



Public Health
Prevent. Promote. Protect.

Advisory Council

February 9, 2021 meeting notes

Attendees: John Brooks, Sandy Brown, Joan Caley, Paul Childers, Mark Collier, Remy Eussen, Adrienne Fairbanks, Dave Fuller, Charbonneau Gourde, Stephanie Roise-Yamashita, John Roth, Marla Sanger, Cassandra Sellards-Reck, Aru Undurti
Absent: Katie Huynh, Lawrence Neville
Staff: Doreen Gunderson, Janis Koch, Alan Melnick, Roxanne Wolfe
Guest: Amy Gross

(1) WELCOME/APPROVAL OF MEETING NOTES/MEMBER VACANCIES UPDATE *(Marla Sanger & Doreen Gunderson)*

- Marla opened with introductions and welcomed everyone.
- The council reviewed the meeting notes from December 8, 2020. Sandy Brown moved and Remy Eussen seconded motion to approve the meeting notes as submitted. All were in favor.
- Doreen shared the four current vacancies on the council and the goal of advertising within the next month to fill these vacancies. They include a consumer of public health services, a representative from Clark County social/health services agency, a non-elected representative of Clark County cities and towns (other than City of Vancouver), and a representative of Legacy Hospital. John Roth will not be seeking a third term following his term expiration in 2022 due to his recent election as the Chair for the Board of Directors for the Pacific Northwest section of American Water Works. Katie Huynh will be graduating this year and will no longer be able to serve as the youth representative following her graduation.

(2) COMMENTS FROM THE PUBLIC

None

(3) DEPARTMENT UPDATE:

- **EPH update** *(Janis Koch)*:
 - **CARES funding for food establishments update**
The initial round of financial relief for food establishments (FE) through COVID/CARES funding, saw 562 FE signed up for a distribution of approximately \$661,000. With roughly 990 FE eligible in the county, and with the support of the Board of Health, we were able to extend our funding through the end of November. We increased our outreach which included food inspectors calling those who were eligible and helping those whose English is not their first language complete the necessary form. At end of the second round, 698 total FE were signed up, for a distribution of approximately \$808,000. Brigitte Bashaw pushed to make this happen and it was a great opportunity for regulatory staff to connect positively with our local FE.

- **Director's Report** (*Dr. Alan Melnick*)

- **COVID-19 – Clark County**

Case numbers increased during the holiday season but are now declining. In the last week, we've averaged 60 cases per day, which is down from an average of 95 cases per day the previous week. The COVID-19 activity rate reached its highest point in mid-January at 473.7 cases per 100,000. The first week of February, the rate dropped into the moderate range and decreased again this week. It is currently at 262.2 per 100,000. Hospitalizations for COVID-19 have also started to decrease. Current numbers in Clark County are: 17,610 positive cases, 402 active cases, 203 total deaths, 182 confirmed deaths, and 21 suspect deaths. A confirmed death has COVID listed as the cause of death or a contributing factor on the death certificate and the case has a positive COVID test. A suspect death does not have COVID listed as a contributing factor on the death certificate (but wasn't ruled out as a cause of death) and the person died after testing positive for COVID within 28 days. Current hospital occupancies are: 75.6% of hospital beds, 75% of ICU beds, 74% of acute care beds, 11.2% hospital beds occupied by COVID-19 cases, 57 COVID-19 cases hospitalized and 8 PUIs hospitalized.

- **COVID-19 Variants**

Viruses constantly change through mutation and new variants of a virus are expected to occur over time. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic. One variant gaining a lot of media attention is the B.1.1.7 variant in the United Kingdom. This variant spreads more easily and quickly than other variants, but there isn't any evidence currently to indicate that it causes more severe illness or increased risk of death. This variant was first detected in September 2020 and is now highly prevalent in London and southeast England. It has been detected in Oregon and Washington. Data collected so far suggests a low prevalence of the B.1.1.7 variant in western Washington, but it is likely that other cases exist and will come to light throughout ongoing surveillance. The CDC estimates that this strain will become the dominant strain in the U.S. within a few months. They are studying this variant and others to understand how widely they have spread and how the variants affect existing therapies and vaccines. Prevention measures for COVID-19 also work against these variants and include face coverings, physical distancing, frequent handwashing, and avoiding gatherings.

