

Administration Division

Snohomish Health District Board of Health Minutes February 8, 2022

The meeting was held via Zoom conference call/video.

Members Present

Julieta Altamirano-Crosby, Councilmember, Lynnwood Elisabeth Crawford, Councilmember, Mukilteo Megan Dunn, County Councilmember Mark James, Councilmember, Marysville Anji Jorstad, Councilmember, Lake Stevens Heather Logan, Councilmember, Arlington Sam Low, County Councilmember Kyoko Matsumoto Wright, Mayor, Mountlake Terrace Jared Mead, County Councilmember Nate Nehring, County Councilmember Linda Redmon, Councilmember, Snohomish Stephanie Vignal, Councilmember, Mill Creek Stephanie Wright, County Councilmember – BOH Chair Ben Zarlingo, Councilmember, Everett

Comings and Goings

Mr. Jared Mead arrived at 3:12 p.m.

Members Absent

Sam Low, County Councilmember

Call to Order

The regular meeting of the Board of Health was called to order at 3:02 p.m. via Zoom conference call by Board Chair Stephanie Wright.

Special Business

Swearing in of new Board members: New Board members Joe Neigel and Neil Tibbott were sworn in by legal counsel Grant Weed.

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. Ben Zarlingo and seconded by Ms. Megan Dunn to approve the minutes of the regular meeting of January 18, 2022. The motion passed with 13 yes votes, 0 no votes, and 2 absent.

Public Comment

Chair Wright reported two public comments were received. Mr. Shawn Frederick read the following public comments into record:

- An email from Resident Judy Thompson regarding unclear wording on a recent press release
- An email from Resident Doug Owen regarding nonenforcement of masking at shopping venues



Special Recognition

Adopt Res. 22-02 recognizing Adrienne Fraley-Monillas for her service on the Board of Health (no staff report; S. Frederick)

It was moved by Ms. Megan Dunn and seconded by Ms. Anji Jorstad to adopt Res. 22-02 recognizing Adrienne Fraley-Monillas for her service on the Board of Health.

Board members expressed their appreciation and gratitude for Ms. Fraley-Monillas.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Adopt Res. 22-03 recognizing John Joplin for his service on the Board of Health (no staff report; S. Frederick)

It was moved by Ms. Dunn and seconded by Ms. Elisabeth Crawford to adopt Res. 22-03 recognizing John Joplin for his service on the Board of Health.

Board members expressed their appreciation and gratitude for Mr. Joplin.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Adopt Res. 22-04 recognizing Scott Bader for his service on the Board of Health (no staff report; S. Frederick)

It was moved by Mr. Ben Zarlingo and seconded by Ms. Julieta Altamirano-Crosby to adopt Res. 22-04 recognizing Scott Bader for his service on the Board of Health.

Board members expressed their appreciation and gratitude for Mr. Bader.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Adopt Res. 22-05 recognizing Jeff Vaughan for his service on the Board of Health (no staff report; S. Frederick)

It was moved by Mr. Mark James and seconded by Ms. Dunn to adopt Res. 22-05 recognizing Jeff Vaughan for his service on the Board of Health.

Chair Stephanie Wright expressed gratitude for Mr. Vaughan.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Adopt Res. 22-07 recognizing Linda Redmon for her service on the Board of Health (no staff report; S. Frederick)

It was moved by Ms. Crawford and seconded by Ms. Altamirano-Crosby to adopt Res. 22-07 recognizing Linda Redmon for her service on the Board of Health.

Board members expressed their appreciation and gratitude for Ms. Redmon.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Adopt Res. 22-08 recognizing Christine Frizzell for her service on the Board of Health (no staff report; S. Frederick)

It was moved by Ms. Crawford and seconded by Ms. Dunn to adopt Res. 22-08 recognizing Christine Frizzell for her service on the Board of Health.

Board members expressed their appreciation and gratitude for Ms. Frizzell.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Administration Division



Adopt Res. 22-09 recognizing Dan Rankin for his service on the Board of Health (no staff report; S. Frederick)

It was moved by Ms. Altamirano-Crosby and seconded by Ms. Jorstad to adopt Res. 22-09 recognizing Mr. Rankin for his service on the Board of Health.

Board members expressed their appreciation and gratitude for Mr. Rankin.

The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Action

Approve vouchers and Res. 22-10 authorizing Health District expenditures from December 16, 2021, to January 15, 2022 (no staff report; S. Centanni)

Mr. Shawn Frederick provided an overview of Health District expenditures for the previous month.

It was moved by Ms. Jorstad and seconded by Ms. Stephanie Vignal to approve vouchers and Res. 22-10 authorizing Health District expenditures from December 16, 2021, to January 15, 2022. The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Approve policy POL 130.003 concerning capital & small and attractive assets (SR 22-005; N. Thomsen, S. Centanni)

Ms. Nicole Thomsen briefed the Board on this policy and walked through proposed changes made since this item was presented to Committees.

