

## DRAFT Meeting Notes

### Public Health Advisory Council of Snohomish County

May 25, 2022 | 7:30-9:00 a.m. | Snohomish Health District | Zoom Meeting

#### Members present:

**Kurt Hilt**, International Association of Fire Fighters 1828;  
**Patricia Love**, City of Stanwood;  
**Jeff Clarke**, Commissioner, Mukilteo Water & Wastewater District (Chair)  
**Jean Doerge**, Community Member (Chair-Elect)  
**Stephanie Wright**, Board of Health, Ex Officio Member

#### Staff Present:

Shawn Frederick  
Dr. Chris Spitters  
Nicole Thomsen  
Sarah de Jong  
Sara Lidstrom  
Abby Jernberg

#### Members not present:

**Jason Biermann**, Snohomish County DEM  
**Korey MacKenzie**, Diamond Knot Alehouse  
**Naisha Williams**, Community Member  
**Lisa George**, PRMCE  
**Robert Goetz**, Everett Police Department  
**Karri Matau**, Community Foundation of Snohomish County;  
**Shaughn Maxwell**, South County Fire and Rescue

#### Guests:

Huynh Chhor

#### Revisions to the agenda:

Due to the lack of a quorum, approval of the minutes and the 2022 meeting calendar were moved to next month's meeting.

*Recording Secretary: Sarah de Jong, Executive Assistant*

The meeting was called to order at 7:34 a.m. via Zoom video conference by Mr. Jeff Clarke.

#### Roll Call

Roll call was taken by Ms. Sarah de Jong, who reported there was not a quorum present

#### Public Comment

Ms. Clarke noted that no public comment was received.

#### Briefings

*District Opioid Program: An Overview (A. Jernberg, S. Lidstrom)*

Ms. Abby Jernberg and Ms. Sara Lidstrom presented an overview of the opioid program at the Health District.

The Health District is performing opioid prevention and response work under the HRSA Rural Opioids Response Program. This allows the District to serve two census tracts, Darrington and Sky Valley. The project focuses on youth focused substance use disorder prevention with evidence based strategy work to prevent overdose and infectious complications among people who use drugs, increasing our communities' capacity to provide effective treatment, and also promoting a more robust recovery support network. An

example of work being performed is implementing a naloxone leave-behind program and hiring a full-time school counselor for the Darrington middle and high schools.

The second grant is an Overdose Data to Action (OD2A) grant that allows the District to carry out the rest of our opioids work and includes partnership with multi-agency coordination (MAC) group. Our focus at this point has been centered around communication, creating joint and coordinated messaging on prevention and harm reduction and also coordinating our data collection for the county.

The District currently has agreements in place with Swedish Edmonds and Providence that has them report opioid overdose events in their emergency rooms to us. This provides us the opportunity to regularly meet with the staff at those facilities and gain more insight into what's being experienced on the ground level. This type of program is invaluable for developing data-driven programs and goals. Looking at the data, we find that overdose patients tend to be younger and more male than the general population of Snohomish County.

Fentanyl overdoses have recently begun overtaking heroin in early 2021. This reflects trends that are being seen regionally and nationally.

Injection drug use appears to be on the decline among these patients pretty consistently over the years and orally injecting or smoking appears to be taking its place.

The proportion of patients receiving naloxone before arriving at the emergency department has increased 60% over the past few years. It's a little difficult to distinguish who is administering it because it's often administered by multiple people, such as law enforcement and first responders both administering during one incident. However, about 20% of these patients receiving naloxone are being treated by a community member.

With the Foundational Public Health dollars received, the District is in a position to increase the availability in our county of this life-saving medication and is also developing a program that will be used over the next three years to increase naloxone distribution to community partners and members of the community.

### *2022 Work Plan*

Work continues on the implementation process of the new bylaws which includes the application process. The next piece of the implementation is to take the work plan conversation from last year and continue moving forward with it for the remainder of this calendar year. Based on previous conversations, Ms. Thomsen walked through a proposed workplan calendar for the rest of the year.

Ms. Thomsen also reminded PHAC members that many terms expire at the end of June and to contact Nicole with an update on whether a member would be continuing or stepping down at that time.

### *Administrative Officer's Report*

A main priority is currently finding a replacement Health Officer. The Health District continues with the demobilization efforts. Most of the homebound activities are being demobilized as well as we get caught up with individuals that needed additional vaccines or other services.

