillance system. Because the focus at mass-vaccination sites is on streamlining the process and achieving a high throughput for vaccine distribution, questions regarding past-medical history, including prior COVID infection, are not asked during the registration process. The Health Officer report includes an estimation of communitywide immunity by factoring cases that have occurred, vaccinated people who have had prior COVID infection, and people who have received the vaccine but did not achieve immunity as a result (about 5% of vaccinations). Adjusting for these factors, the current estimated communitywide immunity rate is around 55%, with the interim goal of getting to 75%.

As time passes, an active surveillance system is focusing on the number of breakthrough cases that occur. These cases are also looked for through the case contact investigation process and by matching the state's case report database with the vaccination database. Manufacturers are working on reformulating the vaccines for these newer strains and are already in trials to look at immunogenicity. It's possible there may be new vaccinations or boosters by this winter.

Administrative Officer update (no staff report; S. Frederick)

Cleanup and repair from the flooding in the basement at the Rucker Building has moved into the next phase of remediation, including demolishing walls and removing damaged property.

Consolidated contract amendment #21 with the Washington State Department of Health (DOH) was recently received and will be moving forward with the Administration and Executive Committee meetings next week for requested action by the full Board in June. The amendment includes an increase of $95,000 for TB elimination activities and adjusts COVID communication deliverables with no change in funds for that program.

The Health District recently entered into a data-sharing agreement with DOH regarding sharing of vital records data. As a requirement for sharing this data with other entities, a subsequent data-sharing agreement template has been drafted by legal counsel and is intended to be used to enter into agreements with these third parties, such as the Herald. This agreement will also move forward with the Administration and Executive Committee meetings next week for requested action by the full Board in June.

Informational Items

Ms. Redmon reviewed the upcoming meetings.

Next Meeting Date

Thursday, June 17, at 3:30 p.m.

Adjournment

The meeting was adjourned at 4:46 p.m.