It was moved by Ms. Dunn and seconded by Ms. Jorstad to approve policy POL 130.003 concerning capital & small and attractive assets.

After discussion and amendment, the following motion was adopted:

Approve policy POL 130.003 concerning capital & small and attractive assets, changing the small asset definition from 250 to 500 and to have the physical inventory biannually. The motion passed with 14 yes votes, 0 no votes, and 1 absent (Low).

Briefings

Administrative Officer's Report

Mr. Frederick briefed the Board on the following:

- Four ILAs were signed since the last meeting.
- An order that went out for 100,000 masks was supplemented by an additional request for 350,000 masks to DOH.
- Following up on and monitoring test kits ordered through third-party vendors.
- Seeing a decrease in activity at both testing and vaccine sites.
- Performing a lot of hiring for many positions that were approved in the 2022 budget.
- Staff are beginning the process of reviewing policies previously adopted by the Board, in accordance with the policy regarding policies, which requires a review every two years.
- Mr. Frederick will be out of the office from tonight until February 22. Ms. Pam Aguilar, Interim Deputy Administrative Officer, will be acting in his stead during that time.



Health Officer's Report

Although all the metrics (cases, hospitalizations, etc.) are at very high levels, the trajectory is on the right track and things are improving. Weekly case counts peaked at around 16,000 cases a few weeks ago and have since come down to about 4,000 cases reported last week.

On average, the Health District does about 20-30% of the testing in the county. Over time, the demand for testing tends to fluctuate with the waves. Omicron caused a huge demand for testing and also a much higher positivity rate, which peaked around 35%. This demand has also since come down after the peak of this wave.

The primary objective of public health regarding COVID is to keep the acute care system open and available for those that need it. Omicron caused a surge of almost 100 hospitalizations per week through the latter part of December and into January. The hospital census peaked in mid-January with around 230 hospitalizations for COVID, which is around 33% of all hospital beds in the county. These numbers have since been declining but are still at a fairly high level and not declining as fast as they went up. In part, this is because hospitalizations generally tend to lag behind case counts by a week or two. Although Omicron is less severe, it

has affected such a large number of people which has resulted in high stress on the hospital and healthcare systems.

Cases in long-term-care facilities peaked back in mid-January and are continuing to decline. The county still has about 90 of the several hundred facilities that are still within a couple week of their last case and so are still considered as having an active outbreak but that number should start to come down as we move forward in time.

Updated projections from the Institute for Health Metrics and Evaluation show the hospital census peaking a couple weeks later than cases and also coming down a bit slower, with a return to baseline around early April.

Vaccination progress shows about 50,000 residents who started their series but haven't finished and another 560,000 who did finish. Of that number, around 300,000 have also received their booster, and countywide, about 15-20,000 doses are being administered per week, with the majority of those being boosters. Overall, almost 80% of Snohomish County residents have started their series and 72% have completed vaccination.

There is a subvariant of the Omicron variant that has come out and has about a couple dozen more mutations than the original Omicron variant. This subvariant has become the dominant strain in South Africa and in Denmark went from 0% to 50% of cases during the month of December. Transmissibility appears to be roughly 30-33% more in household transmissions. The severity of illness appears to be similar to the original Omicron variant.

Some countries have begun administering an additional booster dose to those age 60 and up. While studies indicate this further decreases the risk for hospitalizations, a full risk/benefit profile hasn't been created at this time. Moving forward, it's likely that an annual/seasonal booster shot will be needed that is catered to the current dominant strain.

While there's no guarantee that there won't be another wave like the Omicron, there is a sense that successive future waves will be of less intensity. This should allow the transition of clinical interventions, such as testing and vaccination, back to the health care system. In terms of disease intervention efforts, contact and case investigations will be prioritized to congregate settings and vulnerable populations and will pivot away from individual-level contact and case investigations. Ultimately, this would cause the demobilization of the emergency response and move into a routine where COVID isn't gone but managed amidst all the other challenges that public health and society face. Non-pharmaceutical interventions, such as masking, social distancing, remote work, etc., would more than likely be needed off and on.

Executive Session

The Snohomish Health District Board of Health will recess and convene 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. Executive Sessions is expected to last up to 15 minutes. Unless extended to a later time,



Administration Division

the Board will reconvene into regular session at 5:19 p.m. and is not expected to take action. The Board extended Executive Session an additional 5 minutes and reconvened into regular session at 5:24 p.m. and did not take action.

Written Reports

Chair Wright noted that the following reports can be found in the Board packet:

- a. Program Policy Committee draft minutes Jan. 20
- b. Executive Committee draft minutes Jan. 31
- c. Public Health Advisory Council draft minutes Jan. 26

Information Items

Chair Wright announced upcoming meetings.

Adjournment

The meeting was adjourned at 5:25 p.m.

Stephanie Wright, Chair

Shawn Frederick, Administrative Officer / Secretary