Conversations regarding the Health District budget will soon be beginning. We are expecting to have an early meeting of the budget ad hoc committee to discuss, among other things, what it means for the PHAC to be in alignment with those applicable new guidelines.

The Board of Health will not be meeting in August but will instead have a retreat for some focused awareness of the Health District's programs and to take time to have some active discussion on improvements of those programs and perform work planning.

### *Health Officer's Report*

**COVID.** COVID cases appear to be flattening through the end of last week with a case rate of 263 per 100,000. That case rate reflects about 2,200 reported cases in the last week. One important thing to note is it's estimated this surveillance system is picking up only 10-20% of actual cases that are occurring, due to either people being symptomatic and not getting tested or testing at home and the results not making its way into the notifiable condition database.

Protecting the health care system remains the major goal and hospital metrics are used as a solid measure of COVID activity. For the week ending May 21, there were nearly 80 Snohomish County resident COVID-19 admissions to area hospitals. This is up from about 50 the week prior, which takes the rate of new hospitalizations just over 9 per 100,000. Around 7.5% of total staffed and available beds in county facilities are occupied by COVID patients.

Looking at outbreak-associated cases shows a slight flattening for schools and an increase in long-term care facilities.

Snohomish County remains in the medium risk category but the numbers have been climbing the past couple weeks and if trends continue, will eventually be reclassified in the high risk category. Because these metrics are mainly focused on hospitalizations and hospitalizations lag behind cases reported by a couple of weeks, it is possible that the hospitalization rate may begin to flatten as cases have recently done.

Recommendations remain unchanged at this time, encouraging public indoor masking as well as outdoors where crowding occurs or where you can't stay socially distanced from others.

Paxlovid, a treatment for COVID that reduces hospitalization by 80-90% when administered on time, has been found to occasionally result in rebound infection but are not as sick and there's no evidence of having developed mutations that give resistance to the drug.

**Avian influenza.** A strain of flu that isn't effective at infecting humans has infected birds in North America, resulting in the culling of around 40 million commercial poultry. This is predominantly in the central and eastern U.S. but has recently begun cropping up in the western U.S. as well. For now, the goal is to maintain surveillance and try to protect the poultry industry and food supply.

From a public health viewpoint, the concern is if the virus mixed with a human influenza virus and swapped genes which could result in a new virus that can enter humans.

**Monkeypox.** Monkeypox is a milder but still sometimes severe rash illness similar to smallpox, which has been eradicated. It is endemic in Central and Western Africa and has an animal reservoir that has not been defined but is believed to be rodents and not monkeys. The virus occasionally finds its way out of Africa in travelers, which is what happened recently with just over 100 cases detected in Europe and North America. Although not as severe as smallpox or as spreadable, it could still cause havoc in its own right and so public health is working to contain and stop the spread. This is done by isolating infected individuals, performing contact tracing, and monitoring their close contacts.

**Syphilis.** There's an increase in infectious syphilis cases, a sexually-transmitted infection that leads to skin lesions either in the genital area or in later stages elsewhere on the body. The infection can stay in a dormant state but cause long-term damage to the heart and nervous system and be transmitted to infants prenatally through the placenta from their mother. Syphilis was almost eliminated in Washington State in the mid-1990s. Then it was reintroduced and has gradually picked up pace and really accelerated in the last couple of years. Congenital syphilis has also seen a high increase as well. The Health District is working with healthcare partners to make sure pregnant women get screened and treated to get this resurgence under control.

**Vaccinations.** During the pandemic, the number of doses administered to children declined greatly, particularly in the older age groups. The coverage, meaning the proportion of kids who are up to date with all the recommended vaccinations, also dipped. Only about half of all first grade children in Snohomish County have all the recommended vaccinations. Statewide, only about 75% of preschool-aged children are protected against measles, mumps, and rubella. The Health District has been communicating with health

care providers to ensure there are active efforts by the healthcare system to increase childhood vaccinations.

**Information Items**

Ms. Nicole Thomsen introduced Huynh Chhor, a prospective member of the PHAC. Ms. Chhor spoke of her background and her desire for joining the PHAC.

*Upcoming Meetings*

Mr. Clarke noted upcoming meetings.

**Adjournment**

The meeting adjourned at 9:05 a.m.