- **Roadmap to Recovery**

On January 5, 2021, Governor Inslee announced a new phased COVID-19 reopening plan called Healthy Washington – Roadmap to Recovery. The plan went into effect on Monday, January 11th. The state is divided into eight regions with all regions starting in Phase 1. Clark, Cowlitz, Klickitat, Skamania and Wahkiakum counties make up the Southwest Region. Regions advance to Phase 2 when they meet metrics set by the Washington State Department of Health (DOH). Regions must meet 3 of 4 metrics to advance. The metrics are: trend in 14-day rate of COVID-19 cases per 100k, trend in 14-day rate of new COVID-19 hospital admissions per 100k, average 7-day percentage of ICU staffed bed occupancy, and 7-day percentage of positive COVID-19 tests. The metrics are calculated for the region as a whole and counties will advance as a region, not individually. They are calculated every other Friday and the next update will be on February 12th. As of January 28th, the Southwest region was meeting 1 of 4 metrics.

- **Vaccine & Allocation Process**

Each week the federal government allocates vaccine to the state for the following week. Health care facilities, pharmacies, and Clark County Public Health (CCPH) request the amount of vaccine they would like to receive for the following week. DOH looks at requests and the

amount of vaccine coming from the federal government and decides how to divide the vaccine across the state. Requests are always greater than the amount of vaccine available. Last week, DOH received requests for 358,000 first doses and will receive 107,000 doses. Facilities find out a few days later how much vaccine they can expect – it may be less than requested or not filled at all. Because the facilities don't always know how much vaccine they're getting, they are not able to book appointments too far in advance. Limited vaccine supply and the unpredictable nature of the shipments make it challenging for facilities to plan and administer vaccine. As supply increases and the amount of vaccine distributed to facilities becomes more predictable, vaccine appointments will become more readily available. Each week, second-dose vaccine is allocated to facilities to match the number of doses given the prior three (for Pfizer) or four (for Moderna) weeks. This ensures facilities have adequate supply for second doses. 50,975 total doses have been allocated to Clark County facilities through week 8 (last week). This consists of 32,375 first doses and 18,600 booster doses. This week (week 9), 4,700 first doses and 4,950 booster doses were allocated. As of Saturday, February 6th, 31,419 doses have been administered in Clark County. 29,539 people have received their first dose and 8,428 are fully vaccinated (doses and people vaccinated may not align because people may be vaccinated in a county other than where they live). Data on doses administered is delayed and doesn't reflect the doses facilities have allocated to people (appointments scheduled for first and second doses).

- **Incident Management Team**

Pacific Northwest Incident Management Team 3 (IMT) – one of 16 Type 1 IMTs in the country – arrived in Clark County on Tuesday, Jan. 19. The team was requested by Clark, Cowlitz and Skamania counties, with support from the state, and FEMA approved the request. The three counties continue to work with the IMT to develop plans for opening vaccination sites throughout the three-county region. Plans include fixed-locations and mobile vaccination sites. The intent is to position sites in locations where residents have not been able to easily access vaccine and among communities and populations disproportionately impacted by COVID-19, such as communities of color and critical workers in congregate settings. The first fixed-location site opened at Skamania County Fairgrounds on Jan. 28. This one-day event vaccinated more than 250 people. CCPH deployed mobile teams last Thursday and Friday to vaccinate residents and staff at adult family homes (AFH) and other long-term care facilities (LTCF). More than 930 people were vaccinated and approximately 130 adult family homes were reached. This was done through the help of approximately 50 volunteers from Medical Reserve Corps and Clark-Cowlitz Fire Rescue. We are continuing to work on plans for additional sites to open as vaccine supply increases. Future sites could include fixed-location sites in more accessible areas of the county and mobile sites at food processing facilities, schools or other facilities with critical workers. DOH is operating the COVID-19 vaccination site at the Clark County Fairgrounds. This is being done by appointment only and registration for appointments opens at noon on Sundays. Appointments are scheduled from 9 am to 5 pm, Tuesday to Friday and 9 am to 3 pm on Saturday and they fill up very quickly. The site opened on Tuesday, Jan. 26 and in the first two weeks, 6,702 doses were administered. CCPH does not have access to the scheduling system and cannot refer people to the fairgrounds site for vaccination. CCPH has been accepting requests from people who are eligible for vaccination and need help accessing vaccine. We are referring those individuals to local health care facilities with vaccine and to date, have referred more than 7,500 people through this process. Currently, there are approximately 35,000 pending referrals. Local health facilities have received limited or no vaccine the last several weeks. This has limited our ability to refer people eligible for vaccination to local facilities.

- **Tower Mall testing site**
CCPH partnered with the City of Vancouver, CRESA and DOH to open a free testing site in the Tower Mall parking lot in central Vancouver. Testing at the site is recommended for anyone 4 years and older who has symptoms of COVID-19 or was exposed to someone who tested positive for COVID-19. The site is open from 9am to 3:30 pm, Tuesday-Saturday. Both drive-thru and walk-up testing is being offered. The PCR test is an oral saliva test that is self-administered. The testing process takes about 20 minutes and results are provided within 3 days. This service is free for everyone, regardless of insurance coverage or immigration status. Pre-registration is encouraged: www.ClarkCountyCOVIDtesting.org. The site opened to the public on Tuesday, Jan. 12th and 4,197 tests were administered in the first four weeks of operations. An average of 1,049 tests are being done per week and 482 people have tested positive, to date. That is a 12% positivity rate.
- **Call center (Roxanne Wolfe)**
We have a call center that went live with a soft launch on Monday of this week, with Tuesday set aside for any necessary troubleshooting to take place. It is due to go live to the public on Wednesday via a 1-800 number that will be public facing. Not only will it be staffed to allow people to connect with a human, but we also have staff who are able to speak many different languages: Spanish, Russian, Ukrainian, German, French, Vietnamese, Chuukese and other Pacific Islander languages. We will be able to track the calls and demographics and help people who don't have internet access sign up for the waitlist. 30% of the calls received so far have been requesting help with the form and all but a few of them were aged 65 and older.
- **Isolation & Quarantine/Wraparound Services (Roxanne Wolfe)**
Part of our case investigation work when a positive case or close exposure is identified, is to ask those individuals to isolate and quarantine. Some are not able to do so in their own homes due to a variety of reasons. We had been working with the Department of Community Services, utilizing a hotel off Chkalov, to provide housing for those in need during the isolation and quarantine period. Funding for this service ended at the end of last year. We were able to receive additional funding and partnered with the Council for the Homeless for those experiencing housing insecurities. Kate Budd has been an incredible partner to work with on this and her team is setting up a variety of locations for people to utilize. Part of isolation and quarantine is having access to things these individuals need such as groceries, prescriptions, rental assistance and payment for utility bills. We have funding to pay for these needs, however, the funding that we have covers those needs only during the time that the individual is in quarantine. We wanted to identify ways that we could work with our community partners to assist individuals with ongoing needs outside of isolation and quarantine. After losing our funding at the end of last year, we were able to identify an additional funding source and partnered with Southwest Washington Accountable Community of Health (SWACH). SWACH had a care coordination system already in place with a variety of partners and organizations set up to provide these services during and following the completion of isolation and quarantine. SWACH took over for us in early January.
- **Flu update:** We are not in active flu season as flu activity continues to be very low. It is never too late to get your flu shot.

(4) EXECUTIVE COMMITTEE:

- **2021 Officer Slate for Executive Committee (Alan Melnick):**

The Officer Slate was voted upon by email and was accepted by a quorum. The following officers will begin their term in March 2021:

Chair: Marla Sanger

Vice Chair: Aru Undurti
Member at Large: Sandra Brown

- **NEXT MEETING** (*Marla Sanger*)
April 13, 2021 (format to be determined).

(5) Q&A

- (*Aru Undurti*) There was a great article in The New Yorker last week that spoke to vaccine hesitancy among healthcare workers. The article digs into why this is, addressing the lack of trust in our medical system especially with nursing populations who are underpaid and unappreciated. There are a lot of questions around how safe the vaccine is. The article exposes some problems in our healthcare system as well as COVID vaccination rates, especially in communities of color that have been let down by our medical system.
- (*Sandy Brown*) Is there any information available on side effects of the COVID-19 vaccine? I hear concerns, especially after receiving the second dose, and how it varies from various populations.
(*Alan Melnick*) Yes, there can be local reactions such as pain along with fever, chills, and headaches. Like in other vaccines, if there are any severe adverse effects, they will occur very shortly afterward and are likely to be acute, not long term. The CDC developed an app that you can download once you've received the vaccine and they will check in with you daily to track any side effects.

(6) ADJOURN

The meeting adjourned at 7:13 pm.